PERFORMANCE OF PEER ORIENTED ACTIVITIES ON PREVALENCE, KNOWLEDGE AND ATTITUDE TOWARDS SUBSTANCE ABUSE AMONG SECONDARY SCHOOL STUDENTS IN MACHAKOS COUNTY

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A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS (COUNSELING PSYCHOLOGY) OF KENYATTA UNIVERSITY

OCT 2 018
DECLARATION

This project is my original work and has not been presented for a degree in any other university or for any other award.

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Gerald Muema Kyunguti. BED
C50/CE/23052/2010

This project has been submitted for review with our approval as university supervisors
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DEDICATION

I dedicate this work to my mother Ann Kyunguti and grandmother Ruth Kyunguti who took me to school and instilled the spirit of hard work in me; my dear wife Jackline who always support and give me strength in completing my studies.
ACKNOWLEDGEMENT

I thank God for seeing me through this long and challenging journey to the completion of my project. My sincere gratitude goes to my University Supervisors, Dr. Samson Oteyo and Dr. Kinga for their comments and guidance that helped me to complete the study. My heartfelt appreciation goes to Benjamin Mutua, a long time friend who offered financial support. To those who participated in the study as respondents, thank you for the cooperation that helped me get information through the questionnaire. Finally, I thank all those who contributed in significant ways to the success of this work, whose names I may not mention. May God bless you
ABSTRACT

Substance abuse is a problem to many people across the world. Programs and activities have been put in place to fight drug and substance abuse in schools. The Ministry of Education through the report of the presidential party in education and manpower training for the next decade and beyond and the Commission of inquiry on the education system of Kenya recommended that peer counseling services be established in all educational institutions. Peer counseling was therefore integrated in guidance and counseling programs as a remedy for students with different problems including drug and alcohol abuse. In spite of these efforts, alcohol and drug abuse is still rampant among secondary school students in Kenya. The study sought to determine the effects of peer oriented activities on attitude, knowledge and prevalence of substance abuse among secondary school students in Machakos County. The specific objectives were to determine the peer oriented activities used to change attitude, provide knowledge and reduce prevalence of Substance Abuse among secondary school students in Machakos County. It also determined if there was a significant difference in prevalence, knowledge and attitude on substance abuse between students in schools with peer oriented activities and those in schools without such activities. The Theory of Planned Behavior by Ajzen formed the theoretical basis of the study. The study used an Ex post Facto design to determine the performance of peer oriented activities. The sample size was obtained from a population of 17000 students and 31 public secondary schools in the sub county. Stratified, systematic and simple random sampling were used to select 14 schools, 225 students, 14 teachers and 72 Peer counselors to participate in the study. Data was collected using three sets of questionnaires, for students, peer counselors and guidance and counseling teachers. Percentages, frequency Tables and bar graphs were used to present data. The stated hypotheses were tested using the t-test. The study found out that small group presentations were the main activities used by peer counselors in their practice. Other activities like individual counseling, role modeling, play performance; befriending and outreach programs were used by less than 20% of peer counselors. The study found out that there was no significant difference in, knowledge, attitude and prevalence of Substance abuse between students in schools with peer oriented activities and schools without peer oriented activities at a significant level of 0.05. The p value for knowledge was 0.9685, attitude 0.954 and prevalence 0.892. The study concludes that peer oriented activities do not have effects on knowledge, attitude and prevalence of alcohol and drug abuse in Machakos County. The study recommends that peer counselors need to be trained on substance abuse prevention and that a curriculum should be developed to teach students about alcohol and drug abuse.
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**ABBREVIATIONS AND ACRONYMS**

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<tr>
<th>ABBREVIATION</th>
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<tbody>
<tr>
<td>ADA</td>
<td>Alcohol and Drug Abuse</td>
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<tr>
<td>CDA</td>
<td>Central Drug Authority</td>
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<td>DSP</td>
<td>Drug Stop Project</td>
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<td>KGGA</td>
<td>Kenya Girl Guides Association</td>
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<td>MTF</td>
<td>Monitoring the Future</td>
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<td>NACADA</td>
<td>The National Agency for Control of Alcohol and Drug Abuse</td>
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<td>NACOSTI</td>
<td>National Commission for Science, Technology and Innovation</td>
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<td>PC</td>
<td>Peer Counselors</td>
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<td>TND</td>
<td>Towards No Drug Abuse</td>
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<td>TPB</td>
<td>Theory of Planned Behavior</td>
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<td>U.K.</td>
<td>United Kingdom</td>
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<td>WHO</td>
<td>World Health Organization</td>
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OPERATIONAL DEFINITION OF TERMS

Attitude: Collection of beliefs about alcohol and drug abuse

Knowledge: Knowledge is the acquaintance with facts and truths about alcohol and drugs which are commonly abused. Such activities include small group presentations, individual counseling, role modeling and play performances.

Prevalence: Prevalence in this study will refer to the level of use of alcohol and drugs of abuse

Peer oriented activities: Peer Oriented Activities refer to young people working with other young people to provide information and facts about alcohol and drug abuse and change their attitude towards alcohol and drug use.

Substance abuse: substance abuse is the continued use of alcohol and drugs in a way or amount that is harmful to the user or other people
CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Students experience social, personal, psychological and academic problems at school, at home and at their communities. According to Chireshe (2012), migration, technological advancement, and urbanization have resulted to isolation among the youth who have lost traditional family-social networks. This has resulted to health damaging behavior such as substance abuse (Caspie, 2006).

According to the Central Drug Authority (CDA) report (2012), between 80 000 and 100 000 children start smoking every day. Data from the 2012 Monitoring The Future (MTF) study, an annual survey of U.S youth, reveal that young people continue to use drugs at high rates. Daily Marijuana use is at 6.5 percent among young people. The report showed that 22.1 percent of high school students engaged in binge drinking and that non medical use of prescription medicines and use of synthetic drugs is at significant levels (O’Malley, Bachman, & Schulenberg, 2013).

Findings presented during the 2nd national conference of alcohol and drug abuse at Moi International Sports Centre Kasarani in June 2013 themed “The youth and drugs, a call for action” revealed that youths continue to abuse drugs and alcohol in Kenya. Research presentation at the conference by Maithya, (2013) showed that high rates of alcohol and drug abuse were witnessed in several secondary schools.
Rapid Situation Assessment of drug and substance abuse in Kenya revealed that 11.7% of young people whose age is 15-24 are current users of alcohol, 6.2% use tobacco, 4.7% use Miraa while 1.5% use Cannabis. The assessment also revealed that many young people start using alcohol at the age of ten years. The youngest children who use alcohol are reported to be 4 years. The median age for alcohol is 10 years and the minimum 4 years (National Agency for Control of Alcohol and Drug Abuse, 2012).

These are students in primary schools, secondary schools and colleges. Increased use of alcohol and other drugs among students may lead to indiscipline and lower the high school completion rates. Considering these statistics, there is a need to determine if the current prevention activities in schools are effective.

The ministry of education through the report of the presidential party in education and manpower training for the next decade and beyond (The Kamunge report, 1988) and the commission of inquiry on the education system of Kenya (The Koech Report, 1999) recommended that peer counseling services be established in all educational institutions. Peer counseling was therefore integrated in guidance and counseling programs as a remedy for students with different problems including drug and alcohol abuse. The ministry of gender, sports and youth affairs organized trainings on life skills management and peer counseling in different regions. Young people were trained to respond to problems like, sexually transmitted diseases, juvenile delinquency and alcohol and drug abuse (Ministry of youth and sports, 2008). Peer counseling clubs have been started in schools and even in training colleges (Kenya Institute of Education, 2004). Tindi & Silsil (2008) stated that in peer counseling programs, students address problems at home and at school, and problems of substance abuse and career planning. Head teachers and teacher
counselors work together in implementing the peer counseling programs. They also act as supervisors for the peer counselors and any referrals by the peer counselors are brought to their attention.

According to Bett (2013), peer counseling is based on the rationale that people of the same age and character will influence one another’s behavior significantly. It is also based on the premise that students are able to identify the needs of their fellow students easily and in time. Students will respond positively to messages from fellow students, students will approach fellow students more regularly, and influence them more effectively. Allen and Antonishak (2008) argued that peer counseling is based on the rationale that people are more likely to change their behavior if peers they depend on recommend change of social norms.

Peer counseling is a form of counseling that utilizes role play and modeling to change behavior. It has become a popular tool to reach populations of gay men, sex workers and injecting drug users with harm reduction information. It is now considered as one of the best methods for drug education and prevention among young people (Ward, Hunter & Power, 1997).

According to Turner and Shepherd (1999), reasons that rationalize the use of peer-based interventions include; peer based interventions are more cost effective than other methods, Peers are more trusted than other people and Peer education is received with more vigor by those who are involved. Peer education uses an already existing means of sharing messages and advice; Peers are more popular than professionals in delivering a message because people identify with their age mates or people they share same
characteristics and they also act as good role models. Other reasons are that Peer education is helpful for those involved; information presented by peers may be accepted when other information is not and Peer education can be used to reach those who cannot be reached through conventional methods. Peers are also known to support learning through ongoing contact.

In Mwala sub-county, peer counseling programs have been in place but their reliability and their effectiveness in mitigating alcohol and drug abuse can be doubted because students continue to display behaviors that can be attributed to drug abuse. Data from the schools admissions reveal that many students have been expelled from schools after being involved in alcohol and drug abuse. It is against this background that the study was done to determine the performance of peer oriented alcohol and drug abuse prevention programs in Mwala subcounty, Machakos County (Mutevu, 2013)

1.2 Statement of the Problem

Efforts to reduce Alcohol and drug abuse through counseling have been in place for a long time. The Koech Report (1999) recommended that Peer counseling be established in all learning institutions to help curb the problem of Alcohol and Drug abuse and other related issues. Peer counseling has been introduced in many schools as a way of preventing drug abuse. Peer oriented prevention activities are supposed to assist students develop resist and abstain from alcohol and drug use. However, amidst these activities in schools, there have been increases in the number of students who use drugs while in school. The rapid situation assessment of the status of drug and substance abuse in Kenya, 2012 report, among all young people aged 15-24 show that 11.7% are currently
using alcohol, 6.2% tobacco, 4.7% miraa, and 1.5% bhang. This is despite efforts by the government and education stakeholders to introduce peer counseling programs in schools to prevent Substance Abuse. It is therefore necessary to determine the performance of peer oriented activities on attitude, knowledge and prevalence of Substance Abuse among secondary school students in Mwala Sub-County Machakos County.

1.3 Purpose of the Study

The purpose of this study was to determine the performance of peer oriented activities on attitude, knowledge and prevalence of Substance Abuse among secondary school students in Machakos County, Mwala sub-county.

1.4 Objectives of the Study

The objectives of the study were to:

i) Identify the peer oriented activities used for Substance Abuse prevention among secondary school students in Mwala sub-County Machakos County.

ii) Determine if there is a statistically significant difference in knowledge about alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala sub-County Machakos county

iii) Find out if there is a statistically significant difference in attitude towards alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala sub-County Machakos County
iv) Determine if there is a statistically significant difference in prevalence of alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala sub-County Machakos county

1.5 Research Questions
i) What are the peer oriented activities used to provide knowledge, change attitude and reduce prevalence of Substance Abuse among secondary school students in Mwala sub-County Machakos County.

1.6 Research Hypothesis
The study employed hypothesis testing on research sections which need comparison of findings. The hypotheses are:

\[ H_{01} \] There is no statistically significant difference in knowledge about Substance Abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala Sub-County Machakos County

\[ H_{02} \] There is no statistically significant difference in attitude towards Substance Abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala Sub-County Machakos County

\[ H_{03} \] There is no statistically significant difference in prevalence of Substance Abuse between students in schools with peer oriented activities and students in schools without peer oriented activities in Mwala Sub-County Machakos County
1.7 Justification and Significance

Peer counseling was recommended by the Kamunge report (1988) and the Koech report (1999) as a remedy for students with different problems including drug and alcohol abuse. Peer counseling programs have been in place for some time now but their contribution to mitigation of Substance Abuse is not certain. In Siaya county, Kenyatta university peer counselors attached some of their members to schools like Bishop Okoth, Rangala boys and Rangala girls secondary schools. They addressed issues like poverty, domestic violence and substance abuse among students (Kenyatta University Peer Counselors KUPC, 2012). A study by Buraria, Maragu and Nyaga (2014) found out that peer counseling have been set up in Maara sub-county. Because peer counseling activities do exist in Kenyan schools, there is need for evidence based findings of the performance of peer oriented activities in prevention of substance abuse. The results of the study may assist teachers in secondary schools to streamline peer counseling programs and activities to meet pupil’s needs especially in the area of alcohol and drug abuse. The study may be helpful to guidance and counseling heads of departments in assessing the quality of peer counseling in their schools. It may also make teachers and students aware of the peer counseling activities available in secondary schools in Mwala sub-county Machakos County.

1.8 Scope and Limitations

The study was carried out in Mwala sub-county schools of Machakos County. It was confined to selected indicators of Substance Abuse, which are attitude towards alcohol and drug abuse, knowledge about Substance Abuse and prevalence of alcohol and drug
abuse among students in Mwala sub-county and how they are influenced by peer oriented prevention activities. The study targeted form three and form four students in the schools sampled for the study. This group of students has a good experience of the school programs as opposed to form one and two students. This study did not take to account other drug prevention strategies like life skills education, and the general guidance and counseling programs in the schools.

1.9 Assumptions of the Study

The study was conducted under the assumptions that:

i) The respondents were willing to participate in the study and give accurate information

ii) Information provided by the respondents in the questionnaires was a genuine indication of the performance of peer oriented activities in prevention of Substance Abuse.

iii) Peer oriented activities in schools also focus on Substance Abuse prevention
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains a review of literature on the study of the performance of peer oriented activities on knowledge, attitude and prevalence of Substance Abuse among secondary school students in Mwala sub-county Machakos County. The chapter presents the theoretical framework used for the study, a review of literature on related studies and a conceptual framework of the study.

2.2 Theoretical Framework

The Theory of Planned Behavior (TPB) was used to better understand how to determine the performance of peer-oriented activities. A review of the Theory of Planned Behavior is provided to illustrate a theoretical understanding of peer oriented activities their effect on knowledge, attitude and prevalence of Substance Abuse. Ajzen developed the theory of planned behavior in 1991. It is based on the connection of attitudes and behaviors. Behavior is guided by three kinds of beliefs; Behavioral beliefs, normative beliefs and control beliefs. Behavioral beliefs are beliefs about the likely outcome of the behavior, which produces a favorable or unfavorable attitude towards the behavior (attitudes towards the behavior). Normative beliefs are individuals’ perception of whether others think the behavior should be performed (Subjective norm). Control beliefs are about factors that exist that will make the behavior easy or difficulty to perform (perceived behavioral control).
The theory models how individual attitude and perceived social pressure to engage or not to engage in a behavior (subjective norm) together with perceived behavioral control impacts an individual’s behavioral intentions and actions. Subjective norms and attitudes focus on the possible consequences of an action while perceived behavioral control drives the decision making process. In other words, perceived behavioral control drives the actual use of the behavior (Ajzen, 1991).

Concerning peer counseling and peer oriented activities to mitigate alcohol and drug abuse, peer counselors’ information on negative effects of drugs and alcohol will make young people realize that something bad will happen (behavioral belief) if they engage in alcohol and drug abuse. Interacting with the peer counselors who hold the normative belief that taking alcohol and drugs is not right will make the young person to realize that others do not expect them to engage in alcohol and drug abuse.

The message by peer educators should also be aimed at showing the peers that it is not easy to start and engage in alcohol and drug abuse behaviors. This affects perceived behavioral control. It is evident that individuals who help spread a message about health behaviors report an increase in their own perceived control of the behavior. When peer educators advice their friends on how to increase self control over alcohol and drug abuse, their credibility increases, and this directly increases the effect of the message and likelihood of students to abstain from drugs or quit the use of alcohol and drugs. Peer educator credibility is vital to increasing perceived behavioral control of students and so the ultimate effect of topics associated with risky behaviors could undermine a peer oriented activities as well. It is therefore necessary to investigate the kind of topics discussed by peer educators in any peer oriented activities. (Youngvorst, 2012).
2.3 Review of Related Literature

This section reviews related literature on peer oriented activities and their role in mitigation of Substance Abuse, attitude towards alcohol and drug abuse, knowledge and prevalence of alcohol and drug abuse.

2.3.1 Peer Oriented Activities and their Role in Mitigation of Substance Abuse

According to United Nations office on drugs and crime, (2002), small groups are more appropriate to facilitate the examination of attitude towards drugs and drug use. They create an environment conducive to attitude change by encouraging trust and reducing personal obstacles to change such as egocentrism and defensiveness.

O’ Hangan, (2011) states that peer support groups and individual counseling have emerged to be highly effective and empowering methods of managing health issues particularly on Substance Abuse. However, for effective peer counseling, a variety of activities should be involved in peer counseling programs. United Nations office on drugs and crime, (2002) proposes activities such as writing letters to favorite students and teams and asking them not to use drugs, creating anti-drug art projects for display around the school, and using the school newsletter to promote drug free messages. Other activities include participating in local community parades (outreach programs) and festivals with drug free messages, role modeling, befriending, and one on one counseling.

Students selected by their colleagues or appointed by teachers on basis of ability or willingness are trained to be listeners and role models to other students. A working peer oriented program addresses social, individual, school and family concerns. In addressing these concerns, alcohol and drug abuse prevention will be addressed as well (Ministry of
education, 2009). Based on meta-analysis results by Sumnall, Jones, Burrell, Witty, McVeigh, & Bellis, (2006), peer education programs were found to be effective when used with a combination of other programs which have proved to be effective. Peer education programs are said to only supplement other successful programs and whenever they are effective on their own, the effect is mostly short lived. They suggest that “it appears that the child or young person delivering the intervention tends to benefit most from the experience”. (Sumnall, Jones, Burrell, Witty, McVeigh, & Bellis, 2006)

Students trained as peer counselors could be more perceptive and sympathetic than the teacher counselor. They will notice that a fellow student has problems long before the teacher does. They then react immediately and provide warmth and physical support. In issues of alcohol and drug abuse, they are at a better position to note a student who has started abusing drugs and confide in them. If they are properly trained, they will assist in prevention work (Wango and Mungai, 2007)

Tindi and Silsil (2008) stated that when adolescents are in need of peers to identify with; peer counseling group can be the best alternative. He further states that peers join groups for provision of affiliation and companionship, for material or psychological reward, for rising of their self esteem and as a method of gaining identity. If there exists a peer counseling group, peers will get these needs from it and unwanted behaviors will be minimal because they are relating with responsible and trained peers.

The Drug Stop Project (DSP) was a peer oriented preventive program developed for young people between 12-18 years of age in the Manly-Warringah area Australia. Its main aim was to come up with a sustainable peer education project which could help to
prevent the use of illegal drugs and alcohol particularly on poly drug use, and prevent problematic drug use amongst recreational drug users. It also aimed at empowering young people and providing them with skills to address problems which are related to alcohol and drug abuse. The peer educators were trained for 40 hours on drug information and life skills such as confidence building, decision making, rapport and team building strategies and communication and listening skills. The DSP employed both the informal and formal peer education strategies to reach many young people (Bleeker, 2001). Findings revealed that the project contributed to an increase in drug knowledge among peer educators from 12/30 during pre-test to 22/30 in post-test.

Any peer oriented program is started with an aim of meeting its objective like the DSP did. The DSP is typical of many peer oriented programs in the Kenyan schools. This study will evaluate the performance of peer oriented programs in the Kenyan contest and find out how they help in prevention of alcohol and drug abuse.

Valente, Ritt-Olson, Stacy, Okamoto and Sussman (2007), developed a social network tailored drug and alcohol abuse prevention program targeting high risk adolescents in 2007. The study was done in eight school districts in southern California. Students belonging to the same groups were asked to nominate their peer leaders. They were advised to nominate their classmates who had good leadership qualities, and those who got the most nominations were selected. Peer leaders were trained about group facilitation, group discussions and how to manage group interactions. They were also encouraged to emphasize anti-substance use norms during their discussions. During the peer leader training, the peer leaders were taught how to do normative restructuring about drug use. The peer leader and group members met for one hour each day for duration of
four weeks. Students completed surveys in classrooms before the program started and one year after the program (Valente, Ritt-Olson, Stacy, Okamoto & Sussman, 2007).

Participants in the named Towards No Drugs (TND) Network curriculum were able to abstain from Cocaine and Marijuana use over a comparatively longer period compared to those who did not participate. Also, the program achieved a comparatively reduced use of all drugs considered together. However there was increased use among some students who belonged to groups with substance-using peers. This was one of the programs weaknesses. If a student participated in the program and had classmates and peers who reported abusing drugs and alcohol, there was a high likelihood of increased alcohol and drug abuse tendencies and behaviors over the one-year period. Substance use was reduced mainly for those students who nominated as friends other students who did not report substance use or those who reported low levels of alcohol and drug abuse. Thus, the Network curriculum seemed to achieve its goal of increasing peer influence even though the peer influence was negative for adolescents with drug-using peers. (Valente, Ritt-Olson, Stacy, Okamoto & Sussman, 2007).

The TND program was peer oriented program where the peer counselors were trained on drug abuse prevention. Findings of the study reveal that it is possible that peer counselors will also influence their peer negatively and induct them in substance abuse. When this happens, peer oriented activities will not have provided the expected outcomes.

The studies in the literature are quasi experimental or clinical trials which are planned, and implemented to determine whether peer led interventions are effective in providing knowledge, changing attitude towards substance abuse and reducing prevalence. The
current study intended to measure the performance of an existing program in which the researcher does not manipulate the variables.

Kenya Girl Guides Association (KGGA) in 2012 carried out an Alcohol and drug abuse Prevention Program in schools in Nairobi county, Mombasa county and Siaya County. Over 2000 Girl Guides and peer educators were given information and skills to make responsible and informed choices on alcohol and drug use. They were as well equipped with group facilitation skills to reach out to others. The patrons for the Girl Guide clubs in the various schools were trained on alcohol prevention strategies and they supervised and supported the peer education sessions in their schools (Kariuki, 2013). There is documented evidence that students, teachers and parents either reduced the use of alcohol or stopped as a result of the program. Also many school youths gained knowledge on the harmful effects of alcohol and drug abuse.

2.3.2 Knowledge and Attitude towards Alcohol and Drug Abuse

Most teenagers acquire knowledge on substance abuse from their peers and those peers shape their attitudes towards substance use (Tehran, 2009). The spread of drug abuse among a group of people is determined by the knowledge and attitudes the members have regarding substance abuse (Maithya, 2009).

According to the MTF survey, (2013), there was a decline in the number of high-school students who see great risk from being regular marijuana users. This drop continued for ten years. According to the survey which measures drug use and attitude among Americas eighth, tenth and twelfth graders, the change in attitude is reflected in continued high usage rates of Marijuana in the three grades and this might be predicting a
higher use in the future. The survey reports that those who view Marijuana use as harmful has reduced from 44.1% in 2012 to 39.5% in 2013 (O’Malley et. al., 2013). Perceived risk of Marijuana use has fallen since 2008 up to 2013. Personal disapproval also fell during the same period. Disapproval of cigarette smoking did not increase or decrease for five years up to 2013. Smoking related attitudes became negative for some years up to 2012 and leveled in 2013. Since the beginning of the MTF study, a majority of learners in grade 12 have never found binge drinking especially over the weekends as a risky behavior. Disapproval of the use of alcohol has leveled in the recent years, meaning that there has not been a decrease or increase in disapproval rates. (O’Malley et. al., 2013).

A study assessing knowledge, attitudes and practices of psychoactive substance use among secondary school students in Dodoma municipality Tanzania found out that majority of students had adequate knowledge on type of psychoactive substances found in their areas. According to the study, 85 % of the students knew the types of psychoactive substances and 99% showed that they had adequate knowledge on psychoactive substances. A big number of respondents, 98% knew the effect of alcohol and drugs while 6.5% of the students said that the use of psychoactive substances is normal. Another 98.8 % believed that use of the substances could affect student’s performance in school. The study also revealed that 2% of the respondents had a plan to abuse the psychoactive substances in future. This study further found that peer pressure influences the youth to indulge in substance abuse. Most of the students who took part in the study reported that people who are idle are at high risk of using alcohol and drugs so as to stimulate them (Masibo,Mndeme, and Nsimba, 2013).
The findings of Masibo, Mndeme, and Nsimba, (2013) contradict with the findings of the MTF study and therefore further investigations to find out the level of knowledge and attitudes about alcohol and drug abuse among students is necessary. The difference could be due to the kind of interventions applied.

In Kenya, the level of awareness for packaged/legal alcohol, chang’aa and traditional brew for the 10-14 year olds, has reduced since the rapid assessment survey done in 2012. From the survey, the awareness for levels for packaged/legal alcohol reduced from 87.3% to 83.9%, awareness level for chang’aa reduced from 85.8% to 76% and for traditional liquor reduced from 83.3% to 73.8%. There is also a reduction in level of awareness of bhang and hashish from 2007 to 2012 (NACADA, 2012).

A baseline survey in Mwala Sub-county revealed that 63.4% belief that alcohol drugs, and substances reduce stress, 20.6% belief that real men take alcohol, while 10.4% belief that drugs and substances give more energy to work (Mutevu, 2013).

These reports and studies focus on knowledge and attitude attitudes towards alcohol and drug abuse without focusing on the specific methods of prevention applied to provide the knowledge and change the attitude towards substance abuse. As a result, this current study intended to determine how peer oriented activities affect knowledge and attitude.

When the attitude and knowledge about alcohol and drug abuse does not change for a period of time, one wonders whether there are interventions in place to help change the attitude or increase knowledge about alcohol and drug abuse and thus reduce substance abuse. Peer oriented activities may be in place to help young people. However their
performance needs to be assessed to know whether they create attitudinal, knowledge and behavioral change.

There is also need for a more current research on knowledge and attitude towards alcohol and drug abuse to determine whether prevention strategies have had any effect. The study will focus on the difference in attitudes, knowledge and prevalence of alcohol and drug abuse between students in schools with peer oriented programs and those in schools without the programs.

### 2.3.3 Prevalence of Alcohol and Drug Abuse among Students

Alcohol and drug abuse (Substance Abuse) is the continued use of illegal drugs or the wrong use of prescription or over the counter drugs accompanied by negative consequences. Some of the negative consequences include problems with the employers, neglect of duties and problems with the school. Alcohol and Marijuana are the most common abused substance. Other common drugs abused by people include tobacco, Kuber, cocaine, heroin, inhalants, LSD (Acid), MDMA (Ecstasy), steroids, methamphetamine, oxycontin and other prescription drugs like pain relievers, depressants, and stimulants (Maithya, 2005).

Alcohol and drug abuse among teenagers is still at significant levels. According to data from the 2012 Monitoring The Future (MTF) study, an annual survey of U.S youth, illicit drug use among teenagers is at high levels. In the USA, 9.1% of 10th graders, 4.5 of 8th graders, and 16.3 % of 12th graders are current users of cigarettes. According to the survey, 6.3% of 12th graders are current users of Marijuana. Current use of alcohol stands at 10.2% in 8th graders, 27.7% among 10th graders, and 39.2 % among 12th graders.
Though this is reported to be a decline from the previous years, the rates are still high and they indicate that young people are experimenting with alcohol and other drugs (O’Malley et al., 2013).

In Kenya, overall use of any type of alcohol among the 12-14 year olds is 3.0%. Use of tobacco in the same age group is at 1.2%, ever use of Khat for the same group is at 0.5%. Current use of alcohol is at 13.6%, current use of tobacco is at 8.6% while Khat is 4.2%. The prevalence of current alcohol, tobacco, Miraa and Bhang use among young people aged 15-24 years was 11.7%, 6.2%, 4.7% and 1.5% respectively. The median age for using tobacco and alcohol is 10 years while the median age for using Bhang and miraa is 12 years. The minimum age for use of alcohol and tobacco was found to be 8 and 4 years respectively. In the eastern region of Kenya, current use among youths aged 14-24 stands at 16.8% for alcohol, 9.0% for cigarette, 5.4% for Khat and 0.8% for bhang (NACS Substance Abuse, 2012). In Mwala sub-county, the prevalence rate for alcoholism, drugs and substance abuse stands at 57% while those addicted stand at 20% of the population of youths aged between 18-35 years. (Mutevu, 2013).

The above statistics are an indication that alcohol and drug abuse is a reality among young people and it possess a great challenge. However their focus is on prevalence of substance abuse among the general population regardless of any intervention or prevention programs. This study will determine the prevalence of alcohol and drug abuse among students who have participated in peer oriented programs and those who have not.
2.4 Summary of Literature Review

From the literature reviewed, alcohol and drug abuse among teenagers is still at significant levels. The percentage of students who see great risk from being regular use of alcohol and other drugs has dropped at high rates in the past ten years (O’Malley et al., 2013). Studies indicate that students have knowledge on definition and type of psychoactive substances found in their areas. They also know the effects of drugs and alcohol to their health. There are students who think that use of alcohol and drugs is normal and are planning to abuse alcohol and drugs in future. (Masibo, Mndeme, & Nsimba, 2013). Peer oriented programs and activities include one on one counseling, small group presentations, play performance, role modeling and befriending. Through these activities, unacceptable behaviors are disapproved, and students are prevented from interacting with students who abuse drugs or use alcohol (Sloane & Zimmer, 1993).

Some of the programs like the Drug Stop Project equip peer counselors with decision making, communication skills, listening skills and rapport and team building activities (Valente et al., 2007). The KGGA equip peer counselors and girl guides with knowledge and skills to make responsible choices and facilitation skills to reach out to their peers. Through the peer oriented programs and activities, young people are likely to delay Substance Abuse, reduce use, increase knowledge about Substance Abuse and change their attitudes on Substance Abuse (Kariuki, 2013).
2.5 Conceptual Framework of the Study

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Extraneous variables</th>
<th>Dependent variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer oriented Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- One on one counseling</td>
<td>• Institutional involvement</td>
<td>• Knowledge about alcohol and drug abuse</td>
</tr>
<tr>
<td>- Role modeling</td>
<td>• parental involvement</td>
<td>• Attitude towards alcohol and drug abuse</td>
</tr>
<tr>
<td>- Small group presentations</td>
<td>• Gender</td>
<td>• Prevalence of alcohol and drug abuse</td>
</tr>
<tr>
<td>- Play performances</td>
<td>• School category</td>
<td></td>
</tr>
<tr>
<td>- Outreach programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Befriending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Figure 2.1: Relationship between Variables]

Source: Researcher

From the conceptual framework above, Peer oriented activities is the independent variable while attitude, knowledge, and alcohol and drug abuse prevalence are the dependent variables. It is anticipated that peer oriented activities will have an impact on students attitude towards alcohol and drug abuse, knowledge about alcohol and drug abuse and alcohol and drug abuse prevalence among students. Intervening variables such
as concern by the administration, gender and parental concern may influence the Attitudes, knowledge and behavior of learners concerning alcohol and drug abuse.
CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter discusses the methodology used in collecting and synthesizing the study data. The section will discuss study design, research variables, target population, sample size, site of study, sampling techniques and sample size, research instruments, instrument validity, reliability of research instruments, data collection procedures and data analysis.

3.1 Research Design

The study employed *ex Post Facto* design. *Ex Post Facto* Research design is an inquiry where a researcher has no ability to control the independent variable because their manifestations have already occurred (Kerlinger, 2000). In other words, the researcher examines the effects of a naturally occurring treatment after it has taken place without it being manipulated. The design was found appropriate for this study because the researcher can collect information that describes the current status of a population with respect to one or more variables. This design was adopted in this study because peer oriented activities (one on one counseling, role modeling, small group presentations, play performances, and outreach programs) were being studied after they had exerted their effect on dependent variables (attitudes on Substance Abuse, knowledge about Substance Abuse and Alcohol and drug abuse behaviors)
3.2 Study Variables

The independent variable in the study was exposure to peer-oriented activities. Peer oriented activities are one on one counseling, role modeling, small group presentations, play performances, outreach programs and befriending. The dependent variables were attitude towards alcohol and drug abuse, knowledge about alcohol and drug abuse, and prevalence of alcohol and drug abuse. Other factors that could influence the above dependent variables are gender, parental involvement and institutional involvement. In this study they were considered to be extraneous variables and they were controlled during sampling.

3.3 Site of the Study

The study was conducted in secondary schools in Mwala Sub County which is in Machakos county, south eastern Kenya. Mwala sub-county is divided into six zones and has 31 schools. A baseline survey on alcoholism, drugs and substance abuse in Mwala Sub County revealed that the prevalence rate for alcoholism, drugs, and substance abuse stands at 57% while those addicted stand at 20% of the population (Mutevu, 2013). Mwala sub-county was purposively sampled due to the high prevalence of alcohol and drug abuse

3.4 Target Population

The target population from which the sample was drawn consisted of 17,000 students, 260 peer counselors and 31 guidance and counseling teachers in public secondary schools in Mwala Sub-County, Machakos county. The accessible population was all form three and four students in the sub-county, all the guidance and counseling teachers in the
schools and all the peer counselors in the schools. Mwala sub-county has 31 public secondary schools with a total population of 4012 Form-three and four students. There are 5 boys’ 6 girls’ and 20 co-educational schools. Form one students and form two students did not participate in the study because they have been in secondary school for a short time and they may not have participated in the programs adequately and therefore the peer-oriented activities have not influenced them yet. The form three and four students were appropriate for the study because they have been in school for a long time and their age range of seventeen to twenty years has exposed them to drugs, and drug related issues. They were therefore in a better position to give out information about their experience with alcohol and drugs in relationship to peer-oriented activities.

3.5 Sampling Techniques and Sample Size

The schools were stratified based on criteria of gender and accommodation category (boys only, girls only, mixed boarding and mixed day). According to Kombo and Tromp (2006), stratified sampling is used when the population is heterogeneous
Table 3.1: Types and status of public schools in Mwala sub-county

<table>
<thead>
<tr>
<th>Type</th>
<th>Status of the school</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With peer counseling</td>
<td>No peer counseling</td>
</tr>
<tr>
<td>Boys Boarding</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Girls Boarding</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mixed Boarding</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Mixed Day</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

Where the stratum had only one school, purposive sampling was used to select the school. Where there were two schools in a stratum, the researcher tossed a coin to select one of the schools. Where more than two schools were in a stratum, 50% of the schools were chosen as recommended by Mugenda (2008). A total of 14 schools were selected using this criterion.

The number of guidance and counseling teachers sampled was 8. This was 50% of the total number of guidance and counseling teachers in the schools. (Gay, 1981) states that a sample size of 10 to 30 percent of the total population is adequate for a study in research. Out of each school with peer counselors, 20% of the peer counselors were selected by systematic sampling to take part in the study. A total of 52 peer counselors were selected since there are 260 peer-counselors in all the schools.

A formula by Nassiuma (2000) was used to determine the sample size of students who took part in the study. This sampling formula is provided for finding sample sizes in populations whose underlying probability distribution are not known. When the
coefficient of variation (cv) and error margin (e) are low, then the sample is more reliable. \( cv \leq 30\% \) and \( e \leq 5\% \) in decimal.

\[
n = \frac{NC^2}{C^2 + (N-1)e^2} \text{ where}
\]

\( C \) is the coefficient of variation, \( n \) is the desired sample size, 
\( e \) is error of margin and 
\( N \) is the accessible population 

Thus taking coefficient of variation =20\% and error =1.5\%

\[
n = \frac{4012 \times 0.2^2}{0.2^2 + (3012-1) \times (0.015)^2}
\]

\( n \) is approximately 200 but to take care of those students who did not respond to all the questions, a sample of 225 was used in the study. Proportions were used to determine the size of the sample to be taken from each school and each class using the formula

\[
\frac{X \times 225}{4012} \text{ where } X \text{ is the student population in each school}
\]

The number of students per class was selected through simple random sampling where students in each class were asked to pick papers. The students who picked papers with YES were allowed to participate in the study. To ensure that students were balanced in gender, students in mixed schools were first stratified and then random sampling applied.

### 3.6 Research Instruments

Data for this study was collected using students questionnaire, teachers’ questionnaire, and peer counselors questionnaire. The questionnaires were self constructed to enable the researcher to collect data required for the study. The students’ questionnaire consisted of
five sections A, B, C, and D. Section A items sought for information on the demographic data of the respondents. Section B looked for information about peer oriented activities in the school. Section C sought for information on prevalence of alcohol and drug abuse. Section D had items that looked for information on attitudes towards alcohol and drug abuse while section E looked for information on knowledge of facts about drug and alcohol abuse and their effects on health. However, questionnaires for students in schools without peer oriented programs did not have section B. The peer counselors’ questionnaire looked for information on whether they have been trained and on the activities they use in peer counseling. The teachers’ questionnaire collected information about the activities used by peer counselors in their schools to do peer counseling.

3.7 Validity and Reliability

Items of the questionnaire were constructed in consideration of the requirement of each variable and objective of the study. The supervisor and two other colleagues examined the contents of the instruments to ensure that they are valid. External validity was determined by selecting a representative sample with regard to the target population. Internal validity was determined through random selection of the study sample in order to have a control over the extraneous variables.

Reliability is the degree to which the research instruments give consistent results after repeated trials. To test for reliability of the instrument, a test-re-test technique was used in a pilot study. A sample of twenty students from two public secondary schools in Makueni County was randomly selected and used to ensure reliability of the instrument. Peer counselors and the guidance and counseling teachers from the same schools were also
purposively selected for piloting of the instruments. Makueni County was chosen because it has similar characteristics to Mwala sub-county and it is in the neighborhood of Mwala. Test retest reliability technique was used to determine whether the instrument was reliable across time. Test retest reliability test has a condition that the time period tests should be long enough to prevent learning, carry over effects or recall. To meet this condition, the retest was given to the respondents in duration of three weeks. Cronbach’s alpha internal coefficient was determined by using SPSS statistics version 20. A reliability coefficient of 0.8 is considered acceptable (Mugenda and Mugenda, 1999). The reliabilities obtained for the student’s, peer counselors’ and teacher’s questionnaires were 0.8, 0.79 and 0.8 respectively. They were therefore considered quite appropriate for the study.

3.9 Data Collection Procedures

Using a letter of introduction from Kenyatta University, a research permit was obtained from the National Commission for science, technology and innovation (NACOSTI). Permission was also obtained from Mwala sub-county education office to conduct research from the sub-county. Once granted the permission to carry out the research, arrangements were made with the heads of the sampled schools on dates for data collection. Data from the participants of the study was collected using questionnaires. The researcher visited the schools and requested to be allowed to administer the questionnaire. Teachers answered the questionnaires in their offices while the students answered their questionnaires in their classes.
3.10 Data Analysis and Presentation

After collecting data from the field, it was coded and entered. The study used statistical package for social sciences SPSS to analyze quantitative data. Data collected using questionnaires were analyzed using descriptive statistics and inferential statistics. In quantitative analysis, the data was grouped according to the research objectives and questions. Data was analyzed through frequencies, percentages and t-tests. Frequency distribution Tables and percentages were used to determine the peer oriented activities used to provide knowledge about Substance Abuse, change attitude towards Substance Abuse, and reduce the prevalence of Substance Abuse among students. The researcher used t-test and percentages to determine if there existed significant differences between students in schools with peer oriented activities and students in schools without peer oriented activities in their knowledge about Substance Abuse. Percentages and t-test were also used to determine if significant differences existed between students in schools with peer oriented activities and students in schools without peer oriented activities in their attitude towards Substance Abuse and prevalence of Substance Abuse.
Table 3.2: Data analysis methods for objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Method of data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine the peer oriented activities used to change attitude towards Substance Abuse, reduce prevalence and provide knowledge of Substance Abuse among students in Machakos County</td>
<td>Frequency distribution Tables, Percentages</td>
</tr>
<tr>
<td>To determine if there are significant differences in knowledge between students in schools with peer oriented programs and those without the programs</td>
<td>Frequency distribution Table, and t-test</td>
</tr>
<tr>
<td>To determine if there are significant differences in attitude towards Substance Abuse between students in schools with peer oriented programs and those without the programs</td>
<td>Frequency distribution Table and t-test</td>
</tr>
<tr>
<td>To determine if there are significant differences in knowledge about Substance Abuse between students in schools with peer oriented programs and those without the programs</td>
<td>Frequency distribution Table and t-test</td>
</tr>
</tbody>
</table>

3.11 Ethical Considerations

The researcher explained the purpose of the study to the respondents to help them make an informed decision about participating in the study. The respondents were given assurance that the information given was for purposes of research only. They were also assured that information collected would be held in confidence and that data collected was going to be handled by the researcher only and that it will be destroyed after the analysis. The respondents were required not to write their names in the questionnaires to
ensure that respondents remain anonymous. The schools which participated in the study were also not identified.
CHAPTER FOUR

RESULTS, ANALYSIS AND DISCUSSION

4.1: Introduction

The chapter presents analysis, research findings and discussions guided by the objectives of the study. The purpose of this study was to determine the effects of peer oriented activities on attitude, knowledge and prevalence of Substance Abuse among secondary school students in Machakos County. The objectives of the study were:

i) To identify the peer oriented activities used to provide knowledge change attitude and reduce the prevalence of Substance Abuse,

ii) To determine if there exist significant differences in knowledge about alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities,

iii) To find out if there exist significant differences in attitude towards alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities,

iv) To determine if there exist significant differences in prevalence of alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities. Quantitative data analysis procedures and techniques were employed. The chapter presents study findings starting with descriptive statistics, followed by inferential statistical analysis whereby the findings obtained from each
hypothesis are discussed. Research findings are presented using summary displays, diagrams, graphs and Tables.

4.2 Demographic Characteristics of Participants

This section presents a brief description of the demographic characteristics of the sample of study. Such a description is important because it provides a better understanding of the respondents. This will in turn provide a strong foundation for discussion of the results based on the objectives of the study. The demographic characteristics of this study included gender of the respondents, class and category of the school. Table 4.1 shows the distribution of respondents by gender.

Table 4.1: Distribution of Students, peer counselors and teachers by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Students</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Peer Counselors</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Teachers</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>Students</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Peer Counselors</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Teachers</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>Students</td>
<td>225</td>
</tr>
<tr>
<td></td>
<td>Peer Counselors</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Teachers</td>
<td>8</td>
</tr>
</tbody>
</table>
As indicated in Table 4.1, the number of students who participated in the study was 225. Among them 125 were boys while 100 were girls. The number of boys was more than the number of girls. These numbers were chosen proportionally to make the sample representative of the two genders. Other studies like NACADA, (2012), Barasa, Toili & China, (2011) and Kyalo & Chumba, (2011) reveal the same trend in which female respondents are fewer.

The study sought to describe the sample of peer counselors who participated in the study. As indicated, 42 percent of peer counselors were boys while 58 percent of the peer counselors were girls. The number was obtained from random sampling of the peer counselors in the different schools that took part in the study.

It was also necessary to determine the distribution by gender of the teachers who participated in the study. Teachers who took part in the study were 3 males while 5 were female. There were more female teachers than male teachers because most Kenyan schools appoint female teachers to be heads of guidance and counseling departments. However this did not affect the validity of the teachers’ sample.

The age of students who participated in the study was between 14 and 19 years.
Figure 4.1: Students Age

Most of the students who participated were between 17-19 years (72.2 %). Students above 19 years were 8.4% while students between the ages 14-16 years were 19.4%. All the participants were in the teenage. The researcher included students from different age brackets to make the sample representative of secondary school students in typical Kenyan schools. This is also in accordance with findings by National institute of drug abuse (NIDA) that when children are in high school, they face social, psychological and educational challenges which may increase the risk that they will abuse drugs. The NIDA’s findings also states that at this age they may be exposed to greater availability of drugs which could also increase the risk of engaging in alcohol and drug abuse (NIDA, 1997).

The study sought to determine whether the peer counselors had been trained. Table 4.2 is a summary of the status of training of the peer counselors involved in the study.
Table 4.2: Peer counselors Training

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>Not trained</td>
<td>55</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the 72 peer counselors, 23% had been trained while 77% have not been trained. The findings of this study are consistent with findings by Kiarie, (2010) that peer counselors in some schools had not received any training. It is also consistent with findings by Atieno, Odogo, Mobegi, Aloka & Nyareka (2016) who in their study found out that there were no programs available for education of learners about drug abuse and its consequences. The findings are also comparable with the sentiments from Chireshe (2013) that there is a big gap in the quality and scope of training offered to student peer counselors. The results of the study are also similar to results by Tiego and Kamore (2015) in their study done in Meru South on pillars of effectiveness of peer counseling. They identified lack of training as a major reason for the ineffectiveness of peer counseling.

The category of schools that participated in the study was described. Table 4.3 shows category of sampled schools.
<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys boarding</td>
<td>60</td>
<td>27</td>
</tr>
<tr>
<td>Girls boarding</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Mixed boarding</td>
<td>58</td>
<td>26</td>
</tr>
<tr>
<td>Mixed day</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
<td>100</td>
</tr>
</tbody>
</table>

As indicated in Table 4.3, the researcher selected respondents from different categories of schools to ensure validity of the study. As stated earlier, the number of students in different schools was determined by proportional and random sampling to obtain a representative sample. Representatives of students from each category were obtained to ascertain randomness and reliability of the study. This study did not find any significant difference in substance abuse among respondents from different school categories.

### 4.3 Peer Oriented Activities

The first objective of the study was to determine the peer oriented activities used to provide knowledge, change attitude and reduce prevalence of Substance Abuse among secondary school students in Mwala Sub-County Machakos County. Respondents selected from a list of six activities provided in the questionnaire the activities which peer counselors in their schools use to do counseling on alcohol and drug abuse prevention. The listed activities were: one on one counseling, role modeling, small group presentation, play performance, community outreach programs and befriending.
Respondents were also allowed to state any other activity not in the list that peer counselors use. Table 4.4 shows the responses by students, peer counselors and teachers on peer oriented activities used by peer counselors to change attitude towards Substance Abuse, provide knowledge on Substance Abuse and reduce prevalence of Substance Abuse among students in schools with peer counseling programs.

Table 4.4: Peer Oriented Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Students</th>
<th>Peer counselors</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F (%)</td>
<td>F (%)</td>
<td>F (%)</td>
</tr>
<tr>
<td>One on one counseling</td>
<td>56 (49.6)</td>
<td>39 (50)</td>
<td>7 (50)</td>
</tr>
<tr>
<td>Role modeling</td>
<td>9 (8.18)</td>
<td>10 (12.8)</td>
<td>4 (28)</td>
</tr>
<tr>
<td>Group presentation</td>
<td>100 (88.5)</td>
<td>72 (92.3)</td>
<td>12 (85.7)</td>
</tr>
<tr>
<td>Play performance</td>
<td>8 (7.0)</td>
<td>8 (10.2)</td>
<td>4 (28)</td>
</tr>
<tr>
<td>Outreach programs</td>
<td>7 (6.2)</td>
<td>6 (4.7)</td>
<td>4 (28)</td>
</tr>
<tr>
<td>Befriending</td>
<td>20 (17.7)</td>
<td>14 (17.9)</td>
<td>5 (35.7)</td>
</tr>
<tr>
<td>Others</td>
<td>10 (8.8)</td>
<td>3 (3.8)</td>
<td>3 (21)</td>
</tr>
</tbody>
</table>

As indicated in the Table 4.4, group presentations and one-on-one counseling are the most preferred activities for peer counseling. This is because majority of the students (88.5%), peer counselors (92.3%) and teachers (85.7%) state that small group presentations are used by peer counselors. Also 49.6% of the students, 50% of the peer counselors and 50% of the teachers stated that one-on-one counseling is a peer oriented activity used by peer counselors. There is evidence in this study that these activities are
not adequately used by peer counselors. For example 8.1%, 7.0%, 6.2% and 17.7% of students stated that peer counselors in their schools use role modeling, play performance, community outreach activities and befriending respectively. Movies, posters, music and games were listed as other activities used.

There is an indication that various activities are adequately used while others are inadequately applied by peer counselors during peer counseling. It shows that emphasis has been placed on group presentations and individual counseling. This is contrary to the findings research by United Nations office on drugs and crime (2002) which proposes activities such as writing letters to favorite students and teams and asking them not to use drugs, creating anti-drug art projects for display around the school, and using the school newsletter to promote drug free messages. Other activities include participating in local community parades (outreach programs) and festivals with drug free messages, role modeling, befriending, and one on one counseling. All these activities should be emphasized and during training of peer counselors.

The findings are in agreement to a study done by Ronoh (2004) in public universities which found out that only primary level of prevention is evident in many institutions. Peer counseling activities should include primary, secondary and tertiary levels of prevention if it has to be effective. Primary prevention refers to programs aimed at young people who have not abused drugs. Secondary prevention targets students who have started using drugs.

The findings also agree with Buraria, Marangu, & Nyaga (2014) who found that peer counselors lead other students in talks. The results also agree with Kiarie (2010) who
found out that peer counselors were involved in drama, poems and presentations in their general counseling.

When there are no available programs designed for peer counseling to change attitude on Substance Abuse, reduce Substance Abuse prevalence, and increase knowledge about alcohol and drug abuse, peer counselors will result to use of the simple peer counseling activities like group counseling and individual counseling. This may in turn become monotonous to the students and therefore lack effectiveness.

The Koech commission stated that peer counseling should be combined with Music, drama, information education and communication materials and counseling (Kenya Institute of Education, 2004). When these activities are not practiced by peer counselors, peer counseling programs will not be effective. According to Kamore (2015), lack of well developed programs to be facilitated by peer counselors is a major challenge that hinders the effectiveness of peer counselors in schools.

4.4 Knowledge About Alcohol and Drug Abuse

This section determined the level of knowledge about alcohol and drug abuse in the two groups of students. It also determined whether there was a significant difference in knowledge about alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer-oriented activities.

The study measured knowledge about effects of alcohol and drug abuse on different genders, how alcohol and drugs are processed in the body, how alcohol and drug abuse leads to sexually transmitted infections. It also measured knowledge on addiction.
Students responded to questions about how long one should smoke cigarettes for them to be addicted. They were asked to compare effects of alcohol and men and women and whether sexually transmitted diseases can be spread by sharing needles to inject drugs.

The research sought to establish the overall performance in knowledge about alcohol and drug abuse in the two groups of students. In determining this, the researcher would be seeking to know which of the two groups had more knowledge about Substance Abuse.

The overall performance in the knowledge items is summarized in Table 4.5

<table>
<thead>
<tr>
<th>Table 4.5: Level of Knowledge Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of knowledge</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Adequate</td>
</tr>
<tr>
<td>Inadequate</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Overall, 59.3% of students in schools with peer oriented activities had adequate knowledge about Substance Abuse while 58.8% of students in schools without peer oriented activities had adequate knowledge about Substance Abuse. From the findings, there appears to be no difference in knowledge scores between the two groups.

Knowledge about alcohol and drug use is more likely to be influenced by educational interventions (Rodenburg, 2013). However, the findings of this study reveal otherwise. Respondents who participated in peer oriented activities do not show improved
knowledge about Substance Abuse compared to students who are in schools without the activities.

Knowledge about alcohol and drug abuse will discourage young people from taking drugs because they know the consequences of the drugs in their bodies. They will also know how these drugs react in their bodies when taken.

The fact that an intervention program does not show a difference in knowledge could be explained by several factors. The peer counseling program may have been poorly implemented and not supervised. This can also be explained by the fact that many peer counselors are not trained. Peer oriented activities may have failed to change knowledge on Substance Abuse due to some of the challenges facing its implementation which include lack of well defined roles, lack of skills in counseling and shortage of time to engage in peer counseling (Kamore & Tiego, 2015).

4.4.1 Analysis of Hypothesis One

The first null hypothesis stated that there is no significant difference in knowledge about Alcohol and Drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities. The hypotheses were tested at 5 percent level of significance as a statistic basis for drawing conclusions.

Independent samples t-test was conducted to compare knowledge about alcohol and drug abuse in presence of peer-oriented activities and absence of peer oriented activities. There was no significant difference in the scores for presence of peer oriented activities.
(M=59.33, SD=21.94) and absence of peer oriented activities (M=58.83, SD=20.94) conditions; t (df) =223, p=0.9685. A summary of the data is presented in Table 4.6

Table 4.6: A Summary of Two Sample t-test on Difference in Knowledge

<table>
<thead>
<tr>
<th>Peer Oriented Activities</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Df</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>113</td>
<td>59.33</td>
<td>21.94</td>
<td>223</td>
<td>0.9685</td>
</tr>
<tr>
<td>Absent</td>
<td>112</td>
<td>58.83</td>
<td>20.94</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These results suggest that peer oriented activities did not improve knowledge about alcohol and drug abuse. The findings of this study contradict the findings of the Drug Stop Project that was done in Australia Manly- Warringah area. The project contributed to an increase in drug knowledge from 12/30 during pretest to 22/30 in post test. The findings are also inconsistent with Arevian and Khasholian (2014) who found out that knowledge about drugs improved significantly after a peer led educational program on knowledge and attitudes about prevention of substance abuse among Lebanese youth.

The inconsistency of the studies could be due to differences in implementation methods and procedures. Other findings which are inconsistent with this study include Padget (2005) who found out that students exposed to a peer led program for alcohol use prevention gained knowledge of alcohol’s effect and showed less frequent episodes of binge drinking. The study found out that the prevention program may be successful in changing high school students’ knowledge, attitudes and behaviors regarding high levels but not low levels of alcohol use.
Peer oriented activities are expected to bring about increase in knowledge about alcohol and drug abuse just like any other intervention. In this study, students in schools with peer oriented activities and students in schools with peer oriented activities have nearly equal knowledge about alcohol and drug abuse. One can conclude that either there are other programs other than peer oriented programs that contribute to knowledge about alcohol and drug abuse or the knowledge students have about alcohol and drug abuse is inadequate. As discussed earlier, when peer counselors are not trained, when peer counseling programs fail to receive the necessary attention from the school administration, they may not contribute to knowledge about alcohol and drug abuse.

4.5. Attitude towards Alcohol and Drug Abuse

This section determined alcohol and drug abuse attitude in the two groups of students. It also determined whether there was a significant difference in attitude towards alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities.

When a program is put in place, there are some expected changes and effects which should be observed in the subjects on which the activities of the program are being performed. Wilson (1998), states that schools have it in their power to improve students’ knowledge and skills and to encourage the development of defensible values. Through this, smoking, drinking, and other defiant behaviors may be reduced or stopped. Attitude was measured using indicators comprising beliefs on effects of alcohol and drug abuse, beliefs about the consequences of Substance Abuse, legality of Substance Abuse, and experiences associated with Substance Abuse.
The overall score in attitude was analyzed and recorded as unfavorable, neutral and favorable and presented in Table 4.7.

**Table 4.7: Frequency and Percentage of Students according to Attitude Score**

<table>
<thead>
<tr>
<th>Level of attitude</th>
<th>Score</th>
<th>Students with peer oriented activities</th>
<th>Students without peer oriented activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Unfavorable</td>
<td>11-22</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Neutral</td>
<td>23-33</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Favorable</td>
<td>34-55</td>
<td>102</td>
<td>90</td>
</tr>
</tbody>
</table>

As indicated in Table 4.7, among students with peer oriented activities, 7% had unfavorable attitude towards alcohol and drug abuse, 3% had neutral attitude regarding Substance Abuse and 90% had a favorable attitude regarding Substance Abuse. Unfavorable attitude in this study means the students have some beliefs which would support use of alcohol and drugs. Among students in schools without peer oriented activities, 11% had unfavorable attitude, 7% had neutral attitude and 82 percent had favorable attitude regarding alcohol and drug abuse.

The difference in attitude towards alcohol and drug abuse among the two groups is minimal. Yet peer oriented activities in schools are thought to be an important tool in creating a favorable attitude towards alcohol and drug abuse behaviors. When attitudes are favorable, students will keep away from alcohol and drug abuse. In addition, they will
also advise their friends to resist from the temptation of abusing drugs. A test for hypothesis was performed to find out if a significant difference in attitude existed.

### 4.5.1 Analysis of Hypothesis Two

The second hypothesis stated that there is no significant difference in attitude towards Alcohol and Drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities. The hypotheses were tested at 5 percent level of significance as a statistic basis for drawing conclusions.

Independent samples t-test was conducted to compare attitude towards alcohol and drug abuse in presence of peer-oriented activities and absence of peer oriented activities. There was no significant difference in the scores for presence of peer oriented activities (M=62.73, SD=37.54) and absence of peer oriented activities (M=61.67, SD=43.28) conditions; t (df) =223, p=0.954. A summary of the data is presented in Table 4.8.

**Table 4.8: A Summary of Two Sample t-Test on Difference in Attitude**

<table>
<thead>
<tr>
<th>Peer Oriented Activities</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Df</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>113</td>
<td>62.73</td>
<td>37.54</td>
<td>223</td>
<td>0.954</td>
</tr>
<tr>
<td>Absent</td>
<td>112</td>
<td>61.67</td>
<td>43.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These results suggest that peer oriented activities did not change attitude towards alcohol and drug abuse among students. The findings are in agreement with Arevian & Khasholian (2014) who found out that overall mean attitude towards tobacco and drugs
decreased significantly after a peer led education program to reduce alcohol and drug abuse even though the change was not statistically significant.

It contradicts a study by Mentor (2014) which found out that a third of young people who received peer education changed their attitude towards it. It also contradicts Rodenburg (2013) who found out that respondents think their behavior is more unresponsive after participating in an intervention program. The findings are also inconsistent to those by Anderson, Chrisholm, and Fuhr (2009) who found a positive effect on attitude after a prevention program.

4.6. Prevalence of Alcohol and Drug Abuse

This section determined and compared the prevalence of alcohol and drug abuse in the two groups of students. It also determined whether there was a significant difference in prevalence of alcohol and drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities.

The level of use of alcohol and drugs among students was measured by determining the drugs taken within the last one month. Drugs included in the questionnaire were Tobacco, Alcohol, Bhang, Kuber and Others.
Table 4.9: Drugs Taken by Students within the Last One Month

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Peer Oriented Activities present</th>
<th>Peer Oriented Activities Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Alcohol</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Bhang</td>
<td>44</td>
<td>39</td>
</tr>
<tr>
<td>Kuber</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>Others</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

The study sought to determine which drugs have been used within the last one month, 8% of students from schools with peer oriented activities said they have used tobacco, 26% said they have used alcohol, 39% said they have used bhang, 34% said they have used Kuber and 10% said they have used others. In schools without peer oriented activities, 12% said they have used tobacco, 30% alcohol, 38% bhang, 38% Kuber and 10% said they had used others. Other drugs may include Khat, Shisha, Glue and prescription drugs.

The use of Tobacco, Alcohol, and Kuber was higher among students in schools without peer oriented activities compared to students in schools with peer oriented activities. The percentages are 12%, 30% and 38% respectively in schools without peer oriented activities and 8%, 26%, and 34% respectively in schools with peer oriented activities.

The findings of this study are similar to findings by Kagendo (2010) on incidence and extent of substance abuse among secondary school students in Nairobi which found out that a significant number of students in secondary schools abuse drugs.
4.6.1 Analysis of Hypothesis Three

The third hypothesis stated that there is no significant difference in prevalence of Alcohol and Drug abuse between students in schools with peer oriented activities and students in schools without peer oriented activities. The hypotheses were tested at 5 percent level of significance as a statistic basis for drawing conclusions.

Independent samples t-test was conducted to compare prevalence of alcohol and drug abuse in presence of peer-oriented activities and absence of peer oriented activities. There was no significant difference in the scores for presence of peer oriented activities (M=27.75, SD=11.78) and absence of peer oriented activities (M=29, SD=13.22) conditions; t (df) =223, p=0.892. A summary of the data is presented in Table 4.10.

<table>
<thead>
<tr>
<th>Peer Oriented Activities</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Df</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>113</td>
<td>27.75</td>
<td>11.78</td>
<td>223</td>
<td>0.892</td>
</tr>
<tr>
<td>Absent</td>
<td>112</td>
<td>29</td>
<td>13.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the findings of this study, there is no statistically significant difference in prevalence of Substance Abuse between students in schools with peer oriented activities and students in schools with peer oriented activities. Lack of a statistical significance may be explained by the fact that alcohol and drug abuse behaviors can be difficult to measure especially when researchers depend on self reported behaviors. Students tend to give information that is not a true reflection of their drug abuse behavior. Students may not give a true picture of their experience with drugs especially if they engage in drug abuse.
behaviors. Untrained peer counselors may not be able to bring the expected change in behavior of students. It is also an indication that the peer oriented activities in secondary schools are not implemented properly to warrant their success in reducing Alcohol and Drug abuse.

The findings of the study are consistent with findings of Webster, Hunter & Keats (2002) reporting that peer support programs do not always work. The main findings were that there were no significant effects of the program on participant’s knowledge, attitudes and use of alcohol or tobacco. Similar findings were reported by Sumnall, Jones, Burrell, Witty, McVeigh, & Bellis, (2006). A study in Ireland Van Hout MC (2011) found out that a group of high school students who participated in peer drug abuse prevention programs reported increased and higher alcohol and drug abuse rates than those that did not receive the intervention.

Not all studies however are similar to the findings of this study. Studies in the contrary Valente, Ritt-Olson, Stacy, Unger, Okamoto &Sussman (2007) document that a peer led interactive substance abuse prevention program was successful in reducing substance abuse for students with a peer environment that supports non use. However, they also found out that for students with a peer environment that supports substance use, the peer led program may have deleterious effects. Kariuki (2013) found out that students, teachers and parents who participated in a prevention program led by girl guides and peer educators either stopped the use of alcohol or reduced the use at a significant level.

In conclusion, the findings showed that no statistically significant difference in attitude, knowledge and prevalence of Substance Abuse between the two groups as evidenced by
the p values greater than 0.05. These results point to a need to conduct follow up studies with a population of adequately trained peer counselors. It also calls for an urgent need of peer counselors training in secondary schools. Kamore and Tiego (2015) found out that peer counseling is present in most of the schools but training of peer counselors is inadequate. Peer counselors are not supervised and peer counseling programs are rarely evaluated. This could also explain why peer counseling failed to bring any significant changes in knowledge and drug abuse prevalence.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to determine the performance of peer oriented activities on prevalence, knowledge and attitude on substance abuse among secondary school students in Mwala sub-County Machakos County. The chapter summarizes findings of the study and provides recommendations based on the findings. A *ex post facto* design was used and results from two different groups were tested for significant differences in knowledge about Substance Abuse, Attitude towards Substance Abuse and prevalence of Substance Abuse.

5.2 Summary

5.2.1 Peer Oriented Activities used to provide Knowledge, change attitude and reduce Prevalence of Substance Abuse

Findings of the study indicated that one on one counseling, role modeling, small group presentations, play performance, outreach programs, and befriending are some of the peer oriented activities used by peer counselors in Machakos County Mwala Sub-county. The study established that small group presentation was the most preferred activity used by peer counselors to help change attitude towards alcohol and drug abuse, provide knowledge about Substance Abuse and reduce the prevalence of Substance Abuse among students. These results were from students, peer counselors and teachers who participated in the study. Befriending, play performance and outreach activities are hardly used by
peer counselors in their practice. There are challenges in implementing the peer counseling program in schools due to lack of training and supervision of peer counseling program. The findings of this study further reveal that many of the peer counselors are not formally trained to be peer counselors and therefore they only use the simple and counseling activities like small group presentations and one on-one counseling. These activities are also not used adequately.

5.2.2 Peer Oriented Activities and Knowledge towards Alcohol and Drug Abuse

The study sought to determine if there is a significant difference in knowledge about Substance Abuse between students in schools with peer oriented programs and students in schools without peer oriented activities. The findings demonstrated that there was no significant difference in knowledge between students in schools with peer oriented activities and students in schools without peer oriented activities. Poor implementation, poor planning, and lack of commitment by stakeholders may contribute to failure of the program to produce significant effects. Most of the peer counselors who participated in the study also were found to lack proper training.

5.2.3 Peer Oriented Activities and Attitude towards Alcohol and Drug Abuse

The study sought to determine if there is a significant difference in attitude towards Substance Abuse between students in schools with peer oriented programs and students in schools without peer-oriented activities. This led to a conclusion that there is no significant difference in attitude towards substance abuse between students in schools with peer oriented activities and students in schools without peer oriented activities.
5.2.4: Peer oriented activities and prevalence of Substance Abuse

The research sought to find out if there was significant differences in prevalence of Substance Abuse between students in schools with peer oriented activities and those in schools without peer oriented activities. This is because there was no significant difference in prevalence of Substance Abuse between students in schools with peer oriented activities and those in schools without peer oriented activities. Factors that could have contributed to this include: lack of training of peer counselors, insufficient user participation in the activities and the peer oriented programs, failure to target core factors of drug abuse and improper implementation of peer oriented activities. (Ronoh, 2014).

5.3 Conclusion

Based on the findings, the study concluded that small group presentations is the main peer oriented activity employed by peer counselors in addressing issues on alcohol and drug abuse. Other activities like; one on one counseling, role modeling, community outreach, and drama are used inadequately. Lack of training of peer counselors was noted to be the main reason why peer counselors do not use some of the other peer oriented activities adequately.

Another conclusion was that there was no significant difference between students in schools with peer counseling activities and schools without peer counseling activities in their knowledge about alcohol and drug abuse.

It was also concluded was that there was no significant difference between students in schools with peer counseling activities and schools without peer counseling activities in their attitudes towards alcohol and drug abuse.
Another conclusion was that there was no significant difference between students in schools with peer counseling activities and schools without peer counseling activities in their prevalence of alcohol and drug abuse. A Lack of significance could be attributed to the fact that alcohol and drug abuse behaviors may be difficult to measure especially when researchers depend on self reported behaviors. Untrained peer counselors may also not be able to implement the activities properly to bring the expected change.

5.4 Recommendations

Having found out the performance of peer oriented activities on attitude, knowledge and prevalence of alcohol and drug abuse among secondary school students in Machakos County, the study presents proposals on how to improve the performance of peer oriented programs in addressing the problem of alcohol and drug abuse in secondary schools. Policy makers, educational planners, and stakeholders and all those who are willing to do research on peer counseling and Substance Abuse will benefit from such proposals.

i) Peer counselors in secondary schools need to be given quality training in peer counseling and in particular in alcohol and drug abuse counseling

ii) Peer counselors need to be trained on alternative activities of peer counseling like drama, outreach activities, and referrals.

iii) The ministry of education should develop a peer counseling training curriculum that will be used to train the peer counselors specifically on knowledge about alcohol and drug abuse. This will ensure that peer counselors have a framework on which to work on when providing knowledge about alcohol and drug abuse
iv) Dug and Substance Abuse can be taught as a subject in all schools to provide knowledge about alcohol and substance abuse. This will change the attitude towards alcohol and drug abuse and also help reduce its prevalence.

5.5 Further Research

The study has identified a number of areas which further studies can be conducted on the subject

1. Development and evaluation of peer counseling programs for mitigation of alcohol and drug abuse behaviors among students
2. Identification of counseling interventions in practice in schools to curb alcohol and drug abuse among secondary school students
3. Challenges facing peer counseling programs as a way of preventing alcohol and drug abuse in schools
4. Development of clinical trials to determine the performance of peer oriented activities in substance abuse prevention
REFERENCES


Bleeker, A. (2001). Drug Use and Young People - Rationale For The Drug Stop Project. Paper presented during the 2nd International Drugs and Young People Conference Melbourne, Australia 4-6 April 2001


Mentor UK (2014). Peer education alcohol project. Mentor UK


Webster, R., Hunter, M., And Keats, J. (2002). Evaluating the Effects of A Peer Support Program on Adolescents’ Knowledge, Attitude and Use of Alcohol And Tobacco: Drug And Alcohol Review, 21(1), 7-16
Appendix I: Research Permit

THIS IS TO CERTIFY THAT:
MR. GERALD MUENA KYUNGUTI
of KENYATTA UNIVERSITY, 0-90103
wamunyu, has been permitted to
carry out research in Machakos County

on the topic: PERFORMANCE OF PEER
ORIENTED ACTIVITIES ON PREVALENCE,
KNOWLEDGE AND ATTITUDE ON
SUBSTANCE ABUSE AMONG SECONDARY
SCHOOL STUDENTS IN MACHAKOS
COUNTY

for the period ending:
5th December, 2017

Applicant's
Signature

Permit No: NACOSTI/P/16/76695/14370
Date of Issue: 6th December, 2016
Fee Received: Ksh. 1000

Director General
National Commission for Science,
Technology & Innovation

63
Director General,
National Commission for Science, Technology
and Innovation
F.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION GERALD MUEMA KYUNGUTI – REG.
NO: C50/CE/23052/2010

I write to introduce Mr. Gerald Muema Kyunguti who is a Postgraduate Student of this University. He is registered for M.A degree programme in the Department of Psychology.

Mr. Kyunguti intends to conduct research for a M.A Project Proposal entitled, “Performance of Peer Oriented Programs on Prevalence, Knowledge and Attitude on Substance Abuse among Secondary School Students in Machakos County.”

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL
Appendix III: Introduction Letter and Consent Form

University…………………………………………

Department ……………………………………

Dear participant

My name is Gerald Muema Kyunguti. This questionnaire is part of a study on the performance of peer oriented Activities on Knowledge, attitude and prevalence on substance abuse. Your school and class have been randomly selected to take part in this study. You are one of about 225 students in Mwala Sub-County participating in the study. The information you give will contribute to a better Understanding of young people like yourself. DO NOT write your name on this questionnaire. The answers you give will be kept private. No one will know what you write. The questions that are asked about your background will only be used to describe the types of students completing the survey. The information will not be used to find out your name. No names will ever be reported.

Completing the survey is voluntary. Whether or not you answer, the questions will not affect your grade in this class.

If you are willing to participate in this research, please sign below and give your oral consent

Sign…………………………..Date………………………………………………..
Appendix IV: Questionnaire for Students

This questionnaire is designed to gather general information on the performance of peer oriented programs on prevalence, knowledge and attitude on alcohol and drug abuse in your school. Any information you give will be used for purposes of this research only. Please do not write your name or the name of your school anywhere on this questionnaire. Please tick the appropriate answer in the spaces provided.

Section A: Demographic details

1. Indicate your age ______
2. Indicate your gender. Male ☐ Female ☐
3. What is your school category? Boys school ☐ Girls school ☐ Mixed Boarding ☐ Mixed day ☐
4. Indicate your class Form ______

Section B: Peer Counseling Activities

1. Are there peer counselors in your school? Yes/ No
2. Which of the following activities do they use in peer counseling sessions?

<table>
<thead>
<tr>
<th>Program (Activity)</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>a One on one counseling</td>
<td></td>
</tr>
<tr>
<td>b Role modeling</td>
<td></td>
</tr>
<tr>
<td>c Small group presentations</td>
<td></td>
</tr>
<tr>
<td>d Play performance</td>
<td></td>
</tr>
<tr>
<td>e Outreach programs</td>
<td></td>
</tr>
<tr>
<td>f Befriending</td>
<td></td>
</tr>
<tr>
<td>g Others( specify)</td>
<td></td>
</tr>
</tbody>
</table>
Section C: Prevalence of Alcohol and Drug Abuse

1. Which of the following substances have you taken in the last one month?

<table>
<thead>
<tr>
<th>S.No</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Tobacco</td>
</tr>
<tr>
<td>B</td>
<td>Alcohol</td>
</tr>
<tr>
<td>C</td>
<td>Bhang</td>
</tr>
<tr>
<td>D</td>
<td>Kuber</td>
</tr>
<tr>
<td>G</td>
<td>Other(specific)</td>
</tr>
</tbody>
</table>

2. Do some of your classmates take drugs?
   Yes ☐  No ☐

3. Do you use pocket money to buy drugs or alcohol?
   Yes ☐  No ☐

4. Which of the following activities have been used by peer counselors and have helped you reduce or stop the use of alcohol or drugs?

<table>
<thead>
<tr>
<th>Program (Activity)</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>a One on one counseling</td>
<td></td>
</tr>
<tr>
<td>b Role modeling</td>
<td></td>
</tr>
<tr>
<td>c Small group presentations</td>
<td></td>
</tr>
<tr>
<td>d Play performance</td>
<td></td>
</tr>
<tr>
<td>e Outreach programs</td>
<td></td>
</tr>
<tr>
<td>f Befriending</td>
<td></td>
</tr>
<tr>
<td>g Others( specify)</td>
<td></td>
</tr>
</tbody>
</table>
Section D: Attitude on Alcohol and Drugs

1. Indicate to which extent you agree or disagree with the following statements

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Using alcohol and drugs can be a pleasant activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B A young person should never try alcohol and drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Using alcohol and drugs is fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Many things are much more risky than trying alcohol and drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Everyone who tries drugs eventually regrets it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F The laws on drugs and alcohol should be made tougher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Drug use is one of the greatest evils in the society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Drugs and alcohol help people to experience life in full</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Schools should teach about the real dangers of alcohol and drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J To experiment with alcohol and drugs is to give away control of your life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Occasional use of alcohol and drugs is not really bad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Which of the following activities have been used by peer counselors and have helped you change attitude towards alcohol and drugs?

<table>
<thead>
<tr>
<th>Program (Activity)</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>a One on one counseling</td>
<td></td>
</tr>
<tr>
<td>b Role modeling</td>
<td></td>
</tr>
<tr>
<td>c Small group presentations</td>
<td></td>
</tr>
<tr>
<td>d Play performance</td>
<td></td>
</tr>
<tr>
<td>e Outreach programs</td>
<td></td>
</tr>
<tr>
<td>f Befriending</td>
<td></td>
</tr>
<tr>
<td>g Others( specify)</td>
<td></td>
</tr>
</tbody>
</table>
Section E: Knowledge on Risk of Alcohol and Drug Abuse

1. For each statement below, please indicate whether you think it correct or not by checking the appropriate answer

<table>
<thead>
<tr>
<th>S.No</th>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A person needs to smoke several cigarettes a day over many years to become addicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Women are affected by alcohol quicker than men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>One pint of beer is processed through the body in half an hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>High use of Marijuana/bhang decreases sexual desire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>A person could die instantly by inhaling glue directly in the mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Infectious diseases like HIV and Hepatitis B can be spread by sharing needles to inject drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Which of the following activities have been used by peer counselors and have helped you increase your knowledge on alcohol and drug abuse?

<table>
<thead>
<tr>
<th>Program (Activity)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a</td>
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<tr>
<td>b</td>
<td></td>
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<tr>
<td>c</td>
<td></td>
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<td>g</td>
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</table>

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Appendix IV: Peer Counselors Questionnaire

This questionnaire is designed to gather general information on the effectiveness of peer oriented-programs on prevalence, knowledge and attitude on alcohol and drug abuse in your school. Any information you give will be used for purposes of this research only. Please do not write your name or the name of your school anywhere on this questionnaire. Please tick the appropriate answer in the spaces provided.

1. Please Indicate your age

2. Indicate your gender   MALE/ FEMALE

3. Have you been trained as a peer counselor? YES/ NO

4. What programs and activities do you use to practice peer counseling?

<table>
<thead>
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</tr>
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<td>e Outreach programs</td>
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</tr>
<tr>
<td>f Befriending</td>
<td></td>
</tr>
<tr>
<td>g Others( specify)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix V: Teachers questionnaire

This questionnaire is designed to gather general information on the performance of peer-oriented activities on prevalence, knowledge and attitude on alcohol and drug abuse in your school. Any information you give will be used for purposes of this research only. Please do not write your name or the name of your school anywhere on this questionnaire. Tick the appropriate answer in the spaces provided.

Please begin

1. Indicate your gender.  MALE  FEMALE

2. For how long have you been a guidance and counseling teacher?__________

3. Does your school have peer counselors?
   Yes  No

4. If yes, which of the following activities do they use in peer counseling?

<table>
<thead>
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<td>e Outreach programs</td>
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</tr>
<tr>
<td>f Befriending</td>
<td></td>
</tr>
<tr>
<td>g Group counseling (discussions)</td>
<td></td>
</tr>
<tr>
<td>h Others (specify)</td>
<td></td>
</tr>
</tbody>
</table>