FACTORS INFLUENCING THE PREVALENT AND CORRELATE OF DRUG ABUSE BY STUDENTS OF SECONDARY SCHOOLS IN GATUNDU DIVISION, THIKA DISTRICT, KENYA.

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A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF EDUCATION (GUIDANCE AND COUNSELLING) OF KENYATTA UNIVERSITY.

2005
DECLARATION

The research project is my original work and has not been presented for a degree in any other university.

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This Project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This project is dedicated to my wife Ruth Njeri, My Sons Kevin and Alfred for being a source of inspiration and the love of my life.
ACKNOWLEDGEMENT

I acknowledge the help received from many people who co-operated with me in the course of writing this project.

I'm duly thankful to my Supervisor Dr Edward M. Kigen of the Department of Educational Psychology (Kenyatta University) for supporting and guiding me with expert knowledge which enabled me to complete this project.

I'm indebted especially to headteachers in Secondary Schools in Gatundu Division who allowed me to carry out the research in their schools. The research was successful due to cooperation of teachers, teacher counsellors and students of the selected schools.

Mr Okaka deserves special gratitude for helping me in data analysis. Finally I thank Mr Isaac Muiru for helping me in formatting and typing the final work.
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ABSTRACT

The study was focused on drug use and abuse in Secondary Schools in Gatundu Division in Thika District. It investigated factors influencing drug abuse and their prevalence. The correlate of Abuse of drug to religious affiliation, gender, availability and social economic status was also studied.

A descriptive research method was used to collect data. Structured questionnaires were administered to headteachers, teachers, teacher counsellors and form three students in the sampled schools. The latter were sampled through stratified random method.

A Total of 150 respondents successfully filled the questionnaires.

The study sample comprised of 120 students in two boys boarding schools, one girls boarding schools and three mixed day schools. Six headteachers, six teachers counsellors and eighteen teachers from the six randomly sampled schools also participated in the study.

Descriptive and inferential statistical analysis used. Percentage and frequencies were used to describe the variables. Chi square ($X^2$) method was used to test the Null hypothesis as the data were in frequency counts.

Most students were aware of drug abuse, alcohol, cigarette and bhang being the most preferred drugs. Drugs were made available in variety of ways. Students living in urban centres were more likely to abuse drugs in addition, those staying with guardians rated high in drug use.
Most students preferred the use of Guidance and Counselling as effective method to curbs drug problems in schools. The findings revealed a rising trend of drug abuse among students and recommended that:

- Teachers Counsellors take the challenge and effectively address the problem.
- Teachers Counsellors to constantly update themselves with current methods of handling drug problems.
- Government formulates strict legal policy in dealing with drug production, supply and consumption.

Government makes deliberate effort to educate people on dangers of drug abuse. It should be incorporated in the curriculum and taught in schools.
CHAPTER ONE

INTRODUCTION

This is the introduction chapter. It presents the background to the study, the statement of the problem, the objectives, significance of study, Assumptions of the study, the scope and limitations in area of study, lastly the definition of terms and abbreviations.

1.1 Background to the Study

Drug use is as old as mankind and had been an integral part as each society man has been using substances from plants as medicines. Society had intelligent people to be consulted on the use of plants which could change the moods. All communities knew how to make alcohol. Therefore man has used drugs long before modern science. With the onset of modern science we have seen refining and standardizing of drugs in the laboratories (Mitchell, 2003)

Drug abuse has become one of the most important social issues of our times; the illicit drugs had killed people and even destroyed families. Drugs have the power to undermine international and, community relation. It disrupts financial systems and corrupt governments. Despite being one of the international most important contemporary concern, information on illicit drug and supply is limited and obscured by its very illegality (Mitchell, 2003)

Most drugs have been used and abused for centuries. Opium, Cocaine were used originally as part of the heathen religious rites. Herbiturate were used as early as 1900, as an answer to Isomnis but become apparent that, patiently using then developed dependence thus could not do without it (Gazzaniga, 1980). The amphetamines were synthesized in the 1920s to combat
fatigue but its abuse became rife when people use it as ‘pick me up’ and ‘pep pill (Gassaniga, 1980)

The abuse of highly dangerous illegal drug has been wide spread since the 1960s. Hallucinogens like LSD were used by consumers to produce ‘bad trips and frightening experiences, worse still accidental overdose may lead to unconsciousness or death.

Numerous studies have been made on the demographic characteristics of adolescent users of illicit drugs. Richard and Carroll (1970) in the United States of America and smart and Fejer (1969) in Canada found in general, users of LSD and other Hallucinogens tend to be male from Jewish or religiously uncommitted middle class families and were often failing in schools. These findings concurs with report be NACADA (Kenya) which shows that the number of males abusing drugs were significantly higher than female counterparts in learning institutions. In other studies on factors influencing the use of drug by Goldstein (1971) shows Marijuana use to be related to greater non conformity, greater rebelliousness towards rules and convention values, greater insecurity among groups of college students.

Jessor and Finey (1973) found that personality as well as environmental factors plays an important role in the variations of social behaviour such as drug abuse. Alcohol is the most used and abused drug and unlike the narcotics it is socially accepted and used by 70% of the American adult. Cahalan et al (1969) says both alcohol and narcotics are addictive.

In many traditional non-industrialized culture the youth are initiated into adult life through special designed rituals. In such society one is either a child or adult. There is a brief gap between the two stages (Ornstain and Levine, 1997) In modern technological societies; the
youth are forced to postpone their adulthood over a period of time called adolescent or youth. The major reason is that societies no longer have economic values for the young people in this age. The unfortunate result is that the youth become isolated from the rest of society. This has intensified many youth centred problems among them drug use alcohol, suicide and delinquency. The same isolation has hampered effort by schools and social institutions, to prepare young people for adulthood (Colleman, 1987). Juvenile delinquency has increased in recent decades paralled by recent increase in size of youth group. This has a bearing on influence of peer culture, use of drug and alcohol, growth of low-income neighbourhood in big cities (Hess, 1986).

Today drug abuse is a challenge experienced by both youth and old. The youth are the most affected. Research findings have indicated that this habit has its roots in the pre-teenage years and the problem becomes more amplified in teenage years where the youth are in secondary schools and universities (Daily Nation, October 27, 2003).

The World Health Organization has reported that the most widely used and abused drugs are Alcohol, Tobacco, Marijuana, its derivatives and hallucinogens. Other abused drugs are miraa, inhalants volatile solvents and habituates. It is also noted that prescribed drugs are widely abused than reported (Kamonjo, 2002). The report by WHO agrees with the findings by NACADA (unpublished report of 2003 which says that the most widely abused drug in Kenya learning institutions are alcohol, tobacco, Bhang, miraa and inhalants. It should be realized that many useful drugs have side effects and if they are used to give pleasurable sensations or to affect the mind, there is a danger of misuse, which can damage the body organs (Mitchell, 2003).
Today, the trade in illegal drugs is the single greatest threat to the society all over the world. In Kenya learning institutions provide a bigger percentage of the consumer market.

1.2 Statement of the Problem

The world has seen a marked upward trend in number of research focusing on drug abuse which has revealed that an existing phenomenon among the youth. In Kenya the habit posses an immediate problem.

Most useful drugs have negative effect to consumers and if used to give pleasurable sensations may be rife to abuse. Kenya is on the onset of major drug route to supplies in America, Asia and Middle East.

The drug trade touches millions of life in both developed and developing countries. United Nation estimate that 180 millions people of ages between 15 years and above were consuming drugs in the late 1970s. This figure include 144 millions consuming cannabis Sativa.

The drugs used are easily available. The mostly available and abused are alcohol, tobacco, bhang, and heroin. Peddling of these drugs is rampant and is done mainly by student, worker and teachers in learning institutions (Njoroge G., 2001).

Several factors have been noted which contributes towards drug abuse, the most important are peer pressure, family influence, social-cultural environment, genetic predisposition and availability of the drugs.
Drug pushers' lurk around schools playground in many western cities. Drugs are often dispensed at parties, some of which are organized for that purpose. The method used in administering the drug poses a more serious problem – mainlining of drugs directly into the bloodstream is likely to destroy the structure of veins and interfere with blood circulation. A more serious problem will be use of non-sterile needles that would risk the drug user to contracting HIV-AIDS.

Study carried by NACADA (2002) claim or rampant drug abuse in Kenyan learning institutions. It is widely believed that Secondary school drug abuse is among the major cause of undisciplined and unrest. Daily Nation (July 3, 2001) report that students of Heni Secondary in Nyandarua burned their matron’s house protesting lack of access to the female students at night. The students were reported to have consumed illicit brew called Kairasi. Students of Nyahururu High School went on rampage attempting to rape girls of a neighboring mixed secondary school. The raiders were said to have been intoxicated with drug.

Studies carried out in central province secondary schools in 2001 revealed that the province had the highest number of schools that went on strike. It went ahead and concluded that drug abuse was a major contributor to indiscipline and unrest. Cases of rioting and drinking alcohol are not uncommon as more and more students indulge in drug and other psychotropic substances abuse.

Daily Nation 27th October 2003, quote: On 20the October 202, there was no public festivity and business was normal at Isiolo. But the tranquil of atmosphere was broken by drunkard mob that began urinating and vomiting on shops verandah. Probably that is a normal scene of
country where drinking has become a part of culture only that the people traders were running away from where students of Gandara Secondary School who has been on a day trip to Mt. Kenya. It was learned that, this was not the first incident.

A National Agency of Campaign, Against Drug (N.A.C.A.D.A.), abuse Study in learning institutions in Kenya confirms the wide spread use of drugs. This study found that 22.7% of primary schools students, 60.7% polytechnics students and 68.5% in universities. The most prevalent drug used being alcohol, miraa, tobacco and bhang. The study also shows that Muslim youth had the least drug use proportion. The highest proportion went to non-religious followed by Christians.

In N.A.C.A.D.A. Kaguthi warn that by 2007 drug abuse will claim more life than HIV-AIDS in Kenya where 92% of the youth between 16 – 26 years have experimented of drug (Daily Nation Oct, 27, 2003). The study from N.A.C.A.D.A. was earned by professionals for central Bureau of Statistics ministry of education, ministry of finance and the university of Nairobi. This makes the findings credible.

With all these claims of rampant drug abuse, there is no significant documented information on drugs. Even the N.A.C.A.D.A. report is yet to be published. Therefore, this study to be undertaken in Secondary Schools in Gatundu will provide the more realistic situation of drug abuse. At the same time, the N.A.C.A.D.A. findings were observed at national level that may not apply to students in our Secondary Schools. The study is intended to investigate the factors influencing the drug abuse behaviour among male and female students and their attitudes towards drugs. The study will also try to establish the drugs mostly abused,
preferred drug, gender sensitivity to drug use. It will also investigate the correlate of religious affiliation, economic status and availability to drug abuse by individual students.

1.3 Research Questions

1. What relationship exists between gender and drug use?
2. What drugs are commonly available and which ones are most abused.
3. Who are the main suppliers of drugs abused by students?
4. Are there relationships between drugs abused by students and Indiscipline in schools?
5. What role does teacher counselor play in dealing with drug abuse in schools?
6. What are the corrective measures taken by schools to prevent and control drug use in school?

1.4 Purpose of Study

The study was intended to:

1. Establish the status of drug use and abuse in secondary schools.
2. To investigate the factors influencing drug abuse among students
3. Establish the correlates to drug use and abuse.
4. Establish the relationship between drug abuse and indiscipline in schools.

1.5 Objectives of the Study

1. To find out the factors influencing drug use captured by level of drug abuse among students.
2. To find out whether there exist relationship between gender and drug abuse.
3. To find out which drugs are commonly available and are mostly abused.
4. To find out the main source of drugs abused by students.

5. To find out whether there is a relationship between drug abuse and indiscipline in schools.

6. To establish the corrective measures taken by schools to prevent and control drug use.

1.6 Null Hypothesis

1. There is no significant difference between gender and drug abuse.

2. There is no significant difference between area of residence and drug abuse.

3. There is no significant difference between age and drug abuse.

4. There is no significant different between religious affiliation and drug abuse.

5. There is no significant difference between the persons student live with and drug abuse.

6. There is no significant difference between parents' level of education and drug abuse.

1.8 Significance of Study

The Kenya Government has shown a great concern to the problem of drug abuse which has permeated the society. This led to establishment of Ant-Narcotic units in 1983 specially to deal with drug offenses. The aim of the unit was to create public awareness on the danger of drug abuse. Through lectures to colleges, schools, and to the general community.

The government went ahead and enacted the Narcotic drug and psychotropic Act Number 4 of 1994 that incorporated various provisions of the United Nation convention dealing with drugs. This Act provides forfeiture of proceeds derived from drugs and imposes life imprisonment for drug traffickers.
In 1995 the government established a permanent interministerial drug co-coordinating committee to define, harmonize, coordinate, monitor and evaluate all drug control measured in the country.

Presently, it should be acknowledged that the drug abuse in schools is not well documented and the exact extent of the problem cannot be determined. Kenya also lack drug reduction programmes to enlighten the public of the issues related to drug problem. This study therefore is significant because the findings would provide basis to give necessary recommendation in view of the issues raised.

1. There was no other research carried out in secondary schools in Gatundu concerning the same objectives as this one. A successful study of this kind was intended to add to the existing knowledge about drug abuse problem in the world.

2. By conducting this study, the researcher provided some necessary information to the limited documentation on the studies in the field of drug problem in Kenya Secondary Schools.

3. Findings in the proposed study provides important information in highlighting the drug pandemic in Kenya. The information would be beneficial to educational planners, administrators, parents, law enforcers and counseling units that could develop effective and efficient programmes to improve existing campaign against drug use and abuse.

4. The findings have helped to demystify the attitudes of denial and failure to accept the extent of drug abuse right on our homes, neighbourhood, in schools, in the country and at global level.
1.9 Area of Study

The study was carried out in secondary schools of Gatundu division in Thika (Kenya). Gatundu is located in the rural areas of central highland where the main economic activities are tea and coffee growing.

Most students in these schools are from the local areas. Over 60% of the students learn in mixed day schools where they commute daily. The students experience more freedom and interact with their surroundings freely. The study was intended to establish the prevalence and the awareness of drug abuse against the beliefs held by parents and teachers that our schools are drug free. It also strengthened the theory held by Ministry of Education officials that drug abuse is behind many indiscipline and unrest in schools.

1.10 Assumptions of the Study

In the study the researcher made the following assumptions.

1. All respondents would co-operate and provide reliable responses in their experiences with drugs. The researcher gave the respondents assurance of anonymity.

2. The researcher did not know the level of drug use and abuse in secondary schools in Gatundu

3. The sample selected was a sufficient representative if the results obtained were generalized to the target population.

4. That the study would be a valuable exercise to be carried out given the current status that most indiscipline incidences in our schools are linked with drug abuse.

5. There would be no other variables that interfered with the process of data collection, for example:

   - Respondents would not discuss items in the instruments
- Time given to fill the questionnaire was just enough.
- There would be no state of disturbance or anxiety during the time the data was be collected.

1.11 Limitation of the Study

In the proposed study the following were the limitations.

1. Gatundu division has 30 secondary schools but the study was limited to only 6 schools. For a more conclusive result, all schools would have been studied. However this was not possible due to time factor and other logistic constrains such as infrastructure and finances.

2. The findings of the proposed study on drug use and abuse in six secondary schools in Gatundu may not be applicable to other parts of Kenya such as urban areas; therefore it cannot be generalized to the students’ population countrywide.

1.12 Operational Definition of Central Terms.

ADDICTION: state of tolerance to drug and there are withdrawal symptoms when drug is abruptly withheld. Usually large amount of dose is required to produce the same effect.

adolescent: this is the transition period between childhood and adulthood. Sigmund Freud the founder of psychoanalysis define adolescent as re-establishment of sexual impulse lost to childhood. It ranges between ages of 11 – 18 years.

ANXIETY: a vague unpleasant feeling accompanied by a premolition that something undesirable or desirable is about to happen (Houston, 1987)
COUNSELLING: this is he skilled and principled use of relationship that develops self-knowledge, emotional acceptance growth and personal resources. It is aimed to make life of a client more satisfying (Ndambuki and Mutie, 1999)

DRUG: general term that include all substances which when taken will alter the brain function ad create dependence.

DRUG ABUSE: this is the use of local drug against the doctors prescription. Excessive use of socially accepted drugs, the use of illegal drugs like cocaine, cannabis and heroin (Karenchio, 1997)

DEPENDENCE: condition created by drug use in such away that stopping using would bring about unpleasant symptoms. The user must have the drug to avoid the ache, pain, cold, sweating and nausea (Ndambuki and Mutie, 1999)

ILLEGAL DRUGS: there are substances that governments regard them as harmful to mental and physical well being of individuals hence control or discourage their consumption through enacting drug and poison Act.

LEGAL DRUGS: any drug that is potentially dangerous but the government allows its consumption such as alcohol, miraa and tobacco.

NARCOTICS: drug which depresses part of the brain which control perception of pain, hunger, thirst and sex drive learning the person with false sense of well being for example morphine, heroine cocaine. Etc.

PEER GROUP: refers to a group of people of about the same age, same societal status and share common interests.

OVER COUNTER DRUGS: substances or drugs that are bought from the chemist and shops with no specifications of use by physician.

PSYCHOTROPIC SUBSTANCES: drugs that act on central nervous system and affect the mental process resulting to physiological or psychological addition (Idella, 1978).
PSYCHOLOGICAL DEPENDENCE: situation where a drug user feels strong desire to take the drug and does not have the willpower to avoid it (Ndambuki & Mutie, 1999).

RELIGIOUS AFFILIATION: this is one's denomination either Muslims, Catholics, protestants or others.

REINFORCEMENT: events that when they follow behaviour, increases its probability of recurring. There are two general types of reinforcement: Positive reinforcement: - Presentation of pleasurable events following some behaviour. Negative reinforcement: Operation of removing an aversive stimulus contingent upon responses (Pietrofesa, 1984).

RESPONDENTS: these are students, parents teachers who will physically complete the questionnaires to be administered or shall be interviewed personally.

SOCIAL-ECONOMIC STATUS: this refers to indices like parental level of education, occupation and annual income of the main salary earners in the family of a drug abuse.

TOLERANCE: where the body of individual adapts to repeated presence of drug and in this way reduces its effectiveness (Houston, 1983; Mitchell, 2003).

YOUTH: this is a demographic characteristic of young people between the age of 14 – 25 years old. In this bracket is where we have all secondary schools students.

WITHDRAWAL SYMPTOMS: intense pain, nausea, cold sweat, general weakness and social problems that arise as a result of impatience, intolerance and aggressive moods.
ABBREVIATIONS

KAACR: Kenya Alliance for Advancement of Children Right

LSD: Lysergic Acid Diethylamide

NACADA: National Campaign Against Drug Abuse.

UNDCP: United Nation Drug Control Programme.
As we have seen in chapter one that drug use is as old as mankind, it should be noted that human beings have used drug for variety of reasons, mostly for social and psychological purpose. These habits have been reinforced over varying period of time (Mitchell, 2002). In literature review we will find out that nobody set out to become physically addicted to drugs as the Chinese proverb has its 'habits are cobwebs at first, cables at last'. Medical writer Thomas McKowen hit the nail at the head when he stated:

Our habits commonly begin as pleasure of which we have no need and end as necessities in which we have no pleasure (Mitchel, 2002).

2.1.0 THEORETICAL FRAMEWORK

This part presents an overview of a number of current theoretical formulations which sought to underpin mechanisms underlying the initial use and the process of development of physical and psychological dependence on drugs. Four theories are discussed below. Namely:

- Simple learning theory of Crowley (1972)
- Pasche's (1970) peer group learning theory
- Psycho-social theory
- Bandura's social learning theory (1969, 1977)

In the related literature, factors influencing drug use and abuse as well as correlate, prevalence and attitudes towards drug use are among the areas discussed.
2.1.1 Simple Learning Theory

The periodic increase in popularity of cocaine and heroin as recreation drugs as well as the account of use suggestion that they have strong reinforcing properties. A number of studies have demonstrated that animals learn to make specific responses in order to obtain an injection of cocaine. Given an unlimited response monkey will make enough response to ensure a high intake of the drug.

Aigner and Balser (1978) carried a study to establish, cocaine-reinforcing capacity using Rhesus money. They set up a task in which drug was injected contingent to response while food was delivered contingent on the other response. After eight days of experiment, it was discontinued due to state of health of the animals. Since their preference for cocaine over food was stronger.

In this study, Aigner and Balser (1978) showed that intravenous injection of cocaine had strong reinforcing properties. The gross behavioral similarities between these animals and human beings following stimulant administration may help in developing a model explaining the causes and effect of addictive drugs (Gazzaniga, 1980). The finding of Aigner and Basher (1978) suggest a theory of drug addiction in terms of simple conditioning principles. The high potential of abuse of Narcotics and other addictive drugs such as cocaine and heroin is derived from it property as a primary reinforcer.

The inducement of a state of euphoria and supposedly intense pleasure experienced after injecting the drug act as a positive reinforcement. The principle of negative reinforcement occurs when the drug administration is terminated. The addicted person will experience a withdrawal syndrome which consist of restlessness, craving for drug, chills, fever, body ache
and general response (Kamonjo, 1997) An aversive stimulus (withdrawal systems) operates to increase the probability of continued drug use resulting to abuses.

2.1.2 Psycho-Social Theory

Large number of studies carried out in America shows that use of marijuana has long-term effect on human behaviour and physiology. It causes lowered motivation, chromosome damage, psychiatric problems that interfere with body immunological systems that lead to use of harder drugs and acts of crime. Most marijuana smokers agrees with the users who says, smoking dope enhances whatever the mood you happen to be in. If you are feeling pretty good it will make you feel terrific and if you are worried or fearful, it can make you paranoid. Long-term effect of marijuana is not documented but it is certain to cause mild euphoria, inattention and memory impairment.

L.S.D (a hallucinogen drug) induces hallucinations, mystical experiences and severe distortions of thought. It may also cause behaviour state similar to psychosis. Long-term use can develop psychological dependence (Inversion, 1978). A person who is addicted to the drug will experience withdraw syndrome a few hours after the drug is stopped. The condition is reversed only when the drug is administered.

Addict of heroin are strongly motivated to obtain the drug to avoid aversive systems associated with the drug. As a result obtaining the drug becomes the central focus of the addict life (Gazzaniga, 1987).

Alcohol is socially acceptable and addictive. Nearly 70% of Adult American use alcohol (Canalan, 1969). The problem of the drinkers may be fear that they have become alcoholic or
friends and relatives suggesting that they are addicted, in addition to the damaging ability to cope with personal problem, responsibilities to friends and family. The continued alcohol abuse will cause withdraw syndrome which is characterized by severe trembling, disorientation and frightening hallucination. Reasons why people become alcoholic appear to be complex and include personal and social as well as psychological factors. Chronic alcoholic often end up into mental institution, and infact 1:4 male patients admitted into mental hospitals is an alcoholic (Houston, 1980).

2.1.3 Peer Group Learning Theory

Pasche (1970) attempted to integrated sociological observation of the importance of peer influence on individual behaviour in his learning cycle. The approach is derived from Hullian theory in that drug taking behaviour is learned and is subject to habit strength that increases through repetition and rewards. The response of taking drug is of minimum habit strength because such behaviour has not been engaged previously. This low position in hierarchy operates in the direction of avoidance. Such factors like fear of consequences and moral reservation may reduce the tendency of taking drug (Kamonjo, 1997).

The incentives such as curiosity and desire for group approval interact with those factors to produce the approach. The potential drug user resolves the approach avoidance conflicts in favour of taking drugs. If the first experience with drug is rewarded by social and physical pleasure, the act of taking drug is reinforced. Such habit is likely to take place again with habit strength increasing each time drug taking is repeated and rewarded (Kamonjo, 1997). The user may experience the unpleasant withdrawal symptoms and avoid them. The addict then has to use more drugs therefore acting as an additional motivation for maintainance of the drug habit hence addiction.
One of the sources of stability for adolescents is the peer group and individual friendship within the peer group. The young people are more likely to conform to group norms in dressing, attitudes and behaviour (Brendit, 1979). The peer group values and norms are transmitted through rewarding of the conforming behaviour. Both initial and continued drug use are based on membership in a peer group that approves of and is involved in drug taking.

The theory of cognitive dissonance further suggest that if a group membership is highly valued, the pressure to conform to behaviour norms is very strong. The group for which drug taking is normative reinforces conformity by alternatively providing support to and approval of individuals who take drug. Such intra-group processes have clearly defined implication for relapse. A former drug addict may decide to abstain from drug, but find himself unable to find non-drug using group. The habit strength of drug taking is once again increased as the former addict rejoin his old peer group and pressure to conform reactivate the addictive cycle (Kamonjo, 1997).

2.1.4 Bandura’s Social Learning Theory

Imitative learning is also known as modeling, social learning and observational learning. In many cases learning can occur when no apparent reinforcement is forth coming (Bandura, 1969). In imitative learning a person sees another behaviour, which teaches him what to copy. If the model is rewarded for the behaviour, the lesson is strengthened. This is a popular method of learning and as such its very important in commercial style clothing worn, drug use as well as behaviour adopted by athletics. These are vivid examples of potency of imitating learning. This explains the saying “Do as I say and not as I do” has no effect (Pietrofesa, 1984).
Bandura (1977) underscores the importance of the process of imitation and modeling in significant learning. What the subject, potential drug abuser imitate as the model in the environment are significant in his life. The model may be his friends, parents or siblings. Through observation and internalization of what others are experiencing, people learn good and bad behaviour. If for example one observes another taking drug, he will be motivated positively if the behaviour is reinforced positively (Kamonjo, 1997). In this case, if model appear exited, sociable or aggressive (in timid people), the potential drug abuser is likely to imitate the behaviour. This is supported by a classical experiment in observational learning involving children watching film. It was found that children who observed models that displayed aggressive behaviour in turn displayed more aggressive behaviour than those who did not (Gazzaniga, 1980).

If the behavior is punished for instance, the modeling becoming sickly or getting into legal conflicts or loosing friends, behaviour will not be imitated hence abstinence. The potential drug user or abuser has foresightful knowledge as to what the future consequences of his using drug will be without direct experience. The awareness or anticipation of what reinforcer will be in certain situations is part of the cognitive operation. The respondent may choose not to use specific drug because the anticipated reinforcer are not worth the effort and in some cases the consequences are negative. The action is actively regulated by anticipating consequences of a given or similar behaviour. He determines what classes of behaviour are to be imitated with what tendency or intensity. This explains the case of multi-drug use, abuse and abstinence.
A successful imitation of drug use is necessitated by four cognitive processes which are in attending, retaining by remembering critical, features of events, psychomotor reproduction of the modeling components behaviour and finally the drive which is the direct and indirect reinforcement.

2.2.0 RELATED LITERATURE

2.2.1 Factors Influencing Drug Abuse Among the Adolescents

The notion that there are many different reasons for turning to drugs makes sense to researchers. Gorsuch and Butter (1976) assert that they could identify two of the many patterns leading to drug abuse. The first path is the drug abuser should experience a good deal of troubles with his relationship with both parents. The other type identified is that the person has been brought up among drug abusers. These findings largely agree with factors specialist considers to be significantly influential. The factors presented are family background, peer group pressure, genetic pre-disposition, socio-cultural environment and availability of the drug.

Family Background.

Family background refers to the kind of home the student comes from or whom he is staying with. Parents according to Ndirangu (2001) are ones first teachers and counsellor long before the student join formal schools and peer groups.

Many of the young people who take drug come from families, which also use them. The examples of the parents create a subconscious desire of imitation in the children (Melgosa, 2002). Smart and Fejer (1972) tested widespread view that adolescent drug use arises from generation gap or from feeling of alienation from parents. Smart and Fejer went ahead and
assessed relationship between adolescents and parental drug use among 8,865 Toronto students and found that adolescent modeled their drug use after parental use.

Thurunj (2002) established that out of 90 students studied at Ituru high school, majority of those who abused drug especially cigarettes and alcohol come from homes where the parents were themselves taking the same drugs. About 73% of those smoking cigarettes come from home where parents were smokers. One the same position Karenchio (1992) noted that children from broken families are greatly affected by the syndrome of drug taking. This is because it is a spontaneous alternative to loneliness.

A survey carried out in 1993 on who should take the burden of moulding the youth into responsible citizen, revealed that the parents and the community has reneged their duties to teachers and religious organization as shown below.

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Role in regulating antisocial behavior in adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevent</td>
</tr>
<tr>
<td>Schools</td>
<td>42%</td>
</tr>
<tr>
<td>Religious organizations</td>
<td>28%</td>
</tr>
<tr>
<td>Community / Society</td>
<td>14%</td>
</tr>
<tr>
<td>Authorities</td>
<td>6%</td>
</tr>
<tr>
<td>Parents</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Karenchio (1992) noted that parents have little time with, their children. They are pre-occupied with their business to the disadvantages of their children. The parental roles have been substituted with television, video and house girls.
Peer Pressure.

Different research studies emphasizes that the influence of peer group is a major factor in the first stage of drug use. The circles of friends in school and from neighbourhood hold a front phase in adolescents’ life. If the use of a certain substance is approved by the group, adolescents feel a strong desire to conform to these expectations (Melgosa 2003).

According to Eriksson (1959) while adolescents begin to reject parental control, he or she has a desperate need for social belonging which he find in the peer group. The in-group feelings in adolescents are so strong that sometimes conformity is demanded by the group and indirect pressure is also applied. The adolescent obtain much of their security and stability from the peers. He or she also conforms with the standard of behaviour of the peers.

Karenchio (1992) points out that an individual will be forced to take drugs by friends when the company or rather friends are doing so. Evidence that first use of heroin generally occurs in peer group is overwhelming. Chamber (1971) found that 90% of their subjects first experimented with opiate while in company of peers who were already using it. 40% of Opiate addict begun in a group. Thurunju (2002) found out that 44.4% of the students had started to take or had at one time taken drug to conform with pressure from the peer group. Teachers also noted that they had evidence those students who were very bright, disciplined and obedient when in form one proceeded to decline in performance in the upper forms. They were found to have been greatly influenced by peers. Kariuki (1988) in a study of levels, trends and patterns of drug addition in Nairobi Secondary school, he noted that majority of users had friends who have abused drugs.
Genetic Pre-Disposition

Several studies about twins and families have shown that there are people who have greater genetic predisposition than others to be victims of alcoholism (Hauston, 1983). Studies show that 15-25% of alcoholics' close relatives are likely to be alcoholics compared to 3% of non-alcoholic (Cotton, 1979), although family psychological environment might be a controlling factor. However, twins' data also suggest a strong hereditary influence. If one twin is alcoholic, the likelihood of the other to be alcoholic is 54% compared to 28% for non-identical twins (Kanji, 1960). Apart from alcohol, there are no studies which reveal the influence of genetics on consumption of other drugs. However, due to similarity of all addictive mechanisms, the same factors may be present in other drugs (Melgosa, 2002).

Social-Cultural Environment

The use of drugs is proportionally greater in large metropolises than in rural areas and even more where it is readily available. In general, the social attitudes towards drugs affect their consumption. Otherwise, where drug information and preventive programmes are provided, consumptions decline. But where drug are endorsed, consumption increases (Gazzaniga, 1980).

In many homes, parents drink alcoholic beverages, smoke cigarettes, take tranquilizers and other socially acceptable drugs believed to be innocuous. This habit constitutes to generating a favorable attitude to their consumptions.

Availability of Drugs

Availability of drugs has to do with the question of whether drugs can be within the reach of the abuser easily. The assumption is that when the drug user has easy access to the
substance, the motivation to abuse becomes higher than if it is hard to get. Ochieng (1986), study revealed that drugs were accessible to students. The students could buy and smoke bhang in full uniform along Nairobi river, near open air stalls, markets, shoes shines and maize roasters premises whose activities were covered for the real business.

In the study by Johnson et al (1977) students were asked if they could obtain drug if they decided to use them. Almost 90% of the students felt that they could obtain marijuana. Over half reported they could obtain tranquilizer and amphetamines. Close to 33% reported that cocaine Opiate and hallucinogens were available then and 18% reported that it was possible to obtain heroin. Modler and Montes (1964) estimated that 15% of known addicts in United States and Europe were physician; another 15% were paramedics by profession. But it should be noted that availability of the drug is necessary but not sufficient condition for addiction. Only a small proportion of doctor or nurses who were exposed to Opiates become addicted.

2.2.3 Correlate of Drug Use.

The correlate of drugs use to Gender, social economic status and religious affiliation is presented.

Gender and Drug Abuse.

A recent poll by Gallup (1981) indicate the 71% of American males and 66% female drink alcohol. Although figures vary depending on what alcoholism implies as well as the population surveyed, it is conservatively estimated that 8-10% of American males and 2-4% females are alcoholic.
In a study carried out in Kenya by N.A.C.A.D.A. revealed that large number of students are exposed to alcohol, tobacco, miraa, glue, heroin and cocaine. The pattern of use of drug was found to vary, with females more likely to have been exposed to alcohol, tobacco, and bhang than males. Males had a higher exposure of miraa and inhalants. Alcohol was the most frequently abused drug followed by tobacco, miraa, and bhang while least abused was inhalants as shown below.

**Preference of Drug Use and Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Alcohol</th>
<th>Tobacco</th>
<th>Miraa</th>
<th>Bhang</th>
<th>Inhalant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34.2</td>
<td>13.4</td>
<td>13.2</td>
<td>4.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Female</td>
<td>20.6</td>
<td>2.8</td>
<td>4.8</td>
<td>1.0</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Kariuki (1988) noted that there were relatively more drug abuses among boys than girls especially at the age 17-21 years. The explanation given for the difference was due to male tendency to drift to drug use especially through curiosity motivated by peers.

Research by Karugu and Oleva (1993) reported that drug use was non-gender issue. The only difference was that male tended to use more drug than the female counter part. Howorth (1993) report on a survey of drug use among standard seven and secondary school students in Lusaka. The first survey was called school survey and the second survey was called students survey. Anonymous questionnaire was pre-tested among primary schools children and latter administered to 167 boys and 168 girls in form 1-4. The difference in gender in cannabis use was more prevalent among boys while girls used other drugs. 58% of boys and 10% girls had cannabis. 24% boys and 26% girls had taken other drugs like petrol, miraa and ‘pep’ pill. 25% boys and 38% girls had taken alcohol only. 3% boys and 1% girls had taken cannabis...
only. This study indicates that drug taking is not gender specific but there are more abusers among males than females.

Religious Affiliation to Drug Abuse

The religious beliefs and attitudes significantly influence the drug use habits. Einstein reported that most of drug addicts were Christians.

Carroll (1970) in the United States and Smart and Fejer (1969) in Canada found that in general user of Pot, L.S.D. and other hallucinogens were mainly from Jewish or religiously uncommitted middle class families (Houston 1980). Mann (1970) noted that cultural attitudes might have greater bearing on the incidences of alcoholism. Studies indicate that it is very low among Jews. According to the draft report by N.A.C.A.D.A. Muslims youth had the least use proportional compared to Christians.

Preference of drug use and Religion (%)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Alcohol</th>
<th>Tobacco</th>
<th>Bhang</th>
<th>Miraa</th>
<th>Inhalants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christians</td>
<td>38.2</td>
<td>16.2</td>
<td>5.8</td>
<td>16.3</td>
<td>5.4</td>
</tr>
<tr>
<td>Muslims</td>
<td>8.7</td>
<td>11.6</td>
<td>4.6</td>
<td>14.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Others</td>
<td>50</td>
<td>40</td>
<td>14.8</td>
<td>22.4</td>
<td>17.4</td>
</tr>
<tr>
<td>Non-religious</td>
<td>18</td>
<td>42.2</td>
<td>31.6</td>
<td>47.4</td>
<td>21.1</td>
</tr>
</tbody>
</table>

Social Economic Status And Drug Abuse

Howarth (1983) concluded that drug abuse was common among the people from rich background, which contrasted with other findings that indicated that it was more prevalent among the deprived families. Chilton Research Services (1979) found that the difference are
pronounced as they have been in the past among the boys who reported where one of both parents attended college education, 9.9% were smokers compared with 10.9% from families in which neither of the parents attended college.

Among 15-16 years old boys, those with less well-educated parents had higher rate of smoking compared with those with well-educated parents, those with illiterate parents had the highest smoking rate of all. Among the girl, this difference is seen in every age group over all. 14.8% of girls home in which neither of the parent attended college were smokers compared with 10.6% from homes in which at least one parent attended college. Most of these findings seem to support the belief that majority of the drug abusers hails from deprived background (Gichuru, 1996).

But this study should be carried out in Kenya Secondary Schools to establish whether students who abuse drug are from rich or deprived home background.

2.2.4 Prevalence of Drug Abuse

Bachman (1988) reported that 37.5% of high school surveyors in America admitted to have consumed 5 or more drinks in one sitting, 66% also admitted to have used alcohol for the past one month. Gallup poll taken in December 1970 shows that 42% of college students have tried marijuana. The result had doubled compared to the same poll in 1962. In a study sponsored by addiction Research Foundation in Toronto in 1970, shows that 18.3% of grade 7-13 had tried opiate and opium (Harris E. 1973).
Data in Nationwide study in high schools in United States of America (1977) revealed the following:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>% OF CONSUMPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>56%</td>
</tr>
<tr>
<td>Stimulant</td>
<td>23%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>18%</td>
</tr>
<tr>
<td>Sedative</td>
<td>17%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>11%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>11%</td>
</tr>
<tr>
<td>Opiate</td>
<td>10%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.8%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>93%</td>
</tr>
<tr>
<td>Cigarette</td>
<td>76%</td>
</tr>
</tbody>
</table>

The above data is supported the study commissioned by N.A.C.A.D.A. which claims of rampant drug abuse in Kenya learning institutions (Daily Nation Oct. 27, 2003). The baseline survey on drug abuse and substance use among Kenyan youth shows up to 30% of university students chew miraa, 68.0% abused alcohol, 60% from polytechnics and 22.2% where from secondary schools.

In 1996, drug abuse-prevalent survey conducted by Njagi et al. among 252 students of Kangaru Secondary School in Embu, 51% responded positively as having taken a drug. Tobacco accounted for 33%, alcohol 21%, miraa 16%, cannabis 6%, Heroin 2%. Among the illicit drugs abused heroin appeared to be on an increase with 20% of the drug abused victims rehabilitated at Bright side centre in 1998 being heroin addicts.
The National institute of drug abuse noted that 53% of American between 18 - 25 years admitted to have used marijuana and that approximately 13 million Americans use it regular, (Gazzamiga, 1980).

2.2.5 Awareness of the Danger of Drug Abuse

The attitudes of drug use like the definition of abnormal behavior are determined by the social mores and values which may vary from place to place.

In France a meal without wine is unthinkable but in Muslim countries, alcohol drinking violates religious law. Most societies sanction consumption of alcohol, tobacco, coffee and tea but see those who use peyote and mescaline as deviates. Yet members of Mormon Church forbids use of alcohol and tobacco, some Indian use peyote in their religious ceremonies (Goldstein, 1974)

The study by Haworth (1983) revealed that among 1234 males and 602 females from eight institutions in Zambia, over 33% of all males thought the drugs including alcohol were harmful while slightly larger proportional of females held the same opinion. Montadorm (1980) observed that only Jews abusers regarded the situation as alarming while the vast majority did not see anything harmful about it. They regarded drug abuse as something personal while non-users were generally opposed to the practice.

Survey by Johnson (1988) Inducted that a substantial majority of high school seniors perceived regular use of any illicit drug as enhancing greater risk of harm to the users. 68% believed that regular use of marijuana involved great risk.
The results of many studies revealed that drug abusers believe that the habit is harmful to their health. This study intended to determine the reasons why students abuse drugs. By so doing, it provided some basis for assessing the attitudes of students towards drugs.
CHAPTER THREE

METHODOLOGY

INTRODUCTION

In literature review various research findings has been presented. A good research should provide reliable and unbiased results. The researcher had a clear mind on what information he was looking for. The method and timing ensured that variables that would interfere with the findings were controlled.

The chapter on methodology is the backbone of the research work. In this section the following are discussed: research design, target population, study sample, research instrument, pilot study, data collection and finally data analysis.

3.1 Research Design

The study was conducted using the descriptive survey. The method was chosen because the study was intended to investigate factors influencing drug abuse among students in secondary schools in Gatundu division, the measurement taken in this study were simply counting the responses of the respondents in items presented in the questionnaire (Gazzaniga, 1980). The descriptive research studies are designed to obtain pertinent and precise information concerning the current status in our secondary schools. The study questionnaires were used to survey population of students, Teachers and principals of secondary schools in Gatundu Division. It was intended to provide information on factors influencing the awareness of drug use and abuse. It also tried to show the correlate of drug abuse to gender religious affiliation and social economic status. The prevalence and attitudes towards drug use and abuse was also investigated.
3.2 The Study Area

The research was carried out in secondary schools of Gatundu in Thika District. Gatundu division is a rural agricultural area. Most of the students are from within the district.

3.3 Target Population

Gatundu division has 30 secondary schools. These schools can be categorized into two main groups.

1) Provincial Secondary Schools
2) District Secondary Schools.

In the provincial categories, we have both boys and girls boarding schools. In the district categories there are mostly mixed day schools. There are about 5700 students 350 teachers and 30 principals.

3.4 Sampling Procedure

By stratified random sampling, two categories of schools were obtained i.e. provincial and district secondary schools. Through random sampling three schools were selected from each category. The study targeted form 3 students. From each school 20 students were randomly selected using the class lists. In schools with many form 3 classes, random sampling was used to pick one class.

Using random sampling 3 teachers were selected from each sampled school. The principals and teachers counselors were picked purposively from the schools randomly selected. The study population was therefore composed of:

- 20 students per school in 6 sampled schools - 120
- 3 teachers per school in 6 sampled schools - 18
- A teacher counselor in each sampled schools - 6
- A principal from each sampled schools - 6
- Total number of respondents - 150

3.5 Research Instruments

The structured questionnaire were used to elicit quantitative data from 150 respondents from the 6 sampled secondary schools in Gatundu. The questionnaires used were those specific to:

1. Students
2. Teachers
3. Teacher Counselors
4. Principals.

All the questionnaires solicited views from the respondents through each item listed. There were both open and closed ended questions.

3.6 Pilot Study

The instruments were piloted to ensure their reliability and validity. The necessary adjustments were made before they were taken to the respondents. In the pilot study, 1 principal, 1 teacher counselor, 3 teacher and 20 students were sampled to participate. After their responses were analyzed, appropriate adjustments were made.

Einstein (1980) assert that the pre-test (pilot-study) period is to be held at an ideal time for determining the extent to which respondents shall produce same information with same questionnaire on two or more separate occasions.
3.7 Data Collection
An introduction letter from Kenyatta University was presented to headteachers of the sampled schools in order for the researcher to be allowed to undertake the study. After permission was granted, the researcher visited the schools to familiarize himself and to inform the headteachers of the intended study and the probable dates of the exercise. The research instruments were personally administered by the researcher on the dates agreed with the headteachers. Direct contact was used because it facilitated good rapport with respondents. It is advisable that the researcher should do the exercise himself if the data is expected to be reliable and valid.

3.8 Data Analysis
After obtaining the required information from the questionnaires the data was coded for analysis. This was done by studying closely the responses in each questionnaire. The data was grouped into tables for easier interpretations. Descriptive statistics were used to analyze the data collected. Further analysis involved testing the research hypothesis chi-square. Chi-square test was used due to the nature of the data, most of which was nominal data.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATIONS

INTRODUCTION

In this chapter the results of the present investigation are presented. The research set out to explore the factors contributing to drug abuse in some selected public secondary schools in Gatundu, Division, Thika District.

4.1 Demographic Characteristics

This section presents a demographic description of the respondents, so as to provide a logical background for the study findings reported in this chapter.

4.1.1 Gender of the Respondents

The distribution of the respondents by gender is expressed in table 4.1.1 below.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Students</th>
<th>Teachers</th>
<th>Teacher Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Male</td>
<td>66</td>
<td>55.0</td>
<td>10</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>45.0</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>18</td>
</tr>
</tbody>
</table>

From the table, the while most students and regular teachers were males, majority of teacher counselors were females.

4.1.2 Respondents' Age Distribution

The distribution of the respondents by gender is expressed in table 4.1.2 below.
Table 4.1.2: Age of the Students

<table>
<thead>
<tr>
<th>Age</th>
<th>Students</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>71</td>
<td>59.2</td>
</tr>
<tr>
<td>18 years and above</td>
<td>49</td>
<td>40.8</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As shown in table 4.1.2, majority of the students were aged between 15 to 17 years (59.0%).

4.1.3 Religious Affiliation of Student Respondents

Table 4.1.3 Religious Affiliation of Student Respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christians</td>
<td>117</td>
<td>97.5</td>
</tr>
<tr>
<td>Muslims</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

According to the results presented on table 4.1.3, majority of the students were Christians (97.5%).

4.1.4 Area of Residence of Student Respondents

The distribution of students according to area of residence is presented in table 4.1.4.

Table 4.1.4 Area of Residence of Student Respondents

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>87</td>
<td>72.5</td>
</tr>
<tr>
<td>Urban</td>
<td>33</td>
<td>27.5</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated above, most students come from rural areas (72.5%).
4.1.5 Persons Student Respondents’ Live With

The research instruments sought to establish the people students live with. This is presented in table 4.1.5.

<table>
<thead>
<tr>
<th>Persons</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Mother</td>
<td>19</td>
<td>15.8</td>
</tr>
<tr>
<td>Both Parents</td>
<td>88</td>
<td>73.3</td>
</tr>
<tr>
<td>Grand Parents</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Guardian</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The result shows that majority of the students’ lives with both parents (73.3%).

4.1.6 Teaching Experience of the Teacher Respondents

Teachers teaching experience is presented on table 4.1.6.

<table>
<thead>
<tr>
<th>Teaching Experience</th>
<th>Regular teachers</th>
<th>Teacher counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>2</td>
<td>11.1</td>
</tr>
<tr>
<td>6-10 years</td>
<td>4</td>
<td>22.2</td>
</tr>
<tr>
<td>11-15 years</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>16-20 years</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

According to the results presented on table 4.1.6, most regular teachers had a teaching experience of between 11 to 20 years, while most teacher counselors had a teaching experience of 6 to 15 years.
4.2 Type of Drugs Abused by Secondary School Students

This section presents the results of the findings on the type of drugs abused by secondary schools. To capture this, the section first presents the level of awareness of drug abuse, then gives the types of drugs.

4.2.1 Awareness of Drug Abuse in Secondary Schools

It was imperative to find out the level of drug abuse in the schools. This was captured by finding out from both the teachers and students whether they were aware of students who abuse drugs. The results are presented in table 4.2.1.

Table 4.2.1 Awareness of Drug Abuse in Secondary Schools

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>104</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
</tr>
</tbody>
</table>

The results on table show that most students are aware of drug abuse in schools.

4.2.2 Drugs Commonly Abused by Students in Secondary Schools

The drugs commonly abused by students according to the respondents are tabulated in table 4.2.2.

Table 4.2.2: Drugs Commonly Abused by Students in Secondary Schools

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Students</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>90</td>
<td>75.0</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>107</td>
<td>89.2</td>
</tr>
<tr>
<td>Bhang</td>
<td>86</td>
<td>71.7</td>
</tr>
<tr>
<td>Miraa</td>
<td>65</td>
<td>54.2</td>
</tr>
<tr>
<td>Others</td>
<td>20</td>
<td>16.7</td>
</tr>
</tbody>
</table>
From the above table, it was established that cigarettes was the commonly abused drug in schools (89.2% for students and 83.3% for teachers). This was followed by alcohol and bhang respectively.

### 4.2.3 Drugs Commonly Abused by Gender

The result on the drugs commonly abused was further disintegrated by gender. This is summarized and presented in table 4.2.3.

**Table 4.2.3 Drugs Commonly Abused by Gender**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Male n</th>
<th>Male %</th>
<th>Female n</th>
<th>Female %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>45</td>
<td>68.2</td>
<td>45</td>
<td>83.3</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>58</td>
<td>87.9</td>
<td>49</td>
<td>90.7</td>
</tr>
<tr>
<td>Bhang</td>
<td>51</td>
<td>77.3</td>
<td>35</td>
<td>64.8</td>
</tr>
<tr>
<td>Miraan</td>
<td>38</td>
<td>57.6</td>
<td>27</td>
<td>50.0</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>12.0</td>
<td>12</td>
<td>22.2</td>
</tr>
</tbody>
</table>

From the table, the most abused drug by both genders was cigarettes. However, while the second most abused drug by boys is bhang, for the girls it is alcohol.

### 4.3 Source of Drugs for Students

This section presents the result on the source of drugs for students in secondary schools.

**Table 4.3.1: Source of Drugs for Students**

<table>
<thead>
<tr>
<th>Source</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>From other Students</td>
<td>78</td>
<td>65.0</td>
</tr>
<tr>
<td>From the shops</td>
<td>87</td>
<td>72.5</td>
</tr>
<tr>
<td>From the shoemaker</td>
<td>15</td>
<td>12.5</td>
</tr>
<tr>
<td>From school workers</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>From the hospital</td>
<td>8</td>
<td>6.7</td>
</tr>
<tr>
<td>From their parents</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>Through the school fence</td>
<td>44</td>
<td>36.7</td>
</tr>
<tr>
<td>From local brewers</td>
<td>64</td>
<td>53.3</td>
</tr>
<tr>
<td>From touts</td>
<td>20</td>
<td>16.7</td>
</tr>
<tr>
<td>From teachers</td>
<td>9</td>
<td>7.5</td>
</tr>
</tbody>
</table>
The major sources of drugs according to the results presented on table 4.3.1, are the shops (72.5%), fellow students (65.0%) and from the local brewers (53.3%).

4.3.1 Sources of Drugs for Students by Gender

Data on sources of drugs was also presented by gender. Table 4.3.2 shows the results.

**Table 4.3.2 Sources of Drugs for Students by Gender**

<table>
<thead>
<tr>
<th>Sources</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>From other Students</td>
<td>44</td>
<td>66.7</td>
</tr>
<tr>
<td>From the shops</td>
<td>41</td>
<td>62.1</td>
</tr>
<tr>
<td>From the shoemaker</td>
<td>9</td>
<td>13.6</td>
</tr>
<tr>
<td>From school workers</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>From the hospital</td>
<td>4</td>
<td>6.1</td>
</tr>
<tr>
<td>From their parents</td>
<td>7</td>
<td>10.6</td>
</tr>
<tr>
<td>Through the school fence</td>
<td>28</td>
<td>42.4</td>
</tr>
<tr>
<td>From local brewers</td>
<td>33</td>
<td>50.0</td>
</tr>
<tr>
<td>From touts</td>
<td>10</td>
<td>15.2</td>
</tr>
<tr>
<td>From teachers</td>
<td>8</td>
<td>12.1</td>
</tr>
</tbody>
</table>

As shown on the table, the most important source of drugs for the male students is from fellow students (66.7%), while for the female students it is from the shops (85.2%). It is also worth noting that for male students up to 12.1% obtains drugs from teachers, while only 1.0% of the females get drugs from the teachers.
4.4 Level of Drugs Abuse in Schools

This section presents data on level or prevalence of drug abuse in schools as per the demographic characteristics of the student respondents.

4.4.1 Level of Drug abuse by Gender

Table 4.4.1 Distribution of Drug Abuse by Gender

<table>
<thead>
<tr>
<th>Drug abuse</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Abuse drugs</td>
<td>36</td>
<td>54.5</td>
<td>13</td>
</tr>
<tr>
<td>Don’t abuse drugs</td>
<td>30</td>
<td>45.5</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>100.0</td>
<td>54</td>
</tr>
</tbody>
</table>

From the above table it was clear that almost half of student’s, 40.8% had abused drugs. Male students had a higher prevalence of drug abuse i.e. 54.5% as compared to female student’s drug abusers who had a prevalence of only 24.1%.

4.4.2 Level of Drug abuse by Age

Table 4.4.2 Distribution of Drug abuse by Age

<table>
<thead>
<tr>
<th>Drug abuse</th>
<th>15-17 years</th>
<th>18 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Abuse drugs</td>
<td>30</td>
<td>42.3</td>
</tr>
<tr>
<td>Don’t abuse drugs</td>
<td>41</td>
<td>57.7</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The above table (table 4.4.2) reveals that the level of drug abuse was slightly higher (42.3%) for students aged between 15-17 years than for those age 18 years and above (38.8%)
4.4.3 Level of Drug abuse by Area of Residence

Table 4.4.3 Level of Drug abuse by Area of Resident

<table>
<thead>
<tr>
<th>Drug abuse</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Abuse drugs</td>
<td>27</td>
<td>31.0</td>
</tr>
<tr>
<td>Don’t abuse drugs</td>
<td>60</td>
<td>69.0</td>
</tr>
<tr>
<td>Total</td>
<td>87</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Data presented in table shows that drug abuse was more prevalent among students from the urban areas i.e. 66.7% than those from rural areas, 31.0%.

4.4.4 Level of Drug abuse by Religious Affiliation

Table 4.4.4: Distribution of Drugs by Religious Affiliation

<table>
<thead>
<tr>
<th>Drug abuse</th>
<th>Christians</th>
<th></th>
<th>Muslims</th>
<th></th>
<th>Others</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Abuse drugs</td>
<td>47</td>
<td>40.2</td>
<td>1</td>
<td>50.0</td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>Don’t abuse drugs</td>
<td>70</td>
<td>59.8</td>
<td>1</td>
<td>50.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>100.0</td>
<td>2</td>
<td>100.0</td>
<td>1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As table 4.4.4 indicates, all the students who are atheist abuse drugs (100.0%). At the same time more Muslim students (50.0%) than Christians (40.2%) abuse drugs.

4.4.5 Level of Drug Abuse by Person Living With

Table 4.4.5 Distribution of Drug Abuse by Person Living With

<table>
<thead>
<tr>
<th>Person living with</th>
<th>Abuse</th>
<th></th>
<th>Don’t Abuse</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>50.0</td>
<td>1</td>
<td>50.0</td>
<td>2</td>
<td>100.0</td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
<td>36.8</td>
<td>12</td>
<td>63.2</td>
<td>19</td>
<td>100.0</td>
</tr>
<tr>
<td>Both Parents</td>
<td>35</td>
<td>39.8</td>
<td>53</td>
<td>60.2</td>
<td>88</td>
<td>100.0</td>
</tr>
<tr>
<td>Grand parent</td>
<td>3</td>
<td>50.0</td>
<td>3</td>
<td>5.0</td>
<td>6</td>
<td>100.0</td>
</tr>
<tr>
<td>Guardian</td>
<td>2</td>
<td>66.7</td>
<td>1</td>
<td>33.3</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>100.0</td>
<td>1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The results on table 4.4.5 reveal that students who live with guardian (66.7%), fathers (50.0%) and grand parents (50.0%) have higher incidences of drug abuse than those who live with mothers or both parents.
4.4.6 Level of Drug abuse by Fathers Education Level

Table 4.4.6 Distribution of Drug Abuse by Fathers Education Level

<table>
<thead>
<tr>
<th>Fathers level of education</th>
<th>Abuse drugs</th>
<th>Don’t abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Non-literate</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Primary</td>
<td>6</td>
<td>33.3</td>
<td>12</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
<td>24.3</td>
<td>28</td>
</tr>
<tr>
<td>College</td>
<td>16</td>
<td>59.3</td>
<td>11</td>
</tr>
<tr>
<td>University</td>
<td>8</td>
<td>66.7</td>
<td>4</td>
</tr>
</tbody>
</table>

The results on table 4.4.6, shows that incidences of drug abuse were higher among students with fathers with tertiary education (College 59.3% and University 66.7%) than those with less education.

4.4.7 Level of Drug abuse by Mothers Education Level

Table 4.4.7 Distribution of Drug Abuse by Mothers Education Level

<table>
<thead>
<tr>
<th>Fathers level of education</th>
<th>Abuse drugs</th>
<th>Don’t abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Non-literate</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Primary</td>
<td>9</td>
<td>33.3</td>
<td>18</td>
</tr>
<tr>
<td>Secondary</td>
<td>22</td>
<td>40.7</td>
<td>32</td>
</tr>
<tr>
<td>College</td>
<td>10</td>
<td>43.5</td>
<td>13</td>
</tr>
<tr>
<td>University</td>
<td>3</td>
<td>75.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Like the fathers the results on table 4.4.7, shows that incidences of drug abuse were higher among students with mothers with tertiary education (University 75.0%) than those with less education.

4.4.8: Rate of Drug Abuse in Schools

The teachers were asked to rate the levels of drug abuse in their schools. The results are presented in table 4.4.8 below.
Table 4.4.8: Rate of Drug Abuse in Schools

<table>
<thead>
<tr>
<th>Rate</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Moderate</td>
<td>6</td>
<td>33.4</td>
</tr>
<tr>
<td>Low</td>
<td>8</td>
<td>44.4</td>
</tr>
<tr>
<td>Insignificant</td>
<td>2</td>
<td>11.1</td>
</tr>
<tr>
<td>Not sure</td>
<td>2</td>
<td>11.1</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

According to the results, the levels of drug abuse in schools range from low to moderate. Teachers were also asked to indicate how they identify drug abusers in schools. The results of their responses are presented in table 4.4.8.

4.5. Reasons why Students Abuse Drugs in School and frequency of drug Abuse

This section presents the results on the reasons why students abuse drugs and the frequency of drug abuse by the abusers.

4.5.1: Reasons why Students Abuse Drugs in School

Table 4.5.1: Reasons why Students Abuse Drugs in School

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm themselves down</td>
<td>76</td>
<td>63.3</td>
</tr>
<tr>
<td>Pressure from school work</td>
<td>62</td>
<td>51.7</td>
</tr>
<tr>
<td>To have a sense of belonging</td>
<td>58</td>
<td>48.3</td>
</tr>
<tr>
<td>Their parents abuse drugs</td>
<td>64</td>
<td>53.3</td>
</tr>
<tr>
<td>Their friends abuse drugs/peer influence</td>
<td>102</td>
<td>85.0</td>
</tr>
<tr>
<td>Bad treatment at home</td>
<td>76</td>
<td>63.3</td>
</tr>
<tr>
<td>Their brothers/sisters abuse</td>
<td>54</td>
<td>45.0</td>
</tr>
<tr>
<td>For curiosity</td>
<td>78</td>
<td>65.0</td>
</tr>
<tr>
<td>Part of growing up</td>
<td>42</td>
<td>35.0</td>
</tr>
<tr>
<td>Their parents do not abuse drugs</td>
<td>14</td>
<td>11.7</td>
</tr>
<tr>
<td>Most drugs are readily available</td>
<td>84</td>
<td>70.0</td>
</tr>
<tr>
<td>Rebel against authority</td>
<td>64</td>
<td>53.3</td>
</tr>
<tr>
<td>Influences from media</td>
<td>74</td>
<td>61.7</td>
</tr>
<tr>
<td>Boredom</td>
<td>58</td>
<td>48.3</td>
</tr>
<tr>
<td>For treatment</td>
<td>38</td>
<td>31.7</td>
</tr>
</tbody>
</table>
According to the results presented in table 4.5.1, the most important reason why students abuse drugs is due to influence from friends who abuse alcohol (85.0%). The other main reasons are; most drugs are readily available (70.0%)

4.5.2 When Students Abuse Drugs Most

The frequency of drug abuse by the drug abusers is presented in table 4.5.2.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>During holidays with friends</td>
<td>76</td>
<td>63.3</td>
</tr>
<tr>
<td>During holiday with parents</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>During school time with friends</td>
<td>38</td>
<td>31.7</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.5.2 indicates that most of the drug abusers abuse drugs whenever they liked (27.8%). This was followed by those who abuse drugs during vocations (23.6%). About 12.5% of drug abusers abuse drugs daily.

4.6 Relationship between Drug Abuse and Indiscipline

This section presents data on the relationship between drug abuse and counseling.

**Table 4.6.1: Do you Experience Indiscipline**

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The results in table 4.6.1 indicate that all teachers experience some form of indiscipline in their schools. They were further asked to state if some of the indiscipline cases are related to drug abuse, the results of their responses are summarized and presented in table 4.6.2 below.
Table 4.6.2: Are Some Cases of Indiscipline Related to Drug Abuse

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>72.2</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>27.8</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From table 4.6.2 above, it can be observed that majority of the teachers relate some indiscipline cases to drug abuse. Finally teachers were asked to state whether drug abuse contribute to indiscipline in schools. The results of their responses are presented in table 4.6.3.

Table 4.6.3: Does Drug Abuse Contribute to Indiscipline

<table>
<thead>
<tr>
<th>Response</th>
<th>Regular Teachers</th>
<th>Teacher Counselor</th>
<th>Principal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

The results in table 4.6.3 above reveal that all teachers relate drug abuse to problems of indiscipline in schools.

4.7. Role Played by Teacher Counselor in Dealing with Drug Abuse

This section presents the role played by teacher counselors in dealing with drug abuse in schools. Table 4.7.1 presents the results of the data on whether the teacher counselors handle drug related cases, while the table 4.7.1 presents data on signs used be the teacher counselors in identifying drug abusers.

Table 4.7.1: Do you Handle Drug Related Cases

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.7.1 Signs of Drug Abuser

The instruments also sought to establish the signs teachers used to identify drug abusers in schools. The results are presented in table 4.7.2 below.

**Table 4.7.2 Signs of Drugs Abuse**

<table>
<thead>
<tr>
<th>Sign</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weird behavior</td>
<td>4</td>
<td>66.7</td>
</tr>
<tr>
<td>Withdrawal/dullness</td>
<td>5</td>
<td>83.3</td>
</tr>
<tr>
<td>Sleeping all the times</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Drop in academic performance</td>
<td>5</td>
<td>83.3</td>
</tr>
<tr>
<td>Squandering fees</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Restlessness</td>
<td>5</td>
<td>83.3</td>
</tr>
<tr>
<td>Dormant</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Indiscipline/Rudeness</td>
<td>6</td>
<td>100.0</td>
</tr>
<tr>
<td>Untidiness</td>
<td>3</td>
<td>50.0</td>
</tr>
<tr>
<td>Absenteeism/Sneaking</td>
<td>2</td>
<td>33.3</td>
</tr>
</tbody>
</table>

The results in table 4.7.2 above indicate that the common signs used by teachers to identify drug abusers in schools are: indiscipline, restlessness, drops in academic performance and withdrawal.

4.8 Methods Used in the Schools to Discourage Drug Abuse

The results of students' suggestions on what should be done to those students who abuse drugs 4.8.1

**Table 4.8.1: Suggestions by Students on what should be Done to Students Who Abuse Drugs**

<table>
<thead>
<tr>
<th>Method</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal warning</td>
<td>35</td>
<td>29.2</td>
</tr>
<tr>
<td>Corporal Punishment</td>
<td>21</td>
<td>17.5</td>
</tr>
<tr>
<td>Guidance and counseling</td>
<td>80</td>
<td>66.7</td>
</tr>
<tr>
<td>Explanation from parents</td>
<td>50</td>
<td>41.7</td>
</tr>
<tr>
<td>Arresting and arraigning in court</td>
<td>12</td>
<td>10.0</td>
</tr>
<tr>
<td>Expulsion</td>
<td>40</td>
<td>33.3</td>
</tr>
<tr>
<td>Others</td>
<td>22</td>
<td>18.3</td>
</tr>
</tbody>
</table>
The result in table 4.8.1 shows that most students suggest guidance and counseling for drug abusers. The results of the methods teachers recommend as effective ways of controlling drug abuse are presented below.

- Parental guidance
- Teaching students the negative effects of drugs
- Supporting NACADAs efforts
- Focused guidance and counseling
- Discouraging parents from giving students a lot of money
- Seminars for both teachers and parents
- Strengthening religious organizations in schools
- Close surveillance in schools
- Post professional counselors to schools
- Encourage peer counseling
- Ban erecting of kiosks around the schools

4.9 Inferential Statistical Analysis

Inferential statistical analysis was done to test if there was any significant difference in the various variables stated in the hypothesis. Chi-square test was used to analyze the different null hypotheses stated in chapter two. For each of the analysis, the probability level was set at 0.05. The results are presented per hypothesis

4.9.1 Gender and Drug Abuse

H0; There is no significant difference between gender and drug abuse
A Chi-square test was done to test this hypothesis
Table 4.9.1: Chi-Square Tests

<table>
<thead>
<tr>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.414</td>
<td>1</td>
<td>0.001</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.001 which is less than 0.05 level of significance hence the null hypothesis was rejected. This means that there is a significant difference in the level of drug abuse between male and female students.

4.9.2 Age and Drug Abuse

H₀² There is no significant difference between age and drug abuse

A Chi-square test was done to test this hypothesis

Table 4.9.2: Chi-Square Tests

<table>
<thead>
<tr>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.145</td>
<td>1</td>
<td>0.45</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.45 which is more than 0.05 level of significance hence the null hypothesis was accepted. This means that there is no significant difference in the level of drug abuse among students of various age groups.

4.9.3 Area of Residence and Drug Abuse

H₀³ There is no significant difference between area of residence and drug abuse

A Chi-square test was done to test this hypothesis

Table 4.9.3: Chi-Square Tests

<table>
<thead>
<tr>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.573</td>
<td>1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.000 which is less than 0.05 level of significance hence the null hypothesis was rejected. This means that there is a significant difference in the level of drug abuse among students of from rural and urban areas.
4.9.4 Religious Affiliation and Drug Abuse
H0: There is no significant difference between religious affiliation and drug abuse
A Chi-square test was done to test this hypothesis

Table 4.9.4: Chi-Square Tests

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-square</td>
<td>1.540</td>
<td>2</td>
<td>0.463</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.463 which is more than 0.05 level of significance hence the null hypothesis was accepted. This means that there is no significant difference in the level of drug abuse among students of different religious affiliation.

4.9.5 Person Students Live With and Drug Abuse
H0: There is no significant difference between person student live with and drug abuse
A Chi-square test was done to test this hypothesis

Table 4.9.5: Chi-Square Tests

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-square</td>
<td>3.412</td>
<td>6</td>
<td>0.756</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.756 which is more than 0.05 level of significance hence the null hypothesis was accepted. This means that there is no significant difference in the level of drug abuse and the person the student is living with.

4.9.6 Fathers Level of Education and Drug Abuse
H0: There is no significant difference between fathers' level of education and drug abuse
A Chi-square test was done to test this hypothesis

Table 4.9.6: Chi-Square Tests

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-square</td>
<td>12.370</td>
<td>4</td>
<td>0.015</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.015 which is less than 0.05 level of significance hence the null hypothesis was rejected. This means that there is a significant difference in the level of drug abuse and father's level of education.
4.9.7 Mothers Level of Education and Drug Abuse

H0: There is no significant difference between mother’s level of education and drug abuse

A Chi-square test was done to test this hypothesis

<table>
<thead>
<tr>
<th>Table 4.9.7: Chi-Square Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
</tr>
<tr>
<td>Pearson Chi-square</td>
</tr>
</tbody>
</table>

The results of the chi-square test reveal that the contingency co-efficient was 0.046 which is less than 0.05 level of significance hence the null hypothesis was rejected. This means that there is a significant difference in the level of drug abuse and mother’s level of education.
CHAPTER FIVE
SUMMARY AND DISCUSSION OF FINDINGS, CONCLUSIONS AND
RECOMMENDATIONS

INTRODUCTION

In this chapter, the major finding of the study are discussed and interpreted. A summary, conclusion and recommendations based on the findings are also presented.

5.1.0 Discussion

The discussion of the findings of the study is centered on the major research objectives.

5.1.1 Types of Drugs Abused by Secondary School Students

Table 4.2.2 summarized the most common drugs abused by students in secondary schools. Trends observed from inspecting the table are that cigarettes, alcohol and bhang are the most commonly abused drugs. This could be an indication that these are the most commonly accessible drugs.

Cigarettes and most brands of alcohol are readily available over the counter. This means that students can easily access them without any restrictions. This means that the next step to effectively curb the availability of these drugs to adolescents is to place an age limit to who should be sold these drugs. At the same time the society generally perceive them as not illicit making them more acceptable. Bhang on the other hand has been widely peddled because it is easily cultivated in the forests with minimal detection as it appears as normal weed. This finding concurs with those of Ochieng’ (1986) who reported that most students abuse drugs such as cigarettes, alcohol and bhang because they are readily available. He noted that for
example students in Nairobi could buy and smoke bhang in full uniform along Nairobi River, near open stalls, markets, shoe shiners and maize roasters premises.

On the basis of gender the results presented in table 4.2.3 in the previous chapter revealed that the most common drug abused by both boys and girls was cigarettes. However, while the second most commonly abused drug by male students was bhang, for the female students it was alcohol. This implies that there are some gendered differences in the type of drugs commonly abused by students. This difference may be attributed to the fact bhang being a stronger drug is kind of masculine and thus finds company with boys more than girls.

5.1.2 Source of Drugs to Students in Secondary School

Data on table 4.3.1, presents data on the sources of drugs to students in secondary schools. The most important sources according to the results were shops, friends and local brewers. The mushrooming of wine and spirit shops and dubious kiosk make drugs easily available, the youths therefore take advantage of this to gain access to drugs. Ochieng (1986) argue that most students who abuse drugs do so because the drugs are easily available from the shops. Peer influence equally plays a crucial role in alluring adolescent to drug abuse. According to Douglas (1982), and Goode (1970), the behavior formation modification among students is largely influenced by peer pressure leading them to abuse drugs. Kendal et al (1978) confirms that most important variable in predicting possibility of drug abuse use was the degree of adolescent involvement in peer activities, the number of friends using drugs and friends attitudes towards drug use. Karenchio (1992) points out that an individual will be forced to take drugs by friends when the company of friends is doing so.
A comparison by gender as presented in table 4.3.2, revealed that while most females access drugs from the shops, the males get drugs from friends. Which means that since boys are socialized to be outgoing and thus share their experiences with their friends without fear which includes sharing drugs girls who are socialized to be reserved find shops more appropriate in obtaining drugs.

5.1.3 Level or Prevalence of Drugs in Secondary School

This research theme was broken down so that a table presenting each variable such as gender, age, area of residence, religious affiliation, person living with, father’s level of education and mother’s level of education could be drawn. Table 4.4.1 presented the prevalence of drug and on the basis of gender. A critical look at the table reveals that the prevalence rate of drug abuse in the sampled schools is 40.8%. This finding confirms those of NACADA (2003), which show that over 30.0% of secondary students in Kenya abuse drugs. On the basis of gender, both male and female students were found to abuse drugs. However, male students reported higher incidence of drug abuse than their female counterparts. This finding concurs with Kariuki (1988) who reported that there were relatively more drug abusers among boys than girls especially at the age 17-21 years. The socialization by gender in the society makes males more outgoing, courageous and adventurous. Females on the other hand are socialized to be receptive, polite and caring. In this way males are more exposed to the risky activities than females. The society may tolerate male drug abusers, but will curse any female who attempts the practice. Chi-square results in Table 4.9.1 confirm that there was a significant difference in the level of drug abuse between male and female students.

Information shown in table 4.4.2 presents the results on the level of drug abuse on basis of age. A critical look at the table indicates that the level of drug abuse was slightly higher
among students aged between 15-17 years than among those aged 18 years and above. These may be explained by the fact that those in the age bracket of 15-17 years are just beginning the adolescent stage and therefore the desire to experiment with new experiences is very high. They also want to show their peers that they are mature. They find new friends who may encourage them to try drugs. Results of the chi-square test in table 4.9.2, however indicates that there was no significant difference in the level of drug abuse between students of different age categories.

The data presented in table 4.4.3 tabulate the responses from different area of residence. The results reveal that a difference existed in the level of drug abuse between students from rural areas and those from urban areas. Those from urban areas have a higher incidence of drug abuse. However, it is clear from the findings that drug abuse is no longer confined to urban areas; the difference in levels was not very large. This study agrees with the findings of earlier studies, which concluded that drug abuse was widespread in all areas of our country (Ciakuthi 1999, K.N.U.T. 1998, N.A.C.A.D.A. 2004). Results from the chi-square test presented in table 4.9.3 indicated that area of residence had a significant influence in the level of drug abuse in schools. Hence, it could be said that students from urban areas are more likely to engage in drug abuse than their rural counterparts.

Data presented in table 4.4.4 tabulate the results from responses from members of different religious affiliations. Members of all religions abuse drugs. However, all atheist abuse drugs. Between Muslims and Christians, Muslims were found to abuse drugs more. This could be attributed to the fact that while most Christian churches especially the Protestants condemn all kinds of drugs, Muslims and atheist accept some like cigarettes and miraa. However, the
chi-square test carried out indicated that religion did not have any significant influence on the level of drug abuse.

Information shown in table 4.4.5 presents the results of the level of drug abuse on the basis of the person the student lives with. A critical look at the table indicates that students who live with a guardian, father or grandparent are more likely to abuse drugs than those living with both parents and the mother. This shows that the parental support derived dual parentage are immense, the complementary functions of the two parents serves to benefit the development of the children. In the situations of single parenthood, mothers, edge out the fathers as better parents, they not only spend a lot of time with the children, but are always concerned about the children's social life. However, the chi-square results presented in table 4.9.5 showed that there was no significant difference between the persons the student live with and the level of drug abuse.

The data on the influence of father’s and mother’s education presented on tables 4.4.6 and 4.4.7, showed majority of students who abuse alcohol had fathers and mothers with tertiary education. Those from parents with less education abused drugs least. This may be attributed to the fact that those with higher education tend to adapt more liberal attitude, which may be reflected on degree of freedom they allow their children to have. Such freedoms are exploited by the children to engage in illicit behavior such as drug abuse. The economic ability acquired through education also means that these parents are able to provide their children with money which some of the children use in acquiring drugs. These findings agree with those of Howarth (1983) who reported that drug abuse was common among people from rich background. The results of chi-square analysis presented in table 4.9.6 and 4.9.7, confirms
that there was a significant difference between the parents level of education and the level of drug abuse.

5.1.4 Reasons why Students Abuse Drugs in School and frequency of drug Abuse

Data in table 4.5.1 in the previous chapter tabulated responses on the reasons students abuse drugs, while table 4.5.2 showed responses on when students abuse drugs.

A critical look at table 4.5.1 revealed that most students abuse drugs due to peer influence or because their friends abuse these drugs. This confirms the earlier finding which showed that one of the most important sources of drugs to adolescents are their peers, they thus influence their friends to try what they have. According to Erickson the in-group feelings in adolescent are so strong that sometimes conformity is demanded by the group. This therefore leads the adolescent to indulge in deviant behaviors such as drug abuse.

The second most rated reason why students abuse drugs in schools is because drugs are easily readily available. This means that any student who wishes to try a drug can easily obtain the specified drug. The reasoning is that if the user has easy access to the substance, the motivation to abuse becomes higher than if it is hard to get. This finding agrees with those of Johnson et al (1977), who reported that in America, majority of students abuse drugs because they are easily accessible to them.

Information in table 4.5.2 summarized responses on when students abuse drugs most. The results revealed that most students abuse drugs during school holidays especially when they are in the company of friends. This means that during school holidays most students exploit
the opportunity that they are not under surveillance like in school environment, they therefore decide to engage in drug abuse.

5.1.5 Relationship between Indiscipline and Drug Abuse

Information tabulated in table 4.6.1 indicates that all teachers experience the problem of indiscipline in their schools. This of course is expected as the teachers handle adolescents with complexity on a day-to-day basis. The problem of indiscipline was further compared to drug abuse. Table 4.6.2 showed that most teachers relate drug abuse to some problem of indiscipline in schools. It was also noted that all teachers agree that drug abuse contribute to indiscipline. Students who are under the influence of drugs are likely to behave in dubious behaviors, which are detrimental to learning environment. Some times the drug abusers go to the extreme of inflicting physical harm to fellow students and even teachers. Cases of arson and strikes in schools have been highly linked to drug abuse. The striking students first engage in drug abuse before they turn to destroying school properties and even harming their fellow students who choose not to go on with their plan.

According to the school principals interviewed, many cases of gross indiscipline their schools have their origin from drug abuse. The convicted students are always found to be veteran drug abusers. Because they access drugs easily, they gain respect from their fellow abusers who often than not follow their command without question. The allegiance earned through being the provider deters even those willing to expose them from doing so. The non-abusers equally fear the wrath of the abusers. Thus the game of silence is maintained.
5.1.6 Role-played by Teacher Counselors in Dealing with Drug Abuse in Schools.

Data in table 4.7.1 presented in the previous chapter tabulated the results on whether teacher counselors have handled cases of drug abuse or not. The results show that majority of the teacher counselors have handled cases of drug abuse in their schools. Their main role as reported by majority of them was to advise the affected students on the dangers of drug abuse. They then proceed to present a road map on how to give up this bad habit. The teacher counselors also organize programmed sessions on drug abuse for all students where they involve peer counseling and at times invite guest speakers with experiences of drug abuse.

Information on table 4.7.2 presents results of the signs used teacher counselors to identify drug abusers. This is always done in order to try and assist the student. Most teacher counselors use signs such as indiscipline, restlessness, and drop in academic performance, withdrawal and weird behavior as a pointer to drug abuse. Most of these characteristics have been identified by other researches as important clues to drug abusers. For example, according to Gullota (1989), the symptoms of adolescent drug abuse include, aggressive behavior, dullness and less successful in schools. Teachers and especially teacher counselors should therefore be vigilant for these signs in order to institute early corrective measures.

5.1.7 Methods Used in the Schools to Discourage Drug Abuse

Data on table 4.8.1 presented the methods students suggested that should be used in the schools to discourage drug abuse by students. The results reveal that most students suggest guidance and counseling both as a preventive measure and a behavior change exercise. However, given the high incidence of drug abuse in the schools, it appears the preventive aspect seems not to have had considerable impact. The suggestion of guidance and
counseling as a method of discouraging drug abuse in the schools shows that most of the students understands the benefit of counseling in curbing deviant behaviors like drug abuse.

The results of the methods teachers recommend as effective ways of controlling drug abuse are:

- Parental guidance
- Teaching students the negative effects of drugs
- Supporting N.A.C.A.D.A.s efforts
- Focused guidance and counseling
- Discouraging parents from giving students a lot of money
- Seminars for both teachers and parents
- Strengthening religious organizations in schools
- Close surveillance in schools
- Post professional counselors to schools
- Encourage peer counseling

A critical look at these recommendations gives a clear impression that guidance and counseling is the most preferred method. However, an all-inclusive counseling was suggested. The results also showed that most schools have drifted more to counseling as preventive tactics in curbing the prevalence of drug abuse in schools. This finding contradicts Wangeri’s finding on the use of counseling in curbing drug abuse in schools. In his study of 11 schools in Thika District, he reported that most Principals in the district did not prioritize the use of counseling programmes in their schools (Wangeri, 1986).
5.2.0 Implications and Recommendations

Central to this study was to critically analyze the counseling implications of the findings. Guidance and counseling of the adolescent should be able to address both internal and external factors that influence their behavior. For it to be effective, it has to be tailored towards understanding these factors. Adolescents are at the discovery stage and the physical changes they undergo confuse them even more, they are therefore liable to pick varied habits some of which are detrimental to their life.

One of the social concerns of the society is the increasing trend of drug abuse among the adolescent. Hence it is recommended that teacher counselors at the secondary school level take up the challenge and effectively address the problem of drug abuse.

In analyzing the explanation which students and teachers gave on factors that contributes to drug abuse in secondary schools, it comes out clearly that the problem of drug abuse is real in schools. The prevalence rate was as high as 40.8%. This implies that in counseling the issue of drug abuse should take centre stage and be given adequate time. It implies too that since the students obtain these drugs from the society, everyone needs to be sensitized on the damage they do when they expose the adolescent to drugs.

The results of the study indicate that although cases of drug abuse are there in both girls and boys schools, boys report higher incidence of drug abuse. This implies that teacher counselors should develop unique programmes that take into account the difference between boys and girls, especially in view of the differences in socialization process.
An examination of the commonly abused drugs indicates that they are abused by most students because they were easily accessible. The drugs were both available through friends, or in the shops and other outlets. This implies the government should therefore formulate strict legal policy of dealing with drug production, supply and consumption. It should be made very hard, not only to produce and supply drugs but also to obtain them. Offenders should be punished heavily. Age limit should also be placed on those who can buy drugs, as is the case with western nations. At the same time since peer is found to be a major influence and source of drugs, teacher counselors can exploit positive peer influence through peer counseling to help in curbing drug abuse problem in schools.

Although guidance and counseling was suggested as the most effective measure in addressing the problem of drug abuse in the sampled schools, it emerges that it may not be fully used as evidenced by gaps exposed by the persistent high incidences of drug abuse in schools. This implies that an appraisal of the existing programmes should be done in order to make the programmes more responsive to the problem of drugs and the needs of the adolescent. It is therefore recommended that teacher counselors constantly up date themselves with current methods of handling such problems. These may include personal orientation of the children who abuse drugs.

The government should make deliberate efforts to educate people on the dangers of drug abuse. The focus of NACADA should be on all sectors of our society instead of concentrating on giving information to secondary schools only. Religious organizations and NGOs should assist the government in providing this essential service to the community. The war against drug abuse should be viewed as a corporate effort where every individual must play his/her role faithfully.
It is further recommended that drug abuse related studies be introduced in the syllabus. Through this, the students will be helped to get the right information on drugs and related effects.

5.3.0 Summary and Conclusions

The study was designed to investigate the factors that contribute to drug abuse in secondary schools. The findings show that:

- The level of prevalence of drug abuse secondary schools is 40.8%
- Among the variable tested only religious affiliation, area of residence and person student live with has no influence on drug abuse
- The main drugs abused in schools are cigarettes, alcohol and bhang because they are readily available
- The most important source of drugs for students are the shops and their friends
- There is a relationship between drug abuse and indiscipline cases
- Guidance and counseling is the most effective measure suggested to be used in curbing the problem of drug abuse in schools

5.4.0 Recommendation for Further Research

- This study was conducted in only one District. Future researchers could extend it to other districts to compare results
- A similar study could be carried out in primary schools in the district to determine the variations in the factors and the extent of drug abuse
- Future research could also focus on one specific drug to see the extent of its abuse and effects.
REFERENCES


Melgosa J. (1997) Adolescents and Parents, Editorial Safeliz Madrid (Spain)


APPENDIX 1

Questionnaire for Principals

The study is intended to gather data on drug use and abuse in our secondary schools.

Please respond to each item in the questionnaire as honestly as possible. Make comments where need be. Note that your anonymity will be absolutely assured.

Part 1

1. Indicate the category of your school. Tick (✓) one
   Boys boarding ( )
   Girls boarding ( )
   Mixed day ( )
   Mixed day & boarding ( )

2. Indicate the enrolment of your school .........................

3. For how long have you been in your present station? ( )
   Below 5 years ( )
   6 – 10 years ( )
   Above 10 years ( )

4. Is drug abuse prevalent in your school? Yes ( ) No ( )

5. If yes please rate the level of prevalence of some common drugs.
   Indicate (H) high
   (L) Low
   (V.L) Very Low
   (N) Not Known
   a) Alcohol ......................
   b) Cigarette ......................
   c) Bhang ......................

68
d) Cocaine

e) Heroin

f) Others Specify

6. How do you identify cases of drug abuse? Please comment

7. In your opinion and available information, rate the factors of family background and social relation that influence drug abuse in your school

Indicate (H) High Influence

(L) Low Influence

(VL) Very Low

(N) No influence

a) Children staying with both parents

b) Children staying with father only

c) Children staying with mother only

d) Children staying with brother or sister

e) Children staying with friends

8. In your opinion, which family background is likely to contribute largely to drug abuse? Tick ( ) one

a) Rich family

b) Middle class family

c) Low income family

9. Children of well-educated parents are more likely to abuse drug. Tick (✓) one.

Yes ( ) No ( )

10. If yes, above please comment

11. Indicate the most preferred corrective measure applied to drug abusers in your school.

Use
(C) Common

(M) Moderate

(L) Least

(NA) Not applied

a) Expulsion ..............................................

b) Suspension ..............................................

c) Manual punishment.................................

d) Guidance and Counselling....................... 

12. Does your school have a trained teacher counselor? Tick (✓) one Yes ( ) No ( )

13. If yes, how often does the office of guidance and counseling deal with drug abuse cases? Tick (✓) one.

Very often ( )

Less often ( )

Least often ( )

Not at all ( )

14. Which channels are used in availing drug into the school compound? Indicate.

(HV) Highly used

(U) Used

(LV) Lowly used

a) Students.................................

b) Support staff .........................

c) Peddle.................................

d) Teachers.................................

e) Others (specify)....................... 

f) Rate the cases of drug abuse and indiscipline in schools. Tick (✓) one

Not related ( )

Lowly related ( )

Highly related ( )

Others (specify)...........................................
15. The general view taken by mainly people is that drug use among the students has been increasing. Yes ( ) No ( )

16. If yes, list factors contributing to this increase

17. What are the likely implications of drug abuse toward education? Please comment.

18. What recommendation can you provide to help control and prevent drug abuse in our schools?
Questionnaire for Teacher Counsellor.

This study is intended to collect information on status of drug use in our schools.

Please respond to all items in the questionnaire as honestly as possible. Make comments where need be. Note that your responses will be treated with confidentiality.

Part 1

1. Name your station: ..................................................

2. State your Gender tick (√) one
   - Male ( )
   - Female ( )

3. Please indicate your age ....................................... years

4. Indicate your teaching experience, Tick (√) one
   a) Below 5 years ( )
   b) 6 – 10 years ( )
   c) 11 – 15 years ( )
   d) 16 – 20 years ( )
   e) Above 20 years ( )

5. Indicate your professional qualification tick (√) one.
   a) SI ( )
   b) Diploma in Education ( )
   c) Approved graduate ( )
   d) UT graduate ( )
   e) Any other, specify ( )

6. Besides your professional training, have you attended any training as a counselor?
   Yes ( ) no ( )
If yes, how long was the course………………………………………………………………………………

7. Who appointed you to the position of School Counselor? Tick (    ) one ✓
   T.S.C.   (    )
   Principal (    )
   Any other (    )

Part II

8. Does the school consider your Guidance and Counseling responsibilities when assigning you other duties? Yes (    ) No (    )

9. When are you most likely to perform your counseling responsibilities?
   a) During teaching session (    )
   b) During your free time  (    )

10. Is the school administration supportive in the functioning of Guidance and Counselling department? Yes (    ) No (    )
    If yes, please comment…………………………………………………………………………………………

11. Do you handle drug related cases? Yes (    ) No (    )

12. If yes, how do you identify a drug abuser from non-abuser? Please comment.
    ...........................................................................................................................

13. Please list the commonly abused drugs in your school. Indicate in order of preference and prevalence.
    ...........................................................................................................................
    ...........................................................................................................................
    ...........................................................................................................................
    ...........................................................................................................................
14. Among the cases you handle as a teacher counsellor, who recommended them to you?
   a) Head teacher ( )
   b) Discipline Committee ( )
   c) Parent ( )
   d) Class masters ( )

15. Please indicate the factors that influences students to abuse drugs. Use
   (H) High influence
   (L) Low influence
   (N) No influence
   Peer group .........................
   Family background ..................
   Curiosity .........................
   Experiment ....................... 
   Availability ......................
   Boredom ...........................

16. In your Opinion, which group is supposed to play major role in controlling and preventive drug abuse among adolescence? Tick (✓) one
   a) Schools ( )
   b) Parents ( )
   c) Community ( )
   d) Administration ( )
   e) Any other specify ( )

17. Does drug abuse contribute towards indiscipline in school? Yes ( ) No ( )
18. What can you recommend to be done to control and prevent drug abuse in our schools? Please comment.

19. What are the long-term effects of abusing drug in our learning institutions?

Please Comment
APPENDIX III

Questionnaire for Teachers

This study intends to gather information of drug use by students in our Secondary schools. Please respond to each item in the questionnaire as honestly as possible. Make your comments where need be. Note that your anonymity will be absolutely assured.

Part I

1. Name of your Station

2. Gender. Tick (√) one
   Male ( ) Female ( )

3. State your teaching experience tick (√) one
   Below 5 years ( )
   6 – 10 years ( )
   11 – 15 years ( )
   Above 16 years ( )

4. State your professional qualification
   a) SI ( )
   b) Diploma in Education ( )
   c) Approved graduate teacher ( )
   d) UT graduate teacher ( )
   e) Any other, specify ( )

5. Indicate number of years you have taught in present school. Tick (√) one.
   Below 5 years ( )
   6 – 10 years ( )
   11 – 15 years ( )
   Above 16 years ( )
6. Do you experience indiscipline cases in the course of teaching?
   Yes ( )  No ( )

7. If yes, is there any indiscipline case related to drug abuse? Yes ( )  No ( )

8. Rate drug abuse in your school.
   High ( )
   Moderate ( )
   Low ( )
   Insignificant ( )
   Not sure ( )

9. What is the prevalence of drugs use in your school?
   Indicate (V.C) Very common
   (C) Common
   (MC) Moderate
   (LC) Least Common
   (NC) Not Common

   Alcohol ........................................
   Cigarettes ....................................
   Bhang ..........................................  
   Inhalants (glue) ...............................  
   Cocaine ......................................
   Miraa .........................................  
   Heroin ........................................
   Others (specify) .............................
10. In your opinion, how do you identify a drug abuser from non-abuser?

Please comment.

11. Which students are most likely to abuse drugs? Those from:

   i. Economic status
      (a) Rich family ( )
      (b) Poor family ( )

   ii. Home background
      a) Rural background ( )
      b) Urban background ( )

12. (I) Do you think drug abuse contribute to indiscipline? Yes ( ) No ( )

   (II) If yes, please comment

13. State the negative behaviours observed on students who abuse drugs.

14. In your opinion, why do you think students abuse drugs. Please comment

15. Which group of people is likely to influence students, towards drug use and abuse? Tick (√) one

   a) Peer groups ( )
   b) Parents ( )
   c) Media ( )
   d) Brothers or sisters ( )

16. In Which background would you expect to find many adolescent abusing drugs?
Tick (✓) one.

a) Christians  (    )
b) Muslims  (    )
c) Non religious  (    )
d) Other  (    )

17. Where would you expect many adolescents to use drugs? Tick (✓) one.

a) Highly Educated parents  (    )
b) Well Educated parents  (    )
c) Illiterate parents  (    )

18. What are the implications of drug abuse towards academic performance?

Please comment

19. What recommendation can you provide to help in controlling and preventing drug use and abuse in our schools? Please comment


APPENDIX IV

Students’ Questionnaire

Background Information

The Study intends to collect data on drug use and general discipline in our Secondary Schools.

Please respond to each item in the questionnaire as honestly as possible, write what comes in your mind immediately. Insert a tick (√) or make comments whenever necessary. The information provided shall be treated confidentially. Do not write your name.

Part 1. Personal Data

1) Name of your school

2) State your gender by tick (√) in one; Male ( ) Female ( )

3) State your age years

4) Indicate your year of study; Form I ( ) Form 2 ( ) Form 3 ( ) Form 4 ( )

5) State your religion.
   a) Catholics ( )
   b) Protestants ( )
   c) Muslims ( )
   d) Others, Specify ( )

6) State the occupation of the main salary earner in your family.

7) Please indicate the average income per month of the main salary earner.
   a) Between Ksh 500 100/= ( )
   b) Between Ksh 2,000 5,000/= ( )
   c) Between Ksh 11,000 30,000/= ( )
   d) Above Ksh 30,000 ( )
8) State the highest academic qualification of main salary earner in the family.

a) Primary school level ( )

b) Form four level ( )

c) Form six ( )

d) University level ( )

g) Any other specify .................................................................

h) (i) State where your parents are living (home background)

Urban ( )

Rural ( )

(ii) Give the name of your home district ........................................

10) Do you have very close friends? Yes ( ) No ( )

(i) How many (friends) if any, do you have in your school?

a) More than 5 ( )

b) Between 2 and 4 ( )

c) Below 2 ( )

d) None ( )

11) (i) In your understanding, what is drug abuse?

........................................................................................................

(ii) State any five drugs you are aware of that are abused in your school? .................

12) (i) Have you ever used any drug? Yes ( ) No ( )

(ii) If yes, are you still using them? Yes ( ) No ( )

13) Which of the following substance (drug) are commonly used in your school. Please

Indicate their prevalence

(VC) Very Common
(C) Common

(MC) Moderately Common

(NC) Not Common

a) Alcohol ( )
b) Tobacco (cigarettes) ( )
c) Bhang ( )
d) Miraa ( )
e) Cocaine ( )
f) Ecstasy ( )
g) Glue /Petrol ( )
f) Heroin ( )
g) Others Please specify: .................................................................

14) How many of your friends take drugs
   a) All ( )
   b) 2 – 4 ( )
   c) 1 – 2 ( )
   d) None ( )

15) List the main types of drugs used by your friends.
   ........................................................................
   ........................................................................

16 (i) In the best of our understanding, which are the major sources of drugs supplied to your school. Tick (✓) one; School surroundings ( )
   Away from school ( )

(ii) Who supplies the drugs to your schools?
   a) Workers ( )
b) Teachers ( )
c) Students ( )
d) Local peddlers ( )

17) (i) Which member of your family take drug(s)
   a) Father ( )
b) Mother ( )
c) Brother ( )
d) Sisters ( )
e) Close relatives ( )
   f) Others, Specify ..................

(ii) Which are the drugs commonly used by your
   Father ...................................
   Mother ..................................
   Sister.................................
   Brother...............................
   Close relatives.........................

18) State whether both of your parents use any type of drug(s) mentioned.
   Yes ( ) No ( )

19) If your parents use drugs, will he or she approve (your) using some or different types
    of drugs? Yes ( ) No ( )

20) In which period are students likely to use drugs?
   a) During the holiday with friends ( )
b) During the holiday while with parent ( )
c) During School time with friends ( )

21) In your opinion, which methods are students likely to be introduced into hard drugs
by friends?

a) Applying force ( )
b) Through drinks ( )
c) Through cigarette smoking ( )
d) Any other specify………………………………………………………………………………………………………

22) How many of your close relatives (members of the family) use any type of drugs?

Tick (✓) one.

All ( )
More than half ( )
Half ( )
Less than half ( )
Non of them ( )

23) What is your average amount of money spent on drugs per week?

a) Below Kshs. 50 ( )
b) Between Kshs. 50 and 100 ( )
c) Above Kshs. 100 ( )

24) Would consumption of drug lead to harmful effect on health of the person using it?

Yes ( )
No ( )

25) State any possible measure(s) that can be used in presenting and controlling drug use in your school………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

26) What would you recommend to be done to students who abuse drug?

a) Expulsion ( )
b) Suspensions ( )
c) Harsh Punishment ( )
d) Counselling ( )

27) (i) Does your school provide information about danger of drug use to students?
Yes ( )  No ( )

(ii) If yes, which method(s) are often used?
a) Invited speakers ( )
b) Teachers ( )
c) Reading materials ( )
d) Others, Specify .................................................................

28) How often does your school invite speakers to talk to students?
a) Once per year ( )
b) One per term ( )
c) Once per month ( )
d) none at all ( )

29) Have you heard of Guidance and Counselling in your school? Yes ( )  No ( )

(ii) If yes, who conducts the service of Guidance and Counselling in school?
a) Any teacher ( )
b) Teacher Counselor ( )
c) Deputy Principal ( )
d) Invited Speakers ( )

30) (i) If yes, What type of information is provided?
a) General Information ( )
b) Academic Performance ( )
c) Personal Problems ( )
d) Discipline issues ( )
31) Do you think Drug use is related to indiscipline in schools?

Yes ( )  No ( )

(ii) Indicate the level of influence of drug abuse towards indiscipline in school.

a) Very low ( )

b) Low ( )

c) Moderate ( )

d) High ( )

e) Very high ( )

32) What makes students to use drugs? Tick (√) the one(s) you strongly agree with.

a) Peer group ( )

b) Imitate parents ( )

c) Curiosity ( )

d) Availability of drugs ( )

e) Pressure from school work ( )

f) To rebel against authority ( )

g) Boredom ( )

h) Influence from media e.g. television ( )

i) Any other, Specify ................................................

33) If Schools were made drug free areas, would you support the idea?

Yes ( )  No ( )