FACTORS CONTRIBUTING TO DRUG ABUSE AMONG SECONDARY SCHOOL STUDENTS IN NEMBURE DIVISION, EMBU DISTRICT, KENYA

BY

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DECLARATION

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

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DEDICATION

This work is dedicated to my wife Pauline Waceke for being a source of inspiration and the love of my life; and all those who are committed in helping the young people to achieve positive mental health.
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ABSTRACT

The basic intent of this study was to investigate the factors contributing to drug abuse among form two and form four students in Nembure Division, Embu District. The sample selected consisted of form two and form four secondary school students (N=120) and their teachers (N=15). The cluster sampling technique was utilized due to the fact that the subjects were naturally grouped into classes. The staff were selected on the basis of their degree of contact with students. In the sample, those teachers dealing with matters of discipline, guidance and counselling, curriculum coordination as well as sport management were put into consideration. The tool selected for data collection was a set of questionnaires, developed for students and teachers respectively. These questionnaires took into consideration all the areas indicated by the research questions.

Data collected were analyzed using the chi-square ($\chi^2$) where frequency counts were involved. All tests of significance were done at alpha ($\alpha$) level of 0.05. Other data were analyzed using cross-tabulations to show the relationship between the various variables. Similarly, percentage and frequencies were used to describe the variables in the study. The results of the study showed that the most commonly abused drugs among the students in the sample were alcohol, miraa (Khat), tobacco and bhang in that order. These drugs were easily available to the students and their sources were well known by the respondents.
The study found that there were;

a. No significant relationships between drug use, abuse and
   i) Year of study
   ii) Religious affiliation
   iii) Parent drug habit
   iv) Peer influence

b. Significant relationship between drug use, abuse and
   i) Sex of the subject
   ii) Type of school attended

With regard to the attitude towards drug use and abuse, the study established that there existed a high level of awareness of the harmful consequences of drug abuse. On the other hand the respondents acknowledged the feasibility of drug abuse education programme as an effective measure against drug abuse and also towards positive behaviour change.
CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Throughout history people have swallowed, sniffed, smoked or otherwise taken into their bodies a variety of chemical substances. The purposes served by the drugs include: altering their moods, levels of consciousness or behaviour. In today’s society the issue is more apparent in our vast consumption of substances like alcohol, tobacco, coffee, medically prescribed tranquilizers and illegal drugs such as marijuana, cocaine and heroine to name but a few.

Our society is more or less permissive with regard to use of a variety of legal drugs such as tobacco and alcohol among others. Indeed many people have tried various substances at some stage in their lives. The society may become alarmed when a person’s ingestion of drugs results in: impairment of social or occupational functioning, inability to abstain from using the drug in spite of its harmful effects on the body, the users becoming a threat to other members of society and engaging in criminal activities such as sale of illegal drugs and violent robbery and so on.

In Kenya, it has been correctly observed that it is at the adolescent level that experimentation with alcohol, tobacco and use of other drugs of dependence begin to have significant impact (Mueke, 1980). This is a period of trying time for adolescents who are greatly influenced by the contemporary lifestyle at the home and communities in which they live.
Peer pressure plays a great role in tempting the youth to indulge in drug taking. Advertisements and other commercial activities through the media and poor role modelling has also compounded the problem. Those young people whose parents take drugs tend to fall victims of dependence easily. One important concern is the fact that experimentation with the so called ‘soft’ drugs like alcohol, tobacco and khat (miraa) tends to pave way for the use of hard drugs like bhang, heroine and cocaine (Kandel, 1975).

A drug is any chemical substance which when taken into the body can affect one or more of the body’s functions. This includes those substances useful to the body and also those substances that harm the body. A drug or substance is abused when its use causes harm to personal health, to others and to the society. Some are licit drugs (their sale does not violate the law) while others are illicit drugs (their sale or purchase is generally prohibited by law).

Our main concern is with the so-called psychoactive drugs. These are defined as chemicals that affect the nervous system and cause a change in behaviour, mental process, and conscious experience (Huffman, Vernoy and Vernoy, 1994).

There are many cases of drug abuse in our secondary schools. For instance, it was reported in the press (Daily Nation, October 2003) that students from a school in Murang’a District invaded a local urban centre looting, drinking and drug taking.
Cases of students injuring each other in fights after taking drugs are common. The most infamous high profile cases blamed on drugs are the 1999 Nyeri High School arsonry in which four prefects were burnt to death by their colleagues, and the Kyanguli mixed school in which 67 students lost their lives when their dormitories were set on fire. In the Nyeri case, a student was found guilty of murder while a ruling is yet to be given in the Kyanguli case, in which two students are facing murder charges (Siringi, 2003).

In many cases like the ones above, drug abuse and alcohol consumption have been blamed as being behind indiscipline in schools. Many reports indicate that drug abuse also contributes to poor performance in examinations (Ochieng’, 1986). It is important therefore that the society takes a keener interest in the issue of drug abuse in schools. This is because schools provide the best opportunity for moulding the youth into more effective future adults.

In fact various studies (Mueke, 1980; Ochieng’, 1986) have revealed that the drug abuse indicators continue to show an upward trend especially in substances like alcohol, bhang, miraa and the various synthetic psychoactive substances that are locally available.

A recent study conducted over the past three years by Teen-web, Nairobi, a web based project to survey and educate students on health reported that drug abuse was identified as a big problem among adolescents. Peer pressure pushed teenagers to experiment with drugs and sex (Udoto, 2004).
One major question is what promotes drug use and abuse among adolescents? According to Clinard and Meir, (1998), several features of normal life promote drug use. First of all, most people recognize a close connection between drugs and physical wellbeing. For instance, children learn that drugs can relieve various physical discomforts. Also, people associate alcohol, an important part of the drug world, with certain social events. Drugs often play important roles in some cultural celebrations like mourning rituals. In addition, people think of drug taking as a way of attaining desired moods or psychological wellbeing which is perhaps a universal desire. Adolescents therefore learn that when they fall into undesirable moods, they can alter their own feelings with drugs. Another reason given is that the adolescents may be becoming increasingly dependent upon alcohol and a broad array of chemical substances to allay the anxiety and insecurity originating from the pressures of contemporary life (Turner & Helms, 1983).

The society needs to consider another important reason for the escalating use of drugs - their availability. The easier tobacco, alcohol and other drugs/substance of abuse are to obtain the more likely it is that young people will use them (Hagembe, 2002). It is important to limit their availability to prevent dependence. Many societies have already recognized this problem of drug abuse and have organized preventive drug education programmes for both the youth and adults. The main objective of these programmes is to inculcate positive mental health values and principles in the members.
The youth especially are equipped to understand that drug use as a way of coping with or solving problems is an escapist tendency that should be discouraged (Dryfoos, 1990).

The feasibility of the above programmes need not be overemphasized. However, in our Kenyan situation, we do not see aggressive and deliberate moves to consider the programme as an integral part of the school curriculum. This leads to the following question; Does our society consider drug abuse a real threat to the future of our youth? The threat is actually revealed by statistics from a recent survey which showed that 92% of Kenyan adolescents and young adults (16-26 years) have experimented with drugs in the growing-up process (Johnston, 2000). The study further showed that 89% of experimentation involved, beer and spirits, cigarettes, local brews, local spirits and bhang in this order of prevalence.

Finally, as Tullis (1991) has correctly noted, the drug situation has continued to deteriorate in most parts of the world, and that the use of heroine and cocaine had escalated. The age group of first-time users has fallen from adolescents to preadolescents. In most countries, Kenya included, drug abuse has spread to all social strata and that the proportion of female users are rising (Lloyd, 1985).

The above scenario requires the whole society to arise and do something to curb the drug menace. Previous studies and reports have repeatedly shown that the drug issue is not just a passing cloud (Ochieng’, 1986, Kariuki, 1988).
In spite of all the prior warnings, the drug problem seems to be increasing. We need to ask ourselves how the role of the school could be redefined in terms of its goals and objectives. Should guidance and counselling services be more readily available in our schools now more than ever before? Is prevention not better than cure after all? We also need to avail more time to the students for guidance and counselling and for them to participate in drug education prevention programmes within their schools and in their environment.

1.2 Statement of the Problem

For along time now, a lot has been said about the existing and increasing drug abuse problem in our modern Kenyan society. Commendable efforts have been noted in the wider society through legislation and other legal measures in trying to curb the menace of drug abuse. However, very little has been done in our schools, especially secondary schools. We do not have specific drug preventive initiatives in our secondary schools.

Considering the fact that the youth consist of over 50 percent of our population, it is worrying that the issue of drug abuse is not seriously addressed. We need to bear in mind that students in our secondary schools are adolescents faced with many problems and conflicts. They have difficulties in adjusting to their fast changes in development physically, mentally and emotionally which if not well-addressed could predispose them to drug abuse.
It has been established through various studies that a drug problem exists in our secondary schools. In view of this general impression, it was found necessary to study the issue of drug abuse among students in rural secondary schools. This study was therefore aimed at investigating the factors that contribute to drug abuse as well prevalence and trends in the selected schools in Nembure Division of Embu District.

1.3 Purpose of the Study

In accordance with the issues raised in the statement of the problem as well as the reviewed literature, this study is specifically aimed at:

a) Determining whether there exist age and sex differences in drug use among students in the selected secondary schools.

b) Determining the socio-demographic factors related to drug abuse among the secondary school students.

c) Investigating the type of drug abused in relation to gender and age.

d) Suggesting where appropriate various measures that could be employed to control the drug abuse in the selected schools.

1.4 Research Questions

To achieve the above, the following research questions were posed:

1. Which are the most commonly abused drugs among secondary school students in the selected schools?

2. What is the nature and extent of drug abuse among secondary school students in the selected schools?
3. What is the relationship between the socio-demographic factors and drug abuse among secondary school students in the selected secondary schools?

4. Does sex and age determine the kind of drug used?

5. What role do peers and family members play in the abuse of drugs by the students?

1.5 Significance of the Study

The fact that there are a lot of problems in our schools today is a pointer to the significance of this study. Many cases of teenage pregnancy, school dropouts, criminal acts (violence and riots) and other maladjustment vices have been reported. Drug abuse cases and the problem of HIV/AIDS are not rare in our educational institutions. All these problems have been cited in the various educational reports for example (GoK, 2001; GoK, 1976) as well as in the media. Therefore, this study will help in sensitizing all stakeholders on the problem of drug abuse in our schools and suggest practical ways of curbing the menace. Another reason why this study is significant is that the results may be useful to the relevant government agencies and departments which need to be more assertive on issues of advertisement of such substances as alcohol and tobacco as well as the issues pertaining to licensing of premises that deal with drugs that are close to schools or that allow adolescents to frequent them. The youth need to be protected from unscrupulous business people.

First and fore most, the heir to this study will be students who need coping strategies and advice on the dangers posed by the drugs regarding to their future. As stated by Stewart (1965);
A major aspect of the counselor's job is to interpret to the student, to the best of his abilities, the realities of the world. These realities must be considered not only in terms of what they are now but also in terms of what they will be twenty years hence. p 120.

Consequently, the school guidance and counselling leaders could benefit and become more effective in helping the young people. Again, the society will be motivated to rethink the whole issue of drug abuse and its effects on the future generations. Finally, it is hoped that this study will contribute to the larger body of knowledge. This will complement other researches done and will also provoke more research in this crucial area.

1.6 Assumptions

The researcher made the following assumptions while undertaking this study:

- All the selected schools were within the same environment in terms of location. Hence, they had a similar drug use or abuse pattern. The external influence was assumed to be more or less the same.

- The investigation would be useful as done in a 'rural' environment. This is because a lot of assumption is that the drug problem is more acute in 'urban' schools. The results would therefore be used to make a useful comparison.

- Respondents due to the nature of the selection (random sampling) were representative of the larger population

- There were no intervening variables interfering with the process of data collection. It was assumed that the respondents did not get help in completing questionnaires.
1.7 Limitations of the Study

The main limitations of the study include the following:

The time frame available for this study was only three months. This means that the researcher could not cover, as many schools as possible. This in turn was prohibitive, hence generalizing the results needs to be done with caution. This researcher, being self-sponsored had to meet all the costs; traveling, buying materials, secretarial services among other things. The resources therefore were meager.

It is generally acknowledged that questionnaires as data collection tools suffer from various internal weaknesses in the process of data collection. Questionnaires do not guarantee frankness as they limit information.

1.8 Definition of Terms

**Type of school:** Refers to whether the school is day or boarding, boys only, girls only or mixed.

**Drug:** Any substance, natural or chemical, which may be inhaled, drunk, smoked or rubbed on and which results in change in the body functions.

**Drug abuse:** The taking of a substance described as a drug, for reasons other than the intended use or purpose, and in a manner that can be said to result in damage to a person’s health or ability to function adequately. Second, the illicit self-administration of drugs to the possible detriment of the individual’s health and social well being.
Preventive drug education: The deliberate use of educational procedures with the purpose of tackling the issue of drug abuse and its negative effects. These strategies are employed in trying to find a remedy for the underlying causes, which are the roots not only for the drug problem, but also of other symptoms of social maladjustments.

Drug habit: This is the use and abuse of drugs; it is the deliberate taking of drugs that results in changes in body functions.

Gender: Quality of being male or female.

Illegal drugs: These are substances that are prohibited because the government regards them as harmful to the mental and physical wellbeing of the individual hence controls or discourages the consumption. This is done through various legislations.

Legal drugs: Refers to any drug that is potentially dangerous but is not against the law to consume and distribute them. Such drugs include miraa (khat), alcohol and tobacco.

Peer pressure: This is the demand to conform to the values and standards of the peers (classmates, age-mates).

Prevalence: Drugs commonly used in the schools in the sample.
CHAPTER TWO
REVIEW OF RELATED LITERATURE

This chapter covers a review of the various literature considered to be relevant to the present study.

2.1 Explaining Addictive Behaviours

In an attempt to understand why people use and abuse drugs, it is first important to mention some of the theories that have been developed to explain addictions. These include; moral models, which regard addiction as the result of moral weakness, and lack of moral fibre; biomedical models, which see an addiction as a disease and socio-learning theories, which regard addictions as behaviours that are learned according to the rules of learning theory. The perspective that will be mentioned here in a greater detail is the social-learning perspective because of its relevance to the present study.

2.1.1 The Social-Learning Model

Many psychologists have accepted the social learning theory as the most useful explanation of addictive behaviour (Abrams and Niaura, 1987). According to the theory, people learn patterns of behaviour (including use of drugs) because they are reinforced in some manner for the behaviours (Bandura, 1977; Rotter, 1982; Skinner, 1953). People begin to drink alcohol according to social learning theory for at least three reasons. First, the taste of alcohol or its immediate effects may bring pleasure (positive reinforcement); second, a person may decide earlier that drinking alcohol (or
use of any other drug) is consistent with personal standards (Cognitive mediation); and third, the person may learn to use a drug through observing others (modelling).

The social learning theory also attempts to explain why some people drink too much (or use any drug in excess). Lang and Marlatt (1982), suggested that excessive drinking may serve as a coping mechanism. The drinker derives a sense of power from the response. Again, the drinker gets a feeling of avoiding responsibility or minimizing stress. People will therefore continue to drink as long as they perceive that alcohol has desireable effects (Brannon and Feist, 1992).

Modelling also provides an explanation for heavy use of drug or alcohol. Ample evidence indicates that subjects who observe a heavy drinking model will consume more alcohol than those who observe a light drinking model or no model at all (Caudil and Marlatt, 1975). However, some studies seem to indicate that not all people are compelled to imitate a heavy drinking model, a finding that offers some support for the assumption that personal standards play a role in shaping behaviour.

A third explanation offered by social learning model is based on principles of negative reinforcement. Most drinkers or drug abusers have learned that they can avoid or reduce the painful effects of withdrawal symptoms by maintaining blood alcohol at a particular level.

As this level begins to drop, the addict feels the discomfort of withdrawal. These symptoms can be avoided by taking in more drug; thus negative reinforcement increases the probability that heavy use of a particular drug will continue.
Finally, social learning theory suggest prevention and treatment techniques for the drug dependent persons. Because drinking (or use of any other drug) is learned, it can be unlearned. Therefore, people can learn to abstain or learn to moderate their intake. The goal for treatment hence is not strictly abstinence; it can accommodate either controlled drinking or abstinence as a treatment goal.

2.2 Gender, Age and Drug Use

Ochieng' (1986), presented the results of a survey on the effects of drug abuse. The results revealed that 75% of Kenyan students were in contact with drugs; and the rate of drug use was rapidly increasing in urban schools. The most common type of drugs used were; bang, alcohol and tobacco. More males were found to be using drugs than were females among the sample. Kariuki (1988), revealed that more male students abused drugs than females. The relatively high male prevalence in drug use was attributed to the characteristic, male susceptibility to curiosity, hence the 'drifting' effect. However, the majority of female drug users tended to be in the age range of 14-16 years. The conclusion was that female subjects in this age range used drugs as a result of the stresses and crises associated with the onset of adolescence. Kabui (1989), presented the results of a survey on drug use among secondary school students. The results showed that boys involved themselves in drugs more than girls. Out of 298 respondents, the percentage of the total number of boys using drugs was found to be 83.89 while only 16.11% were girls. The likely reason given was that girls are less likely to rebel and seek independence from parents and authority than boys.
Johnston (2000), discussed the results of a survey on drug abuse among adolescents in Kenya. The findings were that young Kenyan males are more likely to experiment with drug substances than are girls with two exceptions; Kenyan boys/males are three times more likely to experiment with inhalants than are Kenyan girls, but a greater percentage of young Kenyan females appear to experiment with commercial beer, spirits and narcotics than do young Kenyan males. The survey also noted that the age of experimentation with drugs was during adolescence. Indeed, the results showed that 92 percent of Kenyan adolescents and young adults had experimented with drugs in the growing-up process.

Ndiaye (1976), discussed results of a study on drug problems among adolescents in Senegal. The results of the data analysis showed that the age range of drug users in the educational system was 11 to 25 years. The drugs were identified as stimulants, sedatives, alcohol, tobacco and the Indian hemp. Other surveys of high-school students have shown that non-medical drug use begins in the early teens, peaks in early adulthood, and declines sharply thereafter (Kandel, 1980). Experimentation at the adolescent age typically begins with beer and wine, followed by cigarettes and then marijuana (Kandel, 1982). The younger the age at the initial use, the greater the risk of subsequent drug abuse. Relatively few people use illicit drugs during adulthood if they did not first use them by age 18 (Tang Wong and Schwarzer, 1996).

According to the results of unpublished national baseline survey on drug and substance abuse among the youth in Kenya (Siringi, 2003), the pattern on use of drugs was found to vary with females.
More females were likely to have been exposed to alcohol, tobacco and bhang than males. Males had a higher exposure to miraa and inhalants. Alcohol was the most frequently abused drug followed by miraa, tobacco and bhang.

Jha (1999), says that it is unlikely that individuals who avoid starting to smoke in adolescence or young adulthood will ever become smokers. He goes on to say that nowadays, the overwhelming majority of smokers start before age 25, often in childhood or adolescence. In high-income countries, he states that eight out of ten begin in their teens. In middle-income and low-income countries for which data are available, it appears that most smokers start by early twenties but the trend is toward younger ages.

2.3 General Factors on Drug Use (abuse)

The big question is: why do adolescents experiment and eventually abuse drugs? Among reasons given include; to relax, to show independence, to be part of the group, to relieve stress, to satisfy curiosity, to copy a role model, to overcome boredom, to cope with problems and to have fun (Johnston, 2000). Drug experimentation is a tentative, usually short, process to discover some hitherto unknown substance effect, for example tobacco or alcohol to find out its effect, either as a behaviour or a feeling/sensation (Johnston, 2000).

In the above study (Johnston, 2000), it was indicated that most Kenyan youngsters have experimented with more than one substance-most commonly alcohol and cigarettes. Rathus (1996), mentions the following reasons for drug abuse among
adolescents. Curiosity, peer pressure, parental use, rebelliousness and desire to escape boredom or pressure. Tucker, Vuchinich and Sobell (1981), give another rather subtle motivation for drug abuse—self-handicapping. By using alcohol or any other drugs when we are faced with a difficult task, we can blame failure on the alcohol, not ourselves. Similarly, alcohol and other drugs have been used as excuses for behaviours such as aggression and forgetfulness. This position is supported by Jones and Berglas (1978). They argue that in self-handicapping one puts himself at a disadvantage in order to have an excuse for failure. This may explain why many poor performing adolescents resort to drug taking.

Most smokers find cigarettes relaxing (Gilbert, 1979). Moderate use of alcohol serves as a tension reducer and a social lubricant (Kalat, 1990). People usually take their first drink or cigarette in a group setting, almost a social ritual. The motivation is conformity, as they desire to be like other people. Young people are more likely to try alcohol or cigarette if they see their friends or parents using them (Fawzy, Coombs and Gerber, 1983).

2.4 The Role of Parents and Peers in Drug Abuse

A breakdown of the family values and structures because parents have lost control of their children who have the freedom to experiment on alcohol and drugs have been blamed for the rampant drug abuse. This is according to results of an unpublished draft report of the National Baseline Survey on Drug and Substance Abuse among the Youth in Kenya (Siringi, 2003). The report continues to say that some youth engage in drugs because they imitate adults and because of peer pressure.
Capuzzi and Lecoq (1983), noted that parental alcohol use is related to adolescent alcohol use, that adolescent drug users feel rejected and distant from their parents, and that *laissez-faire* and autocratic families have a higher incidence of drug use than democratic families. It has been found that adolescents who drink heavily often come from dilapidated homes in which the father drinks, where marital stability and parental control are lacking, where there is tension between the father and child, and where the adolescent feels rejected (Prendargast and Schaefer, 1974).

In adolescence, parental indulgence continues to be related to poor self-control. Permissively reared teenagers are less involved in school learning and use drugs more frequently than do teenagers whose parents communicate clear standards of behaviour (Baumrind, 1991). Both parents and peers influence an adolescent drinking behaviour. However, it seems likely that parents are the more powerful role models here (Tudor, Peterson and Elisson, 1980). The peer group appears to serve the function of reinforcing the patterns of drinking learned at home (Barnes, 1977).

In summary, according to Evans and Murdoff (1978), the major factors in the initial use of drugs especially marijuana are, among others imitation of parents who are using many drugs such as tranquilizers, alcohol or tobacco; a desire for experimentation that includes alcohol and tobacco and pressure from close friends to use marijuana so as to be part of the group.
2.5 Type of School Attended and Drug Use

Johnston (2000), indicated that experimentation with common drugs is more frequently reported by Kenyan youth who have attended day schools (rather than boarding schools). The likely reason for this included the premise that boarding school pupils are more closely monitored and also the fact that day school pupils come more frequently from their homes through the ‘joints’ where drug abuse is more prevalent.

Another survey on drug use by Kariuki (1988) showed that day scholars used drugs more than boarding school students. The reason advanced was that day scholars were in closer contact with peddlers, pushers and other drug sources than boarders. It was also acknowledged that the disciplinary systems in day schools had relaxed significantly, relative to those in boarding schools, a feature which was manifested in the school administrators' tolerance to deviance that had previously been viewed with concern. This fact was also stressed by Ochieng' (1986). Another probable reason given was that most students in some day schools are often former discipline cases in other schools, hence, they were expected to be more vulnerable to drug addiction than subjects in most boarding schools (Ochieng' 1986).

The school has not been effective in preventing or stopping drug use. Capuzzi (1988) notes that most schools are too often either autocratic or laissez-faire in handling drug issues. Drug education furthermore, has primarily consisted of facts and scare tactics that not only are ineffective in themselves, but also contribute to the schools' lack of credibility in the adolescents' eyes. This point seems to suggest that the style of
administration adopted by any school will have an effect on whether the students abuse drugs or not. It has been loosely argued that it is more difficult to effectively manage the problem of drug abuse in day schools than in boarding schools.

Dhadphale and Mengech (1981), illustrated the results of a major survey of drug use among secondary school students in Nairobi and other parts of the country. Their results showed that 10% of the subjects took alcohol more than 3 times a week, 16% smoked cigarettes more than 3 times a week, 14% smoked bhang regularly, and 16% consumed diazepam on regular basis. The conclusion of the study was that while drug use was more prevalent in urban schools, the problem of drugs was increasing also in the peri-urban schools and rural schools.

2.6 Availability of Drugs

Goldstein, Baker and Jamison (1980), noted availability as a cause of increased drug abuse. While studying opiates addiction, they established that for addiction to occur, opiates must be available. Abundant evidence suggests that addiction rates are highest where availability is greatest, as in large metropolitan slums and among health-related professionals. It is also apparent that demand increases availability, which further complicates the search for causes.

Swinson and Eaves (1978), note the fact that the extent of the problem is determined apparently in large part by availability of the particular drug in question. Thus, the cause is linked to supply. They argue that for example, without alcohol there would be no alcoholism.
Adolescents who become substance abusers are more likely to live in a social context that makes drug use easier. Important contextual factors are the availability of drugs, the community’s norms regarding drug use, the degree to which drug laws are enforced and the ways in which drug use is presented through the mass media (Petraitis, Flay and Miller, 1995).

2.7 The Influence of Media and Models

Findings of the unpublished National Baseline Survey on Drug and Substance Abuse Among the Youth in Kenya (Siringi, 2003) shows that drug abuse is rampant among some youths because they copy role models such as musicians from the West who are successful, although they are known drug users. Moreover, many parents falsely believe that somehow their own smoking and drinking habits will not have any impact on their children’s attitudes and behaviours (Lloyd, 1985). At the same time that adolescents are told to stay away from drugs and grow up, they are bombarded with examples of drug use from their parents, other adults, peers, television programmes and advertising (Carrol and Synigal, 1975).

Advertising (often using sports heroes and cartoon characters) and packaging (such as wine coolers in ‘soft drink’ cans) make substance use more attractive to children (Hilts, 1991), a view which is also supported by research findings (Petraitis a. al., 1995). Finally, Gatchel, Baum and Krants (1989) support the above position by saying,
Thus the advertising industry seeks to exploit this influence (of positive reinforcement) by emphasizing images of beauty, athletic prowess and popularity as being associated with smoking  

2.8 Socio-economic Status and Drug Abuse

Contradictory evidence is available in relation to the effect of socio-economic status and drug abuse. Goodman (1983) for instance noted that adolescents from lower socio-economic status are more often alcohol and drug abusers than adolescents from the affluent groups. On the other hand, results of an unpublished report of the Baseline Survey on Drug and Substance Abuse Among the Youth in Kenya (Siringi, 2003) established that youths from rich families abuse drugs more than those from poor ones. It stated that those from poor families cannot continue with education for lack of school fees and are unable to finance the use of drugs.

Furhmann (1990), cautions that socio-economic status cannot be isolated from family and other characteristics, and the fact that most economically disadvantaged students do not become abusers effectively, rules out socio-economic status as a primary causal factor in drug abuse. Another concern has been raised by Mehr, (1983) who comments that although the incidence of abuse of drug is particularly high among the urban disadvantaged, it is wise to consider the fact that the abuse of drugs has become more common throughout all layers of society.
2.9 Rebellion/Desire for Autonomy and Drug Use

Another reason given for drug abuse among the adolescents has to do with rebellion. Research shows that some adolescents begin using drugs as a means of rebellion, protest and expression of dissatisfaction with traditional norms and values. This group includes activists and protestors whose lifestyles include involvement with drugs (Rice, 1996). The above point is supported by Maslow and Mittelmann (1951) who argues that alcohol induces defiance and self-assertion, and raises self-esteem. The drinker says 'I have the courage to defy problems, prohibitions and authority. I am somebody. I am worth something. I cannot be dominated' P. 471. According to Turner and Helms (1983), the fact that drugs like hallucinogens are considered illegal and are therefore disapproved by the establishment makes their use quite attractive to the youth. Adolescents also turn to these drugs and more potent than alcohol.

2.10 Religious Differences in Drug Use

The drug use or drinking pattern of persons with strong religious beliefs differ markedly from those of different religious groups. Generally, people with certain attitudes towards religion tend not to drink, at least as adolescents (Clinard and Meier, 1998). This group includes those who attend church, who perceive themselves as strongly religious, and who regard drinking as a sinful activity. Fundamentalist Protestant denominations include high proportions of abstainers, while fewer Catholics, liberal Protestants, and Jews abstain (Snyder, 1958).
The results of an unpublished National Baseline Survey on Drugs and Substance abuse among the youth in Kenya (Siringi, 2003) indicates some differences in the pattern of drug use among various religions. According to the draft report, Muslim the youth had the least proportion of alcohol use among the religious groups. The worst groups were those who had no religion. Alloy, Acocella and Bootzin (1996), comment that religious affiliation is one cultural correlate of alcohol use, with the percentage of abstainers versus abusers varying from one religious group to another. Across all religious groups, however, it seems that regular attendance at religious services correlates highly with alcohol abstinence. Mc Luckie, Zahn and Wilson (1975), also found that non-drug users are more likely to come from those youth who were more involved in religion.

2.11 Drug Abuse and Awareness

Adolescents, like adults do not smoke out of ignorance of the dangers. Johnston, O'Malley and Bachman (1987), found that about 75% of high school seniors disapprove of smoking a pack or more cigarettes per day. Of teenagers who smoked, 70% believed that smoking can cause cancer and heart diseases, 77% believed it is better not to start smoking than to have to quit, and 84% believed that smoking is habit forming. However, they continued to smoke anyway.

An overview of research literature recently concluded that smokers in high income countries are generally aware of their increased risks of disease, but they judge the size of these risks to be smaller and less well-established than do non-smokers. Moreover, everywhere individuals have a reasonably accurate perception of the health
risks faced by smokers' as a group, they minimize the personal relevance of this information, believing other smokers' risks to be greater than their own (Jha, 1999). Another possible factor as noted by Jha (1999) is the fact that even adolescents who have been told about the risks of smoking may have a limited capacity to use the information wisely. He emphasizes the point that it is difficult for most teenagers to imagine being 25, let alone 55 and warnings about the damage that smoking will inflict on their health at some distant date are unlikely to reduce their desire to smoke.

2.12 Consequences of Drug Use

A number of negative consequences of drug use have been noted. They include; impairment of attention and memory; cognitive, moral and psychosocial functioning limitations; lack of motivation; diffuse or negative identity and social alienation and estrangement (Baumrind, 1985). These impairments lead to other adolescent problem behaviours including early pregnancy, dropping out of school, delinquency, violence and emotional disturbances (Falco, 1988).

Smoking increases the risk of heart disease, lung cancer, chronic bronchitis and all other respiratory diseases and is implicated in a shortened life span (Furhamann, 1990). Using drug repeatedly with noticeable signs of psychological dependence frequently affects social, educational and occupational effectiveness. Social relations may be disturbed by failure to meet obligations to friends, family, employees or teachers (Goldstein, Baker and Jamison, 1980).
Other negative consequences of drug abuse have been noted by Mehr (1983). According to him, drug abusers may experience serious deterioration in personal relationships, problems in maintaining job functioning and related health problems. Some drugs like alcohol, can damage brain tissue and lead to significant mental deterioration while others can precipitate psychotic behaviour (hallucinations, delirium tremors, delusions and bizarre behaviour). These serious effects of drug abuse have resulted in addiction becoming considered a major social problem.

Smoking also affects the health of non-smokers. Babies born to smoking mothers have lower birth weight, face greater risks of respiratory disease and are more likely to die of sudden infant death syndrome than babies born to non-smokers. Adult non-smokers face small but increased risks of fatal and disabling disease from exposure to from smokers. Similarly, researchers have found that drug use in childhood or early adolescence has detrimental long-term effects on the development of responsible competent behaviour than drug use that occurs in late adolescence (Newcomb and Bentler, 1989).

2.13 Why Drug Prevention Programmes are Ineffective

Research suggests that the programmes based on inducing fear have not been particularly successful (Wong, 1976). This is true for several reasons. Too often, adults who are involved in drug education lack credibility with adolescents because they appear (and often are) ignorant of drug-related facts and are unable to look at the drug problem from an adolescent’s point of view.
Adolescents rate friends and former drug users as more authoritative sources about drugs than health professionals and law enforcement officials (Wong, 1976).

Also many drug education programmes are ineffective because they exaggerate the horrors of drug abuse and fail to address realistically the concerns of most adolescents who might contemplate using a drug in small quantities (Lloyd, 1985). Moreover, many parents falsely believe that somehow their own smoking and drinking habits will not have any impact on their children’s attitudes and behaviours. At the same time as adolescents are told to stay away from drugs, they are bombarded with examples of drug use from their parents, other adults, peers, television programmes and advertising (Carrol and Synigal, 1975). Clearly, then, a truly effective treatment of the teen drug problem requires that serious attention be given to the drug problem in the larger society.

2.14 Preventing Drug Abuse

Researchers have identified important protective features that decrease the likelihood of adolescents engaging in substance abuse. Among the most important are positive mental health, high academic achievements, close family relationships and involvement in religious activities (Newcomb and Felix-Ortiz, 1992). Similarly, scientific evidence indicates that positive relationships with parents and others are important in reducing adolescent’s drug use (Hughes, Power and Francis, 1992). In one study, social support (which consisted of good relationships with parents, siblings, adults and peers) during adolescence substantially reduced drug abuse (Newcomb and Bentler, 1988).
In another study, adolescents were most likely to take drugs when both their parents and peers took drugs (such as tranquillizers, amphetamines, alcohol or nicotine (Kandel, 1974).

Dryfoos (1990) suggested the following:

- Early intervention. This would work best when implemented before the onset of drug use.
- Counselling about drug abuse should be available throughout the school years.
- Training of effective personnel (teachers). Schools should also provide time and resources for in-service training and supervision.
- Social skills training especially focused on coping skills and resistance to peer pressure.
- Peer-led programmes are often more effective than teacher led or counselor-led, especially when older students are the leaders and role models for younger students.
- More programmes aimed at high-risk group are needed.
- The school-based programmes should be part of community-wide prevention efforts that involve parents, peers, role models, media, police, courts, business, youth-servicing agencies etc.

Finally, prevention programmes should ideally first reach the youths prior to adolescence and reinforce the message throughout adolescence. Research findings suggest that efforts oriented to delaying the age of onset of initiation may prevent the initiation of other, perhaps more dangerous drugs (Kandel, 1982), and greater frequency of use and involvement in other delinquent acts (Brunswick and Boyle, 1979).
CHAPTER THREE
METHODOLOGY

3.1 Introduction

The study was intended to investigate some of the salient factors associated with drug abuse among secondary school students in the selected schools in Nembure Division of Embu District, Kenya. This chapter is intended to show how the study design and methodology were used to collect data from the selected sample.

3.2 The Target Population

The samples selected in this study consisted of form two and form four students. 120 subjects were drawn from three categories of school namely; boarding boys', boarding girls' and mixed day schools. The students were taken as the main source of information in this study. This is because the study aimed at looking at the factors that are related to drug use and abuse among students in secondary schools in the sample.

The Head teachers and staff members were selected from the same schools as in the students' sample. Fifteen members of teaching staff were selected. Consideration was given to those who had constant contact with students such as those staff in charge of discipline, guidance and counselling, curriculum and sports. The staffs were taken as complementary sources of information in the study.

3.3 Sampling

Due to the constraints of finance and time, a fairly small sample was selected. (120 students). These were randomly selected from three schools in the study area. In each
school, 40 students were selected to complete the questionnaire. Five teaching staff members were also selected from the three schools.

Table 3.1 Sample selected in each school category and form of study. (Teachers summary is in table 4.19 i)

<table>
<thead>
<tr>
<th>Category</th>
<th>Selected sample N = 120</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>Type of school</td>
<td></td>
</tr>
<tr>
<td>Boys boarding</td>
<td>40</td>
</tr>
<tr>
<td>Girls boarding</td>
<td>40</td>
</tr>
<tr>
<td>Day mixed</td>
<td>40</td>
</tr>
<tr>
<td>Form of study</td>
<td></td>
</tr>
<tr>
<td>Form 2</td>
<td>59</td>
</tr>
<tr>
<td>Form 4</td>
<td>61</td>
</tr>
</tbody>
</table>

3.4 Procedure of Student Sample Selection

The selection involved picking the three schools at random, one boarding boys, one boarding girls and the other mixed day from a list obtained from the zonal office in the area of study. In the selected schools, the researcher used a random procedure in form of writing numbers in small pieces of paper to take into account the total number of students in each class per gender. In the boys or girls only school, the papers would be numbers 1-20 in each form, and then the remaining ones bore no numbers. In mixed school, the papers were numbered 1 – 10 (for each sex and form) and then the others were not numbered. The folded papers were then shaken vigorously in a tin and then spread out on a flat surface. Each student picked a paper and if it had a number on it, the student was to participate in filling the questionnaire. This procedure
ensured that each student in the selected class (cluster) got an equal opportunity to participate in the study.

3.5 Data Collection Instruments.

The researcher developed two sets of questionnaires as tools for data collection. The student’s questionnaires were open-ended or closed. They were personally administered to 120 students and the teacher’s questionnaires were administered to fifteen teachers. They were also open-ended or closed. The respondents were asked to answer questions objectively without fear. They were also asked to leave out questions, which they felt did not apply to them.

The questions in both questionnaires were meant to explore the various issues related to the problem under investigation. The objective of the study was summarized thus:

i) To investigate objectively, the issue of drug use and abuse in the selected schools in the area of study, so as to establish the most commonly abused drugs, their prevalence and the way various demographic variables were related to drug abuse.

ii) To determine the need for drug abuse prevention programme in the rural secondary schools.

3.6 Content of the Questionnaires

The students’ questionnaire contains various sections to cater for the various dimensions of the drug problem under investigation. Pertinent areas were as follows; in the background information section, the respondents were expected to provide
information on their ages, gender, religious affiliation and the year of study. On the respondent’s opinion on drug use, they were expected to name the drugs they had ever used or uses, the frequency of drug use and the name of drug most commonly used and whether any of their friends or parents used any drug(s) of abuse. The third section sought to investigate the students’ attitude towards preventive drug education.

The teachers questionnaire included firstly, background information section, which sought information about age, gender, teaching experience, drug management experiences and the type of school in which the respondents served. Similarly the questionnaire required the respondents to: state whether there existed drug problems in the school, comment on the general distribution of drug users in mixed schools, identify the commonly used drugs by students as well as listing some factors influencing students to abuse drugs. Finally the teachers’ attitudes towards a drug preventive education were sought. The main information sought here was whether the schools offered any form of drug education and statement of constraints encountered in pursuance of the same.

3.7 Development of the questionnaires.

During the construction of the questionnaire, the researcher used mainly the multiple-choice technique. This type of questionnaire had the following advantages.

i) It allowed easier and accurate analysis of the data.

ii) It made numerical comparison relatively easier.

iii) It enabled the respondents to be more objective in their responses.
Less than 10% of the items comprised open-ended technique. This was used to acquire information on types of drugs used and sources as well as constraints in implementing preventive education. This gave the respondents some freedom to indicate response. This in turn gave the researcher difficulties in coding and quantifying.

### 3.8 Pre-Testing Questionnaires

The student’s questionnaire was piloted with a sample of 16 students in a day mixed school within the study area. On the other hand, the teacher’s questionnaire was presented to five (5) respondents of the same piloting school. Random selection criterion was utilized.

The aim of piloting was to assess the validity and reliability of the questionnaires.

The following areas were considered.

1. The clarity of instructions and each question.
2. The length and time taken by each respondent to complete the questionnaire.
3. The adequacy of spaces provided for the written responses and;
4. The simplicity and suitability of the language used.

After the exercise, the various ambiguities were corrected and appropriate modifications were done.

### 3.9 Administration of the Questionnaires.

The questionnaires were personally administered to the respondents. All the instructions were read out and clarification made where applicable. The
questionnaires were issued out and collected within the same day. In choosing the direct method, the researcher was more effective because of the following.

1. Any problem that arose was dealt with promptly.
2. The researcher was able to assure all the respondents on the confidentiality of the information gathered. This made the respondents a bit free when disclosing certain information.
3. The face-to-face encounter enabled the researcher to impress upon the respondents on the importance of such kind of a study.

3.10 Data Analysis

Data from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS). Inferential statistics using the Chi-square technique was used to determine the significance of the relationship between the various variables - dependent and independent. Other non-parametric inferential statistics utilized in analyzing the data included percentages and frequencies. Cross tabulations were also utilized to determine how the independent variables related with the dependent variables.

It will be noted in this study that the data collected were mainly in form of frequencies hence allowing the use of Chi-square test. Furthermore, the Chi-square method was the appropriate because it could be utilized with two or more groups in order to test the association or differences. All the tests on the relationships were done at 0.05 level of significance.
CHAPTER FOUR
RESULTS OF THE STUDY

4.1 Introduction

The purpose of this chapter is to present the findings of the current study on factors related to drug abuse among secondary school students in the selected schools in Nembure Division of Embu District. As explained in the methodology section, of the methodology, data were collected using a set of questionnaires, and the *prima facie* source of research information was the student's questionnaire. The staff questionnaire was used as a reinforcing tool.

The following were important themes involved in the analysis.

1. The most commonly abused drugs among the students in the sample.
2. The nature and extent of drug use among the students.
3. The relationship between some social and demographic variables and drug use. The variables included
   a) Type of school
   b) Gender
   c) Year of study
   d) Availability of drugs
   e) Parental drug-habit
   f) Peer pressure (influence)
   g) Religious affiliation
The relationship between the various independent variables and the dependent variable were tested using the chi-square technique. Descriptive statistics such as percentages and frequencies were used where applicable. Cross tabulations were also used to determine how the independent variables related with the dependent variables.

4.1.1 Summary of the Contextual and Personal Data of the Students. 

(N=120)

In the table below (table 4.1), a summary of the contextual and personal data of the students is presented. It contains information on variables like sex, type of school, form of study, religious affiliations as well as the age of first drug intake as it was reported by the students in the sample (N=120).

In the same table, the various categories of each variable are indicated. Finally, the frequencies and percentages for each variable and category are shown. For example, the sample contained 60 male students and 60 female students translating into 50% males and 50% females.
Table 4.1: Summary of the Contextual and Personal Data of the Students

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Selected sample of 120 respondents</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>60</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>60</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Type of school</td>
<td>Boys boarding</td>
<td>40</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Girls boarding</td>
<td>40</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day mixed</td>
<td>40</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Form of study</td>
<td>Form 2</td>
<td>59</td>
<td>49.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form 4</td>
<td>61</td>
<td>50.8</td>
<td></td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>Catholic</td>
<td>47</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protestant</td>
<td>55</td>
<td>45.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pentecostal</td>
<td>14</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Age of first drug intake</td>
<td>Below 12 years</td>
<td>10</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12-15 years</td>
<td>45</td>
<td>37.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16-18 years</td>
<td>26</td>
<td>21.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Above 18 years</td>
<td>1</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>

The following table (table 4.2) contains information on frequency distribution for the drugs taken by the students. Each drug is indicated along with the number of students who reported having ever used it regardless of sex. Finally, a percentage figure is included for each rug. For instance, 60 students out of the 120 in the sample reported that they had ever used alcohol. This means that 50 percent of all the respondents in the sample had ever used alcohol.
Table 4.2: Frequency distribution. Types of drugs ever taken.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>60</td>
<td>50.0</td>
</tr>
<tr>
<td>Miraa</td>
<td>48</td>
<td>40.0</td>
</tr>
<tr>
<td>Tobacco</td>
<td>36</td>
<td>30.0</td>
</tr>
<tr>
<td>Bhang</td>
<td>14</td>
<td>11.7</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Heroine</td>
<td>1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Table 4.3 below contains the frequencies for the respondents indicating whether they had ever taken any drug or not. The summary was that almost 65 percent of all the respondents had ever tried one or more drugs.

Table 4.3: Ever taken drugs (Frequency Table)

<table>
<thead>
<tr>
<th>Ever taken drugs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77</td>
<td>64.2</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
<td>35.8</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100</td>
</tr>
</tbody>
</table>

Below is table 4.4. It contains information on those respondents who reported that they were currently involved in drug taking. Frequencies and percentages are consequently included. From the table, it is easy to see that 34.7 percent of those who responded are currently taking drugs. There were two subjects who did not respond to the particular item.
Table 4.4: Frequency distribution, currently taking drugs

<table>
<thead>
<tr>
<th>Currently using drugs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41</td>
<td>34.7</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
<td>65.3</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>98.33</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>1.67</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2 The Most Commonly Abused Drugs

One of the objectives of this study was to identify the most commonly used drugs and their prevalence among the students in the sample. Table 4.2 shows the frequencies of students who had ever taken drugs (specific). Majority 50% of the respondents had ever taken alcohol. About 49 respondents said they had not taken alcohol at any time while 11 respondents did not indicate whether they had ever taken alcohol or not. Fourty eight respondents had ever taken miraa (khat). This was 40% of the respondents. 11 students did not respond to this question. The respondents who had ever taken tobacco were slightly less than one third of respondents in the sample. Those who had ever taken bhang were 14 respondents (11.7%) while those who indicated that they had ever taken cocaine and heroin were 2 and 1 respondents respectively.

According to this analysis therefore, the most commonly used drugs among the students in the sample were found to be alcohol, miraa, tobacco (cigarettes), bhang, cocaine and heroin in that order. In sum, table 4.3 indicates that those who have ever used any drug were 64.2% as compared to 35.8 who have never tried any drug.
Consequently, it seems safe to suggest that majority of the students in the sample had already experimented with drugs of abuse.

4.3 Current Pattern and Prevalence of Drugs.

Information contained in table 4.4 shows a clear picture of the respondents who were currently using drugs among the students in the sample. About 35% of the student’s in the sample were currently using drugs. A number of students who had ever taken drugs have eventually discontinued the habit, it seems. These reasons may include the fact that not all who experimented with drugs became regular drug users, as well as the effect of strict discipline in the schools and not forgetting that the drug habit is expensive to sustain especially for secondary school students in the rural areas.

The study further sought to establish the frequency of the drugs-taking habit. Did the students use the drugs daily, weekly, monthly or once in a while? This information is presented in table (4.5) below.

<table>
<thead>
<tr>
<th>Table 4.5: Frequency of Drug Taking by Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Daily</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Once in a while</td>
</tr>
</tbody>
</table>

An important point derived from table 4.5 is that of all those who were currently taking drugs, 26.7 percent who were the majority took drugs once in a while. A rather unexpected discrepancy appears in table 4.4. Was that the totals presented are 48
frequencies and 40 percent for all students who take drugs either daily, weekly, monthly or once in a while. But looking at table 4.4 the actual figures should be 41 (who were currently taking drugs), which is equal to about 35 percent. The difference may be as a result of some students who indicated that they had ceased using drugs and then later went on to indicate the frequency with which they used the drugs. This may suggest some confusion in responses by some students or simply a matter of not being quite genuine. However, it reflects the reality of the situation of drug use in the selected schools.

4.4 Types of Drug Used by Gender

Data on the type of drugs used in relation to gender are contained in Table 4.6. The intention was to find out whether there are some drugs used by male students and not by female students and vice versa. Table 4.6 below presents the results.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>33 (55.9)</td>
<td>27 (54.0)</td>
<td>60 (55.0)</td>
</tr>
<tr>
<td>Miraa</td>
<td>40 (67.8)</td>
<td>8 (16.0)</td>
<td>48 (44.0)</td>
</tr>
<tr>
<td>Tobacco</td>
<td>30 (50.8)</td>
<td>6 (12.0)</td>
<td>36 (33.0)</td>
</tr>
<tr>
<td>Bhang</td>
<td>13 (22.0)</td>
<td>1 (2.0)</td>
<td>14 (12.8)</td>
</tr>
</tbody>
</table>

NB Figures shown in parentheses are the percentages
A casual observation of the above data (Table 4.6) will reveal that among the students in the sample, the male students are more takers of each drug than the females. However, the use of alcohol is almost equally prevalent among both sexes. Otherwise, all the drugs listed, have been tried and used by both male and female respondents. The only difference is that more male students are drug users than female students. This may be due to the fact that alcohol is more acceptable to female students in the sample than other drugs. Again, it is easier to get some forms of alcohol for example mini-packs (sachets) and some do not have strong smell, making it hard to detect. This is in contrast to tobacco and other drugs.

It may be important to note that for strong drugs like bhang, only negligible number of female students use them. This may be because hard drugs are illegal and hence difficult to obtain and especially by the female students.

4.5 Age of First Drug Use

Table (4.7) contains information on the distribution of respondents and their age of first drug intake.

Table 4.7: Age of first drug intake

<table>
<thead>
<tr>
<th>Age of first drug intake</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 12 yrs</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>12 – 15 yrs</td>
<td>45</td>
<td>37.5</td>
</tr>
<tr>
<td>16 – 18 yrs</td>
<td>26</td>
<td>21.7</td>
</tr>
<tr>
<td>Above 18 yrs</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>68.3</td>
</tr>
<tr>
<td>No response</td>
<td>38</td>
<td>31.7</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
</tr>
</tbody>
</table>
It is important to note that the majority of students in the sample who had ever taken drugs, about 59.2 percent had their first intake of drugs between the ages of 12 – 18 years. This age bracket is crucial because it is the age of adolescence. Almost 10 percent of the one of those who had ever taken drugs began at below age 12. This is a serious indication that drugs are being used at a very tender age by students even in primary schools.

### 4.6 Factors Influencing Drug Abuse as Identified by Students

Concerning the question, who or what influenced the respondents to take the drugs, the following is instructive.

**Table 4.8: What or who prompted drug intake.**

<table>
<thead>
<tr>
<th>Who/what prompted</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Close friends</td>
<td>46</td>
<td>38.3</td>
</tr>
<tr>
<td>Social occasions</td>
<td>48</td>
<td>40.0</td>
</tr>
<tr>
<td>Self</td>
<td>38</td>
<td>31.7</td>
</tr>
<tr>
<td>Problems</td>
<td>5</td>
<td>4.2</td>
</tr>
<tr>
<td>Other relatives</td>
<td>19</td>
<td>15.8</td>
</tr>
</tbody>
</table>

NB The totals add up to more than 100 percent. This is because there were multiple responses. One could have been prompted by more than one factor.

From table 4.8 it is noteworthy that according to the self-report by the respondents, close friends (peers) and social occasions (most likely with peers) play a greater role in influencing the students to try or use drugs. Only about 0.8 of the respondents said that the parent influenced them. Again, only 4.2 percent of the respondents took drugs because of problems. The influence of parents in these results may appear
inconsequential. But, we need to accept the idea that we can pick attitudes simply by imitating others and don’t need to be taught them directly (Hayes, 1993). Therefore, we need to be cautious when dismissing the role of parent drug habit as an influencing factor in drug use among adolescents in the sample.

4.6 The Nature and Extent of Drug Abuse

To establish the nature and extent of drug abuse in the selected schools cross tabulation were done to determine how independent variables were related to the dependent variable. To begin this section, we will look at the relationship between drug use and year of study. Other variables like gender, types of school, religious affiliation, and parent drug habit will follow consequently.

4.6 a) Relationship Between Drug Abuse and Year of Study.

Among those who are currently taking drugs, about 19 respondents (32.8%) were in form 2 while 22 respondents (36.7%) were in form 4. This indicates that there were relatively more drug users in form four than in form 2. However, when chi-square technique was used, it was found that at $p \leq 0.05$, $x^2 = 0.199; df=1$ was not significant. This implied that the year of study was not significant in the use of drugs by students in the sample.

4.6 (b) Relationship Between those Currently Taking Drugs and Sex.

With regard to the relationship between those currently taking drugs and sex, the males were 22.9% of the total while female students accounted for 11.9%. It was evident that almost as twice many male students than female students were currently
taking drugs. A chi-square test revealed that at $p \leq 0.05$, a $\chi^2 = 6.317$; df=1, was significant. This means that there is a significant relationship between drug abuse and gender.

4.6 (c) Relationship Between those Currently Taking Drugs and Type of School

They are presented in findings on the relationship between those currently taking drugs and type of school is table 4.9 below. It contains information on the number of respondents who were currently taking drugs in each school category as well as the respective percentage. Also, the number of those who said that they were not currently taking drugs is also indicated. The percentage is indicated in parentheses.

<table>
<thead>
<tr>
<th>Type of school</th>
<th>Boys boarding</th>
<th>Girls boarding</th>
<th>Day mixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>18 (15.3)</td>
<td>12 (10.2)</td>
<td>11 (9.3)</td>
<td>41 (34.7)</td>
</tr>
<tr>
<td>NO</td>
<td>21 (17.8)</td>
<td>27 (22.9)</td>
<td>29 (24.6)</td>
<td>77 (65.3)</td>
</tr>
</tbody>
</table>

Table 4.9 shows that 15.3% of those currently taking drugs belonged to boys boarding category, 10.2% and 9.3% belonged to girls boarding and day mixed secondary schools respectively. This seems to show that there are relatively more drug users in the boys boarding than in the other school categories. This may be due to more peer pressure among boys as well as tensions within school programmes. However, a chi-square test revealed that $p \leq 0.05$, a $\chi^2 = 3.437$; df=2, was not significant. This means
that in the present sample, the type of school does not have a significant relationship with drug abuse.

4.6 (d) Relationship Between Drug Abuse and Religious Affiliation

Regarding to religious affiliation and those currently taking drugs, it was found that of those currently taking (using) drugs, 14.5% of the sample belonged to the Catholic while 15.4% belonged to Protestant churches. The Pentecostal and other religious groups accounted for 3.4 and 1.7% of those currently using drugs. It may appear that those who belonged to catholic and Protestant groups use drugs more than their counterparts. This may be attributed to their relatively high numbers in the sample. However, a chi-square test showed that at 0.05, a \( \chi^2 = 1.489; df=3 \), was not significant. This means that there was no significant relationship between religious affiliation and drug abuse.

4.6 (e) The Relationship Between Drug Abuse and Parental Drug Behaviour.

Table 4.10: Currently Taking Drug and Parental Drug Behaviour

<table>
<thead>
<tr>
<th>Currently taking drugs</th>
<th>Uses</th>
<th>Does not use</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>26</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>(31.3)</td>
<td>(37.1)</td>
<td>(34.7)</td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>44</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>(68.8)</td>
<td>(62.9)</td>
<td>(65.3)</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>70</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>(100.0)</td>
<td>(100.0)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Table 4.10 shows that among all those currently taking drugs, 31.3% have their parents using drugs while 37.1% of all who take drugs have parents who do not use
the drugs. Seemingly, those whose parents do not use drugs are relatively less than those whose parents abuse drugs. When a chi-square technique was used, it did reveal that at \( p \leq 0.05 \), a \( \chi^2 = 0.436; df=1 \) was not significant. This indicates that parental drug behaviour has no significant relationship with drug behaviour of the students in the sample.

**4.6 (f) Relationship Between Age of First Drug Intake and Sex.**

Table 4.11 shows the results of cross tabulation to see the relationship between age of first drug intake and gender.

<table>
<thead>
<tr>
<th>Age of first drug intake (in years)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 12</td>
<td>6 (13.0)</td>
<td>4 (11.0)</td>
<td>10 (12.0)</td>
</tr>
<tr>
<td>12 – 15</td>
<td>25 (53.3)</td>
<td>20 (55.6)</td>
<td>45 (54.9)</td>
</tr>
<tr>
<td>16 – 18</td>
<td>15 (32.6)</td>
<td>11 (30.6)</td>
<td>26 (31.7)</td>
</tr>
<tr>
<td>Above 18</td>
<td>1 (2.8)</td>
<td>1 (2.8)</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>47 (100.0)</td>
<td>36 (100.0)</td>
<td>82 (100.0)</td>
</tr>
</tbody>
</table>

Information contained in Table 4.11 shows that there are more male students than female who begin using drugs while below 12 years of age. It also indicates that more female students than male begin using drugs at later years, even beyond age 18.
Among the respondents, not a single male student indicated that he began taking drugs when he was over 18 years while one female indicated having started at age 18 years. When the chi-square test was used however, it showed that at $p \leq 0.05$, $x^2 = 1.372$; $df=3$ was not significant. Therefore, there was no significant relationship between age at first intake of drugs and gender.

4.6 g) The Relationship Between Age of First Drug Use and Parent Drug Behaviour

below is table 4.12 it contains information on the relationship between the age of the first drug use and the parent drug behaviour. Percentages are shown in parentheses.

Table 4.12: Age of First Drug Use and Parental Drug Behaviour.

<table>
<thead>
<tr>
<th>Age of first drug intake</th>
<th>Parental drug behavior</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uses</td>
<td>Does not</td>
</tr>
<tr>
<td>Below 12 years</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(11.4)</td>
<td>(12.8)</td>
</tr>
<tr>
<td>12 – 15 yrs</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>(57.1)</td>
<td>(53.5)</td>
</tr>
<tr>
<td>16 – 18 yrs</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(31.4)</td>
<td>(31.9)</td>
</tr>
<tr>
<td>Above 18 yrs</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2.1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>35</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>(100.0)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

The data in Table 4.12 show that the majority of those students currently taking drugs and whose parents also use drugs began to take drugs at ages 12 – 15 years.
Similarly, the same age group (12 – 15) years consist of the majority of students who are currently taking drugs but their parents never use drugs. This seems to suggest that the parent drug behaviour is not a significant influence on whether the student begins to take drugs earlier or later. Indeed, a chi-square evaluation revealed that at $P \leq 0.05$ a $X^2 = 0.833$; df.3 was not significant.

4.7 Examining the Relationship Between Social and Demographic Variables and Drug Abuse

To establish the relationship between drug abuse and social and demographic factors, cross tabulations were done. The chi-square test was also used to determine the relationships. The demographic variables here included; gender, religious affiliation, availability of drugs and peer pressure.

4.7 a) The Relationship Between Drug Use and Gender.

Table 4.13 contains data that shows the relationship between respondents who had ever taken drugs and sex. Percentages are shown in parentheses.

Table 4.13; Ever-Used Drugs By Sex.

<table>
<thead>
<tr>
<th>Ever Taken Drugs</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>45 (75.0)</td>
<td>32 (53.3)</td>
<td>77 (64.2)</td>
</tr>
<tr>
<td>NO</td>
<td>15 (25.0)</td>
<td>28 (23.3)</td>
<td>43 (35.8)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60 (100.0)</td>
<td>60 (100.0)</td>
<td>120 (100.0)</td>
</tr>
</tbody>
</table>
From Table 4.13, we can infer that three quarters of all the male respondents in the sample had ever taken drugs while slightly more than half of all the females in the sample had ever taken drugs. There were relatively more males than females who had ever taken drugs. This may be due to the fact that the society tolerates more male students than female students taking drugs.

A chi-square test was used to investigate whether these differences were statistically significant. At $\alpha = 0.05$ a $X^2 = 6.125$: df.1 was significant. This means that there is a significant relationship between drug use and sex.

4.7 b) Religious Affiliation and Drug Use.

Data in table 4.14 sought the relationship between those respondents who had ever taken drugs and their religious affiliation. The percentages are shown in parentheses.

<table>
<thead>
<tr>
<th>Ever taken drug</th>
<th>Catholic</th>
<th>Protestants</th>
<th>Pentecostal</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>34 (72.3)</td>
<td>36 (65.5)</td>
<td>4 (28.6)</td>
<td>2 (66.7)</td>
<td>76 (63.9)</td>
</tr>
<tr>
<td>NO</td>
<td>13 (27.7)</td>
<td>19 (34.5)</td>
<td>10 (71.4)</td>
<td>1 (33.3)</td>
<td>43 (36.1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>47 (100.0)</td>
<td>55 (100.0)</td>
<td>14 (100.0)</td>
<td>3 (100.0)</td>
<td>119 (100.0)</td>
</tr>
</tbody>
</table>
Information contained in table 4.14 shows that of all the catholic respondents in the sample 72.3% of them had ever taken drugs. Respondents from other religious affiliations were Protestants 65.5%, 28.8% and 66.7% from Pentecostal and others respectively. This may seem that respondents of Catholic affiliation were more of those who had ever taken drugs than those of other affiliations. This may be attributed to their relatively high numbers in the sample. A chi-square test was used to investigate whether the foreseen religious difference was statistically significant. The results revealed that at $\beta 0.05 a X^2 = 9.090; df.3$ was significant. This means that there was a relationship between religious affiliation and drug abuse.

4.7 c) The Relationship Between Drug Use and Type of School

Table 4.15 below contains the data on the assessment of the relationship between drug use and type of school of the respondent. Percentages are shown in parentheses.

Table 4.15: Ever Taken Drugs by Type of School.

<table>
<thead>
<tr>
<th>Ever taken drugs</th>
<th>B. Boarding</th>
<th>G. Boarding</th>
<th>Day Mixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32 (80.0)</td>
<td>25 (62.5)</td>
<td>20 (50.0)</td>
<td>77 (64.2)</td>
</tr>
<tr>
<td>No</td>
<td>8 (20.0)</td>
<td>15 (37.5)</td>
<td>20 (50.0)</td>
<td>43 (35.8)</td>
</tr>
<tr>
<td>Total</td>
<td>40 (33.3)</td>
<td>40 (33.3)</td>
<td>40 (33.3)</td>
<td>120 (100)</td>
</tr>
</tbody>
</table>
From table 4.15, it is evident that among the respondents in the sample who had ever taken drugs, the majority was from the boys' boarding school in that more than two thirds in the boys' boarding school had experimented with drug. It further indicates that the number of subjects using drugs was relatively greater in boys' boarding school than in other school categories. To establish whether these drug use levels were statistically significant, a chi-square test was used. The results indicated that at $P \leq 0.05$ a $X^2 = 7.901$; df.2 was significant. This implied that there was a significant difference between the drug use and the various school categories that the respondents belonged.

4.7 d) The Relationship Between Drug Use and Peer Influence.

Table 4.16 below contains data on checking whether there exists a relationship between drug use and peer influence. It presents the number of respondents who had ever taken drugs and whether they had a friend-taking drug or not. The percentages are shown in parentheses.

Table 4.16: Ever Taken Drugs and Any Friend Taking Drugs.

<table>
<thead>
<tr>
<th>Ever taken drugs</th>
<th>Any friend taking drugs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>67</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(65.0)</td>
<td>(58.8)</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>(35.0)</td>
<td>(41.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>103</td>
<td>17</td>
</tr>
</tbody>
</table>

Information in table 4.16 shows that 65% of all those who had ever taken drugs had friends who took drugs, 35% of those who had never taken drugs had friends who
took drugs. Fifty-eight percent of all those who had ever taken drugs have friends who
did not take drugs. Relatively higher percentage of those who had ever taken drugs
had friends taking drugs. On the other hand, it was found that also a good percentage
of those who had never taken drugs had friends who took drugs (35%). When chi-
square test was used the result was that $X^2 = 0.246$; df.1 was not
significant. That is, there was no significant relationship between drug abuse and
friends, who used drugs. This may be an indication that although majority were
influenced by their friends there were other factors that enabled some to resist that
influence. These includes self control and personal conviction as well as good
parental guidance.

4.7 e) The relationship Between Drug Use and Availability of Drugs.

In table 4.17 below contains the results of the relationship between drug use and
availability of drugs are presented. The number of students who had ever taken drugs
and who said that the drugs were available or not is shown. The percentages are
indicated in parentheses.

<table>
<thead>
<tr>
<th>Table 4. 17: Ever Taken Drugs and Ease of Availability of Drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever taken drugs</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>(65.2)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>(34.8)</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
From table 4.17, it is shown that there were relatively more students who had ever taken drugs and who responded that the drugs were easily available. At the same time, 34 percent of all those who had never taken drugs said that drugs were not easily available. This may be attributed to the fact that some students had other reasons for not using drugs for example self-discipline and awareness of the dangers in drugs use. A chi-square test was used and it revealed that at \( P \leq 0.013 \) a \( \chi^2 = 0.246; \) df 1 was not significant. This meant that availability of drugs was not a significant factor in drug abuse among the respondents in the sample.

4.7 f) Relationships Between Frequency of Drug Taking and Type of School.

Presented below in table 4.18 are the results of analyzing the frequency of drug taking and the type of school the respondent attended. Percentages are shown in parentheses.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Boys Boarding</th>
<th>Girls Boarding</th>
<th>Day Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>2 (8.3)</td>
<td>-</td>
<td>5 (50.0)</td>
</tr>
<tr>
<td>Weekly</td>
<td>4 (16.7)</td>
<td>-</td>
<td>1 (10.0)</td>
</tr>
<tr>
<td>Monthly</td>
<td>4 (16.7)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Once in a while</td>
<td>14 (58.3)</td>
<td>14 (100.0)</td>
<td>4 (40.0)</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>14</td>
<td>10</td>
</tr>
</tbody>
</table>
Information derived from table 4.18 indicates the frequencies of those who were currently using drugs on daily, weekly, monthly and once in a while, reveals that the mixed day school had more respondents who took drugs on daily basis than respondents from other school categories. This may be because day scholars had easy and frequent access to drugs than their counterparts in boarding schools. Majority of the drug users in boarding schools take drugs once in a while most likely during occasions such as outings or visiting days.

To establish whether the differences in drug use patterns were statistically significant, a chi-square P < 0.05 a $X^2 = 21.296$; df.6 was significant. There was a significant relationship between drug abuse and the type of school.

4.8 Prevention and Control

For the purpose of investigating the need for preventive and control measures against drug abuse, the researcher used the teachers’ questionnaires on those teachers who had close contact with students. These included teachers in charge of discipline, guidance and counselling. Curriculum co-ordination and sports. Again, Consideration was given to those who had taught in the same secondary schools for more than 3 years. A summary was presented in table 4.19. (Table 4.19 I - ix)

The following were some of the findings (N-15)

- About 80 percent of the respondents (teaching staff) had dealt with drug related cases in the respective school (table 4.19, ii).
• Drug use and abuse might be on the increase even in the rural schools. This is because 73.3 percent of the respondents did say that it was 'correct and worrying' that 'drug taking is on the increase in rural schools (table 4.19, iv)

• Asked whether the staff felt that drug taking habit had a negative effect on academic performances of students, the majority (80 percent) felt that they strongly agreed (table 4.19, iii)

• On whether the teachers felt that students were aware of the consequences of drug taking, 66.7 percent reported in the affirmative while 26.7 were not sure whether the students really knew the consequences (table 4.19,v). This point may suggest the need for a more direct method of teaching the students on the negative consequences drug abuse.

• On the actions that are normally taken by the schools in the sample against drug abusers, the majority of respondents (12 out of 15), reported that schools normally use punishment and counselling (table 4.19, vi)

• Consequently, most of the respondents reported what they felt that drug education was urgently needed in all schools generally and in their schools in particular. This idea, couples with the response by about 86.7 percent of respondents that their school offered some drugs education (table 4.19, vii) may indicate the need for a more direct and deliberate programme of drug education instead of teaching drug education content across the curriculum subjects.

• Finally, all the teaching staff respondents, felt that it would be better to fight the drug abuse problem through prevention rather than cure (table 4.19, ix).
The teachers’ responses were summarized in order to determine issues related to drug prevention control in the sampled schools. Fifteen teachers participated in the study.

Table 4.19 Summary of the Personal Data and Responses for Teachers

4.19 i) Summary of Teachers’ Responses (N=15)

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 ii) Experience in dealing with drug cases in your school

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 iii) Drug abuse has negative influence on academic performance of students

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.19 iv) Drug taking in rural schools is on the increase

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct and worrying</td>
<td>11</td>
<td>73.3</td>
</tr>
<tr>
<td>Correct but not worrying</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>13.3</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 v) Are students aware of all consequences of drug abuse

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>66.7</td>
</tr>
<tr>
<td>Probably</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 vi) Action taken against drug users

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expulsion</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Punishment and counselling</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>Missing</td>
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<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.19 vii) Does your school any form of drug education

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 viii) General view of drug education in secondary schools

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgently needed</td>
<td>14</td>
<td>93.3</td>
</tr>
<tr>
<td>Feasible but not urgently needed</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.19 ix) Do you believe in prevention rather than cure

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>100.0</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
CONCLUSION

5.0 INTRODUCTION

In this chapter, the discussion, conclusion and recommendations from the study are presented in general themes as used in the previous chapter. First, we begin with the discussion and specific conclusions from the data analysis.

5.1 Discussion and Conclusions

5.1.1 The Most Commonly Abused Drugs, Prevalence and Trends

In table 4.2, the frequencies for students who had ever taken drugs and the order of prevalence were presented. The most commonly used drug emerged as alcohol. Fifty percent of the selected sample of 120 students admitted having ever used alcohol.

These findings established that drinking was widespread among the students because alcohol was readily available in many places. Alcohol in the area of study is sold in the surrounding community, in homes and market places. What's more, the many kiosks erected near the schools were places where alcohol especially in sachets was available. Also, some students came from homes and neighborhoods where the traditional brew was cheap and easily available. In addition, drinking is a widespread adult custom; so drinking by adolescents reflects their perception of the attitudes and behaviour of adults in our society (Halebsky, 1987).

The use of miraa (khat) ranked second. At least 40 percent of all respondents admitted ever having used miraa. This product has become readily available in the area of...
study in recent years. Miraa is grown within the community for economic reasons. Therefore, it is not difficult for the students to access and use it.

The use of tobacco (cigarettes) ranked third with 30 percent of the respondents indicating that they had ever taken tobacco. Cigarettes could be bought from the shops and kiosks near the schools. The students could also get the cigarettes through the fence via the non-teaching staff members or even outsiders. Therefore, it would be safe to state that availability of cigarettes and uncontrolled sources encourage the students to smoke.

The above three drugs; alcohol, tobacco and miraa are legal drugs, that is, use of the drugs or distribution of the same is not prohibited by law. It is important to note here that these drugs are seen by some researchers as 'gateway' substances. Ksir and Ray (1999), explain that most high school students start drug involvement with beer or wine (alcohol). The second stage, according to them, involves either hard liquor or cigarettes or both. The third stage involves marijuana use as the adolescent’s progress into the other hard illegal drugs. Similarly, according to the results of an unpublished survey on drug abuse among the youth in Kenya (Siringi, 2003), alcohol was the most frequently abused drug followed by miraa, tobacco and then bhang.

Bhang was one of the most widely used illegal drugs with 11.7 percent of the sample indicating that they had ever used the drug. Here it is significant to note that bhang was used almost entirely by male students as only one female out of the 14 respondents who had ever taken bhang (table 4.6).
Bhang was also available within the community where the study was done. There were a few homes where bhang could be obtained. Another reason could be that adolescents experimented with bhang out of curiosity, for fun and sensual pleasure and to try to gain increased awareness, insight and creativity (Rice, 1996).

A small number reported to have used cocaine and heroin. From the sample, those who had ever used the drugs were 1.7% and 0.8% respectively. These drugs were very rare and especially so because the area of study was a rural area. This would evidently indicate that the hard drugs have not yet penetrated into the rural areas probably because of lack of market and also because of their illegal nature.

Generally, information in table 4.3 shows that those students in the sample who had ever taken any drug was 64.2 percent. This number includes most of those who just experimented with drugs and then stopped. Data in table 4.4 show that in the sample those who are currently taking drugs were 34.7 %. Therefore, it can be deduced that majority of all the students in our secondary schools have tried one or more drugs of abuse.

On the current pattern and prevalence of the drugs, the results revealed that about 35 percent of all the respondents who had ever taken drugs are currently using the drugs (see table 4.4). Evidence in table 4.5 shows that majority of the respondents 26.7 percent use the drugs once in a while maybe because of the high discipline maintained in the schools in the sample. The students may be tempted to use drugs during weekends and during outings (for boarding scholars). It was also noted that many of those who use drugs on daily basis belonged to the day school category (see table...
4.18). This could be because the students in day schools have more contact with the 'outsiders' than the boarding schools and it may be easier for them to use drugs before they come to school and after school hours.

Another important aspect to consider is the type of drugs used by each gender. A casual observation of information in table 4.6 shows that except for the fact that more boys than girls take each particular drug, female students have experimented with all the drugs in the study. The other thing we noted is that the female students are seldom experimenting with hard drugs like bhang and cocaine. This may be due to the stigma associated with hard drugs. Again, female students are less likely to rebel and use hard drugs than their male counterparts. Lastly, many females in the rural areas may not be having role models (females taking those drugs).

The age of first intake of drugs was taken into account and data in table 4.7 show that most adolescents in the sample took drugs for the first time at ages 12 – 15 (37.5%), and others at 16 – 18 (21.7%). This is because at the adolescent’s age, especially early adolescence, there was a desire to experiment with drugs out of curiosity, for fun and peer pressure is greatest. It is worth noting that only 0.8 percent of those who had ever taken drugs did so for the first time after 18 years of age. Another reason causing students to begin drugs at those ages (12 - 15) is that those are the years in which they are in the secondary schools where they encounter new environment and other factors that predispose them to drug abuse. We also need to note that almost 10 percent in the sample first took drugs before 12 years of age. Therefore, we should not ignore the students even those in primary school because as it has been shown that, the younger
the age at the initial use, the greater the subsequent drug abuse. Relatively few people use illicit drugs during adulthood if they did not first use them by age 18 (Tang et al., 1996).

5.1.2 Factors Influencing Drug Abuse as Identified by Students

The results of the study revealed that majority of the respondents who had ever taken drugs had been influenced by their close friends (38.3 percent) and also through social occasions (40.0 percent). It is instructive that these social occasions are more likely to involve peers and therefore influence more students to experiment with drugs. Another important influence was self (see table 4.6), which accounted for 31.3 percent of all respondents who had ever taken drugs. A few cases were prompted to take drugs because of personal problems. This is crucial because at their age, many adolescents may not have developed enough social skills for living. This would precipitate a lot of stress and tension, which would in turn predispose students to drug abuse. Parents and other relatives accounted for 0.8 and 15.8 percent respectively. This is to say that other relatives can influence the adolescents into drugs than their real parents.

It may be safe to conclude therefore that adolescents are more influenced by parents when it comes to long-term goals and plans, but their peers have more influence over their immediate lifestyle and day-to-day activities. These short-term activities include drug use and abuse. (Ksir and Ray, 1999).
5.1.3 The Relationship Between Gender and Drug Use and Abuse

A significant difference was found between male and female counterparts in the drug habit. This was expected. There was high male prevalence of drug use. The explanation could lie in the general tendency of society to be more tolerant with male drug users than females. Also males have a general tendency to drift to drug use (Kariuki, 1988), through peer pressure and friends. The relatively low prevalence of drug use among females may be attributed to the tendency by the females to use drugs for specific reasons, say, stress, curiosity among others. Also in most communities, females are culturally restricted from abusing drugs and are frequently reprimanded (Nyandia, 1997). A societal expectation for each gender therefore plays an important role in the issue of drug abuse.

The increasing number of female drug users could be attributed to the modern trend towards 'equality' between the two sexes. These 'new' values are slowly getting into the rural areas (Nyandia, 1997).

In general, it seems that no sex is spared by the problem of drug abuse. The environment in which the students find themselves increases chances of stress, exposure and peer pressure that make them more easily influenced to indulge in drug taking.

5.1.4 The Relationship Between Drug Abuse and Form of Study

The findings indicated that there were slightly more form four students who were currently using drugs (36.7%) as compared to 32.8% of all the form 2 respondents.
The form fours had stayed longer in the school and so must have experimented and then progressed to the level of abuse. Furthermore, the form fours had more stress due to the study and workload as they approached their end of secondary education exams. This could have contributed to their drug habit. However, the difference was not statistically significant, meaning that all subjects were more or less equally vulnerable to drug use (Nyandia, 1997).

5.1.5 Relationship Between Drug Abuse and Religious Affiliation

The study found no significant difference in drug habit amongst Catholic, Protestants, Pentecostal and respondents of other religious affiliations. Data on table 4.14 showed a high prevalence among Protestant and Catholic respondents but chi-square test established no significant difference (that is, among those who are currently using drugs). This may be because all were involved initially in drug experimentation and eventual drug use. We need to note carefully that here that the numbers Catholics and Protestant respondents were relatively more than those from other religious affiliations.

5.1.6 The Relationship Between Drug Abuse and Type of School

There seemed to be relatively more drug users (those who were currently using drugs) in boys’ boarding than in other school categories. Those who were currently taking drugs were least in day mixed schools. This was contrary to the expectation that more current drug users would be found in day schools. The main reason for expecting day-scholars to be more prevalent in drug use was the fact that they were in closer contact with drug peddlers and other sources than boarders (Kariuki, 1988).
Another reason for expecting such is that day schools administrators are more tolerant to drug use and other forms of deviance than other types of schools (Ochieng', 1996).

The study therefore suggested that in the case where there is 'strict' discipline among the day scholars, incidences of drug abuse could be less than what was previously acknowledged. Another aspect could be that those students admitted to day schools are subjected to thorough scrutiny before admissions and if one is caught in drug abuse, he/she is likely to be discontinued. Another explanation could be that some of the students in the day schools are from very poor backgrounds such that they are less likely to afford the drug as their counterparts in other types of schools. Similarly, better parental control and supervision for day scholars may have a deterrent effect on drug use.

Contrary to the expectations of this study, most of the drug users were in boarding schools. However, information in table 4.18 showed that majority of those who were in boarding schools used the drugs once in a while. This could be due to increased stress, pressure and boredom that may exist in the school setting. Those from day schools could have more variety of activities as other avenues of stress relief. They may also be under closer parental guidance than those in boarding schools. Indeed, scientific evidence seems to indicate that positive relationships with parents and others are important in reducing adolescents' drug use (Hughes et al., 1993; Newcomb and Bentler, 1988).
5.1.7 The Role of Friends and Parents as Models in Drug Use

The study showed no significant difference between the number of drug users whose parents used drugs and that of those drug users whose parents did not use drugs. This was not expected and it was contrary to evidence that the parental influence is important in initiation to drug use (Evans and Murdoff, 1978). It would have been logical to expect young people to imitate their parents, even when the habit in question is negative. The results showed that the impact of the parents was not significant.

These results seem to imply that parents should not be considered as important role models, especially in the issue of drug use (Kariuki, 1988). However, other studies have shown positive correlation between the parents and children’s drug habit for example, Fawzy, et al., (1983), Tudor et al, (1980) and Barnes (1970).

On the other hand, no significant difference was found between the respondents who had ever taken drugs and who had friends who were currently taking the drugs. Table 4.16 showed that 65% of all who had ever taken drugs had friends who do not take drugs. Therefore, some had friends who took drugs and probably influenced them while others had friends who used drugs yet they themselves did not get influenced. This shows that although peers play a big role in influencing the drug habit, it did not apply to all the respondents in the sample.

The chi-square test indicated that there was no significant difference. This was unexpected. It was expected that there could be a positive correlation between friends
and the respondent’s use of drugs (Kariuki, 1988). Other researches that have shown a significant relationship include; Siringi (2003) and Evans and Murdoff (1978).

5.1.8 The Relationship Between Age of First Drug Use and Gender

The study revealed no significant relationship between age of first drug intake and gender (see table 4.11). However, it seemed that more male students begin to take drugs at an earlier age (below 12 years) than female. This may be due to the fact that boys tend to be ‘freer’ than girls and are not under strict surveillance by their parents. This would lead boys to experiment with drugs at earlier ages than girls. Another reason could be the tendency of the society to tolerate more male drug use than they do for females. The study also showed that there are more female students who begin experimenting with drugs later (above 18 years) than male students. This may be due to the fact that female students appear to be more ‘allowed’ by the society to be adventurous, as they grow older. Female students in boarding schools and in day schools who are older are more likely to visit social places than younger ones. Again, those in boarding schools can access drugs more easily than if they were strictly under their parents care. However, a chi-square test showed no significant relationship meaning that both sexes might begin taking drugs any time the opportunity arises.

5.1.9 The Relationship Between Drug Use and Availability of Drugs

The study showed that the mere availability of drugs was not a significant factor in drug abuse among the respondents in the sample. This means that no significant difference was found between respondents who had ever taken drugs and those who had never taken drugs.
This is what was revealed when the chi-square test was applied. However, it was important to note that at least 65 percent of all those who had ever taken drugs indicated that the drugs were easily available (see table 4.17). Again, about 64 percent said that drugs were not easily available, yet they had ever used various types of drugs.

For the majority who had ever taken drugs, an important factor could have been availability. Indeed, the teachers' responses indicated that drugs were easily available to the students from the surrounding community, shops and kiosks in the vicinity of the school. In addition, the social contexts in which the students live contribute to some extent to drug abuse. Important contextual factors are availability of drugs, the community's norms regarding drug use, the degree to which drug laws are enforced and the ways in which drug use is presented through mass media (Petraitis et al., 1995).

Those respondents who said drugs were available yet they did not use them provide a basis for the argument that mere availability does not influence all the adolescents in the sample to take drugs. Maybe these were the students who had the least risk factors (stress, poor school performance, low self-esteem etc). This is supported by evidence that the students who are religious, attend school regularly and get good grades, have good relationships with their parents, do not break the law and are the students who report the least drinking and drug use (Ksir and Ray, 1999).
5.1.10 Drug Abuse and Awareness

The study established that at least 90 percent (108) out of the 120 respondents indicated that they were aware of the legal and health consequences of drug use and abuse. It is only 12 respondents (10 percent) who were not sure that they were aware of all the consequences of drug abuse. This was surprising because out of those who said they were aware of the consequences of drug use, 34 percent of them continued to use the drugs of abuse. This may be attributed to the fact that the youngsters using drugs are often part of a deviant sub-culture. Some researchers have begun to think in terms of risk factors, that is, indicators that a child or adolescent has become or is becoming a member of such a deviant sub-culture. This is to say that the more risk factors one has, the more likely one is to be a drug user (Ksir and Ray, 1999). This drug use is in spite of the youngest being aware of all the health and legal consequences of drug use.

Another related factor, which may encourage the abuse of drugs in spite of the awareness, is in the area of mass media influence. All the students in the sample indicated that the media (through rock music etc) had a negative influence on the young people. There are some students who do not think that using the drugs once in a while could present any danger. Some respondents said that they ‘used’ drugs but did not abuse drugs. This is in fact one of the current controversies about cigarettes. This is because when the cigarettes are being used in the manner intended by the manufacturers (therefore not misused), they are still potentially dangerous and addictive (Ksir and Ray, 1999).
The above findings are supported by Evans (1976) who stated that;

The children believe that smoking was dangerous but the social pressure to smoke was more immediate and powerful. Peers, parents and the media were the main sources of influence. This is because it was generally agreed that the advertisements were successful in making smoking more appealing to both children and adults P.120.

Finally, a fact noted in the literature review is that even adolescents who have been talked into the risks of drug use may have a limited capacity to use the information to imagine being aged 25, let alone 55 years. This means that the warnings of dangers to come later in life are unlikely to reduce the desire to smoke or use drugs (Jha, 1999).

5.1.11. Prevention and Control

From the summary of the teachers’ responses (see table 4.19 i-ix), the following points were noted;

i) The problem of drug use and abuse is a reality because majority of the teachers in the sample (80 percent) reported to have dealt with drug cases in their respective schools. This was important because first, the members of teaching staff showed willingness to admit that a problem does exist and second, they showed a genuine interest in the issue of drug abuse.

ii) It is important that we do not ignore the fact that drug abuse might indeed be on the increase in our rural schools. Majority of the staff in the sample responded that is was true that more and more drugs are being abused in rural schools.
iii) There was a general concern that drug-taking as a habit was affecting the performance of students not only in their academic performance but also in the social relationship. This may be due to the fact that some drug users are more likely to be tempted to abuse drugs. Similarly, many of the drug users tend to spend a substantial amount of time in acquisition and use of drug than they do in their academic pursuits.

iv) The need for a deliberate drug education programme was supported by the following findings:

a) About 26.7 percent of the staff members felt that they were not sure whether students were aware of the consequences of drug abuse. Therefore, there was a possibility of some measure of ignorance on the side of students (see table 4.19 v)

b) Although majority of respondents (staff) indicated that their schools offered some drug information to students, more of the respondents strongly agreed that there is an urgent need to introduce a deliberate drug education programme in their respective schools.

c) Finally, all the teachers in the sample concurred with the fact that in the struggle against drug abuse, prevention was better than cure (see table 4.19 ix).

5.2 Conclusions

From careful consideration of the data analysis and the consequent discussion, the following general conclusions can be made concerning drug use and abuse among secondary school students in the sample of this study.
i) The drug problem in the study schools is a real one. Beginning with experimentation, the students progress to drug abuse and may eventually become addicts. The involvement with drugs affects both sexes although it is more prevalent among the male students.

ii) Drug use and abuse is not confined to specific classes (form of study), as some people would want us to believe. All students in all classes are equally vulnerable.

iii) Secondary school students who indulge in drug use and abuse come from all social economic backgrounds and religious affiliations.

iv) Secondary school students who abuse drugs begin the habit during early adolescence (12 years onwards) but a few may begin earlier. There is a possibility that some began to use drugs while in primary schools.

v) Factors that are associated with drug abuse include:
   - Peer pressure
   - Parental influence
   - Type of school
   - Curiosity and availability of drugs among others. There is need to consider these factors seriously.

vi) The most popular drugs, among the respondents in the sample are alcohol, miraa, and tobacco among the legal drugs while bhang is the more common among the illegal drugs. Hard drugs are slowly getting their way into the rural secondary schools.
vii) The experimentation with the legal substances needs to be addressed early enough because these gateway drugs may provide entrance into the more serious and hard drugs like cocaine and heroin.

5.3. Recommendations

Arising from the discussion and conclusions from the data collected and analyzed, the researcher finally suggested some recommendations as follows;

5.3.1 Recommendations from the findings of the current study;

a) From the study, it was noted that majority of the students in the sample had experimented with drugs of abuse at one point in their life or another. This means that the drug abuse issue cannot be ignored without serious ramifications. Many school indiscipline cases as well as poor performance by students continue to be attributed to drug use and abuse. Therefore, it is only wise that our schools be made drug-free zones, for this would significantly reduce the demand for the drugs. Again, it would be important to put in place concrete programmes to deal with drug awareness and demand reduction instead of dealing with drug cases. Drug education programmes aimed at preventing the initiation into drug abuse needs to be a priority in our schools and other educational institutions.

b) As pointed out in the above paragraph, there is a felt need that our schools be declared drug free areas. For this to be effective, positive role modelling needs to be encouraged. Drug abuse preventive programmes should also target the teachers and staff in all the school so that the young people can have positive models to emulate. Disciplinary systems and policy enforcement strategies should not be relaxed.
c) When enforced fairly and consistently, these measures should be able to play both rehabilitative and deterrent roles to the users and would-be users respectively.

d) Consequently, arising from the need to discourage drug use and abuse, effective guidance and counselling programmes should be considered necessary in the schools. It is through these programmes that all the risk factors like stress, personality vulnerability, peer pressure as well as mass media negative influence could be addressed in a conclusive and non-threatening manner. The results might go a long way in enhancing the students' abilities in coping with everyday problems in a more positive way, thus eliminating the need for the use of drugs.

e) A broader approach is recommended in the fight against drug abuse. What is meant here is that the school should encourage community participation in the drug prevention and rehabilitation programmes. A social action against the problem is highly recommended as well as the idea that religious institutions need to be more active (Kariuki, 1988). Parents and community members need to be sensitized so that they begin to see the ultimate long-term benefits of a drug-free environment.

f) It may be important to control advertisements of such products as tobacco and alcohol. This is because the advertisements tend to send the wrong signals to the youth that it is ‘cool’ to engage in drug-taking and that for you to be successful, outgoing and ‘tough’, one has to engage in drug use. Those companies associated with drugs of abuse should be discouraged from sponsoring school activities like sports and music festivals.
5.4. **Recommendations for Further Research.**

The researcher recommends that further research be done on the following:

a) Evaluation of the existing structures for guidance and counselling programmes and activities is necessary to scientifically assess their effectiveness and limitations in pursuance of drug education and preventive programmes. The role of peer counselling in those programmes should also be determined with a view to strengthening it and making it more relevant to the needs of secondary school students.

b) Other studies need to be carried out in other rural areas to ascertain the extent and prevalence of drug abuse in rural schools. There is need to take into consideration all the years of study. The current one took into consideration only form two and form four students due to the limitations already explained in chapter one.

c) Due to the limitations cited, the results of current study cannot be generalized without qualification. It is therefore recommended that a more representative sample be used to determine the nature of the drug problem in our schools.

d) The role of the mass media and socio-economic status was not adequately considered in this study. Consequently, the researcher recommends that an in-depth survey could assist in our efforts to try and understand the issue of drug use and abuse in our schools.

e) Finally, it is felt by the researcher that studies need to be carried out to determine the specific age of first drug use. This should include pupils in primary schools.
REFERENCES


Appendix 1: Students’ Questionnaire

This questionnaire seeks information on drugs and substance of abuse among secondary school students in Nembure Division of Embu District.

Please respond to all questions as honestly and accurately as possible. The information obtained will be treated as private and confidential.

Do not write your name anywhere on this questionnaire.

NB: In this questionnaire, a drug of abuse is understood as any substance, natural or chemical which may be inhaled, drunk, smoked, rubbed on etc and which results in change in the body functions.

Drugs of abuse will therefore include alcohol, tobacco, miraa, bhang, cocaine, heroine, glue and other inhalants, etc.

SECTION A: BACKGROUND INFORMATION

1. What is your age (years) in form

2. What is your sex (gender)?
   1. Male [ ]
   2. Female [ ]

3. What is your religion?
   1. Catholic [ ]
   2. Protestant [ ]
   3. Pentecostal [ ]
   4. Other (specify) ____________________________

SECTION B: ATTITUDE TOWARDS DRUGS

4. Have you at any time taken any drug of abuse?
   1. Yes [ ]
   2. No [ ]
5. If yes, which type of drug did you take? List them below.
   1. Alcohol [ ]
   2. Bhang [ ]
   3. Tobacco [ ]
   4. Cocaine [ ]
   5. Heroine [ ]
   6. Miraa [ ]

6. If yes, what prompted you to take these drugs?
   1. Curiosity [ ]
   2. Problems [ ]
   3. Social occasions [ ]
   4. Peer pressure [ ]

7. Who prompted you to take these drugs?
   1. Very close friends (peers) [ ]
   2. Parent [ ]
   3. Other relative [ ]
   4. Self [ ]

8. If yes, at what age did you take drugs for the first time?
   1. Below 12 years [ ]
   2. 12-15 years [ ]
   3. 16-18 years [ ]
   4. Above 18 years [ ]

9. Are you currently taking any of these drugs?
   1. Yes [ ]
   2. No [ ]

10. If yes, how often do you take these drugs?
    1. Daily [ ]
    2. Weekly [ ]
    3. Monthly [ ]
    4. Once in a while [ ]
11. Where do you mostly take these drugs?
   1. At home [ ]
   2. At school [ ]
   3. At friends’ place [ ]
   4. In the bush [ ]

12. In whose company do you take these drugs?
   1. Alone [ ]
   2. Friends [ ]
   3. Parent [ ]
   4. Other relative [ ]

13. Does anyone among your friends take drugs?
   1. Yes [ ]
   2. No [ ]

14. If yes, name some of the drugs your friends use.
   1. Alcohol [ ]
   2. Bhang [ ]
   3. Cocaine [ ]
   4. Tobacco [ ]
   5. Miraa [ ]
   6. Heroine [ ]
   7. Other (specify) ____________________________

15. Do you think these drugs are easily available to the students?
   1. Yes [ ]
   2. No [ ]

16. If yes, state where they are sold.
   1. Within the school [ ]
   2. Over the fence [ ]
   3. Surrounding community [ ]
   4. All [ ]
17. Do you think there has been an increase in these drugs abuse among students since you joined this school?
   1. Yes [ ]
   2. No [ ]
   3. Hard to tell [ ]

18. Do you believe the media (e.g. TV, magazines, etc) has an influence on one’s perceptions of these drugs?
   1. Yes [ ]
   2. No [ ]

19. Are you aware of the legal and health consequences of taking these drugs?
   1. Yes [ ]
   2. No [ ]

20. Does any of your parent(s) abuse drugs?
   1. Yes [ ]
   2. No [ ]
Appendix 2: Teachers’ Questionnaire

This questionnaire seeks information on drugs and substances abuse among secondary school students in Nembure Division of Embu District. Please respond to all questions as honestly and accurately as possible. The information given will be treated as private and confidential. Do not write your name on this questionnaire. Indicate your choices by ticks (✓) where applicable. Some questions may require a detailed answer. Please respond accordingly.

NB: For the purpose of this study, drugs of abuse are understood as any substance, chemical or natural which may be inhaled, drunk, smoked, rubbed on, etc and will result in change in the body functions. These drugs include alcoholic beverages, tobacco, miraa, un-prescribed medical preparations, cocaine, bhang, etc.

A: BACKGROUND INFORMATION

1. Name of school

2. Type of school

   1. Day (mixed) [ ]
   2. Boarding (mixed) [ ]
   3. Boarding (boys) [ ]
   4. Boarding (girls) [ ]

3. Indicate your sex.

   1. Male [ ]
   2. Female [ ]
4. For how long have you been teaching in secondary schools _____ (years)?

5. Have you had any experience in dealing with drug cases especially in school situation?
   1. Yes [ ]
   2. No [ ]

B: ATTITUDES TOWARDS THE DRUG PROBLEM

6. Are there cases of drug abuse in your school?
   1. Yes [ ]
   2. No [ ]
   3. Probably [ ]

7. If yes, which type of drugs do they take? Rank them from the most commonly used. Indicate also the possible source of the drug in question.

<table>
<thead>
<tr>
<th>Name of drug</th>
<th>Source of drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

8. What is the home background of the students who take drugs?
   1. Rural [ ]
   2. Urban [ ]
   3. Slum [ ]
   4. Other (specify) ________________________________

9. In which class in your school are most drug abusers likely to be found?
10. What kinds of family background are most drug abusers likely to come from?

1. Stable family [ ]
2. Broken family [ ]
3. Single parent [ ]
4. Parents who abuse drugs [ ]

11. Does a strong religious background inhibit the students from taking drugs?

1. Yes [ ]
2. No [ ]
3. Sometimes [ ]

12. If your school is mixed, what is the general distribution of known drug users in terms of sexes?

1. Boys are the main drug abusers
2. Both sexes are evenly matched in drug abuse
3. Girls are the main abusers of drugs
4. Other (specify) ____________________________________________
13. Who do you think supplies drugs to the students?

1. Students [ ]
2. Subordinate staff [ ]
3. Teachers [ ]
4. Community [ ]
5. Other (specify) __________

14. What reasons do students give for taking drugs?

1. Domestic problems [ ]
2. Social problems [ ]
3. Peer influence [ ]
4. Financial problems [ ]
5. Curiosity [ ]
6. Other (specify) __________

15. In your opinion what actually predisposes students to taking drugs? Rank them by placing 1,2,3, etc.

1. Psychological problems [ ]
2. Boredom [ ]
3. Domestic problems [ ]
4. Social problems [ ]
5. Peer influence [ ]
6. Other (specify) __________
16. From your own experience, what social-economic class produces most school drug takers?

1. The most affluent (upper) [ ]
2. The middle class [ ]
3. The relatively poor [ ]
4. Other (specify) ____________________________

17. Drug taking in rural schools is on the increase. This is

1. Correct and worrying [ ]
2. Correct but not alarming [ ]
3. Incorrect [ ]
4. Any other (specify) ____________________________

18. Drug abuse has a negative effect on the performance of students academically and socially. What is your opinion?

1. I strongly agree [ ]
2. I agree [ ]
3. I don't agree [ ]
4. I am not sure [ ]
C: PREVENTION AND CONTROL

19. What actions are normally taken against those found abusing drugs in your school?

1. Suspension
2. Expulsion
3. Punishment and counselling
4. Any other (specify) ________________________________

20. Are the students aware of the problems caused by use of drugs?

1. Yes [ ]
2. No [ ]
3. Probably [ ]

21. The following are some disadvantages of drug taking. Tick the one(s) you think may apply to students who abuse drugs.

1. Loss of interest in academic work [ ]
2. Poor social relationships [ ]
3. Predisposes them to ill-health [ ]
4. Any other (specify) ________________________________

22. The following are methods, which can be used in controlling drug abuse among students. Rank them in order of effectiveness by pacing 1, 2, 3, etc in the spaces provided.

1. Strict rules and disciplinary measures [ ]
23. Does the school offer any form of drug education or even related information to the students?

1. Yes [ ]
2. No [ ]

24. What constraints does the school encounter in implementing the programme?

25. Do you think it is necessary to fight drug taking by prevention rather than cure?

1. Yes [ ]
2. No [ ]

26. What is your overall view on drug education in our secondary schools?

1. It is urgently needed [ ]
2. It is feasible but not urgently needed [ ]
3. I'm not sure [ ]
4. It is not feasible right now [ ]
5. Other (specify) _________________________________