FACTORS INFLUENCING DRUG ABUSE AMONG RURAL SECONDARY SCHOOL STUDENTS IN NYAMAIYA DIVISION OF NYAMIRA DISTRICT, KENYA

BY

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2005
DECLARATION

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

[Signature]

ONDIMA PAUL C.

This research project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

This study is dedicated to my mother Penora Ariri and my father Chrisantus Ondima who have loved, endured, sacrificed and taught me the art of loving, enduring and sacrificing without abusing or being influenced by drugs.

And

To my loving wife, Cecilia, Children: Diana, Brian, Immaculate and Valentine, and all the secondary school students of Kenya. May you succeed in your endeavours in a safe and drug-free environment.
ACKNOWLEDGEMENTS

My sincere gratitude and appreciation are due to the under mentioned whose assistance helped me in the development of this project.

My sincere thanks goes to my supervisor: Prof. A. Nwoye of the department of psychology, Kenyatta University; who provided me with academic guidance, constructive criticism and supervision throughout my study.

I am also indebted to my colleagues and friends especially the Kenyatta University post graduate students of 2005 for their encouragement and prayers during the good and the trying times of academic concentration.

I also extend my profound gratitude to the principals of the schools I visited for giving me a chance to carry out this study in their schools and to all respondents for accepting to participate in the study.

I cannot forget to thank Leah for coding and entering the data, Kihoro for the analysis of the data and Ann Wanjugu for doing this typescript.

This study could not have been possible without the patience and understanding of my beloved wife, Cecilia Mong’ina, who immensely supported me at every stage of this study; my children: Diana, Brian, Immaculate and Valentine who missed my company and denied themselves other needs while I undertook my study.
Finally honour and glory is to the Almighty God for giving me ability, physical and mental health, patience, peace and self-control throughout my studies without which I could not have completed this entire programme of study.
ABSTRACT

Many secondary school students in Kenya are nowadays experimenting with drugs. This is causing a lot of concern as drug abuse has been identified as a major cause of several of the problems experienced by secondary school students in Kenya which range from: declining educational standards to indiscipline and moral degradation.

This study aimed at finding out the factors influencing drug use and abuse among rural secondary school students in Nyamaiya Division of Nyamira District. The study presentation has been arranged in five chapters. Chapter one addresses the background information, statement of the problem, research questions, significance and objectives of the study. Chapter two makes a review of relevant literature to the study while chapter three describes the methodology that was employed in sampling, collecting and analyzing the data. Chapter four has been dedicated to the presentation of the results of the study and chapter five discusses the results of the study and gives the counselling and policy implications and suggestions for further research.

The population selected for this study consisted of form three secondary school students (N=80); their class teachers (No. 4); the guidance and counselling teachers (N=4) and head teachers (N=4). Random sampling technique was used in the selection of students while the teachers were selected using purposive sampling.

The tools selected for data collection were self-report questionnaires for students and interview schedules for teachers. The researcher personally administered the questionnaires to students and interviewed teachers using pre-prepared interview schedules. These tools covered all the broad
dimensions set by the study’s exploratory questions. Descriptive statistics was used to organize
data to answer the three research questions of the study. The data is presented in tables indicating
frequencies, percentages and ranks; while visual presentation of the same data is done using
figures. Due to the nature of this research, the technique chosen for testing the hypotheses
investigated was the chi-square ($\chi^2$) method. All tests of significance were done at the alpha ($\alpha$)
level of 0.05.

The results of the study show that home made alcohol – changaa and busaa were the most abused
drugs and there was a significant difference between the abuse of these brews and other drugs. It
was also established that drug abuse is most prevalent in mixed schools and least prevalent in
girls boarding schools. It was also discovered that the major contributing factors in drug abuse
were availability of drugs and peer pressure. These results were noted for their counselling and
policy implications. The implications were then translated into general recommendations and
suggestions for further research.

In this study, the ‘prima facie’ sources of information were the students. Teachers provided
complementary information. Other important sources included published literature and previous
researches relevant to this study.
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CHAPTER ONE

INTRODUCTION

1.1.0 Background of the problem

Drug use is as old as mankind and has been an integral part of each society. Since the beginning of history, the human race has searched for and used various kinds of psychotropic substances to sustain and protect itself and also to act on the nervous system to produce pleasurable sensations. Throughout history, humans have used herbs, roots bark, leaves, plants, wild mushrooms, fermented grains and fruits- to relieve pain and help control all sorts of ailments. From the earliest records, opium and certain other narcotic drugs such as hyoscyamus and hemlock are known to have been used by man. Early medical practitioners employed preparations containing opium for a multitude of physical and psychological ailments. Galen (130-201 A.D) considered theriaca, whose principal ingredient was opium, as his favorite panacea. According to him, theriaca

Resists poison and venomous bites, cures inveterate headache, vertigo, deafness, epilepsy, apoplexy, dimness of sight, loss of voice, asthma, coughs of all kinds, spitting of blood, tightness of breath, colic, the iliac poisons, jaundice, hardness of the spleen, urinary complaints, fevers, dropsies, leprosies, the trouble to which women are subject, melancholy and all pestilences (Coleman, 1964).

Thus the use of drugs does not always constitute evil; drugs properly administered have been a medical blessing as they relieve both physical and mental anguish as well as producing euphoria. Some drugs also initially produce pleasurable effects such as joy,
relaxation, kaleidoscopic perceptions, surges of exhilation and serenity. Others reduce tension and frustration, relieve boredom and fatigue and in some cases help individuals escape the harsh realities of their world. (Santrock, 1990). However, what began as a means of relaxation evolved in time into a problem of dependence and abuse.

It is significant that drug taking was and still is a common phenomenon in many societies. It is a habit not confined to any specific socio-economic class (Chein, 1950), age group, religious group (Kabithe, 1987), nor is it gender specific (Greensberg, 1988). Consequently drug abuse is to be found both in the developed and developing countries.

Over the past two decades, the use of illegal drugs and misuse of therapeutic drugs has spread at unprecedented rate and has reached to every part of the globe. No nation has been spared the devastating problem caused by drug abuse. A broad spectrum of the world community has demonstrated intense concern over the drug abuse problem, its long term effects and its impact on the drug abuser, the family and the society. The reasons for concern include a proportionate increase in rate of crime; drug related automobile accidents, industrial accidents, learning disabilities and other mental health problems including interference with the normal functioning of the reproductive system and long term damage to vital parts of the body such as the brain, heart and the lungs.

Drug abuse is a problem experienced by both the old and the young although the latter is the most vulnerable. Studies have revealed that the habit is a common phenomenon in the youth culture (Datesman, 1980; Kariuki, 1988; Curnie, 1993). Researches have also
established that drug abuse has its roots in the pre-teenage years and is further amplified in the teenage years when most of the youth are in secondary school. These pre-teenage and teenage years are critical in the human cycle as they involve transition from childhood to adulthood. At this stage, the young people find themselves in a challenging position as they strive to prepare themselves both physically and intellectually for adult life and at the same time searching for personal identity. They are trying to assume their sex roles and learn to come to terms with authority. Snyder and Lader (1985) suggest that this is an intense period of growth and activity characterized by a number of conflicts. Many psychologists call this state “storm and stress” period and the youth find themselves experimenting with various types of behaviours motivated by curiosity with a view to coping with life’s challenges (Davidson and Nealle, 1974).

According to the World Health Organization (WHO), the most widely abused drugs in the world are alcohol, tobacco, marijuana, opium and its derivatives, cocaine and hallucinogens. Others are khat (miraa), inhalants and volatile solvents like petrol and glue. Ochieng (1986) and Kariuki (1988) carried out independent surveys and their findings also indicated that alcohol and tobacco are the most prevalent drugs of abuse among the young partly due to their status as “legal” drugs. Others that are gradually gaining ground are marijuana (bhang), volatile solvents, cocaine and heroin.

Recent researchers have indicated that drug abuse is a non-gender issue although it is more prevalent among males than females (Greensberg, 1988; Karugu and Olela, 1993). The habit also cuts across all socio-economic classes. In addition, studies have revealed
that the most affected individuals are those from families of lower socio-economic backgrounds (Kaplan and Meyerowitz, 1970).

The scope of the drug abuse problem among secondary school students in Kenya today has reached alarming proportions. Consequently the recent past has witnessed a growing concern by the society concerning the heavy usage of drugs in schools by the school pupils. This concern has been raised not only by doctors and other health workers but also by teachers, parents, community leaders and the media. Complaints regarding the illegal use of drugs are a common feature in our local dailies (Gruduah, 2004). Drug abuse among pupils in Kenyan schools has not only contributed to indiscipline but also resulted in poor performance among the pupils and generally the decline in the standard of education in the country and is responsible for moral degradation and numerous health problems among the youth. (Muganda, 2004).

In Kenya today, there is no doubt as to the widespread drug abuse problem not only among the school age going youth but also in other sectors of the Kenyan population. According to Karugu and Olela (1993) 50-80% of the students in Kenya are either experimenting with or abusing drugs. In a recent survey carried out by the National Agency for the Campaign Against Drug Abuse (NACADA), three million underage youths consume alcohol on a regular basis while 464,000 in learning institutions engage in the practice. (Muganda, 2004). Drug abuse is therefore not a far-fetched myth. It is a reality and a menace in our society whose evidence is everywhere around us both in urban and rural environments. It is within our learning institutions both primary and
secondary, middle level colleges and Universities as well as markets, streets, villages and all other social settings.

1.2.0 Statement of the problem

In the last few decades, there has been a dramatic increase in the number of researches on drug abuse from which it has clearly emerged that it is a menace among the youth in our society. (Upcraft and Welty, 1980; Nowinski, 1990). The assumption that drug abuse is a problem only in developed countries is no longer true as the scourge is very much prevalent in the developing countries and the Kenyan youth has not been spared its devastating effects. (Kamonyo, 1997; Kariuki, 1988; Nyandia, 1997). There have been complaints from parents, the media and administrators at all levels of the Kenyan education system about drug abuse among the youth and its disastrous consequences which range from poor academic performance, damage to institutional property, crimes of all kinds including rape, temporary psychosis, general indiscipline problems and health complications (Karugu and Olela, 1993).

Many people would feel that it is not worth the effort to study the prevalence of drug abuse at secondary school level and that instead focus should be placed on drug education at adult level. While this assumption may be valid to some extent, it should be acknowledged that the youth in Kenya constitute 50% of the total population. At the same time secondary education has been seen to play a significant role in the building of our nation through the moulding of youths into future leaders. Furthermore secondary level education has been for a long time now the main source of middle level manpower
that is required in all sectors of Kenya’s economic life. Hence drug education need to be emphasized at this crucial level.

Through several researches, it has been established that a drug problem exist among students in learning institutions in Kenya. However, most of the researches on drug abuse have been conducted in urban centres in Kenya particularly in Nairobi (Kariuki, 1988; Nyandia, 1997; Gichuru, 1996). Very little research primarily devoted to the investigation of the factors influencing drug abuse among rural secondary school students has been undertaken. The researches conducted in Nairobi may not be generalized to all secondary schools in the country “Owing to the uniqueness of Nairobi as the largest urban centre in Kenya and the diversity of peoples, cultures and other influences like the mass media which are concentrated more in Nairobi than in other places in Kenya” (Wachira 2001). The researcher therefore found it necessary to carry out a study on the problem of drug abuse among students in Kenya’s rural secondary schools and the factors responsible for it. In this regard, the major task of this study was to find research-based answers to the following general questions: How prevalent is the drug abuse problem among secondary school students in Kenya’s rural areas? What factors are responsible for drug abuse among students in such a setting? What are the counselling implications of the findings?

1.3.0 Purpose of the study

The task of this study was to examine the prevalence of drug abuse among students in various categories of secondary schools in Nyamaiya Division of Nyamira District. It was to investigate the factors influencing drug abuse and establish whether there were
differences among students in their drug abuse behaviour on the basis of gender, socio-economic status, home environment and parental influence.

The study also aimed at finding out the relationship between the amount of pocket money a student has and drug use and abuse. The study also set out to establish which drugs were widely abused by students in the schools under study and the relative roles played by parents, guardians and peers as models in drug abuse. The other aim was to critically analyze the counselling implications of the findings.

1.4.0 Significance of the study

Many researches focusing on drug abuse among secondary school students in urban settings have been carried out not only in Kenya but also in other parts of the world. However, no other research has been carried out in Nyamira District covering the same objectives as this one. The study will therefore contribute to the existing knowledge about drug abuse problem in Kenya.

Kariuki (1988), Nyandia (1997) and Gichuru (1996) have done studies on drug abuse among different categories of learners in urban educational institutions. It will be interesting to compare their findings with those of the drug abuse among secondary school students in a rural setting.

The findings of this study will:
• Help to fill the gap that exists in terms of there being little documentation on the studies in the field of drug abuse problem in secondary schools in a rural environment.

• Shed light on the extent of drug abuse problem among students in rural secondary schools and identify the various factors that influence such drug abuse habits.

• Provide parents/guardians with information as to why their children indulge in drug abuse, which will equip them with skills on how to handle them.

• Provide vital information to educational planners, administrators and counselling personnel about the existence of the drug abuse problem among students in rural secondary schools. This will enable them to develop more effective programmes and improve the existing ones in campaigning against drug abuse not only in urban but also in rural environments.

• Act as a springboard for future researchers who might wish to explore this field of drug abuse further and incorporate other factors not covered in this study.

• Benefit the researcher himself as spelt out by Engelhart (1972) during his interaction with practicing counsellors and students during data collection.

• Assist the researcher in suggesting some solutions to the drug abuse problem which if implemented might go a long way in improving the drug abuse situation not only in the schools under study, but also in the country as a whole.

1.5.0 Research questions

The study was guided by the following research questions:

i) Which drugs are commonly abused by secondary school students in Nyamaiya Division of Nyamira District?
ii) How prevalent is the drug abuse problem among secondary school students in Nyamaiya Division of Nyamira District.

iii) What are the key factors influencing drug abuse among secondary school students in Nyamaiya Division of Nyamira District.

1.6.0 Assumptions of the study

The study was based on the following assumptions:

a) That the students would be willing to give a fairly accurate picture about their experiences with drugs. Drug abuse is a sensitive behaviour and there is a likelihood that respondents will lie, but the researcher hoped that the assurance of anonymity would enhance frankness of expression.

b) That there would be no variables interfering with the process of data collection, for example, respondents would not get help in completing the questionnaires apart from the researcher’s assistance.

c) That the sample selected would be sufficiently representative if the results are to be generalizable to that of the target population.

d) That the research would shed more light on the factors influencing drug abuse in rural schools and in so doing make a contribution to educational planners, administrators and all those responsible for the welfare of the youth.

e) That the study would be a beneficial undertaking in view of the gravity of the problem of drug abuse in Kenya’s educational institutions today.

f) That appropriate recommendations from the study would be arrived at.
1.7.0 Scope and delimitations of the study

The study did not cover all the secondary schools in the division. The researcher therefore limited himself to four schools: one girls boarding school, one boys boarding school, one mixed day school and one mixed day and boarding school. The findings from these sample schools may be generalized to other parts of Kenya with similar environmental and geographical conditions.

When dealing with a sensitive behaviour like drugs there is a likelihood that many would-be respondents may be reluctant to volunteer their experiences with drugs and may even be untruthful. However, the researcher hoped that the assurance of anonymity would enhance frankness of expression by the respondents.

The researcher acknowledged the fact that the personality variables like introversion and inadequate personality may act as extraneous variables affecting the findings. But the researcher hoped that the randomization in sampling techniques would keep these variables in control.

1.8.0 Definition of operational terms and meaning of acronyms

Drug: Any product other than food and water that affect the way the people feel, think, see, taste, smell, hear or behave. It is a substance, which by virtue of its chemical nature has direct effect on the structure or function of an individual. Once
introduced in the body, it brings about physical, emotional or mental changes in the person. It can be chewed, rubbed on the skin or injected into the body.

Drug abuse: This refers to the frequent and excessive use of the psychotropic substances resulting to change in body functioning and affecting the individual negatively either socially, cognitively or physically. A drug abuser is affected socially if he engages in antisocial behaviour, and gets into conflict with friends, parents and school authorities. He is affected cognitively if he is unable to concentrate on his academic work and begins to lose memory. He is affected physically if his physical health deteriorates necessitating medical attention.

Gender: This is the quality of being male or female

Illegal Drugs: These are the substances that the government regards as harmful to the mental and physical well-being of the individual and therefore controls or discourages their consumption through the enacting of drugs and poison Act.

Legal Drugs: These are drugs which are potentially dangerous drugs but the government allows their consumption, for example alcohol, tobacco and khat (miraa).

Peer group: This refers to a group of people about the same age and social standing and who share common interests.

Peer pressure: This is the tendency to conform to the values and standards of the peers.

Respondents: These are the students who physically complete the questionnaires administered to them.
**Family background:** These are the social conditions prevailing in the student’s home e.g. whether he has a single parent, divorced or separated parents.

**School type:** This refers to day or boarding, boys’ or girls’ school

**Nyamaiya Division secondary schools:** All schools of secondary level which are considered by the Kenya National examinations Council (KNEC) and the Ministry of Education as being in Nyamaiya Division.

**Teachers:** This term refers to class teachers, guidance and counselling teachers and headteachers, since all of them are professional teachers but with different responsibilities.

**Psychoactive drug:** Any substance that affects the central nervous system and alters mood, perception and consciousness.

**Pocket money:** Money given to a child by parent(s) for personal expenses while at school.

**Changaa:** Locally produced beer containing about 30% alcoholic content prepared through traditional distillation methods. It is illegal in Kenya.

**Busaa:** Locally produced beer containing about 5% alcoholic content prepared from cereal flour especially maize and millet through a process of fermentation.

**WHO:** World Health Organization

**NACADA:** National Agency for the Campaign against Drug Abuse.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1.0 Introduction

This chapter contains the theoretical rationale of drug abuse and a review of related literature. In the first section of the chapter four theories to explain drug abuse have been reviewed. These are Bandura's (1977) social learning theory, Simple learning theory of Crowley (1972), Peer group learning theory of Paschke (1970) and Psychosocial theory of Ausubel (1961). In the second section of the chapter, a review of related literature will be presented in which the factors influencing drug abuse as identified by previous studies will be discussed. This will be followed by a summary of the work reviewed and the null hypotheses formulated after the review of literature.

2.2.1 Theoretical Framework

This section presents a number of theoretical formulations which seek to explain the factors underlying the initial use of drugs and the process of development of psychological dependence on drugs.
2.2.2 Social Learning Theory

Social Learning Theory associated with Bandura (1977) is concerned primarily with how behaviour is acquired and maintained in a variety of different environmental situations. Bandura underscores the importance of the process of imitation and modelling in significant learning. He believes that human beings acquire most patterns of behaviour by observational learning rather than by direct reinforcement and that behaviour is a complex interaction between the organism and its environmental situation. Bandura labelled this process "reciprocal determinism". In his view the environment influences thinking and that, in turn, cognitive processes influence what the person does in specific situations.

In contrast to earlier theorists of behaviour, Bandura believes that actions are acquired primarily by observational learning rather than by operant or classical conditioning. For example the subject, the potential abuser, imitates the models in the environment who are significant in his/her life. The models in this case are the friends, parents or siblings. This may occur in an indirect manner that is, through experiences of others, hence vicarious learning.

Bandura opines that people observe their social world, extract information from it, generate expectations and then make choices that maximize environmental rewards, maintain an inner feeling of competence and at the same time avoid negative outcomes. Through observation and internalization of what others are experiencing, people learn
bad and good behaviour. For example, if one observes another taking drugs, he will be motivated to imitate the behaviour or act, especially if that behaviour is reinforced positively. In this case if the model appears excited (elated) sociable or aggressive (in timid people) the potential abuser is likely to imitate the behaviour. If the behaviour is punished by, for instance, the model becoming sickly, getting into legal conflicts or losing friends, the model will not be imitated, hence abstinence.

In Bandura's view the potential user or abuser has fore-sightful knowledge as to what the future consequences of his using drugs will be without direct experience. This awareness or anticipation of what reinforcer will be in certain situations is part of cognitive operations. The respondents may choose not to use specific drugs because the anticipated reinforcers are not worth the efforts and in some cases the consequences are negative. Actions are actually regulated by anticipating consequences of a given or similar behaviour. He determines what class of behaviour are to be limited, with what frequency and intensity. This explains the case of multi-drug use, abuse and abstinence.

Bandura (1977) has suggested that successful imitation of drug use is controlled by four major cognitive processes which he calls attention, retention, motoric reproduction and reinforcement. By attention he means that the potential abuser must attend to and process the distinctive features of the model's performance. Once these distinctive features have been perceived, the individual must store the model's performance so that it can be recalled in the future. Bandura assumes that the observer sees a model produce a
particular behaviour and then transforms what he sees into a symbolic image which is then stored in memory as a long-term record of the new response pattern.

The third cognitive process of observational learning according to Bandura, is motoric reproduction. This entails the observer recalling the symbolic representation of an observed pattern of behaviour and uses this symbolic representation as a map to guide his or her own behaviour. Finally, the performance of any motoric behaviour is dependent on reinforcement and motivation. Bandura assumes that people observe and remember both specific action patterns and the outcome of these responses for the model. Thus if the outcome is positive, the person is likely to try the same behaviour in a similar situation. The selection of a particular pattern is also dependent on the individual’s own needs and goals.

This theoretical formulation is significant in this study as it underscores the importance of observational learning in the acquisition and sustenance of drug taking behaviour. Adolescents who are potential drug abusers observe drug taking behaviour in their friends, parents or siblings who are significant in their lives. Through such observation potential drug abusers internalize the behaviour of the significant others depending on whether the latter’s behaviour is reinforced positively or not. For instance if the model appears excited after he has taken a drug, the potential abuser is likely to imitate the drug taking behaviour. On the other hand, if the drug taking behaviour is negatively reinforced by the model becoming sick or getting into conflict with parents or friends, the observed drug taking behaviour may not be limited. Thus this theoretical framework is relevant in
This study as it helps to explain the role of observational learning in determining drug abusing behaviour among adolescents. It will be interesting in this study to establish the extent to which social modelling contributes to the imitation and sustenance of drug taking behaviour among adolescents in the identified area of study.

2.2.3 Peer Group Learning Theory

The Peer Group Learning Theory associated with Paschke (1970) attempts to integrate sociological observation of the importance of peer influence on individual’s behaviour. His approach is derived from Hullian theory in that drug taking behaviour is learned and is subject to habit strengths which increase through repetition and reward. Paschke stated that:

The initial decision to experiment with drugs can be schematized on approach-avoidance gradient. The approach tendency increase with individual’s perception of certain advantages of taking drugs at any given point in time.

However the responses of taking drugs are of minimal habit strength because such behaviour has not been engaged in previously. This low position in hierarchy operates in the direction of avoidance. Such factors like fear of consequences and the moral reservation may reduce the tendency of taking drugs. On the other hand, incentives like curiosity and the desire for peer group approval will interact with these factors to produce approach so that the potential user resolves the approach-avoidance conflict in favour of taking drugs.
If the first experience with drugs is rewarded by social and physical pleasure, this act of taking drugs is reinforced. Such a habit is likely to take place again with habit strength increasing each time drug taking is repeated and rewarded.

The principle postulate underlying this model is that the peer group values and norms are transmitted to an individual through consistent rewarding of the conforming behaviour. Both initial and continued drug use are based on membership in a peer group that approves of and is involved in drug taking. Given these conditions, the social incentives for drug taking, are obvious and will vary with the individual’s perceived value of group membership. The theory of cognitive dissonance further suggests that if the group membership is highly valued, the pressure to conform to the behavioural norms of the group will be strong. The group for drug taking normally reinforces conformity by alternatively providing support to and approval of the individual who takes drugs.

Such intra-group processes have clearly defined implication for relapse. A former addict may decide to abstain from drugs, but finds himself unable to join non-using drug groups. Habit strength of drug taking is once again increased as the former addict rejoins his/her old peer group and pressure to conform reactivates the addict cycle.

Paschke’s (1970) Peer Group Learning Theory was relevant in this study as it helped to relate peer influence to initiation to and continued use of drugs. A number of researches have concluded that peer support and instruction is responsible for a substantial percent of initial adolescent drug abuse. (Kendel, 1980). Other researchers have established that
peer support of drug use also influence the adolescent's decision to continue use after initiation. Thus Paschke (1970) points out that both adolescent initial and continued drug use are based on membership in a peer group that approves of and is involved in drug taking. This theoretical framework was therefore relevant in this study as it formed a foundation upon which an investigation into the extent of the role of peer influence in determining drug taking behaviour among adolescents was based.

2.2.4 Simple Learning Theory

This theory was formulated by Crowley (1972) and its basic postulate is drug addiction based on conditioning principles. In his view, the high degree of abuse potential of a narcotic such as heroin is derived from its property as a primary reinforcer. Thus the pleasurable subjective sensations that are experienced after injecting heroin act as positive reinforcement and if the operant behaviour, in this case drug taking, is in much temporal proximity, the frequency of the behaviour is likely to increase more rapidly than if the reinforcement is delayed in presentation.

The principle of negative reinforcement in which the termination itself is of an aversive stimuli in reinforcing also operates to increase the probability of continued drug use resulting to abuse. The withdrawal symptoms include dizziness, depression, vomiting, sweating, tremor or anxiety. This abstinence syndrome is clearly aversive and the immediate termination of this condition by taking additional drugs strengthens the drug taking behaviour.
Crowley further argues that drug taking is strengthened when the secondary reinforcement is in operation. The changes that take place in an individual after using drugs may be desirable such as behavioural changes like reduction of aggressive impulse, facilitation of social interaction, while a drug like alcohol may lower inhibitions. The more desirable these behaviour changes appear, the greater the likelihood that they will act as secondary reinforcement. Objects such as syringes or pipes used in taking drugs may also acquire reinforcing properties as a result of association with the primary reinforcing qualities of the drug.

Crowley’s (1972) Simple Learning Theory which is based on the principle of operant conditioning is significant in this study. In operant conditioning, behaviours are controlled by reinforcer- that is consequences that influence the frequency or magnitude of the event they follow. Thus positive consequences increase the likelihood and frequency of a response. But when the consequences are negative the behaviour is less likely to be repeated. This means that the pleasurable sensation derived from drug taking are likely to lead to a repeat of drug taking behaviour. On the other hand stoppage of drug taking behaviour leads to withdrawal symptoms which are not pleasurable to the drug user and termination of this by taking additional drugs sustains drug taking behaviour. This theoretical formulation was therefore relevant in this study as it helped in understanding the role of positive and negative reinforcements in not only the initiation of drug use behaviour but also its continuity among high school students.
2.2.5 Psycho-social Theory

In his psycho-social theory, Ausubel (1961), attempts to integrate both the psychological and sociological theories of drug addiction in the belief that neither is sufficient in itself to explain the observed phenomenon. The underlying principle in this theory is that external factors have to interact with internal ones to bring about addiction. Thus internal and external factors have predisposing causes.

The external precipitant factors are the drug availability and community tolerance to drugs use. These in turn determine the degree to which the individual adopts his peer group pressure. In Ausubel’s view these external factors must interact either to increase or decrease the likelihood of an individual’s drug use if certain predisposing internal factors are present.

As for internal factors, the euphoria producing property of narcotics are responsible for addiction to the degree that they have adjustive values for the individuals, that is, changes in personality. Ausubel points out that people with inadequate personality have failed to develop the motivational characters of normal adults and seek immediate gratification in the form of drugs. Inadequate personality originates in the nature of parent-child relationship. Thus overprotecting parents deny the child independence; permissive parents foster the belief that the child is not subject to societal sanctions while too domineering parenthood invites rebellion. The narcotics provide the child with an
increase in self-confidence and a sense of omnipotence and so drugs become a means of dealing with any problem.

For the case of anxiety and reactive depression, drugs like opiates offer specific adjustive value to the individual’s suffering by way of reducing responsiveness to stressful situations, thus reducing anxiety.

The principle postulate in Ausubel’s (1961) Psycho-Social Theory is that both psychological and sociological factors influence an adolescent’s drug abuse behaviour and that none of those can sufficiently explain such behaviour. In his view, sociological factors include easy access to drugs and society’s tolerance to drug abuse. Psychological factors on the other hand arise from inadequate personality traits on the part of adolescents and the need to seek immediate pleasure from drugs. This theoretical formulation was relevant in this study as it helped to explain the social and personal contributory factors to drug abuse among adolescents. It will be interesting to establish in the study how an interplay of psychological and sociological factors determine drug abuse behaviour among secondary school students in the identified area of study.

2.2.6 Summary of the Theories in relation to Drug Abuse

In this theoretical framework four theories which have been found useful in explaining the initial use of drugs and the subsequent development of dependence to drugs have been reviewed. From this review, it is evident that both internal and external factors
combine to influence an individual to begin using drugs and later to develop psychological dependence to the drugs. External factors are based on observation and internalization of drug taking behaviour of models in the environment who are significant in the potential abuser’s life, coupled with the need to succumb to peer pressure and hence attain conformity to peer group norms. The review of the foregoing theoretical rationale also indicate that the availability of drugs and the anticipation of deriving pleasurable sensations from their use also induce a potential abuse to begin indulging in them.

Internal factors inducing and sustaining drug abuse which emerge from the discussion of the theoretical framework in this subsection arise from an individual’s inadequate personality. This is brought about by faulty child-parent interaction characterized by overprotective, permissive or domineering parenthood which in turn breeds aggression, defiance, rebellion and drug abuse is viewed as a temporary outlet for these impulses.

The researcher hoped that these theories could provide a basis for an understanding of the underlying factors for drug abuse and psychological drug dependence. It is on the criterion of this strength that these four theories were selected for this study.

2.3.0 Related studies

In this subsection of the review, the researcher shall look at the studies that have been done to establish the factors influencing drug abuse among adolescents in many parts of
According to Scarpitti and Frank (1980) it is very difficult to obtain data from persons using drugs for fear of victimization. In spite of this many researches have come up with findings showing the factors influencing drug behavior such as parental influence, peer pressure, availability of drugs and psychological stress.

2.3.1 Parental influence

Kendel, Single and Kassder (1976) noted that drinking among adolescents was strongly related to attitude and drinking practices of parents. If the parents approve of the habit, the likelihood of drug use by the offsprings increased. Smarter and Fejer (1972) supported the assumption that the parents who use drugs provided role models for drug use. In their study 67% of the female students interviewed had used tranquilizers, sedatives, alcohol and tobacco and that one or both of their parents had used the same kind of drugs. Parents who rarely, if, ever, used drugs themselves seldom had children who did so. The behaviour of a drug user was strengthened if the other siblings were prone to illicit drugs.

Stacey and Davis (1986) and Maddox (1961) in their studies established that parental models are instrumental in shaping early attitude and behaviour with regard to teenage drinking. Maddox (1961) in his earliest investigation of the psychological characteristics of 20 adolescents who misuse alcohol found out that they did this without their parent’s knowledge. He also found out that all the fathers to boys in the sample were alcoholic and in some cases so were the mothers.
M'Conville (1983) studied English women by interviewing them about their drinking habits. She noted that having a parent with a drinking problem significantly increased the chance of developing the problem in the offspring. Both the environmental effects of learned behaviour from parents who use alcohol to cope with their difficulties and hereditary factors contributed to this. Many women reported that they adopted this behaviour from the adults where drinking took place in the family context.

2.3.2 Family conditions

Closely related to parental influence as a contributing factor to drug abuse among adolescents are the prevailing conditions in the family of the adolescent. Barnes (1977) uses the family perspective and the available research on adolescent drinking to suggest that drug abuse is a manifestation of incompetent, incomplete and inadequate socialization within the family. A study by Vicary and Lerner (1986) supports this conclusion. Drawing from a 30 year longitudinal study of 133 white, middle-class subjects and their parents, they report abuse of alcohol by those subjects who were rejected by their mothers or whose families experienced conflict over child rearing practices or exercised inconsistent or restrictive discipline. The profile of the alcohol dependent adolescent’s family that emerges from these and other studies (Tudor, Petersen and Elifson, 1980) is of lax parental control over the adolescent and a distant relationship between teenager and parents. Families with affectionate child-centred parents, on the other hand are much less likely to have adolescents who use illegal substances (Brook and Gordon, 1980).
According to Seigler and Osmund (1968) the pattern of emotional dependency on the mother or the mother figure is one of the most striking traits of male drug abusers. Evidence from research indicates that this dependency is fostered by the mother's undue pampering and over-protective behaviour. Often this protectiveness is an attempt to compensate for the absence of a stable father figure in the home or for the presence of a father who is emotionally detached from his family. Without a strong father figure to serve as a model, a son may experience sex-role confusion. Such boys often identify with other drug abusers who provide them with a certain sense of status and belonging that they have failed to acquire within the home.

In examining the perceived parental permissiveness of a high school sample relative to the degree of drug abuse, Hunt (1974) sought to establish the degree to which parental use of social control determines the offspring's involvement in drug abuse. His findings indicated: high use of drug abuse in offspring of perceived laissez faire child-parent relationship; medium use of drugs in offspring of perceived autocratic child-parent relationship; and low use of drugs in offspring of perceived quasi-democratic or democratic child-parent relationship.

In this study laissez-faire parents are found to reflect a lot of interest in, and relinquish responsibility and authority over their children, while autocratic parents are over-controlling, demanding and intolerant. Both parenting styles create a family environment that may encourage the adolescent to seek alternative means of providing a warm,
understanding “family type” atmosphere. Membership in a drug using group fills many of these affiliation needs. Democratic and quasi-democratic styles allow for optimum parent-child interaction in which the child’s participation is solicited and respected. Thus in his study lack of loving care and closeness between parent and child seems to set the stage for adolescent perception of drug use as positive and rewarding. Severely impaired communication and the absence of warm, interpersonal child-parent relationships create a high risk situation for adolescent multiple drug use and abuse.

Jurich, et al (1985) have tried to provide one of the best summaries of the relationship between family factors and drug abuse. This summary is outlined below:

**Lack of family closeness**

- Isolation of adolescent from family
- Lack of closeness with parents
- Little parental support
- Lack of love
- Need for recognition, trust and love not filled
- Parental rejection and hostility

**Conflict**

- Marital conflict
- Husband irresponsible
- Unhappy home

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• Disharmony in family
• Children as pawns in marital discord
• High degree of stress, trauma

**Discipline**

• Parents show lack of coping skills
• Inconsistent skills
• Discipline too autocratic or laissez-faire

**Hypocritical morality**

• Double standards of behaviour: one for selves, another for adolescents
• Denial of problems with self and parental faults.

**Psychological crutches**

• Parents lack confidence in coping with life, so use drugs as psychological crutch
• Adolescents do not learn coping skills from parents so follow parental model of coping by using drugs

**Communication gap**

• Lack of ability to communicate
• Parents do not understand
• Parents do not press communication for fear of hearing anything negative
• Cries for help not heard
Scapegoating

- Parents use adolescents as scapegoats for inadequacy

Divorce, family break-up

- Broken home
- One or both parents absent much of the time
- Father absence especially harmful
- Single parent home

2.3.3 Peer influence

According to Rice (1987) one strong reason for trying drugs among adolescents is the social pressure to be like friends or to be part of a social group. Many adolescents argue:

    Many of my friends tried it and I didn’t want to be different... Everybody is doing it... my friends urged me to try it and I didn’t want them to think I was chicken.

It is generally acknowledged that drug abuse does not occur in a vacuum. Much of the adolescent drug abuse is initiated through a peer socio-learning process. Research has shown that a high correlation exists between an individual illicit drug use and that of his friends. A person with friends who use drugs will be more likely to try the same kind of drugs. Conversely, the individual who is already using drugs will be likely to introduce
friends to the experience and one who is already a user is more likely to establish friendship with others who are also users (Johnstone, et al, 1988).

The sociological Association (1972) comprised of Lusaka University students surveyed 1,200 students of which 33% were in the 1st year, 30% were in the 2nd year, 22% were in the 3rd year while 14% were in the 4th year of all of those who responded. The findings from the study indicated that influence upon continued use of drugs was that of peers. Those who took drugs regularly more often took them with others and not alone.

Kariuki (1988) carried out a study on drug abuse in Nairobi secondary schools using 800 students, 100 class teachers and 20 head teachers. The findings from his study were similar to those of Sociological Association of students in the University of Zambia earlier mentioned. He noted that majority of drug users had friends who used drugs. The results also indicated no gender bias in the respondent’s susceptibility to the influence of friends in drug abuse behaviour. Earlier findings by Spevack and Phil (1976) suggested that teenage drug users had a strong identification with peer group members who used drugs than non-users. Drug use was a means of signalling membership in a meaningful primary group. Scarpitti and Frank (1980) also found out that identification with a marijuana using group was a powerful determinant of subsequent marijuana use.
2.3.4 Availability of Drugs

A study carried out by Ochieng (1986) revealed that the easy availability of drugs is a strong factor influencing secondary school students to indulge in drug abuse. From his study, he established that students could buy and smoke bhang in full uniform along Nairobi River, near open air stalls, markets, shoe shiners and maize roasters premises whose activities disguised their drug selling business. His study also revealed that alcohol especially was readily available to the teenagers from their parents liquor supply and from satchets alcohol bought from kiosks and supermarkets.

Makhoha (1983) indicated that bhang was grown in banana plantations in Nyamira, sugarcane growing areas, Gembe in Ungwe hills in Kisumu, Butere Kisa area in Kakamega, South Nyanza and Kiambu District. Bhang growing in Ungwe hills started way back in the colonial days which was the source of bhang for the soldiers. She went ahead and asserted that Valium and bhang were easy to obtain and cost less according to the information she got from her sample comprising of students from Lenana and Upper Hill High Schools. The respondents claimed that their parents and relatives provided them with these drugs with the aim of enhancing intelligence by making them alert, and able to read and assimilate more especially when examinations were approaching. Fellow students and pushers from outside especially those operating kiosks in the vicinity of the schools sold drugs to them. They could get there during tea and lunch breaks and buy drugs in cigarette packets and liquid form put in tea. Some students used to carry drugs from home after their holidays.
A study carried out in 1979 by the Department of Community Health and the Department of Psychiatry, Nairobi University confirmed that Kisii and Nyamira are areas in Kenya with most serious abuse of alcohol (East African Medical Journal, Vol.56, No.12. Dec. 1979). It is mainly the distilled alcohol (changaa) which is consumed, either alone or in combination with the brewed type (busaa). According to the study the concentration of alcohol in ‘busaa’ is relatively low (3-5%) whereas that of ‘changaa’ is about 10 times higher or more. The distilled alcohol is gradually replacing the ‘busaa’ which has completely changed the drinking pattern and resulted in a serious increase in alcoholism in Kisii and Nyamira. The study also established that these types of beer have got their way to the schools in the region. Thus the easy availability of different types of drugs and their relatively low prices has proved a strong influence to drug abuse among many secondary School students in Kenya.

2.3.5 The need for sensual pleasure and escape from reality

A study carried out by Rice (1996) among adolescents established that one important motive for trying drugs is to relieve tensions and anxieties and to be able to escape from problems of life or to be able to deal with or face them. Some adolescent students interviewed cited the following as the reasons for using drugs:

“I needed to get away from the problems that were bugging me”

“I felt tired and depressed and needed a lift”

“I had to stay awake to study for exams”

“When I am on grass, I have self confidence and can do anything”

The study also revealed that adolescents who are shy are more likely to use drugs than those who are not. Drugs become a means of feeling more comfortable in social
situations. Those are the emotionally immature, passive, dependent persons and who find life frustrating and anxiety provoking and who tend to withdraw from active involvement as much as possible or lean on others or drugs for help. Thus their indulgence in drugs becomes a means to cover up or make up for personal inadequacies.

Rice’s research also revealed that another reason for trying drugs is for fun or sensual pleasure. The adolescent drug users interviewed reported that they first started using drugs because they were seeking an exiting experience. Adolescents are growing up in a fun-oriented culture that emphasizes the need and value of having a good time. If taking alcohol is thought to provide fun, this becomes a strong motive for its use. Another aspect of having fun according to Rice’s study is to experience sensual pleasure. This pleasure may be sexual; many adolescents feel that alcohol makes the exploration of sex less inhibited and more delightful. The pleasure motive may involve seeking an increased sensitivity of touch and taste.

2.3.6 Experimentation and Rebelliousness

Ray (1972) in his study among adolescents established that one of the primary factors for adolescent drug abuse is youthful rebellion because adolescents often like to do the opposite of that which is expected of them. Their use of drugs therefore becomes a means of protest and expression of dissatisfaction with traditional norms and values. Thus taking drugs can serve as a means of getting even with parents whom they may regard as hypocritical because they depend on mood-altering substances such as alcohol and
tranquilizers while vehemently disapproving of their children's use of similar mood-altering substances. Using drugs also gives youth a feeling of independence from parental control and achieving adult status which they may mistakenly believe is symbolized by the consumption of alcohol and other mood-altering drugs.

According to Rice (1996) the overwhelming majority of adolescents try drugs out of curiosity to see what they are like. This is a strong motivation for drug use. Adolescents have heard what different drugs do and decide to try them. For example, the hallucinogens are supposed to release a store of elaborate, rich and colourful fantasies; marijuana is thought to reduce ego controls and provide an experience of intoxication. Thus if adolescents are more attracted by the promise of a drug than repelled by its potential harm, they may be led to experiment with them.

2.3.7 Media Influence

A study by Levin and Kozak (1979) among adolescent students revealed that the media play an important role in influencing adolescents to drug use. This is because through the mass media, youth in one section of the country are able to learn instantly about what drugs those elsewhere are using. According to Steinberg (1989) often times the media gives confusing and contradictory information to the youth:
Television programmes aimed at adolescents urge viewers to "just say no!" but
the televised football games and adult situation comedies that many of these same
viewers watch tell them, no less subtly, that having a good time with friends is
virtually impossible without something alcoholic to drink. Many celebrities
idolized by teenagers speak out against cocaine and marijuana, but many equally
famous stars admit to using these same drugs.

Thus adolescents are greatly brainwashed from the early years of their childhood by the
huge advertising industry about the advantages of drugs. Cigarette smoking and alcohol
consumption for example are identified with masculinity, independence, athletic prowess,
beauty, youth, intelligence, sex appeal, sociability, wealth and the good life. Every
conceivable gimmick and scheme has been used by the advertising industry via the mass
media to encourage smoking and alcohol consumption. The appeal is always to the
emotions and to the desire for acceptability, popularity and sexual allure.

2.4.0 Summary and Critical Analysis of the Review

In this section, four theories which help to explain the underlying factors which lead to an
initial use of and subsequent psychological dependence to drugs among adolescents have
been reviewed. The first of these theories is the Social Learning Theory which
underscores the critical role that imitation and social modelling play in influencing an
adolescent to begin indulging in drugs. The second is Paschke's Peer Group Learning
Theory which lays emphasis on peer influence as a strong motivation in drug abuse
among adolescents. This is based on the need to conform to group norms and to gain acceptance to peer groups which is a key characteristic of adolescents. The third theory reviewed in this section is the simple Learning Theory of Crowley which explains psychological dependence on drugs based on conditioning. And the last theory is the Psycho-Social Theory which underscores the interaction of internal and external factors in bringing about drug abuse behaviour among adolescents. According to this theory external factors entail drug availability and community tolerance to drugs while internal factors include inadequate personalities which arise from defective child-parent relationships.

In the review of the context in which drug use and abuse arise among adolescents in various studies, it is found that drug abuse is related to inadequate parental care and inappropriate family background which contribute to the personality of the drug abuser. In the review also adolescence is conceived of as a period during which transformation occur through practice of the institutionalized roles of parents. Adolescent drug use is seen as being associated with growing up in an environment in which an important status to which the youth legitimately aspire is that of becoming an adult, which is perceived typically as involving drug use. The presence of behaviour models enable the adolescent to achieve this goal, irrespective of whether the models are friends, parents or peer group members. In general curiosity, peer pressure, parental attitudes and models, psychological stress, disruptive family background and media influence are found to be the major contributory factors to drug abuse among adolescents in terms of providing the necessary information, the opportunity and legitimation for drug use and abuse.
It is evident from the above review that enormous amounts of literature exist under the general theme of drug abuse among the schooling youth. However, many of the researches done with the objective of examining the problem of drug abuse among schooling youths in developing countries have tended to concentrate on urban settings. This study was meant to give the necessary attention to the problem of youthful drug abuse in secondary schools in the rural environment. Therefore the study was going to find out if the above causative factors influence the drug abuse habit among students in secondary schools in the identified area of study.

2.5.0 Null Hypotheses

The study was set to test the following null hypotheses:

**H0₁** There is no significant difference between abuse of locally produced alcohol and other drugs in Nyamaiya Division secondary schools.

**H0₂** There is no significant relationship between drug abuse and school type in Nyamaiya Division Secondary Schools

**H0₃** There is no significant difference between the number of drug users whose parents use drugs and that of drug users whose parents do not indulge in drug abuse.
$H_0_4$ There is no relationship between peer influence and drug abuse in Nyamaiya Division Secondary Schools

$H_0_5$ There is no relationship between availability of drugs and their use and abuse.

$H_0_6$ There is no significant relationship between the pocket money given to students and drug use and abuse.

$H_0_7$ There is no significant relationship between media influence and drug use and abuse.

$H_0_8$ There is no significant relationship between the stress a drug user is experiencing and his drug abuse behaviour.
CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the procedure used in collecting and analyzing data. It focuses on the location of the study, target population, sampling, data collection instruments, procedure for data collection and analysis of data.

3.2 Location of the study

This study was carried out in Nyamaiya Division of Nyamira District. According to Singleton (1993), an ideal setting for any study should be easily accessible to the researcher. Nyamaiya Division was chosen because the researcher is very familiar with the area and made it easy to access the schools. Besides, no similar study has been carried out in the schools in the Division.

3.3 Target population

The sample selected in this study consisted of:

- **Form three students:** 80 subjects were drawn from both boys’ and girls’ schools in Nyamaiya Division. The sample consisted of subjects from various categories
of schools namely: Girls boarding, Boys boarding, Mixed day and Mixed day and boarding. Students were taken as the ‘prima facie’ source of information in this study.

- **Class, Guidance and Counselling and head teachers:** The subjects were drawn from the same schools as in the students sample. 4 class teachers, 4 head teachers and 4 Guidance and Counselling teachers were selected. The teachers were taken as complimentary sources of information in the study.

### 3.4.0 Sampling

The sample of this study consisted of 80 students drawn from 4 secondary schools in the study area. In each school only one stream of form three students was selected to complete the questionnaire. From this stream 20 students were randomly chosen to participate, 4 class teachers and 4 guidance and counselling teachers were drawn from the 4 schools while the 4 head teachers from the selected schools became potential information sources. All together 80 students, 4 guidance and counselling teachers, 4 class teachers and 4 head teachers participated in this study.

### 3.4.1 School selection Criteria

Only public schools were selected for this study. This is because previous attempts to study undesirable social behaviour such as drug abuse in private schools have been met with resistance by private school administrators who fear negative public labelling of their schools, in case they are reported to have many incidents of drug abuse and other undesirable social behaviour (Kombo 1988). Accordingly the study sample was taken
from a universe of 10 public secondary schools in Nyamaiya division. The list of public school was obtained from the Assistant Education Officer (AEO) at Nyamaiya. The list not only gave the names and number of public secondary schools, but also indicated the type of school. Secondary schools in the sample were divided into boarding schools for girls, boarding schools for boys, mixed day schools and mixed day and boarding schools.

One factor that the researcher took into consideration in the choice of schools is whether the school is a day or a boarding school. Day school students have more contact with the world outside the school and consequently their behaviour may exhibit differences compared to boarding school students who are confined to school compounds most of the time. In order to allow for differences in students drug behaviour due to whether a school is day or boarding, both types of schools were included in the sample. Differences between the sexes were also taken into account as a factor contributing to students drug behaviour and both sexes are therefore included in the sample.

3.4.2 Selection Criteria for Students

Student respondents were selected from a form III class in each of the 4 selected schools in the study. In instances where a school has several streams, only one stream was selected. The choice of the stream was randomly selected by the researcher through the lottery method. Form three students are assumed to be more mature than form ones and twos because they are older and have stayed in the school longer. They are also not preoccupied with the national exams or issues of life after school as much as form fours.
are. Consequently they are more forthcoming in volunteering information and therefore more suitable to participate in this study.

### 3.4.3 Selection Criteria for Head, Class and Counselling teachers

The Head Teachers, Class Teachers and Guidance and Counselling Teachers of the selected schools formed part of the sample. In Kenyan secondary schools, head teachers are the people responsible for the day to day running of schools. They delegate authority and responsibility to teachers, subordinate staff and students, all of whom are answerable to them. Head teachers are crucial in creating and influencing the ethos and authority styles in the schools and this determines the discipline levels in the school (Burden 1995). They are supposed to be aware of students’ behaviour and some form of punishment can be administered by them or by persons delegated to them. Head teachers were therefore vital respondents in this study.

Every public secondary school in Kenya is supposed to have a guidance and counselling department. This Ministry of education requirement is aimed at helping students to develop and grow in a holistic manner. Counselling cases are normally referred to persons designated as s or students themselves choose to visit the guidance and counselling teachers. All Guidance and Counselling Teachers in Kenya’s public secondary schools are regular classroom teachers who carry a regular classroom workload. They are quite knowledgeable on students’ undesirable social behaviour. s were therefore be very useful in the study given their exposure to issues of students’ behaviour by virtue of their professional responsibility.
Class teachers normally have classes assigned to them. Ideally they are supposed to keep track of their students’ progress or lack of it in academic and behavioural matters. They are supposed to have a closer knowledge of their students than other members of the staff, with a view to helping them become not only better students but also better persons. Given their knowledge of students’ behaviour, class teachers were very useful in this study.

3.5.0 Research Instruments

The following research instruments were used in data collection: questionnaires for students and interview schedules for head teachers, class teachers and guidance and counselling teachers.

a) Student questionnaires

A questionnaire was administered to all the sampled students (Appendix A). It was made up of both open ended and closed ended questions in order to elicit the widest possible range of responses on factors influencing drug abuse in secondary schools in Nyamaiya Division. Open ended questions are useful in seeking opinions and views on issues because they give the respondent freedom to explain their opinions. The dimensions covered in this questionnaire are background information, opinion on causes of drug abuse and attitudes towards drug prevention education.

b) Head, Class and Counselling Teachers Interview Schedule
This category of teachers was interviewed using a pre-prepared interview schedule on aspects of students' drug behaviour in their schools (Appendix B). The researcher used unstructured (open-ended) interview schedules in order to elicit as much data as possible from them on students' drug behaviour.

3.6.0 Validation of the Instruments

The research instruments were based on those used by other researchers such as Kariuki (1988), Kamonyo (1997) and Gichuru (1996). Validation was done through approval by the university supervisor who verified the face and content validity for the instruments. Fellow graduate students were also used to check the instruments and pinpoint ambiguous items.

3.7.0 Data Collection Procedure

The first step was to obtain a research permit from the Ministry of Education Science and Technology. The researcher then paid a courtesy call on the District Commissioner and the District Education officer of the district under which the research area falls to serve him with a copy of the permit and to inform him of his intention to carry out the research in the sampled schools. The researcher then visited the head teachers of the sample schools to introduce himself. Dates and times for administration of the questionnaires and interview schedules were agreed upon. The head teachers and their deputies then arranged with their form 3 class teachers to prepare students for the administration of the questionnaires.
On the material day the researcher himself verbally explained the objectives of the study and gave directions on filling the questionnaire. He then gave out the questionnaires to each student in the class and stayed in the classrooms while students filled them. He stayed in the classroom incase students needed clarifications while filling out the questionnaires and also because students were more serious in filling out the questionnaires in his presence.

Head teachers were interviewed in their offices using pre-prepared interview schedules. In their absence, deputy head teachers were interviewed. Class and counselling teachers were interviewed during their free time, between lessons or even after classes in the evening. These times were appropriate since counselling and class teachers have a regular classroom workload besides their duties as class teachers and guidance and counselling teachers.

3.8.0 Description and Justification of the Statistical Techniques

3.8.1 Data Analysis

This study was a survey research aimed at finding out the factors leading to the increasing incidents of drug abuse among secondary school students in the area of study. The researcher therefore collected raw data which was in qualitative and quantitative form. After collection of raw data, it was scored, coded and data files prepared for computer analysis. This analysis was done using the statistical packages for social sciences (SPSS).
3.8.2 Analysis Techniques

The most common method of reporting a descriptive Survey Research is by developing frequency tables (Gay, 1976). Inferential statistics using the chi-square was used to determine the significance of the results obtained. Other non-parametric inferential statistics that were utilized in analyzing the study’s data were percentages and proportions. The significance of stated hypotheses was tested using Z-tests at 0.05 level of significance. Z-test was chosen because the population to be studied was greater than thirty, and since the scores produced from the study were in continuous form.
CHAPTER FOUR

RESULTS OF THE STUDY

4.1.0 Introduction

In this chapter, findings of the study based on the research questions investigated and hypotheses tested are presented. The study was conducted among secondary school students in Nyamaiya Division of Nyamira District. Data was collected by use of a questionnaire administered personally by the researcher to 80 respondents in the study location.

The first section of this chapter covers mainly descriptive statistics dealing with answers to the three questions explored in the study as indicated in chapter one. The second section deals with results of the tests of eight null hypotheses investigated. The data is presented in tables and figures. The tables indicate data presentation in frequencies, percentages and ranks, while figures show visual presentation of the same data.

4.2.0 Descriptive statistics

This study set out to find answers to some pertinent questions on drug abuse. This sub-section contains results of the study in the form of answers to research questions presented in tables and figures.
4.2.1 Research question one: Which drugs are commonly abused by secondary school students in Nyamaiya Division of Nyamira District?

This question explored the specific drugs abused and ways of obtaining them. The results are tabulated in table 4.1(a) and 4.1(b) below.

Table 4.1(a) Distribution of commonly abused drugs

<table>
<thead>
<tr>
<th>DRUG</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
<th>RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (locally made)</td>
<td>36</td>
<td>45.1</td>
<td>1</td>
</tr>
<tr>
<td>Tobacco</td>
<td>20</td>
<td>25.0</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol (industry made)</td>
<td>13</td>
<td>16.25</td>
<td>3</td>
</tr>
<tr>
<td>Bhang</td>
<td>5</td>
<td>6.25</td>
<td>4</td>
</tr>
<tr>
<td>Khat (Miraa)</td>
<td>3</td>
<td>3.75</td>
<td>5</td>
</tr>
<tr>
<td>Piriton</td>
<td>2</td>
<td>2.5</td>
<td>6</td>
</tr>
<tr>
<td>Glue</td>
<td>1</td>
<td>1.25</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

Table 4.1(a) above shows that locally produced alcohol (changaa and busaa) is the most abused drug, while glue is the least. This data is presented in the following pie chart.
Figure 4.1(a) Distribution of commonly abused drugs

- Alcohol (locally made)
- Alcohol (industry made)
- Tobacco
- Bhang
- Khat (Miraa)
- Piriton
- Glue
Table 4.1(b) Ways of obtaining drugs by students

<table>
<thead>
<tr>
<th>Method</th>
<th>F</th>
<th>%</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared at home</td>
<td>33</td>
<td>41.3</td>
<td>1</td>
</tr>
<tr>
<td>Bought from shops and bars</td>
<td>20</td>
<td>25.0</td>
<td>2</td>
</tr>
<tr>
<td>Given by friends</td>
<td>12</td>
<td>15.0</td>
<td>3</td>
</tr>
<tr>
<td>Bought across the school fence</td>
<td>8</td>
<td>10.0</td>
<td>4</td>
</tr>
<tr>
<td>Given at funerals and other ceremonies</td>
<td>4</td>
<td>5.0</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>3.75</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.1(b) shows that the home is the source of most of the drugs abused. Figure 4.1(b) below is a graphic presentation of this data.
Figure 4.1(b) Ways of obtaining drugs by students

- Prepared at home: 41.3%
- Given by friends: 5%
- Bought from shops and bars: 10%
- Bought across the school fence: 25%
- Given at funerals and other ceremonies: 15%
- Others: 0%
4.2.2 Research question two: How prevalent is the Drug abuse problem among secondary school students in Nyamaiya Division of Nyamira District?

Data relating to this question is given in table 4.2 below.

**Table 4.2 Prevalence of Drug Abuse by type of school**

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>ABUSED DRUGS</th>
<th>DID NOT ABUSE DRUGS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>Mean</td>
</tr>
<tr>
<td>Mixed day (MD)</td>
<td>17</td>
<td>21.3</td>
<td>4.705</td>
</tr>
<tr>
<td>Mixed day and boarding (MDB)</td>
<td>16</td>
<td>20.0</td>
<td>5.000</td>
</tr>
<tr>
<td>Boys boarding (BB)</td>
<td>14</td>
<td>17.5</td>
<td>5.714</td>
</tr>
<tr>
<td>Girls boarding (GB)</td>
<td>12</td>
<td>15.0</td>
<td>6.666</td>
</tr>
<tr>
<td>TOTAL</td>
<td>59</td>
<td>73.8</td>
<td>1.355</td>
</tr>
</tbody>
</table>

Table 4.2 indicates the highest prevalence of drug abuse in mixed day schools (MD), while girls boarding schools (GB) had the least prevalence. Figure 4.2 below presents this data in a chart.
Table 4.2 indicates the highest prevalence of drug abuse in mixed day schools (MD), while girls boarding schools (GB) had the least prevalence. Figure 4.2 below presents this data in a chart.

Figure 4.2 Prevalence of drug abuse based on type of school

![Prevalence of drug abuse based on type of school](image-url)
### Table 4.3 Key factors influencing drug abuse

<table>
<thead>
<tr>
<th>Factors</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of drugs</td>
<td>20</td>
<td>25.0</td>
<td>1</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>17</td>
<td>21.25</td>
<td>2</td>
</tr>
<tr>
<td>Excessive pocket money</td>
<td>12</td>
<td>15.0</td>
<td>3</td>
</tr>
<tr>
<td>Stress</td>
<td>11</td>
<td>13.75</td>
<td>4</td>
</tr>
<tr>
<td>Media influence</td>
<td>10</td>
<td>12.5</td>
<td>5</td>
</tr>
<tr>
<td>Parental modelling</td>
<td>7</td>
<td>8.75</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>3.75</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.3 above shows that availability of drugs is the most important factor influencing drug abuse, while parental influence is the least. This data is graphically presented in the chart overleaf.
Figure 4.3 Key factors influencing Drug Abuse

- Availability of drugs: 25%
- Stress: 21.25%
- Peer pressure: 15%
- Media influence: 13.75%
- Excessive pocket money: 12.5%
- Parental modelling: 8.75%
- Others: 3.75%
4.3.0 STATISTICAL ANALYSIS

This subsection covers the results of statistical analysis. Statistical analysis was done to test if there were any significant differences in or correlation between various variables stated in the hypotheses. The significance of stated hypotheses was tested using chi-square tests. For each of the analysis the alpha level was set at 0.05. The results are presented per hypothesis.

4.3.1 Commonly Abused Drugs

$H_0$: There is no significant difference between abuse of locally produced alcohol and other drugs

The results of testing this hypothesis are shown in table 4.4 below.

**Table 4.4 Chi-square value for locally produced alcohol**

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>13.65</td>
<td>0.599</td>
<td>1</td>
<td>0.002</td>
</tr>
</tbody>
</table>

From table 4.4, the results revealed that at $P < 0.05$, a $\chi^2 (0.599; df = 1)$, the difference was statistically significant. The table value was 3.841. Thus the null hypothesis was rejected.
4.3.2 Establishing relationship between drug abuse and school type

$H_0$: There is no significant relationship between drug abuse and school type in Nyamaiya Division secondary schools.

The results of testing this hypothesis are in table 4.5 overleaf.

**Table 4.5 Chi-square value for drug abuse and type of school**

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>6.73</td>
<td>14.950</td>
<td>3</td>
<td>0.002</td>
</tr>
</tbody>
</table>

In table 4.5 above, the analysis indicated that at $P < 0.05$, a $\chi^2$ (14.950; df = 3) was statistically significant, which implied that there was a significant relationship between drug use and type of school. The table value was 7.815, thus the null hypothesis was rejected.

4.3.3 The role of parental modelling in siblings' drug abuse behaviour

$H_0$: There is no significant difference between the number of drug abusers whose parents use drugs and that of drug abusers whose parents do not indulge in drug use.

The results of testing this hypothesis are tabulated in table 4.6 and 4.7 below.
Table 4.6 Chi-square value for father’s influence in siblings’ drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>10.50</td>
<td>2.872</td>
<td>1</td>
<td>.090</td>
</tr>
</tbody>
</table>

From table 4.6, the results revealed that at $P < 0.05$, a $\chi^2 (2.872; \text{df} = 1)$ was not statistically significant. This implied that there was no significant difference between the number of abusers whose fathers used drugs and that of drug abusers whose fathers did not indulge in drug use. The table value was 3.841, thus the null hypothesis was accepted.

Table 4.7 Chi-square value for mothers’ influence in siblings’ drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>3.50</td>
<td>3.140</td>
<td>1</td>
<td>0.076</td>
</tr>
</tbody>
</table>

Table 4.7 shows that at $P < 0.05$, a $\chi^2 (3.140; \text{df} = 1)$ was not statistically significant. This implied that there was no significant difference between the number of drug abusers whose mothers used drugs and that of drug abusers whose mothers did not use drugs. The table value was 3.842, thus the null hypothesis was accepted.

The results of this hypothesis ($H_03$) testing thus indicated that other factors besides parental influence had a greater role in determining drug abuse behaviour among the respondents.
4.3.4 The role of peer influence in drug abuse

$H_0^4$: There is no significant relationship between peer influence and drug abuse among students in Nyamaiya Division secondary schools.

The results of testing this hypothesis are shown in table 4.8 below.

**Table 4.8 Chi-square value for peer influence in drug abuse**

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>3.42</td>
<td>7.348</td>
<td>3</td>
<td>0.004</td>
</tr>
</tbody>
</table>

In table 4.8, the results revealed that at $P < 0.05$, a $\chi^2$ (7.348; df = 3) the relationship was statistically significant. The table value was 7.815, thus the null hypothesis was rejected.

4.3.5 Establishing the relationship between availability of drugs and their abuse

$H_0^5$: There is no significant relationship between availability of drugs and their use and abuse.

There results of this hypothesis testing are tabulated in table 4.9 below.
Table 4.9 Chi-square value for availability of drugs in drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>0.35</td>
<td>2.637</td>
<td>4</td>
<td>0.004</td>
</tr>
</tbody>
</table>

From table 4.9, the results revealed that at $P < 0.05$, a $\chi^2 (2.637; df = 4)$, the relationship was statistically significant. The table value was 9.488, thus the null hypothesis was rejected.

4.3.6 The role of excessive pocket money in drug abuse

$H_{06}$: There is no significant relationship between excessive pocket money given to students and their drug abuse behaviour.

The results of testing this hypothesis are shown in table 4.10 below.

Table 4.10 Chi-square value for excessive pocket money in drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>0.35</td>
<td>4.945</td>
<td>4</td>
<td>.000</td>
</tr>
</tbody>
</table>

60
In table 4.10 above, the analysis revealed that at $P < 0.05$, a $\chi^2 (4.945; \text{df} = 4)$ the relationship was significant. The tabulated value was 9.488 and thus the null hypothesis was rejected.

4.3.7 Establishing the relationship between media influence and drug abuse

$H_0$: There is no significant relationship between media influence and drug use and abuse.

The results of this hypothesis testing are shown in table 4.11 below

Table 4.11 Chi-square value for media influence in drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>15.8</td>
<td>16.517</td>
<td>4</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Results in table 4.11 indicate that at $P < 0.05$, a $\chi^2 (16.517; \text{df} = 4)$ the relationship was statistically significant. The tabulated value was 9.488. The null hypothesis was thus rejected.

4.3.8 The correlation between the stress of a drug abuser and his drug abuse behaviour.

$H_0$: There is no significant relationship between the stress of a drug abuser and his drug abuse behaviour.

Results of the analysis of this hypothesis are shown in table 4.12 overleaf.
### Table 4.12 Chi-square value for stress in drug abuse

<table>
<thead>
<tr>
<th>Observed N</th>
<th>Expected N</th>
<th>$\chi^2$</th>
<th>df</th>
<th>Asymp. Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>25.3</td>
<td>22.447</td>
<td>2</td>
<td>.000</td>
</tr>
</tbody>
</table>

In table 4.12 above, the analysis indicated that at $P < 0.05$, a $\chi^2 (22.447; df = 2)$, the relationship was significant. The tabulated value was 5.991, and thus the null hypothesis was rejected.

### 4.4.0 Summary of results

With regard to the research questions, it was found that:

i) Locally produced alcohol (changaa and busaa) was the most commonly abused drug among secondary school students in the study location despite its illegal status. The main reason for this was that students had easy access to it since it was made in the locality including some of their homes. The difference between its abuse and the abuse of other drugs was also found to be significant.

ii) Drug abuse was most prevalent in mixed day and boarding schools, with the main reason being that day scholars had access to the outside world including sources of drugs which influenced them to indulge in drugs. Besides, day scholars acted as a means of conveying drugs to boarding students. A positive correlation was
established between drug abuse and school type. It was too found that drug abuse was relatively more prevalent among boys than girls.

iii) Easy accessibility to drugs played an important role in influencing students to indulge in drug use. A strong positive correlation existed between availability of drugs and their abuse. Students' responses indicated that the availability of drugs in the study location tempted them to start using them. Other factors that influenced the students to start indulging in drug abuse included peer pressure, escape from reality, excessive pocket money and media influence. The relationship between these factors and drug abuse was found to be significant. Parental modelling was also found to play a role in adolescent drug abuse although a weak positive correlation was found between drug abuse and parental modelling, implying that other factors played a more significant role in adolescent drug abuse than parental modelling.
CHAPTER FIVE

CONCLUSION

5.00 Introduction

This chapter covers a discussion of the main findings of the study and their interpretation in the light of their implications to counselling practice.

5.1.0 Discussion

Discussions of the findings of this study are arranged according to the major research questions in the order presented in chapter one and chapter four.

Research question one: Which drugs are commonly abused by secondary school students in Nyamaiya Division of Nyamira District?

Students' response to this question are summarized in table 4.1 (a) and (b) while figure 4.1 (a) and (b) presents the data in chart form. The table also contains students ranking of the commonly abused drugs.

This question aimed at exploring the commonly abused drugs among students in the study location, ways of obtaining them and the ranking of the drugs in terms of which
drug was most and least abused. The results in table 4.1 (a) showed that locally produced alcohol (changaa and busaa) was the most commonly abused drug (45.1%) followed by tobacco (25.0%), industry produced alcohol (16.25%), bhang (6.25%), khat (miraa) (3.75%), piriton (2.5%) and glue (1.25%). It is important to note that locally brewed alcohol particularly ‘busaa’ is commonly used in traditional ceremonies like circumcision, marriage and funerals to mention but a few. No wonder then that locally made alcohol was the most commonly abused drug among the respondents. The main reason for locally produced alcohol being the most commonly abused drug was the fact that it is fairly cheap and readily available in most homes and school vicinities. The two main brands of locally produced alcohol are changaa and busaa which are prepared from maize and millet flour through a simple process of fermentation and distillation.

A chi-square test (table 4.4) also found that there was a significant difference between the abuse of home made alcohol compared to other drugs with the former being the most commonly abused, its illegal status notwithstanding. The study found that changaa and busaa brewing was quite rampant in the study location and were relatively cheaper compared to industry manufactured and legal brands of alcohol. Table 4.1 (b) summarizes the main sources of obtaining drugs. The table indicates that the home was the most important source of drugs (41.3%) followed by shops and bars 25%, ‘given by friends’ (15%), ‘bought across the fence’ (10%), funerals and other ceremonies (5%) and others (3.75%).
A study by the department of community health of the University of Nairobi (1990) reinforced these findings. According to the study the concentration of alcohol in ‘busaa’ is relatively low (3-5%) whereas that of ‘changaa’ is about 10% higher. The study revealed that the distilled alcohol (changaa) was gradually replacing the ‘busaa’ which has completely changed the drinking pattern and resulted in a serious increase in alcoholism in Nyamira and Kisii Districts. The current study established that general increase in the production of locally prepared alcohol has led to a corresponding increase in adolescent abuse of alcohol.

The results indicated that alcohol generally, legal and illegal, made up of 61.4% of the drugs abused, making alcohol the most abused drug compared to other drugs which together consisted of only 38.6%. Tobacco was the second most abused drug (25%) followed by bhang (6.25%).

These results were in line with findings from a study by Birgen (2004). This study revealed that alcohol (both locally brewed and sold in sachets) and cigarettes were the most commonly abused drugs in secondary schools in Kenya. The reason given for this in the study, was that these drugs are relatively cheap and readily available hence the temptation on the part of students to begin indulging in them.

In another study, Ochieng (1986) established that alcohol was readily available to secondary school students from their parents liquor supply and from sachet alcohol bought from kiosks, bars and supermarkets. From his study, he found out that students
could buy, smoke and drink, cigarettes, bhang and alcohol near markets, shoe shiners, maize roaster premises and kiosks whose activities disguised their drug selling business.

Research question two: How prevalent is the drug abuse problem among secondary school students in Nyamaiya Division of Nyamira District?

Table 4.2 summarizes students' response to this question based on the type of school to which they belonged while figure 4.2 presents the data in a chart.

The question sought to establish the prevalence of drug abuse behaviour among students in the different types of secondary schools. The results show that drug abuse was most prevalent among students in mixed day (MD) secondary schools (21.3%), followed by mixed day and boarding (MDB) (20%), boys boarding (BB) (17.5%) and girls boarding (GB) (15.0%). A chi-square test showed that there was a significant relationship between prevalence of drug abuse among the respondents and the type of school to which they belonged.

In the current study, drug abuse was found to be more prevalent in mixed day (MD) and mixed day and boarding (MDB) schools than in other school types. It is most probable that the main reason for expecting a high prevalence in drug abuse among day scholars was the fact that they were in closer contact with drug peddlers and other drug sources than boarders. These sources include the homes where some of the drugs, for example, home made alcohol (changaa and busaa) was prepared and the kiosks and shops along the way to school.

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Other studies also found a high prevalence of drug abuse among day schooling secondary school students. A study by Gichuru (1996) in Kabete location of Kiambu District revealed that there was a high prevalence of drug use and abuse among day scholars as they had easy access to stalls, kiosks and bars where some of these drugs were sold and on their way from school, they bought them and started to experiment with them.

Further, the high prevalence of drug abuse among day scholars was perhaps due to their closer contact with the general public whose drug use behaviour they tended to imitate. This is in line with Bandura’s (1977) principle of social modelling. In addition, day scholars had easier access to locally grown drugs, such as bhang and tobacco compared to their boarding counterparts. It was also acknowledged that the disciplinary systems in existence in day schools had relaxed significantly relative to those in boarding schools, a factor which was manifested in the schools administrations’ tolerance to delinquent behaviour including drug abuse. This fact was also stressed by Ochieng, (1986).

The current study too established a generally high prevalence of drug abuse in both boys (17.5%) and girls (15%) boarding schools although the former depicted more prevalence than the latter. For boys the prevalence was due to the general male tendency to drift to drugs due to curiosity motivated by friends, peer group members and adults (Curlee, 1969). While for girls it was due to psychological anxieties and crises characteristic of adolescents which implied that girls at this developmental stage tended to use drugs to counter adolescence related stresses (Beckman, 1975). However these conclusions should not be construed to mean that all males drifted to drug use and all females abused drugs
due to specific reasons such as psychological stress or any other precipitating circumstances. This is because a study by Edwards (1973) indicated that the basic motivational structures which influence drug use in adolescent males and females are basically similar. These motivational structures to drug use were seen in operation in this study although they applied to each gender in varying degrees with the overall prevalence of drug use being slightly higher in male compared to female students.

These results were in line with what Harworth (1983) found in a study involving five Lusaka secondary schools in Zambia. In this study, 58% boys and 24% girls had taken drugs like petrol, miraa, pep-pills etc.

In another study Kariuki (1988) noted that there were relatively more drug users among boys than girls. The explanation given for this difference was due to the male tendency to drift to drug use especially through curiosity, motivated by peers. The research by Karugu and Olela (1993) reported that drug use was a non-gender issue. The only difference was that more males tended to use more drugs than their female counterparts.

An important factor that could explain the high prevalence of drugs in all types of schools in the sample was the fact that the subjects in this study were in the developmental stage of adolescence. Thus the anxieties and crises characteristic of adolescence were often manifested in drug use in which the subjects resorted to drugs as a way of coping with the crises or escaping from reality. The significant relationship between drug use and adolescence was also studied by, Levy (1970), Meloff (1967) and Maddox (1964).
Several studies by Plant et al (1985); Marsh et al (1986); Bagnall (1988) and others in the context of adolescence, acknowledge the role of gender as an important influence on drug abuse. They have produced considerable evidence from surveys that adolescent males are more likely than their female counterparts to indulge in drugs (a further indication that peer group influences play an important role in relation to youthful drug abuse behaviour).

**Research question three: What are the key factors influencing drug abuse among secondary school students in Nyamaiya Division of Nyamira District?**

The question aimed at determining the relative roles played by peer pressure, excessive pocket money, availability of drugs, stress, media influence and parental modelling in drug abuse behaviour among secondary school students. The results in table 4.3 showed that there were relatively more students indulging in drugs due to their easy accessibility to drugs (25%), followed by peer influence (21.3%) and escape from stressful situations in life (13.75%). Excessive pocket money accounted for 15%, media influence (12.5%) and parental modelling (8.75%). A chi-square test for availability of drugs in drug abuse (table 4.9) revealed that there was a statistically significant relationship between availability of drugs and their abuse. This means that there was a strong positive correlation between availability of drugs and the tendency of students to abuse them.

The study established that a number of drugs were available in the study location. For instance it was revealed that the brewing of changaa and busaa (locally produced brands
of alcohol) was quite rampant and these illegal brands of alcohol were relatively cheaper compared to industry manufactured brands. Some of these local brands of alcohol were prepared in some students' homes and some were asked to lend a hand in their preparation. These results echoed Dhadphale and Mengech’s (1981) findings that availability of home made types of alcohol was a strong influence in drug abuse among secondary school students in Kenya. In their study, these liquor, for instance “changaa” which is illegal under the changaa prohibition Act of the laws of Kenya, are brewed in many rural homes where children take part in their distillation and sale, and hence the temptation for them to begin ‘tasting’ them.

Cigarettes and legal beer (industry produced) were sold in the shops and kiosks and in the few bars and some market places in the study location, sometimes in portable sachets. It was also found that bhang was secretly grown in some tea and banana farms intercropped with other crops such as maize and beans. This was also confirmed by a study by Makhoha (1983).

The students accessed the drugs as some were produced in their homes and some even assisted in their production (Wetangula, 2005). Besides, day-scholars bought these drugs on their way to and from school and through them these drugs were carried to day and boarding schools. The drugs were also bought across the fence in boarding schools and in some cases boarders accessed the drugs during school outings and on their way home during school holidays (Wachira, 2001). Thus the easy availability of these drugs was a
strong influence in their abuse and hence the strong positive correlation between availability of drugs and their abuse among the students.

The study established a strong positive correlation between peer influence and drug abuse. This was revealed in the chi-square for peer influence (table 4.8) as a factor in drug abuse which was found to be statistically significant. This implied that friends played a vital role in initiating and sustaining each others' drug abuse behaviour. This result was expected since the respondents in the current study were in the developmental stage of adolescence which is characterized by strong social pressure to be like friends (Rice, 1987). Thus it was predicted that peer influence would come into play in drug use behaviour among the students. This implied that friends should be seen as one of the major behaviour models for the youth, especially in relation to drug use. The argument was reinforced by research findings by Mckennel (1967).

A number of other research findings are conclusive that peer support and instruction is responsible for a substantial percentage of initial and subsequent adolescent drug use. Kendel (1980) found out that 52% of the 42.6%, who reported ever using drugs, did so at the suggestion of a friend. Lucas (1978) determined that having frequent contact with close marijuana-using friends was one of the five variables that explained more than 55% of variance in initial marijuana use.

In their longitudinal study, Jessor and Finney (1973) found that adolescents who use drugs perceive less compatibility between parents and friends regarding values and
expectations for their behaviours. This research revealed that adolescents perceived greater peer influence on their views. They maintained that peer reinforcement and instruction is instrumental in predicting change from abstainer to drug user in junior and senior high school students.

In another study, Gorsuch and Buttler (1976) found that peer support of drug use also influenced the adolescents' decision to continue use after initiation. They held that young people who use drugs seek other drug users as their friends and disassociate themselves from non-user friends. In their view membership in a drug using peer group either before or after initiation to drug use will depend in part on internal, personal factors, saliency of peers to the individual, and perceived differential reinforcement. In the majority of cases, a peer support system influences the individual's first use of drugs and becoming involved in one of these support systems serves to reinforce the act of drug taking.

The investigation of the relationship between the stress of drug abusers and their drug abuse behaviour found that a strong positive correlation existed between the two. This was revealed by a chi-square test for this variable (table 4.12) which indicated a statistically significant relationship. This result of hypothesis testing was expected since the sample in this study was drawn from adolescents who were in the critical developmental stage of adolescence which is characterized by anxieties and crises and which Abbort (1997) describes as a period of "storm and stress". It is thus most probable that the adolescent students in the sample resorted to drugs in order to escape from reality or to cope with the crises they were going through. This result was also found by Rice
(1996) in a study among adolescents which established that one of the primary motives for trying drugs was to relieve tensions and anxieties and to be able to escape from problems of life or to be able to deal with or face them. This relationship between drug abuse and adolescence crises and anxieties were also studied by Levy (1970) and Maddox (1964) and established a strong positive correlation between the two.

One of the tasks of this study was to establish whether drug abuse among secondary school students had anything to do with the amount of pocket money at the disposal of the students. A chi-square test for this variable (table 4.10) revealed that there was a statistically significant relationship between drug abuse and the amount of pocket money at the disposal of the students, meaning that a strong positive correlation existed between the two. Thus, the more the excessive pocket money, the more the likelihood that the student would indulge in drug abuse. For purposes of this study, excessive pocket money was used to refer to any amount of money over and above the money required by the students in buying the basic items needed at school. The excessive pocket money with students tempted them to buy drugs and this, coupled with the availability of drugs and other precipitating factors, led to an increase in drug abuse among the adolescents. This result was also found in a survey of the causes of drug abuse in Kenyan schools by the Teachers Service Commission (2004). Similar results were also found in studies carried out by Kombo (1988) and Ochieng (1986). In Kombo's (1988) study for instance, excessive pocket money was found to play an important role in inducing secondary school students to indulge in delinquent behaviour indulging drug abuse.
The investigation of the role of the media in drug abuse revealed that a strong positive correlation existed between media influence and drug abuse among the students. A chi-square value for media influence in drug abuse (table 4.11) established a significant relationship. This was not anticipated because for a long time, the media was thought to play an important role in influencing the youth to drug abuse and other anti-social behaviours only in urban settings (Wachira, 2001). However, the data in table 4.3 and the result of the hypothesis testing (table 4.11) indicated the important role the media was playing in influencing adolescent students in the sample to drug abuse. This implied an increase in accessibility of the various forms of media (both print and electronic) to the youths in rural settings. It was generally acknowledged that the vibrant advertisement of drugs in such media gave the youths a wrong impression of the advantages of using drugs. Underlying those drug advertisements is the message that success in both work and love can be facilitated through the chemistry of drugs. Thus through drug advertisements, youths derive the promise that no one need for long be sad, anxious or depressed; for drugs can modify moods, create euphoria and improve reality. This apparent attractiveness created by the media boosted the adolescents’ curiosity to try using drugs and this led to drug abuse.

Some research findings have too established the important role played by the media in influencing adolescents to indulge in drugs. According to Wetangula (2005) alcohol advertising glamorizes and normalizes the consumption of alcohol and is a powerful ‘recruiter of young drinkers’. Through such media advertising, young people often feel that drinking results in more fun, greater strength and other positive qualities portrayed
by advertisements. In his view, youths find alcohol advertising appealing and many feel encouraged to drink. A study by Levin and Kozak (1979) also revealed the crucial role played by media advertising in drug abuse. In their view, such advertising portrayed drugs as being associated with masculinity, independence, beauty, intelligence, sex appeal and generally the good life, and often times the drug advertisements targeted the emotions and the desire for acceptability, popularity and sexual allure.

While a strong positive correlation was found between peers and adolescent students’ drug abuse a weak positive correlation was revealed between parents’ and siblings’ use of drugs. Chi-square tests for fathers’ (table 4.6) and mothers’ (table 4.7) influence on their children’s drug abuse behaviour indicated that the difference was not significant. This therefore meant that other factors other than parental modelling had a greater influence on the students’ drug abuse behaviour. This was rather unexpected because parents have for a long time been considered as one of the major behaviour models for their children. Hence it would be logical to expect young people to imitate the habits of the parents even when such habits are socially unacceptable. The results of this study however, revealed that other factors such as peer pressure rather than parental modelling were instrumental in influencing adolescents to drug abuse. Thus the study showed that parents should not be considered as one of the major behaviour models for the youth, especially in relation to drug use habits. This is contrary to findings from other studies which revealed a positive correlation between parents’ and children’s use of drugs, for example Kendel (1980) and Baumann (1973).
Other researches also contradict the findings in this study. According to Grinder (1973) when one parent smokes, especially the father, it influences the adolescent to smoke and that smokers of both sexes are likely to have a smoking father; there was only a slight tendency for smokers to have smoking mothers and only girls more than boys were likely to have a smoking mother. The study thus revealed that sons and daughters tend to follow the smoking pattern of their same sex parent more than that of the opposite sex and the relation between the father’s and son’s smoking is relatively stronger than between mother’s and daughter’s, especially where the family is intact.

The results in the current study echoed Davies and Stacey’s (1972) findings that peer pressure and the need for peer group standing or esteem coupled with easy accessibility to drugs appear to be stronger influences upon adolescent drug abuse. This however does not negate the fact that though most of the parents do not directly participate in introducing their children to drug use, as models their drinking examples could be the origin of the desire to drink among the adolescents. The importance of peers, availability of drugs and media influence in adolescent drug abuse underscores the role of the community or social environment in shaping an adolescent’s behaviour. In his social learning theory, Bandura (1977) opines that the potential user imitates the model in his/her life, usually a significant person in the subject’s life. In this study, it appears the significant person, may not necessarily be just the parent but also a friend or a celebrity in the media.
5.2.0 Summary and conclusions

This study was designed to explore the factors influencing drug abuse among rural secondary school students and to discuss their implications for counselling. The factors explored include:

i) The drugs commonly abused among the students.

ii) The prevalence of the drug abuse problem; and

iii) The key factors influencing drug abuse among the students.

The study has established that:

i) Changaa and busaa (home made brands of alcohol) are the most commonly abused drugs among secondary school students in Nyamaiya Division of Nyamira District and that there is a significant difference between home made alcohol and other drugs.

ii) Drug abuse is prevalent in Nyamaiya Division secondary schools with the highest prevalence found among students in mixed day schools and the lowest in girls boarding schools.

iii) Availability of drugs play the most significant role in influencing secondary school students to indulge in drug abuse.

Based on the study, the researcher therefore arrived at the following conclusions:
i) Home made alcohol (changaa and busaa) is the most abused drug in Nyamaiya Division of Nyamira District followed by tobacco. A significant difference was found between the abuse of home made alcohol and other drugs.

ii) Drug abuse among secondary school students in Nyamaiya Division of Nyamira District is a reality as more than half of the respondents admitted having indulged in drugs, while only a quarter of the total sample confessed having not abused drugs.

iii) Drug abuse is most prevalent in mixed day schools and least prevalent in girls boarding schools, and a significant relationship was found between drug abuse and type of school.

iv) Drug abuse is found to be non-gender with an almost equal number of boys and girls indulging in the habit although the former are slightly more than the latter.

v) Availability of drugs is the most significant influence in drug abuse among secondary school students in Nyamaiya Division of Nyamira District followed by peer pressure.
5.3.0 Counselling and Policy implications

A number of counselling and policy implications arise from findings of the study. The practical implications which follow were generally derived from the analysis and discussion of the results in chapter 4 and beginning of chapter 5 respectively.

5.3.1 Counselling implications

Important counselling implications arise from the findings of this study. It is evident from the study that home made brews, that is; changaa and busaa are the most important drugs of abuse. These are prepared within the communities where students reside and hence their easy reach. These brews are more often than not prepared under unhealthy conditions which render them unfit for human consumption hence they are declared illegal. While it is vital to give individual attention and counselling to high risk children (those in day schools), there is need for comprehensive community wide intervention directed at all major social influences- peers, parents and even sellers of the drugs. This implies that it is not the responsibility of the school guidance and alone but also the community social workers as well as the provincial administration, local non-governmental organizations and religious programmes to fight drug abuse among the youth. The provincial administration can effectively combine these community based approaches with their major administrative duty of law enforcement, which should not be viewed in the narrow sense of punitive measures, but could take a broader scope of
community education on drug related issues. A combination of these community services can go along way in preventing drug abuse among the youth.

After careful examination of the results of this study, it was acknowledged that a serious drug problem exist in rural secondary schools as over 50% of the respondents confessed having indulged in drugs. This is contrary to the earlier held view that the drug problem is only prevalent in urban schools (Kariuki, 1996; Kombo, 1988). The results of this study revealed that drug abuse has permeated through the school system in the rural setting with no school type being immune to drug related problems. Besides, the findings of this study indicate that both male and female students are susceptible to the drug abuse problem. Of late there has been a growing concern over the issue of drug abuse in our educational system. This concern has been occasioned by a general decline in educational standards, morals and health due to drug abuse (Mugenda, 2004).

In view of these observations, efforts should be made to review the role being played by the current schools guidance and counselling programmes. Such programmes are currently biased towards educational and career guidance. School guidance and counselling programmes should therefore adopt an added informative role in relation to drug problems among the youth. Towards this end, guidance and counselling departments in schools should be equipped with trained guidance and counselling personnel who will be able to live up to the expectations of the department in the fight against drug abuse among the youth.
Another counselling implication of the results of this study is that preventive drug education should be established as a complementary programme to school counselling programmes. The subject matter of prevention programmes should be integrated into the existing curriculum. Both preventive education and school counselling programmes should ensure that their prevention strategies take into account the unique characteristics of the various school types and other environmental factors which predispose the youths to drug use. Hence, where applicable, priorities should be followed so that the target groups with more severe drug problems are given the necessary attention first, for example students in day schools. Efforts should also be made to strengthen drug abuse fighting agencies such as NACADA so that they can play a more pivotal role in the campaign against drug abuse. Such efforts would entail providing those bodies with adequate human and financial resources to facilitate their anti-drug abuse campaigns among the youth.

A significant result in this study was that friends were found to play a relatively bigger role than parents as models in drug use. In view of this observation, the respective roles played by parents and friends as models in drug use should be taken into account in the development of measures to address drug abuse problems among the youth in the society. This implies the need for social action against drug abuse in which the problem of drug abuse should be viewed within the framework of the substance, the individual and the context of drug abuse. Within this framework, drug abuse among the youth should be regarded as social behaviour resulting from the maladjustment of the individual. Thus educators, parents and the society should endeavour to help from the personality of the
youth. This can be achieved through direct instruction and the provision of good role models for the youth to imitate. The idea is not only to help the youth in adopting positive drug free behaviour from the role models but also equip them with skills to solve their problems and make their decisions without resorting to drugs or coming unduly under the influence of friends. Once they are equipped with skills to solve their problems they will not succumb to stress and thus will not find it necessary to resort to drugs in order to cope with stressful situations. In addition, their ability to make independent decisions in their lives will shield them against being influenced by friends to indulge in drugs and other anti-social behaviours.

In this study, peer influence featured prominently as a factor in drug abuse. This implies that there is a possibility of utilizing peer counselling in dealing with the menace of drug abuse among the youth. Peer group programmes have been documented to be more successful than teacher or initiated efforts in some parts of the United States (Dryfoos, 1990). The most effective arrangement entails using older students as peer counsellors and role models for the younger students. The peers who are selected for such programmes have to be workshop trained and allowed certain incentives to motivate them. A number of arguments have been advanced in support of peer counselling practice. These include the belief that in school settings students are more likely to accept and feel at home with information and guidance from their mates than they would when the same information is dispensed to them in the ’s office. Secondly, it is a fact that peers belong to the same psychological world, and are more likely to empathize with one another in reflecting on issues of growth and development, thus challenging their
opportunities for living more fully. Besides, it is normal in traditional African society to resort to one’s age-mates when there is need for reflecting on issues constraining one’s life.

An important counselling implication arising from the results of this study is that parents’ guidance and counselling to their children should play a complementary role to the school guidance and counselling efforts to the youth, if the problem of drug abuse is to be contained. Towards this end, parents should be sensitized on their role as models and their obligatory God-given duty as the child’s first and natural s. This parental responsibility should not be abdicated through negligent omission or deliberate commission. There is general agreement that lack of loving care and absence of communication between parents and children shape the adolescence’s perception that drug use may be a rewarding experience (Dryfoos, 1990). Thus parents should be involved in the counselling of their children not only on drugs but also on other critical issues in their lives as interventions that focus on only a specific behaviour might be less effective as antecedents of such behaviour shall not have been addressed.

The primary duty of counsellors is to bring about change of attitude in their clients. For them to fulfill this duty, it is important that they carry out a critical assessment of students’ perception towards drugs. The way students perceive drugs determines their response to their use. The more positively they view them, the more the likelihood that they would indulge in them.
The task of counsellors should entail analyzing students' views on drugs and where their perception are found to be wanting, efforts should be made to correct them with a view to helping them develop the right attitudes to drugs and consequently respond appropriately to their use.

It is worth mentioning that for a long time, no one intervention method alone had proved effective in reducing drug abuse rate. There is therefore need for a combination of several intervention approaches. Cognitive behaviour approaches of Albert Ellis and Aaron Beck; coupled with client-centered Therapy as advocated by Carl Rogers would be used in combination to help those who are involved in drug abuse.

5.3.2 Policy implications

The findings of this study revealed that the media play an important role in influencing youths to drug abuse. Besides there were a number of legal and illegal drugs available in the study location. This implies that there is little or no restriction in the advertising of drugs in the media. It also implies the laxity of law enforcement agencies who tolerate instead of enforcing restrictions on the production, sale and consumption of drugs. In view of these observations, a number of policy implications arise from the findings of this study.

The first policy implication involves legislation. This entails strengthening the relevant laws relating to the cultivation, manufacture, distribution and consumption of dangerous
drugs. Such laws include: The Dangerous Act (Cap 245 of the laws of Kenya); The Pharmacy and Poisons Act (Cap 244 of the laws of Kenya); and the Ceased Miraa Prohibition Ordinance of 1962 (Cap 399 of the laws of Kenya). Secondly, there is need to restrict the use of legal and illegal drugs in public places. In Kenya, smoking in public places is restricted, while alcoholic beverages may only be consumed in designated places. Social control could be strengthened through reinforcement with legal control as illustrated in the cancellation of all off-license Liquor Trading Licenses in Kenya. In addition the law enforcement agents should be vigilant on the production of illegal drugs such as changaa and busaa, so that those who are found producing and selling these dangerous drugs are punished. This would ensure that less of such drugs are available for consumption and ultimately this would reduce the abuse of such drugs by the youth.

The second policy implication involves economic control. This would entail adjusting the prices of legal drugs thereby making them more expensive to acquire and consequently reduce their consumption. Besides, the advertisement of drugs in the media and billboards should be restricted. Instead more of the harmful effects of such drugs should be highlighted in the electronic and print media. This would make drugs appear less attractive so that youths are not tempted to try them. For example such adverts as CIGARETTE SMOKING IS HARMFUL TO YOUR HEALTH should be made to appear more often in the media as they would discourage the youth from smoking. At the domestic level, parents should exercise economic control by ensuring that their children do not keep large sums of pocket money. Parents should also liaise with school administration to have their children’s pocket money kept for. This would reduce the
temptation to indulge in drugs as their purchasing power shall have been reduced by
minimizing the money at their disposal.

5.4.0 Recommendations for counseling

In view of the foregoing findings and conclusions, it is recommended that:

i) The government should strictly enforce the law on the production, distribution
and consumption of illegal drugs such as changaa and busaa. The recent crack
down on such illicit brews is a step in the right direction. There is also need for
restrictions to be imposed on the consumption of drugs in public places. This
would go along way in reducing the number of models whose drug behaviour
the youths always endeavour to imitate.

ii) The prices of legal drugs should be adjusted upwards to make them more and
more inaccessible to the youth. There is also need to restrict the advertisement
of drugs in the media. Towards this end the exaggeration of the advantages of
drugs which glamorize them should be stopped. This would make them less
attractive and hence less of their consumption.

iii) The school guidance and the wider community should be seen to play
complementary roles in the fight against drugs. In this connection all
community agencies – social workers, administrators, youth groups, churches,
parents, NGOs and even the media should be incorporated to complement the
efforts of the guidance in the campaign against drug abuse. Such community wide intervention programmes should target all major social influences – peers, parents, the media and even the drug vendor.

iv) Parents should take seriously their obligatory God-given responsibility as the child’s first and natural counsellors. Besides, parents should endeavour to provide effective role models for their children to imitate.

v) Peer counselling and peer led programmes in schools and community should be utilized in efforts to fight drug abuse among the youth.

vi) Drug education and counselling should be incorporated in the curriculum to equip the youth with social skills necessary to resist the temptation to indulge in drugs.

vii) The youth should be trained on social and life skills. This would make them more assertive and thus resistant to influence from peers in indulging in drugs. The skills would also enable them to solve their problems instead of succumbing to stress and hence drug use.
5.5.0 Recommendations for further research

1. The current study was done in Nyamaiya Division of Nyamira District. It involved respondents from various types of secondary schools in a primarily rural setting. It is recommended that several parallel studies be done in other rural settings so as to allow for a more realistic generalization of results.

2. In view of the success of youth groups elsewhere as agencies for encouraging the youth to solve their problems in a socially acceptable manner, it is recommended that a feasibility study should be carried out in Kenya on the role of youth groups in the fight against drug abuse.

3. In view of the seriousness of the drug abuse problem in the school system in Kenya, it is recommended that a study be carried out to evaluate the effectiveness of the current strategies in the fight against drug abuse. A study may also be done to determine what effective strategies might be developed to prevent and ameliorate drug abuse among adolescents in Kenya.

4. This study was a survey of the factors influencing drug abuse among secondary school students in rural environment. It is recommended that an in-depth research is carried out on each factor to establish to what extent each factor is responsible for drug abuse among the youth. A research could also be carried out on other factors not incorporated in the current study.
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*Teachers image. Volume 7*


APPENDIX A

STUDENTS QUESTIONNAIRE

This questionnaire has been designed to find out your views regarding abuse of alcohol and other drugs in your school.

Your frankness in responding to the questionnaire will help in establishing the causes and extent of drug abuse in your school and other secondary schools in the division. This information will help in designing practical preventive educational strategies as well as act as a basis for recommendation to educational planners and administrators who are concerned about your welfare.

Instructions

a. Please do not write your name in this questionnaire.

b. The information you will supply will be treated as confidential and known only to you and the researcher. Nothing you will indicate may be used against you.

c. Indicate your choices by use of a tick [✓] where applicable. Where detailed answers may be required to some questions, act accordingly.

d. Should you find several answers applicable, please select the best and tick appropriately.
N.B In this questionnaire drugs are taken to be any substance which may be chemical or natural, which may be inhaled, drunk, rubbed on etc. and which result in changes in the body functions. These will include: alcohol, tobacco (cigarettes), bhang (cannabis sativa), cocaine, heroine, glue, madrax, piritons, etc.

Section A

Background Information

1. What is your age and sex? Please indicate in the space provided.

YEARS

Age [   ]

MALE [   ]
FEMALE [   ]

2. What type of school are you in? Tick in the appropriate box below:

<table>
<thead>
<tr>
<th>Boys Boarding</th>
<th>Girls Boarding</th>
<th>Mixed Day</th>
<th>Mixed Day and Boarding</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>
3. What is the occupation of the main wage earner/guardian in your family?

__________________________

4. Please indicate his/her average monthly income.

<table>
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<tr>
<th>Income Range</th>
<th>[ ]</th>
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<tbody>
<tr>
<td>Less than Shs. 500</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 501-2000</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 2001-3000</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 3001-5000</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 5001-7000</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 7001-10,000</td>
<td>[ ]</td>
</tr>
<tr>
<td>Between Shs. 10,001-30,000</td>
<td>[ ]</td>
</tr>
<tr>
<td>More than Shs. 30,000</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

5. What is his/her highest academic qualification?

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<thead>
<tr>
<th>Qualification</th>
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<tr>
<td>Standard 8 and below</td>
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<td>Form 2</td>
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<td>Form 4</td>
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<tr>
<td>Form 6</td>
<td>[ ]</td>
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<tr>
<td>First Degree</td>
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<tr>
<td>Others</td>
<td>[ ]</td>
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</table>
Section B

Opinion on extent and causes of Drug Abuse

6. Are you aware that some students use drugs?
   Yes [ ]  No [ ]

7. Between boys and girls who would you say use drugs most?
   Boys [ ]  Girls [ ]

8. Have you ever used drugs?
   Yes [ ]  No [ ]

9. If yes, are you still using them?
   Yes [ ]  No [ ]

10. Identify the drugs you use ranking them in order of preference.
   a.) __________________________
   b.) __________________________
   c.) __________________________
   d.) __________________________

11. How many people do you regard as your best friends?
   a.) More than five [ ]
12. How many of your best friends take drugs?

a.) all [ ]
b.) 3-4 [ ]
c.) 1-2 [ ]
d.) None [ ]

13. List the main types of drugs used by your friends.

a.) ___________________
b.) ___________________
c.) ___________________
d.) ___________________
e.) ___________________
f.) ___________________

14. How do the youth obtain these drugs? Give various ways if known.

a.) ___________________
b.) ___________________
c.) ___________________
d.) ___________________
15. As far as you know what are the reasons as to why you take drugs?

a.) ___________________

b.) ___________________

c.) ___________________

d.) ___________________

e.) ___________________

16. Which of your family members take drugs?

a.) Father [ ]

b.) Mother [ ]

c.) Brother(s) [ ]

d.) Sister(s) [ ]

e.) Other relatives [ ]

17. Which are the main types of drugs used by them?

<table>
<thead>
<tr>
<th>Name the drug</th>
<th>Father</th>
<th>Mother</th>
<th>Brother(s)</th>
<th>Sister(s)</th>
<th>Other relatives</th>
</tr>
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</table>
For the statement provided in item 18-24, tick the choice that is most applicable to you.

<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>I started using drugs because of pressure from friends.</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[                ]</td>
</tr>
<tr>
<td>19.</td>
<td>If parents take drugs their children have a right to use drugs.</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[                ]</td>
</tr>
<tr>
<td>20.</td>
<td>If an individual does not use drugs his/her peers will scorn him/her.</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[                ]</td>
</tr>
<tr>
<td>21.</td>
<td>I started using drugs out of curiosity.</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[                ]</td>
</tr>
<tr>
<td>22.</td>
<td>Many young people begin to use drugs when faced with problems.</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[</td>
<td>[                ]</td>
</tr>
</tbody>
</table>
23. Many students use drugs because of media influence.

24. In my opinion, students with excess pocket money are more prone to drug use than those without.

25. Many young people use drugs because they are cheap and readily available.

Section C

Opinion on Drug Preventive Strategies

2.6 Which of the following preventive measures would you recommend as a strategy for controlling drug taking among the youth? Rank them by placing 1, 2, 3, 4 in the space provided.

i) Strict law enforcement measures [ ]
ii) Drug information and Education [ ]

iii) Guidance and counselling [ ]

iv) Religious persuasion [ ]

v) Others (specify below)

vi) All of the above [ ]

27. Have you or your friends ever been exposed to any preventive method?
   Yes [ ] No [ ]

28. If yes do you think it was successful in your opinion?
   Yes [ ] No [ ]

29. Do you think it is necessary to fight drug taking through prevention rather than cure?
   Yes [ ] No [ ]

30. Provide any other information which you consider useful in this study.

Thank you very much for filling this questionnaire.
APPENDIX B

INTERVIEW GUIDE FOR HEAD TEACHERS, CLASS TEACHERS AND GUIDANCE AND COUNSELLING TEACHERS

Introduction

Establishing rapport

Name of school

1. Are there cases of drug abuse in your school?

2. Which drugs are commonly abused in the school?

3. How are these drugs obtained by students?

4. Would you say drug abuse is on the increase or decline among secondary school students?

5. What do you think are the causes of drug abuse among your students?
   - What role does society, parent, peers and other student socializers play in the increase of this drug behaviour among students?
6. What measures have you put in place to minimize drug abuse behaviour in your school?

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<tr>
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<tr>
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<td>Compiling chapters</td>
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<td>Writing of final draft</td>
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# APPENDIX C

## TIME SCHEDULE

### YEAR 2005 (MONTHS)

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## APPENDIX D

### BUDGET

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<td>Transport</td>
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<td>Subsistence</td>
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<tr>
<td>Stationery</td>
<td>7,000</td>
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<tr>
<td>Binding Expenses (Proposal and Final Project)</td>
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<tr>
<td>Data Analysis</td>
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<td><strong>Total</strong></td>
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APPENDIX E

Testing of Hypothesis Using the Chi-Square Method

The chi-square technique of hypothesis testing was considered applicable when it was desired to find out whether the frequencies observed in the sample deviated significantly from the theoretical or expected frequencies.

The basic formula

\[ \chi^2_c = \sum_{i=1}^{k} \frac{(o_i - e_i)^2}{e_i} \]

Where: 
- \( k \) = number of calls in a contingency table
- \( o_i \) = observed frequencies
- \( e_i \) = expected frequencies
- \( \chi^2_c \) = computed chi-square value

Degrees of freedom (two way format)

\((R-1)(C-1) = df\)

Where: 
- \((R-1)\) = number of rows in a contingency table minus one
- \((C-1)\) = number of columns in a contingency table, minus one
- \(d.f.\) = degrees of freedom

Acceptance and rejection of the null hypothesis
i) When the value of chi-square at a specific level of significance as given in chi-square table ($\chi^2_a$) was found to be greater than the computed chi-square value ($\chi^2_C$), the null hypothesis was accepted.

ii) If $\chi^2_C$ was found to be greater than $\chi^2_a$, the null hypothesis was rejected.
MINISTRY OF EDUCATION SCIENCE AND TECHNOLOGY

MOEST 13/001/35C 98/2

18th March, 2005

Paul Ondima
Kenyatta University
P.O. BOX 43844
NAIROBI

Dear Sir

RE: RESEARCH AUTHORIZATION

Following your application for authorization to research on “Factors influencing Drug Abuse among nior secondary school students in Nyamaia Division of Nyamira District”, I am pleased to inform you that you have been authorised to carry out research in Nyamira District for a period ending 30th June, 2005.

You are advised to report to the District Commissioner, and the District Education Officer Nyamira District before embarking on your research project.

Upon completion of your research, you are advised to submit two copies of your research report to this Office.

Yours faithfully,

B. O. ADEWA
FOR: PERMANENT SECRETARY

Cc
The District Commissioner
Nyamira