

**THE CORRELATES, PREVALENCE AND ATTITUDES TOWARDS
DRUG USE AND ABUSE AMONGST FIRST, SECOND AND
FOURTH YEAR STUDENTS AT KENYATTA UNIVERSITY**

BY

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**A THESIS SUBMITTED IN PARTIAL FULFILMENT FOR THE
DEGREE OF MASTERS OF EDUCATION IN EDUCATIONAL
PSYCHOLOGY AT KENYATTA UNIVERSITY**

1997

THIS THESIS IS MY ORIGINAL WORK
AND HAS NOT BEEN PRESENTED FOR
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1997/230965

DEDICATION

This thesis is dedicated to my daughter Susan Watiri for being a source of inspiration and the love of my life.

ACKNOWLEDGEMENTS

I wish to express my profound gratitude to the undermentioned people who in one way or another helped to make the writing of this dissertation possible.

I am duly thankful to my supervisor Prof. D.M. Kiminyo and Mr. D. Kariuki of Department of Educational Psychology (Kenyatta University) for freely and generously giving me their time, expert knowledge and encouragement.

I owe a great debt of gratitude to my parents and the well-wishers for providing financial assistance and their continued moral support. Special ones go to my sister Jennifer Wangari and her husband Mr. Kamanja for taking care of my daughter when I was studying. Thanks also go to my colleagues Ann Kariuki, F. Gitonga, M. Kihara, Rachel Maina and Mrs Fodo as well as the Lecturers in the Department of Educational Psychology (Kenyatta University) for providing the kind of challenge that pushed me on in completing this work.

I am especially indebted to the following: students of Kenyatta University for their co-operation in providing the relevant data; Kenyatta University for having awarded the funds for research and lastly special thanks go to Agnes Njuguni for her secretarial work and S.N. Manjuru for proof-reading my work.

ABSTRACT

The primary purpose of this study was to investigate the correlates, prevalence and attitudes towards drug use and abuse amongst first, second and fourth year students at Kenyatta University.

A sample of 1000 Kenyatta University Students was selected using cluster sampling technique as the subjects were naturally grouped into classes in each Department which were used as the sampling units.

One self-report questionnaire was administered to each individual and the response rate was 91.4 percent.

Chi-square (χ^2) method was employed to test the null hypotheses as the data were in frequency counts. Percentage and frequencies were used to describe the variables.

The findings of the study indicated that there were:

- (a) No significant relationships between drug use, abuse and
 - (i) Year of study
 - (ii) Religious affiliation
 - (iii) Socio-economic status.
- (b) Significant relationship between drug use and abuse and
 - (i) Gender of the subject
 - (ii) Home environment.

On the investigation of the role of friends and parents as model in drug use a negative correlation was established between fathers involvement in drugs and that of the subjects. The findings of the study indicated a positive correlation between mothers and subjects involvement in drug. Also significant relationship was found between the subjects drug using behaviour and the involvement of their friends in drugs. This implies that the father is not the major model as the mother and friends play a contributive role in moulding the behaviour.

All the identified drugs were readily available and sources were known to those involved in this habit.

As for the attitude toward drugs use and abuse, it was established that the majority of the respondents were aware that involvement in drug was harmful to the health of the youth. The subjects acknowledged the viability of peer counselling and drug education as deterrent measures against drug abuse.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Drug use is as old as humankind and has been an integral part of each society. Humankind has used various kinds of psychotropic substances in the hope of changing mental state and reducing pain by altering the state of central nervous system. Almost all people realize that the substances relieve both physical and mental anguish as well as producing euphoria. Whatever the aftermath of taking such drugs into the body, their effects are initially pleasurable and later may lead to dependency. It is significant that drug taking was and is still a common phenomenon in many societies. Drug use is a habit not confined to any specific socio-economic group, nor is it gender specific. Consequently drug abuse is to be found both in the developed and developing countries.

Currently, drug abuse is a problem experienced by both the young and the old, though the former is the most affected. Studies have revealed that this habit is a common phenomenon in the youth culture (Datesman, 1980; Kariuki, 1988; Nowinski, 1990 and Currie, 1993). Researches have also indicated that this habit has its roots in the pre-teen age years and is further amplified in the teenage years when most of the youth are in secondary schools. Thus, by the time they join other educational institutions

many will have already experimented with some drugs. These pre-teenage and teenage years are critical in the human life cycle as they involve transition from childhood to adulthood. 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 search for personal identity. They are trying to assume their sex roles and learn to come into terms with authority. Snyder and Lader (1985) suggested 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 behaviour motivated by curiosity with a view to coping with life's problems. (Davidson and Nealle, 1974).

Psychological stress, peer pressure, seemingly oppressive parental influence coupled with availability of drugs overwhelm the potential user and various types of drugs offer attempting respite. (O'Connor, 1978, Scarpitti and Datesman, 1980; Snyder and Lader, 1985; Johnson, O'Malley and Bachman, 1988, and Kariuki, 1988). This wide range of factors affect why, what and when people take drugs and how much harm will result as well as the attitude to be held by these young people.

The World Health Organization has reported that the most widely used drug in the world are alcohol, tobacco,

marijuana, opium and its derivatives, cocaine and hallucinogens. Others are Khat-type (Miraa), inhalants and volatile solvents like petrol and glue. Also available are synthetics and synthesized drugs most importantly the barbiturates. The committee also noted that the prescribed and over-the-counter drugs were being abused even more widely than reported. (Madden, 1984).

Scarpitti and Datesman (1980), Ochieng (1986) and Kariuki (1988) carried out independent surveys and the findings corroborated indicating that alcohol and tobacco were the most prevalent drugs of abuse among the youth because of their status as 'legal drugs' others were Marijuana (Bhang), and volatile solvents which were also popular among these young people while cocaine and heroin abuse was gaining roots.

Makhoha (1984) asserted that use and abuse of drugs especially cannabis (Bhang), alcohol, tranquillizers and miraa by Kenyan school children seems to be widespread and on the increase. This has been reported not only by doctors, health workers but also by teachers, parents, community leaders and the news media. The National daily newspapers frequently mention the problem.

Recent researches have indicated that the drug abuse is a non-gender issue though it is more prevalent among males than females (Johnson, O'Malley and Bachman, 1988;

Greensberg, 1988; Karugu and Olela, 1993). This habit also cuts across all socio-economic classes. In addition, researchers have revealed that the most affected individuals are those from deprived background. Chein (1950), Kaplan and Meyerowitzi, 1970) found that the addict group came from families of lower socio-economic areas in which heroin addiction was more common. Currie (1993) and Kabithe (1987) cited a positive relationship between the religious affiliation and the drug abuse behaviour. These beliefs and attitudes instilled by these religious groupings affect individuals in the sense that one either avoided, used or was in a state of ambivalence. Despite this growing awareness among Kenyan people the drug abuse is becoming a major problem in the country especially among University students.

Karugu and Olela (1993) reported that 50 to 80 percent of students they surveyed in Kenyatta and Egerton Universities were either experimenting or using drugs. This was attributed to the freedom and laxity in rules found in Kenyan Universities. The report also noted that 50 percent of the disciplinary cases related to rape, violence and or theft had either an alcohol or drug abuse basis. This report therefore revealed that drug abuse at Kenyatta University was a reality though never revealed the true magnitude of the problem. There has been little change, if any since that time.

1.2 STATEMENT OF THE PROBLEM

The last few decades have been marked by a dramatic increase in number of researches focusing on drug abuse, which have revealed that it is an existing phenomenon among the youth (Oxford, 1974; Upcraft and Welty, 1980). It is a habit that poses immediate problems for 10 - 30 percent of the young people (Upcraft and Welty, 1980, Nowinski, 1990). Drug abuse is considered to be a scourge of the developed countries but in actual fact it is very much prevalent in the developing countries and Kenya is no exception. There have been various complaints from administrators at all levels of the Kenyan educational system about drug abuse and its deleterious consequences. These problems range from poor academic performance, damage of institution property, inhibition of careers aspirations assaults of all kinds and general indiscipline problems. Temporary psychosis has been cited as another problem to drug abuse (Karugu and Olela, 1993).

Several factors have been noted which contribute to the drug abuse and the most important are peer pressure, parental influence and easy availability of drugs. Very little research has dealt with drug among University students in Kenya. Therefore, this study was designed to investigate factors influencing the drug abuse behaviour among male and female students in Kenyatta University and their attitudes towards drug. The study investigated the types of drugs mostly abused as well as establish the

effects of sex, socio-economic status, year of study, religious affiliation, home environment on drug abuse behaviour of individual students.

1.3 THE STUDY AIMED AT ANSWERING THE FOLLOWING RESEARCH QUESTIONS

- 1 Which factors contribute to drug use and abuse among Kenyatta University students.
- 2 What relationship exists between gender, drug use and abuse among Kenyatta University?
3. What relationship exists between socio-economic status, drug use and abuse?
4. What relationships is found between year of study, drug use and abuse?
5. What relationship is found between religious affiliations, drug use and abuse?
6. What is the attitude of Kenyatta University students towards drug use and abuse in general?
7. What relationship is found between home environment, drug use and abuse?

8. Who plays a major role in initiating an individual to drug use, parents or friends?
9. (i) What relationship is found between the types of drugs and gender?
- (ii) What relationship is found between the types of drugs and religious affiliation?
- (iii) What relationship is found between the types of drugs and socio-economic status?
- (iv) What relationship is found between the types of drugs and home environment?
- (v) What relationship is found between the types of drugs and year study?
10. (i) What relationship is found between availability of drugs and gender?
- (ii) What relationship is found between availability of drugs and drug habit?
11. How much money did an average student spend on drugs per week?

12. What were the students' general attitude towards drug behaviour?

1.4 THE PURPOSE OF THE STUDY ✓

The purpose of this study was to investigate the factors that influenced drug use and abuse among female and male students at Kenyatta University and their attitude towards drug use and abuse.

It tried to establish whether there were differences among students in their drug abuse behaviour due to gender, socio-economic status, year of study, religious affiliation and their home environment. It also tried to examine the students attitude towards drug use and abuse.

It aimed at finding out how much money an average student spent on drugs.

The study tried to find out which drugs were widely used at Kenyatta University.

1.5 SIGNIFICANCE OF THE STUDY

1. The government of Kenya has shown a great concern into the problems of drug abuse which is far greater than expected. It is generally acknowledged that there is lack of drug demand reduction programmes to enlighten the public on the issues related to drug problem. The discussions with government ministry respondents in

1995 highlighted the absence of specific policies on drugs and substance abuse (U.N.D.C.P.). This study's significance therefore implied the need to give the necessary recommendations in view of the issue raised.

2. No other research has been carried out at Kenyatta university covering the same objectives as this one. The significance of the study rests on the sense that the research will have added to the existing knowledge about drug problem in the world.
3. By conducting this research, the researcher has helped fill the gap that existed in terms of there being very little documentation on the studies in the field of the drug problem among Kenyan Universities students.
4. The finding of the current study would provide important information highlighting the issues related to drug phenomenon. It will therefore be a beneficial exercise to educational planners, administrators and counselling units who would develop more efficient programmes and improve the existing ones in campaigning against drug abuse.
5. The results of the study will shed light on the extent of drug problem at Kenyatta university. The various factors that influence drug habits have been

identified, so are the students attitudes towards drugs.

6. The findings may act as a springboard for future researchers who might wish to explore this field of drug abuse further and incorporate other factors not included in this study.

1.6 DELIMITATIONS OF THE STUDY

Due to time and financial constraints, the study did not cover all the Kenyan Universities as may have been necessary. Therefore only Kenyatta University students participated in the study.

It is generally acknowledged that questionnaires as instruments for data collection suffered from various internal constraints. Indeed questionnaires do not guarantee frankness of expression among the respondents.

The study had administrative constraints, as it did not include the students who were out for the vacation, these were 3rd year students.

The researcher acknowledged the fact that the personality variables like introversion, extroversion and inadequate personality could have acted as extraneous variables affecting the findings. But the researcher hoped that the randomization in sampling techniques controlled these

variables. The variables are randomly distributed among the members in the sample.

1.7 ASSUMPTIONS OF THE STUDY ✓

The researcher made the following assumptions in undertaking this study:-

1. That the students were willing to give a fairly accurate picture about their experience with drugs. When dealing with a sensitive behaviour like drug abuse, there is a tendency to lie, but the researcher hoped that the assurance of anonymity enhanced frankness of expression.
2. That the sample selected was sufficiently representative if the results were to be generalizeable to that of target population.
3. That the survey would be a beneficial exercise to be undertaken in Kenyan Universities given the current state of affairs in terms of drug problem in educational institutions.
4. That there were no confounding variables interfering with the process of data collection. For example, that the respondents did not consult one another in filling the questionnaires.

1.8 DEFINITION OF TERMS USED IN THE STUDY X

1.8.1 ATTITUDE

A learned, relatively enduring pre-disposition to respond to an object in a consistently favourable or unfavourable way (Wartman & Loftus, 1981).

1.8.2 CORRELATES

These are factors that are related in a way to the drug use and abuse.

1.8.3 DRUG

This refers to any substance either chemical or natural which may be inhaled, drunk, rubbed on, or injected resulting to altering of functions of the body.

1.8.4 DRUG ABUSE

This refers to the taking of the psychotropic substances resulting to changes in body functions and affecting the individual in a negative way either socially, cognitively or physically.

(i) Socially-if one engages in antisocial behaviour, delinquency and gets into conflicts with friends, parents and university authorities.

(ii) Cognitively-if the individual claims that he is not able to concentrate on his academic work, loses memory like having 'blackouts'.

(iii)Physically-if the individual has ever required medical attention as a result of drug taking.

1.8.5 DRUG EDUCATION

The use of educational strategies with the aim of putting an end to drug abuse and controlling the negative effects.

1.8.6 DRUG HABIT

This is the use and abuse of drugs. It is the deliberate taking of drugs resulting to changes in body functions.

1.8.7 GENDER

Quality of being a male of female.

1.8.8 HOME ENVIRONMENT

The geographical location of home, either rural or urban.

1.8.9 ILLEGAL DRUGS

These are the substances that the government regards as harmful to the mental and physical well being of the individual hence control or discourages their consumption through the enacting of Drugs and Poison Act.

1.9.0 LEGAL DRUGS

Any drug that is potentially dangerous but the government allows its consumption, such drugs like Miraa, alcohol and tobacco.

1.9.1 OVER THE COUNTER DRUGS

Substances/drugs that are bought from the shop or the chemist with no specific prescription from the doctor.

1.9.2 PARENTAL INFLUENCE

This refers to modelling of parental drug-taking behaviour and their approval of the behaviour.

1.9.3 PEER COUNSELLING

Any service that is offered by selected students to their colleagues for consultation with problems.

1.9.4 PEER GROUP

Refer to a group of people about the same age and social standing and who share common interests.

1.9.5 PEER PRESSURE

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

1.9.6 PREVALENCE

Drugs commonly used in the University.

1.9.7 RELIGIOUS AFFILIATION

One's denomination, either Catholic, Protestant, Muslim or others.

1.9.8 RESPONDENTS

These are the students who physically completed the questionnaires administered to them.

1.9.9 SOCIO-ECONOMIC STATUS

Indices like parental level of Education, Occupation and the annual income of the main wage-earner in the family of drug abuse are used to determine socio-economic status. The monthly income was used for this study because in Kenya it's difficult to make a distinct difference among the classes if all the above indices were to be used.

1.9.10 YOUTH

This is a demographic characteristic of young people ranging from age 17 - 25 years old.

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CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

In this chapter, the theoretical rationales and review of related literature are presented. The theories formulated to explain the drug abuse are: simple learning theory of Crowley (1972), Pasche's (1970) peer group learning theory, the psycho-social theory of Ausubel (1961) and Bandura's social learning theory (1970). In the review of related literature factors influencing drug abuse and its correlates were discussed independently as well as prevalence and attitudes towards drug abuse. Then the summary of the work reviewed is given. Lastly the hypotheses generated after the review of literature were given.

2.1 THEORETICAL RATIONALE

This part presents an overview of a number of current theoretical formulations which have sought to explain the mechanism underlying the initial use of drugs and the process of development of psychological dependency on drugs.

2.1.1 Simple Learning Theory

Crowley (1972) formulated a theory of drug addiction in terms of conditioning principles. The high degree of abuse

potential of a narcotic such as heroin is derived from its property as primary reinforcers.

The pleasurable subjective sensations that are experienced after injecting heroin act as positive reinforcement and if the operant behaviour (in this drug taking) is in such 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. He also noted that the narcotics also probably acted to reduce sensitivity to aversive environmental stimuli, thus producing an additional source of reinforcement.

The 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 are behavioural changes like reduction of aggressive impulse, facilitation of social interaction, while a drug like alcohol may lower inhibitions. The more desirable

these behavioural changes appear, the greater the likelihood that they will act as secondary reinforcement. Previously, natural objects such as the syringe or pipe used in taking drugs may also acquire reinforcing properties as a result of association with the primary reinforcing qualities of the drug.

2.1.2 Peer Group Learning Theory

Pasche (1970) attempted to integrate sociological observation of the importance of peer influence on individuals' behaviour in his learning theory-peer group model of the addiction cycle. This approach is derived from Hullian theory in that drug-taking behaviour is learned and is subject to habit strength which increase through repetition and reward.

Pasche stated that:

The initial decision to experiment with drugs can be schematized on approach-avoidance gradient. The approach tendency increase with individual perception of certain advantages of taking drugs at any given point in time (P. 39).

However, the responses of taking drugs is of minimal habit strength because such behaviour has not been engaged previously. This low position in hierarchy operates in the direction of avoidance. Such factors like fears of consequences and the moral reservations may reduce the tendency of taking drugs. But incentive such as 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 habit is likely to take place again with habit strength increasing each time, drug taking is repeated and rewarded.

The user may experience the unpleasant withdrawal symptoms, and to avoid them, the addict has to use more drugs, therefore act as an additional motivation for maintenance of the drug habit, hence addiction.

The principle 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 those conditions, the social incentives for drugs-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 behavioral norms will be strong. The group for which drug-taking is normative reinforces conformity by alternatively providing support to and approval of the individual who takes drugs. Such intra-group processes

have clearly defined implications 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 reactivate the addictive cycle.

2.1.3 Psycho-social Theory

Ausubel (1961) attempted to integrate both the psychological and sociological theories of drug addiction in the belief that neither was sufficient in itself to explain the observed phenomenon. This theory is based on the concept that external factors have to interact with internal ones to bring about addiction. Thus internal and external factors have predisposing causes.

The primary external precipitant factors are the drug availability and community tolerance of drug use. These in turn determine the degree to which the individual adopts his peer-group pressure. He maintained that these external factors must interact either to increase or decrease the likelihood of individual drugs 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 pointed out that people

with inadequate personality have failed to develop the motivational characteristics of normal adults and seek immediate gratification in the form of drugs. Inadequate personality originate in the nature of the parent-child relationship in one of the three possible ways: overprotecting parents deny the child independence; permissive parents foster the belief that the child is not subject to social sanctions or too domineering parenthood invites rebellion. The narcotic provides the child with an increase in self-confidence and a sense of omnipotence and so drugs become a means of dealing with any problem.

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

Drug abuse is also viewed as a temporary outlet for aggressive defiant and rebellious impulses which are characteristics of adolescents in deprived environments who have fewer socially acceptable outlets for their needs. The peer pressure coupled with availability of drugs act as a means to express these feelings. But these needs may diminish as the adolescent matures.

2.14 Bandura's Social Learning Theory

Bandura (1977) underscores the importance of the process of imitation and modelling in significant learning. The

subject, the potential abuser imitates the model 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 fashion, that is through experiences of others; thus called vicarious learning.

Through observation and internalization of what others are experiencing, people learn good and bad behaviours. If for example 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 for instant, the model becoming sickly, getting into legal conflicts or losing friends, the will not be imitated hence abstinence.

The potential user or abuser has foresightful 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 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 imitated, with

what frequency and intensity. This explains the case of multi-drug use, abuse and abstinence.

For a successful imitation of drug use to take place, four cognitive processes are necessary. These are attending, retaining by remembering the critical feature of an event, motoric reproduction (physical performance) of the modelled constituent behaviour and finally the motivation which is the direct and indirect reinforcement.

2.2 RELATED LITERATURE

Scarpitti and Frank(1980) suggested it was very difficult to get data from persons using drugs for fear of getting penalized. Despite this, many researchers have come up with findings showing the factors influencing behaviour such as parental influence, peer pressure, availability of drugs and psychological stress. The studies also show the prevalence of drug abuse, attitudes held by abusers as well as gender, socio-economic status, level of education and religious differences in drug abuse. Home environment had been identified as a precipitant factor in indulgence in drugs.

2.2.1 FACTORS INFLUENCING DRUG BEHAVIOUR

Researchers have revealed that since 1960, drug use has been wide-spread among the young adults in almost all parts of the world.

In Britain, Abelson and Fishborne (1976) and Cisin (1977) ascertained the extent of drug abuse in series of five studies based on household surveys that spanned the period 1971-1977. The others were conducted by Johnstone (1975-1979) in studies of national samples of high school seniors. These studies revealed that six or seven out of every ten people reported having used drug sometimes in their lives and that alcohol and tobacco were the most popular drugs. They were prevalent among teenagers because of their easy availability and the penalties for consumption were mild relative to those for other drugs.

Kandel, Single and Kessder (1976) noted that drinking among adolescents was strongly related to attitude and drinking practices of peer groups and parents. If the parents and peers approved of the habit the likelihood of drug use increased.

Smarter and Fejer (1972) supported the assumption that the parents who used drugs provided role model for drug abuse. In this study, 67 percent of the female students had used tranquillizers and reported that one or both of their parents had used the same kind of drugs. The behaviour of a drug user was strengthened if the other siblings were prone to illicit drugs.

Chilton research service under the funding of National Institute of Education carried out a survey in 1978-1979

among 12,639 boys and girls, aged 12-18 years who were using cigarettes. They were interviewed through long-distance telephone in America. It was noted that whenever both parents were present in the household, and if one or both parents smoked, the respondent was more likely to smoke than if neither parent smoked. In homes where both parents smoked, 13.5 percent of the sons smoked. In homes where one parent smoked 9.1 percent of the boys copied the behaviour while where either parents smoked 5.6 percent of the boys smoked.

Stacey and Davis (1986) reported that parental models were instrumental in shaping early attitude and behaviour with regard to teenage drinking. This study was in agreement with the data of Maddox; both studies found that parental modelling was essential in the lack of development of adolescent alcohol misuse. Maddox (1961) in his earliest investigation of the psychosocial characteristics of 20 adolescents who misuse alcohol found that they did this without their parents' knowledge. He also found that everyone of the fathers of boys in the sample was an alcoholic and in some cases so was the mother.

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 problems in the offsprings. Both the environmental effects of learned behaviour from parents

who use alcohol to cope with their difficulties and heredity factors contributed to this. Many women reported that they adopted this behaviour from the adults where drinking took place in a family context.

It is generally acknowledged that the drug abuse does not occur in a vacuum. Much of the youthful drug use 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 also are users (Jonstone et al 1988).

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

Kariuki (1988) in a study of levels, trends patterns of drug addiction in Nairobi secondary schools used 800 students 100 class teachers and 20 Headteachers. His findings were similar to those of sociological association of students in university in Zambia mentioned earlier. 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. Earlier findings of 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. This socio-characters of drugs was also supported (Scarpitti and Frank (1980) who found that identification with a marijuana using group was a powerful determinant of subsequent marijuana use.

Karugu and Olela (1993) carried out a survey among 34 students at Kenyatta University of which 18 were females aged between 20-28 years. The reason cited for starting drug use were curiosity and peer pressure which was consistent with earlier research findings in the audience research (1991), that students took drugs and alcohol to gain acceptance by friends. These users also reported that they had non-user friends who provided short-loans to buy drugs and other small items. Half of the respondents also

indicated that their parents would not approve of the drug-usage by the students.

Due to profound changes in adolescents who are ill-equipped to deal with life's problems the youth turn to drugs for consolation (Scarpitti and Frank 1980). M'Conville (1983) found that personal inadequacy and low-self esteem had led to depression in individual, precipitating drug use. Kariuki (1988) found similar results which showed that females generally use drugs for specific reasons, say psychological stress or any other specific precipitating factors and circumstances.

The extent of drug use is also affected by the price and availability of the substance. M'Conville (1983) and Maddux (1965) found that 1.5 percent of those admitted for treatment for addiction of opiates were physicians.

Raymond (1972) carried out a survey of 35 male students who smoked four cigarettes per day. He also tried to find out how other illegal drugs were obtained away from University. It was virtually impossible to cultivate these because the University gardeners were too efficient at their 'weeding duties'. It was usually obtained from various unauthorized compounds and bought in regular more or less standardized quantities. Makhoha (1983) indicated that bhang was grown in banana plantation in Kisii, sugarcane growing areas, Gembe in Ungwe hills in Kisumu, Butere Kisa area, Kakamega

south Nyanza, Choru in Machakos district 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 easier 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, read and assimilate more especially when examinations were approaching. Fellow students and pushers from outside especially those operating kiosks outside the school sold to them. They could get there during tea and lunch break, and bought drugs in cigarette packets and liquid form put in tea. They use valium to relieve anxiety and stress. Some students used to carry drugs from home during their holidays. The initiates got drugs from friends in school.

In the study by Johnson et al (1977a) students were asked if they could obtain drugs if they decided to use them, almost 90 percent of the students felt that they could obtain marijuana. Over half reported they could get tranquilizers, amphetamines or barbiturates. Close to one-third reported that cocaine, opiates and hallucinogens were available to them, and 18 percent reported that it was possible to obtain heroin. That is ten times the students

who have ever used heroin felt that it was available to them.

Ochieng (1986) study revealed that drugs were accessible to the students. The students could buy and smoke bhang in full uniform along Nairobi river, near open air stalls, markets, shoeshiners and maize roasters premises whose activities covered for the real business. Alcohol especially was readily available to the teenagers from their own parents liquors supply. Drugs seemed to help in solving the dilemma of identity crisis that is "Am I a child or an adult?". By indulging in socially sanctioned behaviour such as consumption of alcohol or cigarettes, an adolescent could partially bridge the gap between childhood and adulthood.

Karugu and Olela (1993) reported that most of the substances were available from the surrounding slums. Egerton University students get their supply of drugs from Njokera slums a few yards across the river where there are a number of bars and chang'aa brewing places. On the other hand, Kenyatta University students got their substances like miraa, chang'aa and bhang (marijuana) from Kiwaja slums, the famous "Kilometre one" or 'K.M.' neighbouring the campus. Again alcohol and cigarettes are always available at the students-centre in the University.

In general, peer pressure, parental influence and availability of drugs seem to be the contributing factors behind drug taking. Studies should be carried out in Kenyan universities to investigate the precise relationship between these factors and the drug taking behaviour.

2.3 CORRELATES OF DRUG USE

The correlates of drugs are gender, socio-economic status, year of study, religious affiliations and home environment.

2.3.1 SEX DIFFERENCES IN DRUG USE

In 1977 mail questionnaire survey by Weschler and Fadder, statistically significant differences were observed between males and females in regard to their prevalence and types of drugs they used but the magnitude of these differences was generally small. Men were more likely than women to report use of drugs in general and report use of marijuana, cocaine, hallucinogens and heroin in particular. Women fell in category of drugs users who did not use marijuana but more likely to report tranquillizer use.

The findings of the study carried out by Chilton research services in 1978-1979 differed from those of 1968 which indicated that smoking was much more prevalent among boys than girls (14.7 and 8.4 percent) respectively. By 1979, the girls surpassed the boys with 12.7 of girls and 10.7 percent of boys being classified as smokers.

Johnson, O'Malley, Bachman (1988) studied prevalence and trends of drug use among students in high schools (seniors), colleges and young adult population in America in the period between 1975-1988. Two thousand four hundreds subjects were selected for follow up study from the original 16,000 to 17,000 subjects who had participated in the earlier studies. These subjects were randomly assigned to one of the matching groups of 1,200 where one was surveyed in even number calendar year. The findings indicated that males were more likely to use illicit drugs and the differences tended to be largest at the highest frequency level. Marijuana use was higher among males but daily use was three times as frequent among males than females. The males who took drugs on daily basis were 3.9 percent while 1.3 percent were females among high school seniors. Among the young adults, 5 percent were males who abused marijuana and females were 2.2 percent; while in colleges 2.9 percent were males and only 1 percent females. Males also had considerably high prevalence rate on most of other illicit drugs - inhalants, hallucinogens, heroin and so on. It was also noted that use of diet pills was dramatically higher in females than in males, 3.3 percent reported some experimental use but 8 percent were regular users.

The results of the sociological association (1972) at Lusaka University showed that few women use cannabis as the study was specifically about cannabis use which accounted

for the low response rate. 80 percent of the respondents were males while 7 percent were females. The remaining 13 percent did not indicate their sex.

Haworth (1983) reported of alcohol and drug use amongst students in five Lusaka secondary schools. The first survey was called the 'school survey' and the second one 'students survey'. The anonymous questionnaire to be used was pretested among grade 7 primary school children and later administered to 167 boys and 168 girls in Form 1, form II and form IV. There were differences between sexes in that cannabis was more prevalent among boys while girls were likely to take other drugs. 58 percent and 57 girls had taken alcohol, 32 and 10 percent had taken cannabis respectively, 24 and 26 percent had taken other drugs like petrol, miraa, tranquillizers and pep-pills. 25 percent of boys and 38 percent of girls had take alcohol while 3 percent of boys and 1 percent of girls had taken cannabis only, and for other drugs, the respective percentage were 4 and 10. 13 percent of boys had taken alcohol and cannabis as against 3 percent of females. Four percent of boys and 10 percent of girls had taken alcohol and other drugs; 16 percent of boys had taken alcohol, cannabis and other drugs as against only 6 percent of girls. In the 'student's survey' it was noted that cannabis use was mainly a male activity but a total of 6 percent of women had nevertheless tried it, 5 percent males and 2 percent females reported ever having used hallucinogens.

Ochieng (1986) in a study focussing on drug abuse among secondary students found that more boys than girls smoked marijuana because society tended to tolerate and even condone aberrant behaviour in boys while demanding girls to conform to the status quo.

Kariuki (1988) noted that there were relatively more drug users among boys than girls especially in the age range 17-21 years. Explanation given for this difference was due to the male tendency to 'drift' to the drug use especially through curiosity motivated by friends/peer group members.

The research by Karugu and Olela (1993) reported that drug use was a non-gender issue, the only difference was that males tended to use more drugs than their female counterparts. Males appeared to be spending more money on drugs than their female counter parts.

Researches have indicated that drug taking is not gender specific but there are more users and abusers, among males than females. It was important to investigate if there was significant differences between the two in relation to drug using habit in our Universities.

2.3.2 SOCIO-ECONOMIC STATUS IN RELATION TO DRUG USE AND ABUSE

In many researches, an individual's occupation and level of education have been used as indices for socio-economic

status. Findings of past surveys have indicated that a clear cut relationship exists between youth drug and parent occupation and level of education.

One of the earliest and most influential studies was led by the New York University psychologists, Isidor Chein (1950) which offered an analysis of the urban drugs crisis that remained remarkably compelling for more than 30 years later (Currie 1993). This study focused on heroin addiction among adolescent males in New York city - a group greatly overrepresented in the statistics on addiction. His co-workers collected data from courts and hospitals in Manhattan in the years 1949-1955 as well as surveying other social and medical agencies throughout the city. The results showed that the areas with the highest concentration of addiction (epidemic areas), were occupied by a high proportion of blacks and Puerto Rican residents of people earning low annual incomes (under \$2,000 in 1949) and of men working in low status occupation, Chein concluded that:

the epidemic areas are on the average relatively concentrated settlements of underprivileged minority group of poverty, low income status p.54.

These areas were also characterized by low educational attainment and a large number of disrupted families. Similar conclusions emerged from another influential study on drug abuse in 1957 under the auspices of the Illinois

Institute for Juvenile Research a Chicago Area Project Community. Firestone and his colleagues (1957) interviewed more than 50 heroin using blackmen in their late teens and early twenties from Chicago neighbourhood. They found that the heaviest heroin use was concentrated in a relatively handful of cities most economically deprived neighbourhoods.

While differences are still found in the U.S. 1979 survey by Chilton research services (Greensberg, 1979) they are not as pronounced as they had been in the past. Among boys who reported that one or both parents attended college, 9.9 percent were smokers, compared with 10.9 percent from families in which neither parents attended college. Among the 15-16 year olds, those with less well-educated parents had a higher smoking rate than those with better educated parents, but this is reversed in the 17-18 age group. Those with the education level of parents 'not stated' had the highest smoking rate of all, that was 12.4 percent.

Among the girls, the difference is seen in every age-group; over all 14.8 percent of girls homes in which neither of parents attended college were smokers compare with 10.6 from homes in which at least one parent attended college. Those whose parental education was "not stated" 11.7 percent were smokers.

Haworth (1983) concluded that drug abuse was more common among people from a rich background which contrasted with other findings which indicated that it was more prevalent among the deprived people.

Mbiti (1984) in her study of alcoholism in the city of Nairobi among 80 respondents, 53 males and 27 females by the use of structured questionnaire and interview found that people from all socio-economic classes were affected by the use of drugs. The most affected were those at the lower rung of social-economic-class. The likelihood of heavier drinking was inversely related to parental level of education. Non-drinking teenagers were often found in families of low educational attainment and are least often found in families in which at least one parent had completed college.

Scarpitti and Datesman (1980) found that no relationship was observed between social economic status and drug use.

Most of the research findings seem to support the hypothesis that majority of drug abusers hail from a deprived background, that is, lower socio-economic status (Chein 1950, Firestone 1957 Greensberg 1979). It was therefore necessary to carry out more studies in the Kenyan Universities to try and establish whether the students who widely abuse drugs come from rich or deprived backgrounds.

2.3.3 YEAR OF STUDY AS A VARIABLE IN DRUG ABUSE

Many studies have shown that there exists a relationship between year of study and drug abuse habit. Those who are at advanced year of study would have reduced their drug use habit, while the habit might be very much prevalent among the others in lower level of year of study because majority are experimenting. This relationship comes out clearly as shown by the study of Johnson, O'Malley and Bachman (1988) which showed that overall, the seniors (4th years) who were expecting to complete four years of college (referred to as college-bound) have lower rates of illicit drug use than those not expecting to do so.

Similar findings resulted from the survey by the student body, sociological association (1972) in Zambia. Among the, 1,200 respondents, 33 percent were in 1st year, 30 percent in 2nd year while 22 and 14 percent were in 3rd and 4th years respectively. Karugu and Olela (1993) noted that drugs use in Kenyatta University was more prevalent among 1st and 2nd years who are at the experimenting stage.

Johnson et al (1977) noted that there were noteworthy differences in year of study. Among high school seniors, the prevalence of weekly use of alcohol was slightly lower among those who were planning on 4 years of college than among those who were not college bound (19 percent versus 24 percent). This slight difference increased with increasing level of drinking so that daily drinking was

only half as prevalent among the college bound as it was among those not planning on college (4 percent versus 8 percent).

Wechsler and Fadden (1977) mailed one questionnaires to 10,500 (5,000 female and 5,500 males) undergraduate students at 34 colleges and Universities in five New England states. The response rate ranged from 51 to 87 percent at the individual colleges hence 3,185 female and 3,898 males. Although the proportion of drug users tended to increase with each succeeding years in college, actual differences were small. Patterns of drug use however were quite different in each college class. For instance, proportionately a greater number of students used marijuana but no other drugs in the freshmen (35 percent) than in the senior class (26 percent). At the same time, proportionately more seniors (22 percent) than freshmen (14 percent) reported using three or more drugs in addition to marijuana. Experimentation with drugs other than marijuana increased with the exposure over the years though it was possible that students came to college with different pattern of drug use.

Puncho, a school leaver in 1985, a participant in Ochieng's study in 1986 reported that drug use was widespread even among the Junior boys, but was mainly an activity limited to the senior forms.

Drug abuse is a diminishing phenomenon which decreases with years of study. The experimenters may fail to progress to the next stage of drug use, hence few users at the high level of educational ladder. Investigations needed to be carried out to establish whether this was the case in Kenyan Universities.

2.3.4 RELIGIOUS AFFILIATION IN RELATIONS TO DRUG ABUSE

The religious beliefs and attitudes significantly influence the drug use habits. Einstein (1969) reported that most of the drug addicts were christians.

O'Connor in his study among Anglo-Saxon and Irish subjects noted that there were more Catholics, followed by Protestants and last non-christians drug users in the sample.

Mann (1970) noted that cultural attitudes may have a great bearing on the incidence of alcoholism. Studies indicate that it was very low among Jews. For instance those who had a very clear and ambiguous attitude towards alcohol, it was good and wine had an important place in many of their religious observances; but they had equally clear social sanctions against the abuse or misuse of this 'good thing'. This was a great contrast to the attitude growing out of the puritan ethic, where uncertainty and guilt surrounded the use of alcohol, yet there was great permissiveness

towards its overuse. The incidence of alcohol was correspondingly high among the Jews.

Felsted (1986) discussed the results of a survey on youth and alcohol abuse involving 988 respondents. From the religious data, teenagers from catholic families were most likely to be drinkers and be heavy drinkers. Teenagers from protestant families were most likely to be non-drinkers and under represented among heavier drinkers.

Ewing, Rowse, Keeler and Bakewell (1970) studied why students turn on marijuana and other drug use in an undergraduate male population. It was concluded that students with no religious affiliation and those who did not participate regularly in religious services were more likely to be drug users. For example, 76 percent of the students with no religious affiliation reported using one or more drugs in the past year. Among the denominations, Jews were most likely to have used drugs (70 percent) followed by protestants (60 percent) and Catholics (59 percent). In terms of attendance 73 percent of the students who never attended religious services were current drug users compared with the 46 percent of the weekly church-goers. It was necessary to carry out a study to investigate whether there was any significant difference between Catholics, Protestants, Muslims and others in their use and abuse of drugs.

2.4 PREVALENCE OF DRUG ABUSE

The reports of Kandell (1973) had it that drinking was extensive among high school seniors. Ninety three percent had tried it and 6 percent used alcohol on daily basis within the past month. It was popular among the teenagers because of it's availability and mild penalties in comparison with those other drugs. It ranked first and was seconded by cigarettes where 72 percent of the respondents reported having tried it while 23 percent were regular smokers. Marijuana was the most widely used of illegal drugs among the youth, 30 percent used it while 8 percent were regular users. The use of drugs had increased substantially among the youth for the last decade. A small number was reported to have even used other drugs like stimulants, hallucinogens, sedatives, and cocaine and had a percentage of use 2, 16, 14 and 13 respectively. In this category, regular use was rare only 1 percent of New York school students regularly used only illicit drugs other than Marijuana (Kandel 1973), but cocaine was on the increase.

Only 3 percent of all New York students in America had experimented with heroin. In the 1977 house-hold survey 1 percent of the youth, 4 percent of the young adults and 2 percent of high school seniors reported ever using heroin.

Ingosi (1986) reported that 41 percent of forms III and IV of secondary school students had tried Bhang and 10 percent

were still smoking. Only 19 percent had experimented with valium and 8 percent were hooked into it.

According to Makhoha (1983) Bhang and valium were available in some high schools in Nairobi. Bhang represented something the present young generation uses to express rebellion against the system or something symbolising independence. Bhang was easier to obtain and cost less while valium known as 'Roche 5' was being misused. In Upper Hill high school 40 percent had tried Bhang and 10 percent were using it together with valium. In Lenana High School, 52 percent used Bhang alone. Therefore, 52 percent in both schools had used Bhang and only 5 percent used both Bhang and valium.

Recent studies by Anderson (1988) had shown that 90 percent of college students used alcohol and 50 percent were heavy drinkers, taking at least 5 pints at one sitting in two weeks and 5 percent were said to be alcoholics. He also showed that 20 percent of students used Marijuana, 10 percent Cocaine, 8 percent sedatives and tranquillizers and 4 percent were taking stimulants. This research showed that the drug problem was a prominent feature among students in Universities and schools.

The findings of the study by international drug control programme, (UNDCP) 1995 in the discussion with pupil from Nairobi indicated that they were fully aware of drugs that

were prevalent in their environment. They also knew the drugs by name and where to find them. A primary school session gave this response

"We know of Mandrax, Glue, Bhang, Petrol, Miraa, Cigarettes, Heroin and cocaine. Miraa is available in Eastleigh, Chang'aa right here in our estate and Bhang comes from Nyanza. Mandrax, Heroin and Cocaine come from outside Kenya with tourists and foreigners'

The list for secondary schools was similar to that of primary schools pupils but chang'aa was added to the list. It was noted that the students regarded alcohol as a drug only when it was locally brewed.

Most studies revealed that alcohol and tobacco were very prevalent among the youth. It was deemed fit to carry out a study among University students to try and establish whether this trend of prevalence was to be found among them.

2.5 ATTITUDES TOWARDS DRUGS

Johnson, O'Malley and Bachman in 1977 study among high school students showed that the proportion of students who attached great risk to the occasional use of psychoactive substances was steadily declining, only 9.5 percent of the senior class of 1977 felt that the use of marijuana once or twice was harmful - a decline of almost 6 percent since

1975. Roughly one-third of the student felt that the use of any of the other drug classes with the exception of the heroin is harmful: yet even for these substances there had been a decline of 3-7 percent since 1975 of students seeing such as a 'great risk'. Thus it would seem that almost two thirds of the adolescent population was not afraid of the potential effects of drugs.

Makhoha (1983) on her survey on drug abuse among secondary school youth at Lenana high and Upperhill in Nairobi, reported a teenage son protesting against his parent by saying, "Alcohol and coffee are the choice of your generation, drugs are the choice of my generation. We each take them for what we feel are good reasons. The only difference is that your drugs are legal and mine have been made illegal by your generation". This infact reveals hat parental influence has a part to play in youth drug habit and their attitude towards drugs.

Edmee (1980) observed that only a few of the abusers regard the situations as 'alarming' while the vast majority did not see anything harmful about it. They regarded drug abuse as something personal while non-users were generally opposed to the practice.

In the study of Harworth (1983) among, 1,234 males and 602 female from eight institutions population in Zambia, one third of all males thought that drugs including alcohol

were harmful while a slightly larger proportion of females held the same opinion.

The survey of Johnson et al (1988) indicated that a substantial majority of high school seniors perceived regular use of any of illicit drugs as entailing 'great risk' of harm for the users. 89 percent of the sample felt the same about heroin and cocaine. 68 percent believed that regular use of cigarettes entailed a 'great risk' of harm for the user. 77 percent of the sample judged that regular marijuana use involved 'great risk'. Only 27 percent felt that 2 pints of alcohol per day was dangerous to one's health.

The results of many studies revealed that drug-users and abusers believed that the habit is harmful to their health. It would be essential to study university students and find out their attitude towards drug-using habit and the adequacy of the existing deterrent methods.

2.6 SUMMARY

Various factors have to interact in order for drug using habit to take place.

From the literature reviewed it was noted that parental influence, peer pressure and availability of drugs acted as a catalyst to the use of drugs. Other variables like sex,

year of study, religious affiliations, socio-economic status and home environment acted as attribute factors in the drug using habits.

2.7 SPECIFIC HYPOTHESES

In view of the above literature review, this study addressed the following specific hypotheses.

1. There is no significant difference in drug use and abuse between male and female students at Kenyatta University.
2. There is no significant difference in drug use and abuse amongst 1st, 2nd and 4th year students at Kenyatta University.
3. There is no significant difference in drug use and abuse between students from differing religious affiliations, that is, Catholic, Protestant, Muslim and others.
4. There is no significant difference in drug use and abuse between students from Low, Middle and High socio-economic status.
5. There is no significant difference in drug use and abuse between rural and urban students at Kenyatta University.
6. There is no significant difference between the types of drugs used by male and female students at Kenyatta University.

7. There is no significant difference between the types of drugs used by students in 1st, 2nd and 4th year of study.
8. There is no significant difference between the types of drugs used by students from different religious affiliations.
9. There is no significant difference between the types of drugs used by students in Low, Middle and High socio-economic status
10. There is no significant difference between the types of drugs used by rural and urban students.
11. There is no significant difference between the sources of drugs for males and females.
12. There is no significance difference between the sources of drugs for 1st, 2nd and 4th year students at Kenyatta University.
13. There is no significant difference between the number of drug users whose fathers used drugs and that of drug users whose fathers did not indulge in the habit.
14. There is no significant difference between the number of drug users whose mothers used drugs and drug users whose mothers did not indulge in the habit.
15. There is no significant difference between the number of drug users whose friends used drugs and drug users whose friends did not indulge in the habit.

CHAPTER THREE

3.0 METHODOLOGY

3.1 THE TARGET POPULATION

The target population comprised of male and female students at Kenyatta University. These were the 1st, 2nd and 4th year students. The University population was selected because these students were at transitional stage in our society as they had passed through or completed secondary school education meaning the end of strict scrutiny of school discipline masters. For the day-scholars, it meant the end of parental authority.

Furthermore, completion of secondary school education represented the jumping off point, from which young people diverged into widely different social environments where freedom and laxity of regulations reigned. This kind of situation gave way to the use and abuse of drugs.

The sample selected for this study was composed of 300 1st year, 300 2nd and 400 4th year students. The parent population had 8,198 students; 1,939 in 1st year 1,687 in 2nd year and 2,116 in 4th year. The 3rd year students did not participate in the study as they were not present during the data gathering period. The 1st years had just completed their first semester duration. The 2nd year on the other hand had stayed in the University for three

semesters and must have had more experiences about campus life. The 4th year students were in the process of completing their University education, hence probably knew more about the drug using situation. The researcher wanted to find out more about their drug habit and test whether there were any difference among the existing groups.

3.2 SAMPLING

It was necessary to select a larger number of subjects because of the nature of the study. All possible steps were taken to make sure that the sample selected was representative of the target population. A sample of 1000 subjects was selected through cluster sampling which was the successive random sampling of units or set or subjects (Kerlinger 1986). Cluster sampling method was useful in situations where the population members were naturally grouped in units that could be conveniently used as clusters. It was also useful in situation where the selection of individual members of the population was impractical due to sensitivity of the behaviour being investigated and was expensive (Wiersman 1985)

Kenyatta University students were 'naturally grouped into five faculties - Education, Arts, Environmental studies, Science and commerce. The faculty of Education was selected because it had the largest number of students in order to ensure that there would be sufficient number of

respondents for the study. There exist a number of classes which were used as the sampling unit (clusters).

The cluster were randomly selected from the group taking Educational Psychology course.

TABLE 3.1

SAMPLE SELECTION AND; PERCENTAGE OF SAMPLE SIZE TO POPULATION SIZE

POPULATION TYPE	POPULATION SIZE	SAMPLE SIZE SELECTED	PERCENTAGE OF SAMPLE SIZE
1st year	1939	300	15.5%
2nd year	1687	300	17.8%
4th year	2116	400	18.9%
TOTAL	5742	1000	17.4%

3.2.1 PROCEDURE OF SAMPLE SELECTION

A list of clusters namely A1 A2 A3; B1 B2 B3 and C1 C2 C3 for each year of study were procured from the Department of Educational Psychology. Three clusters were randomly selected from the nine clusters from each year of study. Paper slipogs were cut in uniform size and then a letter that is A1....B1.....C1.....C3 were writtten down. The individual papers were folded into small ball shaped and placed in tin which was then closed and shaken vigorously to shuffle them The 'Lucky draw' technique was applied and the required number of clusters were randomly selected from the tin for use in the study. The number of members in

each cluster ranged from 80-150. The sampling procedure was recommended because it didn't matter the number of members in each cluster. Everybody in these clusters participated making each individual feel secure and anonymous.

3.3 RESEARCH DESIGNS

A causal-comparative design was recommended as it is usually used in exploring causal relationships of variables that cannot be manipulated experimentally. This method aimed at discovery of possible cause for a behaviour by comparing subjects in whom this pattern is present with similar subjects in whom it is absent or present to a lesser degree (Borg and Gall 1979).

The researcher was also interested in finding out whether there existed differences due to socio-economic status, sex, religious affiliation, year of study and home environment in relation to drug behaviour of the students. The researcher also tried to investigate the role played by parents, peers and drug availability on drug habit and the students general attitude towards it.

3.4 INSTRUMENTATION

The researcher selected a questionnaire as a tool to gather data relevant for the study. The questionnaire comprised of three parts with questions based on the broad study objectives summarised below.

- a) To examine critically the issue of drug problem at Kenyatta University with primary aim of determining the correlates, prevalence and attitude of the students towards the drug habit.
- b) To determine the feasibility of drug education and peer counselling as deterrent measures.

3.4.1 THE CONTENT OF THE QUESTIONNAIRE

A three part self-report questionnaire was based on the various dimensions of the drug problem that had been identified in Kenya and other areas. The content was validated by consultation with experts and the reviewed literature. Two dimensions covering these parts were as follows:

(A) DEMOGRAPHIC INFORMATION

The respondents were expected to give information pertaining to their background. The items in this section examined the demographic information of the students:- sex, year of study, religious affiliation, socio-economic status and their home environment.

(B) OPINION ON DRUG USE AND ABUSE

In this section the main information was on;

- a) Whether the subjects had ever used drugs and whether they were still in the habit. If so, to identify the drugs they used.

- b) Whether their best friends used drugs and the types of drugs used.
- c) Identification of possible sources of drugs.
- d) Whether the family members used drugs and the types.
- e) Whether parents approved of the drug use.
- f) Whether the user had ever faced social, cognitive and health problems such as borrowing money, having conflicts with people, inability to meet academic target or had ever required medical attention as a result of using drugs.

(C) ATTITUDE TOWARDS SOME ASPECTS OF DRUG HABIT

The information in this section included;

- a) Assessment of initiating factors - friends or parents
- b) Assessment of the role of peer counselling and drug education as the deterrent measures.
- c) Whether drugs can harm the health of the youth and if they turned to drugs because of problems.

3.4.2 DEVELOPMENT OF A QUESTIONNAIRE

In the construction of the questionnaire two techniques were used; these were multiple choice and open-ended techniques. Note, the questionnaire was basically multiple choice.

a) Multiple choice format

The researcher resorted to this technique because it:-

- i) Allowed easier and accurate analysis of the data therefore precise interpretations of the responses.
- ii) Made numerical comparison relatively easy.

iii) This allowed a high degree of respondents objectivity in the making of responses and at the same time reduce the problem of falsification.

(b) Open-ended technique.

This was considered feasible in order to provide information on types of drugs used and the main sources. About 10 percent of the items comprised of the open-ended questions.

This part delivered richer information and the respondents did not feel the constrain imposed by a fixed choice.

But the researcher found some difficulties in quantifying or coding whereas fixed choice made it easier.

3.5 PRE-TESTING QUESTIONNAIRE

The questionnaire was piloted before the researcher was satisfied that it met the necessary criteria. It was presented to about 60 of 1st, 2nd and 4th year students at Kenyatta University, who were randomly selected. The aim of piloting the questionnaire was to highlight its pitfalls and possible misinterpretations. Validity and reliability of the items of questionnaire were ascertained. The ambiguous items were modified into more suitable forms.

The pretesting was necessary so as to help in estimating the length of time for the administration of the instrument.

3.6 ADMINISTRATION OF THE QUESTIONNAIRES

The direct method was favoured by the researcher, who distributed the questionnaires directly to about 1000 respondents. This was done in normal lecture periods whenever possible with prior arrangements with the lecturers.

The respondents were assured of complete anonymity since this study dealt with a sensitive behaviour.

Adequate instructions were provided before filling in the questionnaires and clarification made promptly where applicable. In all cases, the questionnaires were administered and collected on the same day. The collection was done in a scrambled manner not in order of sitting arrangement.

The direct method was preferred because of various advantages cited below:

- i) The problems that arose were dealt with immediately.
- ii) Due to the sensitivity of the behaviour being researched on, some respondents felt abit insecure but the researcher was able to clear such feelings. Such feelings of insecurity and doubts would have hampered the success of the research.
- iii) The method enhanced a kind of face to face communication with the subjects, hence made it

possible for the researcher to explain and convince them of the importance of the study.

- iv) The respondents had previously been presented with many questionnaires on unrelated issues. Therefore, it was necessary to motivate them and control boredom by having a face to face communication.

3.7 DATA ANALYSIS

For purposes of analysis a number of null hypothesis were tested and the Statistical Package for Social Sciences (SPSS) were used in statistical analysis.

Simple non-parametric descriptive and inferential statistics such as frequencies, percentages and cross tabulations were utilized to describe the subjects and various variables.

This also laid foundation for testing of the hypotheses postulated in the study.

Frequency histograms showing prevalence of drug were worked out.

The data of the current study were mainly in form of frequencies hence rendering the use of chi-square test to test those null hypotheses.

The data did not meet some of the assumptions underlying the use of parametric statistics, for instance, assuming normality and was at nominal level, therefore χ^2 test was employed.

Furthermore, it was a method appropriate as it could be utilized with two or more groups in order to test the association or differences.

χ^2 is the only test which does not follow the usual pattern of two tailed tests. It doesn't matter in which direction the researcher predicted.

All the tests of the null hypothesis were done at 0.05 level of significance. According to Coolican (1994) Social Scientists call a difference significant and reject null hypothesis of no difference, when the probability of the null hypothesis being true drops below 0.05. This is popularly known as percent significant level. This level (0.05) is taken as a criterion for rejecting of null hypotheses. In practice, the level of < 0.05 is the golden standard, the general yardstick by which differences or relationships are counted as significant or not.

CHAPTER FOUR

4.0 ANALYSIS OF THE RESULTS

4.1 INTRODUCTION

The purpose of this chapter is to present the findings of the study from the hypotheses tested. The summary of the basic themes is outlined. Then, a description of the study sample precedes the presentation of the data analysis. The analysis follows the sequence of the null hypotheses addressed by the study.

4.2 BASIC THEMES

- i) The relationship between gender and drug use and abuse.
- ii) The relationship between religious affiliation and drug use and abuse.
- iii) The relationship between religious affiliation and drug use and abuse.
- iv) The relationship between socio-economic status and drug use and abuse.
- v) The relationship between home environment and drug use and abuse.
- vi) The relationship between type of drugs used sex, year of study, religious affiliation, socio-economic status and home environment.
- vii) The relative role of friends and parents as models in drug use and abuse.

viii) The study also tried to establish the general attitudes towards drug habit as well as the average expenditure of an individual on drugs.

TABLE 4.1.

4.3. SUMMARY OF THE CONTEXTUAL AND PERSONAL DATA OF THE STUDENTS

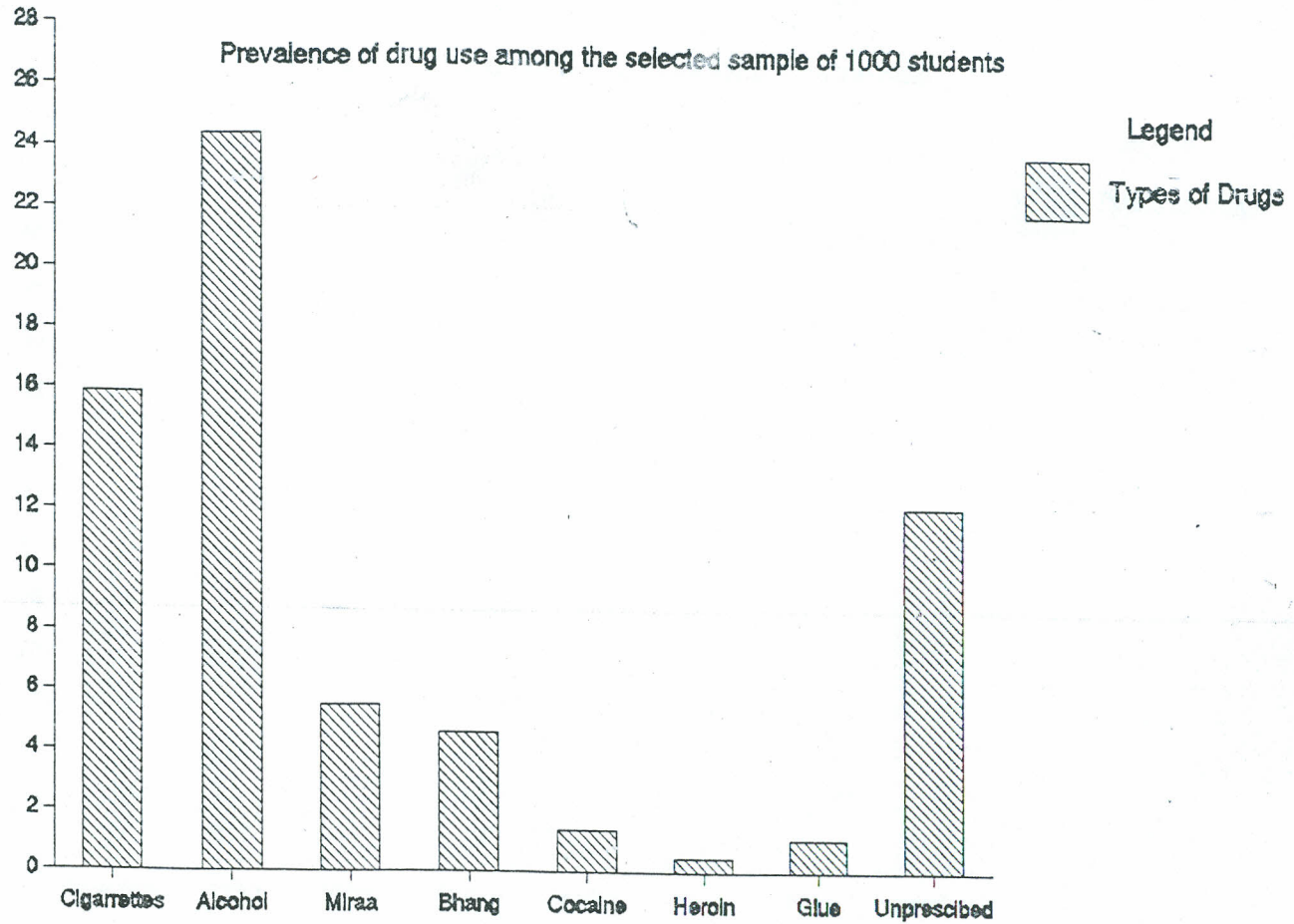
VARIABLE	CATEGORY	SELECTED SAMPLE OF 914 RESPONDENTS		USERS	ABUSER
		FREQUENC Y	%		
SEX	MALE	538	58.9	153	95
	FEMALE	376	40.8	62	24
YEAR OF STUDY	1ST	295	32.2	74	33
	2ND	250	27.4	48	31
	4TH	369	40.4	93	57
RELIGIOUS AFFILIATION	CATHOLIC	252	27.6	64	39
	PROTESTA NTS	604	66.1	134	68
	MUSLIMS	19	2.1	4	4
	OTHERS	37	4.1	13	9
	NOT REPORTED	2	.1		
SOCIO- ECONOMIC STATUS	LOW	153	50.8	96	57
	MIDDLE	112	37.2	74	38
	HIGH	36	12	26	10
HOME ENVIRONMENT	URBAN	233	25.5	68	23
	RURAL	681	74.5	147	98

TABLE 4.2.

4.4. DISTRIBUTION OF TYPES OF DRUGS

TYPES	SELECTED SAMPLE				THOSE INVOLVED IN THE HABIT
	FREQUENCY		YES		%
	YES	NO	YES	NO	
CIGARETTES	145	191	15.9		43.2
ALCOHOL	223	113	24.4		66.4
MIRAA	50	286	5.5		14.9
BHANG	42	294	4.6		12.5
COCAINE	13	323	1.4		3.9
HEROIN	5	331	0.5		1.5
GLUE/PETROL	10	326	1.1		3
UNPRESCRIBED DRUGS	111	225	12.1		33

Figure 4.1 PREVALENCE OF DRUG USE IN PERCENTAGE



Percentage

Figure 4.2 PREVALENCE OF DRUG USE IN PERCENTAGE

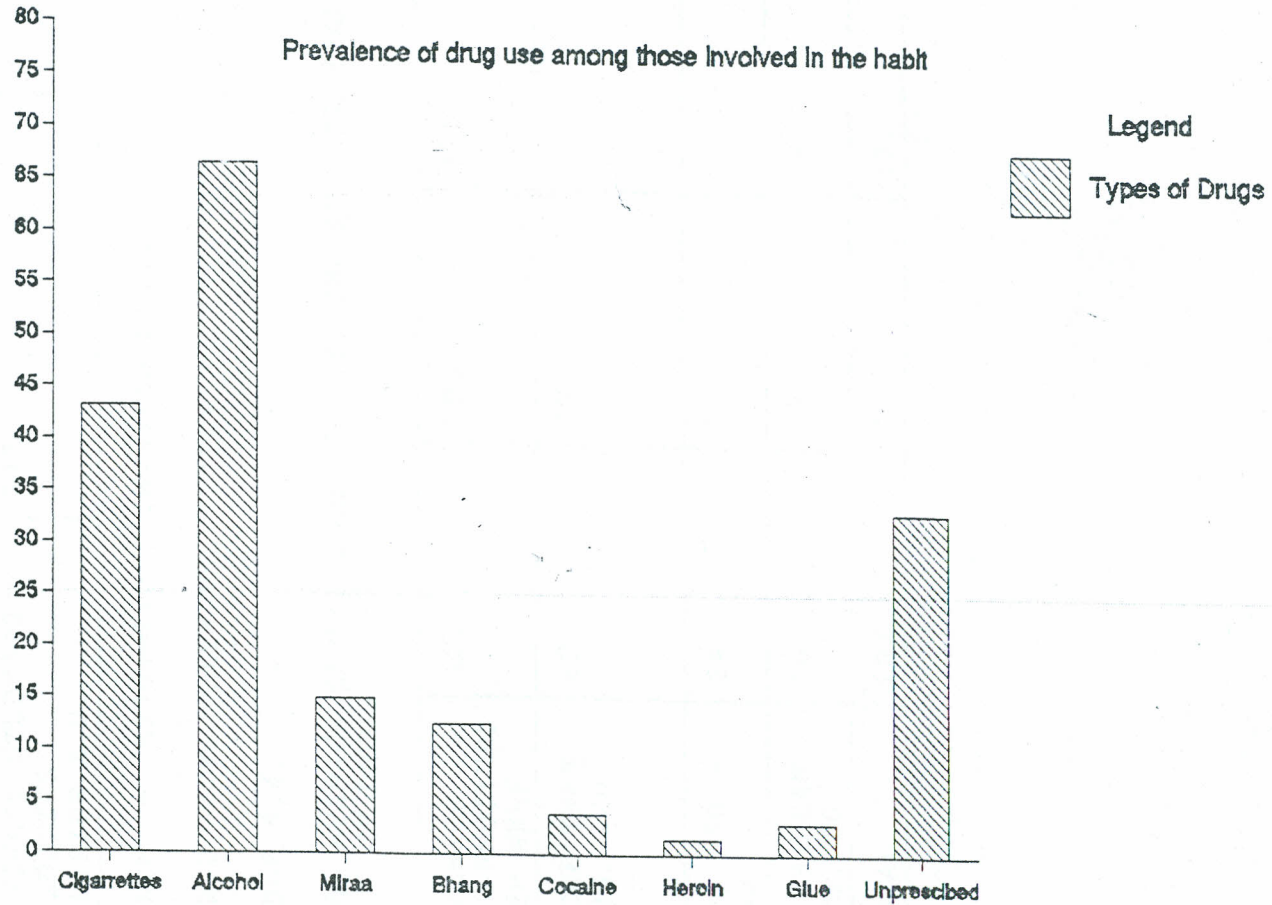


TABLE 4.3.

4.5. SOURCES OF DRUGS

	Yes	Not reported
*K.M.	144	770
*K.U. BARS AND SHOPS	175	57
FRIENDS/STUDENTS	86	828
PEDDLERS OUTSIDE K.U.	237	677

* K.M. - Kilometre 1 (Kiwanja Slums)

* K.U. - Kenyatta University

TABLE 4.4.

4.6. AVERAGE EXPENDITURE OF 1ST, 2ND AND 4TH YEAR STUDENTS ON DRUGS

AVERAGE EXPENDITURE PER WEEK	1ST	2ND	4TH	TOTAL
MORE THAN SHS. 100	62	37	64	163
SHS. 50 - 100	24	27	47	98
LESS THAN SHS. 50	16	12	39	67
TOTAL	102	76	150	328

TABLE 4.5.

4.7. ATTITUDES TOWARDS DRUG USE

Items	RESPONSES					
		S.A.	A	U.D.	D.	S.D.
I Started using drugs because of pressure from friends	F %	60 18.0	63 18.9	9 11.7	53 15.9	119 35
If Parents take drugs their children have a right to use them	F %	25 7.4	27 8.0	29 8.6	93 27.7	162 48.2
If an individual does not use drugs his /her peers will scorn him/her	F %	37 11.1	65 19.3	26 7.7	89 26.5	119 34.4
In my opinion 1st year students in Kenyatta university are more prone to drug experimentation than 2nd and 4th year students.	F %	92 27.5	105 31.4	9 11.7	54 16.2	44 13.3
It happens that an individual in a peer group context tends to use the same drug as his friends.	F %	108 32.4	165 49.5	8 5.4	25 7.5	17 5.1
Indulgence in drug use can harm the health of the young people.	F %	198 59	89 26.6	14 4.2	20 6.4	13 3.9
Peer counselling and drug education can act as deterrent measures against drug use.	F %	120 36	144 43.2	26 7.8	21 6.3	22 6.6
Many young people turn to drugs when faced with problems.	F %	119 35.6	130 38.9	28 8.4	33 9.9	24 7.2

F - Frequency
 % - Percentage
 S.A. - Strongly agree
 A - Agree
 U.D. - Undecided
 D - Disagree
 S.D. - Strongly Disagree

4.8. THE RELATIONSHIP BETWEEN GENDER AND DRUG HABIT

TESTING OF HYPOTHESIS I

H1: There is no significant difference in drug use and abuse between male and female students at Kenyatta University.

TABLE 4.6.

DISTRIBUTION OF DRUG USE AND ABUSE BY GENDER

SEX OF SUBJECTS	USERS	ABUSERS	TOTAL
MALE	153	95	248
FEMALE	62	24	86
NOT REPORTED	2	0	2
TOTAL	215	121	336

The study aimed at trying to establish whether there was a statistically significant difference between male and female students (Hypothesis I). The data in table 4.6. shows that there were relatively more drug users and abusers among males than females. A chi-square test was used to investigate whether the gender differences in drug habit were statistically significant. χ^2 value (6.57196; df = 2) at $p < 0.05$, was found to be significant. This implied that there was gender difference in drug habit, thus the null hypothesis was rejected.

4.9. THE RELATIONSHIP BETWEEN YEAR OF STUDY AND DRUG USE AND ABUSE

Testing hypothesis 2

H2: There is no significant difference in drug use and abuse amongst 1st, 2nd and 4th year students at Kenyatta University.

TABLE 4.7

DISTRIBUTION OF DRUG USERS AND ABUSERS BY YEAR OF STUDY

YEAR OF STUDY	DRUG USERS	DRUG ABUSERS	TOTAL
1ST	74	33	107
2ND	48	31	79
4TH	93	57	150
TOTAL	215	121	336

Table 4.7. shows that there are more drug users and abusers among 4th year, seconded by 1st years and lastly the 2nd year students. A chi-square test was used to try and establish whether the difference were statistically significant. The analysis revealed that at $P < 0.05$, a χ^2 ($=1.85616$; $d.f=3$) the difference was not significant. Thus the null hypotheses was accepted.

4.10. THE RELATIONSHIP BETWEEN RELIGIOUS AFFILIATION AND DRUG USE AND ABUSE

Testing of hypothesis 3

H3: There is no significant difference between students from differing religious affiliations, that is Catholic, Protestants, Muslim and others.

TABLE 4.8.

DISTRIBUTION OF DRUG USERS AND ABUSERS BY RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION	USERS	ABUSERS	TOTAL
CATHOLICS	64	39	103
PROTESTANTS	134	68	202
MUSLIMS	4	4	8
OTHERS	13	9	22
TOTAL	215	120	335

As shown in Table 4.8 there were relatively more Protestant students involved in drug habit than those in other three categories. Chi-square test was used to investigate whether the foreseen religious difference was statistically significant. The results revealed that at $P < 0.05$, a χ^2 (1.22396; d.f = 2) the difference was not significant. Thus the null hypothesis was accepted.

4.11. THE RELATIONSHIP BETWEEN SOCIO-ECONOMIC STATUS AND DRUG USE AND ABUSE

Testing hypothesis 4

H4: There is no significant difference in drug use between students from, Low, Middle and High socio-economic status.

TABLE 4.9.

DISTRIBUTION OF DRUG USERS AND ABUSERS BY SOCIO-ECONOMIC STATUS

SOCIO-ECONOMIC STATUS	USERS	ABUSERS	TOTAL
LOW	96	57	153
MIDDLE	74	38	112
HIGH	26	10	36
TOTAL	196	105	301

From table 4.9., there were relatively more drug users and abusers among students from the low socio-economic status than others. Chi-square test was used to investigate whether the difference was significant. The analysis indicated that at $P < 0.05$, a χ^2 (1.22396; d.f= 2) the difference was not significant. Thus null hypothesis was accepted.

4.12. THE RELATIONSHIP BETWEEN HOME ENVIRONMENT AND DRUG USE AND ABUSE

Testing hypothesis 5:

H5: There is no significant difference in drug habit between rural and urban students at Kenyatta University.

Table 4.10

DISTRIBUTION OF DRUG USERS AND ABUSERS BY HOME ENVIRONMENT

HOME ENVIRONMENT	USERS	ABUSERS	TOTAL
URBAN	68	23	91
RURAL	147	98	245
TOTAL	215	121	336

From the table 4.10 there were relatively more drug users and abusers among the rural than urban students. Chi-

square test was used to test whether the difference was significant. At $p < 0.05$, a χ^2 ($= 6.24381; d.f=1$) the difference was significant. Thus the null hypothesis was rejected.

4.13. THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND GENDER

Testing hypothesis 6

H6: There is no significant difference between the types of drugs used by male and female students at Kenyatta University.

TABLE 4.11.

DISTRIBUTION OF TYPES OF DRUGS BY GENDER

GENDER	TYPES OF DRUGS								TOTAL
	1	2	3	4	5	6	7	8	
MALES	123	184	44	39	11	5	8	53	467
FEMALES	22	39	6	3	2	-	2	38	132
TOTAL	145	223	50	42	13	5	10	111	599

As shown in table 4.11, the number of male subjects using each drug was relatively greater than that of females. A Chi-square test was used to investigate whether these differences in drugs use were statistically significant. At $P < 0.05$ a χ^2 ($76.8212; d.f = 7$) the analysis indicated that it was very significant. Therefore the null hypothesis was rejected.

4.14 THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND YEAR OF STUDY

Testing hypothesis 7

H7: There is no significant difference between the types of drugs used by students in 1st, 2nd and 4th year of study.

TABLE 4.12

DISTRIBUTION OF TYPES OF DRUGS BY YEAR OF STUDY

YEAR OF STUDY	TYPES OF DRUGS								TOTAL
	1	2	3	4	5	6	7	8	
1ST	41	67	16	13	2	2	6	40	187
2ND	29	47	12	9	3	0	1	34	135
4TH	75	109	22	20	8	3	3	37	277
TOTAL	145	223	50	42	13	5	10	111	599

The table 4.12 shows that the number of 4th year students using each drug is relatively the greatest followed by that of 1st year and finally the 2nd year. Chi-square test was used to establish whether the differences were significant. The results of the analysis indicated that at $P < 0.05$ the χ^2 (18.0433; d.f = 14) was significant thus the null hypothesis was accepted.

4.15: THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND RELIGIOUS AFFILIATION

Testing hypothesis 8

H8: There is no significant difference between types of drugs used by students from differing religious affiliations.

TABLE 4.13

DISTRIBUTION OF TYPES OF DRUGS BY RELIGIOUS AFFILIATIONS

TYPES OF DRUGS									
Religious Affiliation	1	2	3	4	5	6	7	8	Total
Catholics	48	73	17	14	6	3	6	36	203
Protestants	84	126	26	20	5	2	2	69	334
Muslims	4	5	4	4	0	0	1	4	22
Others	9	19	3	4	2	0	1	2	40
Total	145	223	50	42	13	5	10	111	599

Table 4.13 shows that the number of Protestant subjects using each drug was relatively greater than those from other religious backgrounds. chi-square test was used to test whether the observed difference is significant or could be attributed to chance. The analysis revealed that

2

Thus the null hypothesis was accepted.

4.16 THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND SOCIO-ECONOMIC STATUS

Testing hypothesis 9

H9: There is no significant difference between the types of drugs used by students in Low, Middle and High socio-economic status.

TABLE 4.14

DISTRIBUTION OF TYPES OF DRUGS BY SOCIO-ECONOMIC STATUS

SOCIO-ECONOMIC STATUS	TYPES OF DRUGS								TOTAL
	1	2	3	4	5	6	7	8	
LOW	67	104	24	18	6	2	6	50	277
MIDDLE	43	74	16	12	3	1	2	36	187
HIGH	18	28	5	2	0	0	0	7	60
TOTAL	128	206	45	32	9	3	8	93	524

Chi-square test was used to try and establish whether the difference found in the data in table 4.14 was statistically significant. It shows that the number of students using each drug in lower socio-economic status was relatively greater than that of students in other categories. At $P < 0.5$, analysis indicated that a χ^2 (8.3955 d.f. = 14) was not significant. Thus the null hypothesis was accepted and any difference that was foreseen might be due to chance.

4.17 THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND HOME ENVIRONMENT

Testing hypothesis 10

H10: There is no significant difference between the type of drugs used by rural and urban students.

TABLE 4.15

DISTRIBUTION OF TYPES OF DRUGS BY HOME ENVIRONMENT

HOME ENVIRONMENT	TYPES OF DRUGS								TOTAL
	1	2	3	4	5	6	7	8	
URBAN	36	54	13	10	6	2	4	40	165
RURAL	106	169	37	32	7	3	6	71	434
TOTAL	145	223	50	42	13	5	10	111	599

From the above table 4.15 the number of rural students using each drug was relatively greater than that of urban students. This difference was tested using Chi-square to establish whether it was significant. The results of the analysis indicated that at $P = 0.05$, a χ^2 (9.1045; d.f = 7) was not significant. Thus we accept the null hypothesis and conclude that whatever difference that appeared to exist in the data, were probably due to chance.

4.18. THE RELATIONSHIP BETWEEN SOURCES OF DRUGS AND GENDER

Testing hypothesis 11

H11: There is no significant differences between the Sources of drugs for males and females.

TABLE 4.16

DISTRIBUTION OF SOURCES OF DRUGS BY GENDER

GENDER	SOURCES OF DRUGS				TOTAL
	K.M.	K.U.	PEDDLER STUDENTS	OUTSIDE	
MALE	113	131	52	171	467
FEMALE	31	44	34	66	175
TOTAL	144	175	86	237	642

Table 4.16 clearly shows that the number of male students in relation to sources of drugs is relatively greater than that of the female students. Chi-square test was used to establish the statistical significance of this difference. It revealed that at $P < 0.05$, a $\chi^2 (= 8.6248; d.f = 3)$ the difference was statistically significant hence differences in sources of drugs between the number of male and female respondents. Thus the null hypothesis was rejected.

4.19: THE RELATIONSHIP BETWEEN SOURCES OF DRUGS AND
YEAR OF STUDY

Testing hypothesis 12

H12: There is no significant difference between sources of drugs for 1st, 2nd and 4th year students at Kenyatta University.

TABLE 4.17

DISTRIBUTION OF SOURCES OF DRUGS BY YEAR OF STUDY

SOURCE OF DRUGS					
YEAR OF STUDY	K.M.	K.U.	PEDDLERS	OUTSIDE	TOTAL
1ST	44	56	24	75	199
2ND	41	43	26	56	167
4TH	59	76	35	106	276
TOTAL	144	175	86	237	642

The number of 4th year students in relation to their sources of drugs appeared to be relatively greater than that of 1st and 2nd year students. Chi-square test was used to investigate whether the observed difference was significant. The results of the analysis revealed that at $P < 0.05$, a χ^2 (2.952 = ; d.f. = 6) was not significant. Thus the null hypothesis was accepted.

4.20. INVESTIGATION OF THE ROLE OF FRIENDS AND PARENTS AS MODELS IN DRUG USE

The researcher investigated on the role of parents and friends in initiating the respondents into indulgence in drugs. Chi-square was used to test whether there were significant differences between the number of respondents whose friends and parents used drugs and those who did not. (Hypothesis 13,14,15).

Testing hypothesis 13

H13: There is not significant difference between the number of drug users whose father used drugs and that of drug users whose fathers did not indulge in the habit.

TABLE 4.18

DISTRIBUTION OF MALE AND FEMALE SUBJECTS IN RELATIONS TO
THEIR FATHER'S INVOLVEMENT IN DRUGS

FATHER'S INVOLVEMENT IN DRUGS	GENDER OF THE SUBJECTS			TOTAL
	MALE	FEMALE	NOT REPORTED	
FATHER USED	149	44	0	193
FATHER DID NOT USE DRUGS	99	42	2	143
TOTAL	248	86	2	336

Table 4.18 shows that the number of drug users whose fathers were involved in drugs is relatively greater than that of drug users whose fathers did not. Chi-square test was used to establish whether the foreseen difference was significant. The analysis indicated that at $p < 0.05$, a χ^2

(4.7928; d.f = 2) was not significant, thus the null hypothesis was accepted.

Testing hypothesis 14

H14: There is no significant difference between the number of drug users whose mothers used drugs and drug users whose mothers did not indulge in the habit.

TABLE 4.19

DISTRIBUTION OF MALE AND FEMALE SUBJECTS IN RELATION TO THEIR MOTHERS' INVOLVEMENT IN DRUGS

MOTHER'S INVOLVEMENT IN DRUGS	GENDER OF THE SUBJECTS			TOTAL
	MALE	FEMALE	NOT REPORTED	
MOTHER USED DRUGS	217	64	1	282
MOTHER DID NOT USE DRUGS	31	22	1	54
TOTAL	248	86	2	336

Table 4.19 shows that the number of drug users whose mothers were involved in drugs is relatively greater than that of drug users whose mothers did not. Chi-square test was used to establish whether the foreseen difference was significant. The analysis indicate that at $p < 0.05$, a χ^2 (9.8182; d.f. = 2) was significant. Thus the null hypothesis was rejected.

Testing hypothesis 15

H15: There is no significant difference in number of drug users whose friends used drugs and the users whose friends did not indulge in the habit.

TABLE 4.20

DISTRIBUTION OF MALE AND FEMALE SUBJECTS IN RELATION TO THEIR FRIENDS INVOLVEMENT IN DRUGS.

FRIENDS USE OF DRUGS	GENDER OF THE SUBJECTS			
	MALE	FEMALE	NOT REPORTED	TOTAL
FRIENDS USED DRUGS	223	58	2	283
FRIENDS DID NOT USE DRUGS	21	27	0	48
TOTAL	224	85	2	331

Table 4.20 clearly shows that the majority of those involved in drugs had friends who also used drugs. In order to establish whether the foreseen difference in friends indulgence in drugs was statistically significant, a Chi-square test was used and the results indicated that at $P < 0.05$, χ^2 (27.6090, d.f. = 2) was significant. This implied that there was a significant difference between the number of males and females whose friends used drugs and that of male and female drug users whose friends did not use drugs. Thus the null hypothesis was rejected.

From the data in the above table, the results shows that both males and females were prone to the influence of friends. Further, there exists a positive correlation between friends and individual indulgence in drugs. This

means that friends played a major role in initiating each other into drug use.

Summary of the Results

- i) There was a significant difference between male and female students in drug involvement.
- ii) There was no significant difference between 1st, 2nd and 4th year students in drug involvement.
- iii) There is no significant difference in drug habit amongst students from different religious affiliation, Catholic, Protestants, Muslims and others.
- iv) There is a significant difference between rural and urban students in drug habit.

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 DISCUSSION

5.1.1 THE RELATIONSHIP BETWEEN GENDER AND DRUG USE AND ABUSE

A significant difference was found between males and females in their drug habit as was expected. There was high male prevalence of drug use and abuse. The main reason for expecting this was the fact that the society to a larger extent appears to reinforce the behaviour. This is seen in its maintenance of double standard and the ambivalent attitudes towards male involvement in drugs. In most communities females are culturally restricted from abusing drugs and are frequently reprimanded about drugs. Women who abuse substances generally suffer from depression and the society regard them as "those who have deviated from the social norms" hence branded immoral. Society expectations therefore play a major role in drug involvement hence the lesser prevalence among women.

This high male prevalence could also be attributed to the general male tendency to drift (Currie 1993) through curiosity motivated by friends and peer group members.

It was also noted that there were abusers among females which was unexpected. This was due to the up-coming ideology of gender sensitivity and women empowerment,

motivating females to indulge in drugs. This new attitude has triggered off a desire of "equality" between the two sexes with the belief that what a man can do a woman can also do.

This meant that none of the sexes is immune to drug indulgence. The environment the youth find themselves in, plays a contributive role. It has been noted that in Kenyan Universities, the students find themselves in an environment where there is a lot of freedom and laxity in regulations (Karugu and Olela 1993). Cigarettes and alcohol are sold in the Universities while access to illegal substances is not strictly controlled as it may be necessary.

5.1.2 THE RELATIONSHIP BETWEEN DRUG HABIT AND YEAR OF STUDY

The findings showed that there were more drug users among 4th year seconded by 1st and finally the 2nd year students. It was unexpected to find high prevalence on drug habit among 1st year students than those in 2nd year. The 2nd year students had stayed in the University for a longer period and so must have experimented and then progressed to the level of abuse. The explanation given for this discrepancy is that 1st years are at the experimental stage (item 4 in the questionnaire) excitement of the new acquired freedom is overwhelming. Its probable that the 2nd year have an awareness of dangers of drugs, knowledge

imparted by peer counsellors through their 'Peer counselling' Magazine and seminars.

The findings of this study contrast with the study conducted American by Johnson, Bachman and Omalley (1988) showing that those about to clear University education had a lower prevalence in drug involvement.

The difference was not statistically significant , meaning that all subjects were susceptible to drug use.

5.1.3 THE RELATIONSHIP BETWEEN DRUG USE AND ABUSE AND RELIGIOUS AFFILIATION

There was no significant difference in drug habit amongst Catholic, Protestants, Muslims and students from other religious affiliations. Table (4.8) showed a high prevalence amongst protestant students by Chi-square test established no statistical significant difference. The main reason for this is that all were involved in the habit and the majority of the experimenters eventually became regular users (Kramer 1975) giving way to abuse. This implied that drug dependence was almost certain amongst students from all different religious background, after the initial experimental contact with proactive substances.

5.1.4 THE RELATIONSHIP BETWEEN DRUG HABIT AND SOCIO-ECONOMIC STATUS

Earlier findings had shown that drug habit was more prevalent among subjects from lower social-economic status. (Chein 1950, Kaplan et al 1991). For this study it was anticipated that the number of respondents from high social class would be significantly greater than those in other two categories. The rationale behind this was that they had a lot of money to spend and were exposed to recreational centres which could act as sources of supply of the substances.

From the data in table 4.9 it was deduced that the relatively high incidence of drug indulgence among students from lower social economic status was that they did not have access to the available recreational facilities. Majority of subjects in this group spend their leisure time at the shopping centres which in most is the place where drugs are supplied illegally.

The analysis showed no significant difference, meaning all subjects were equally susceptible to drug use irrespective of their social backgrounds. However the research data (table 4.10) showed a positive correlation between level of social-economic status and individual tendency to use drugs.

5.1.5 THE RELATIONSHIP BETWEEN DRUG HABIT AND HOME ENVIRONMENT

It was established that at $P < 0.05$ the difference was significant in drug use and abuse between students from rural and urban environments. The relatively high prevalence of drug use among rural subjects was attributed to lack of recreational facilities hence idleness. They are looking for anything that would bring excitement and drugs appears to be an appealing outlet to deal with boredom and adolescent crises. The leisure time is spent at the available places, shopping centre where few recreational facilities exist if any. Observation has revealed that the drug peddlers converge at the dark alleys of these places to supply the substances (Ochieng 1986).

The influence of home environment implies that drug using behaviour may not have taken place on joining the University, but earlier on.

In urban areas recreational facilities are available hence the youth leisure needs are met. The urban students time is spent in utilizing these facilities hence the lower level of prevalence.

5.1.6 THE RELATIONSHIP BETWEEN TYPES OF DRUGS USED AND GENDER

A significant difference was noted between the types of drugs used by males and females (Hypothesis 6) as

anticipated. The general male tendency to 'drift' towards drugs is reinforced by the societal attitude. The society maintains the double standards (Ochieng 1986) when dealing with male and female youth in relation to drug use. No strict restrictions are set to control male drug use therefore they search for sources of drugs.

All types of drugs were in use by University male students and the unprescribed drugs were favoured by both males and females. No female was involved in heroin. The males tendency to 'drift' to drugs may explain this difference. Majority of female students seemed to prefer the unprescribed drugs especially piritons and contraceptive pills without getting the doctors prescription. No negative connotation is attached to these by the society hence their abuse. This meant there were gender-specific drugs amongst the respondents.

Inspite of the existence of significant difference in use between the female and male students, the subjects were equally liable to use the already identified drugs.

5.1.7 THE RELATIONSHIP BETWEEN TYPES OF DRUGS AND YEAR OF STUDY

No relationship was found between types of drugs and year of study as the students in the sample had come into contact with the identified drugs. It was noted that no drugs was specifically used by students in specific year of

study. The explanation given for this finding is that all the users obtained the drugs from the same sources namely Kenyatta University Shopping centre and the famous "K.M." that is Kiwanja slum neighbouring Kenyatta University. Miraa were also available at "K.M.". Others like cocaine and heroin were obtained from outside sources like Eastleigh. Alcohol and cigarettes are sold at very low prices at Kahawa Army barracks also neighbouring Kenyatta University.

It was noted that heroin especially and cocaine were not commonly used probably because of their exorbitant prices and their status as illegal drugs. The results revealed that none of 2nd year students had come into contact with heroin.

5.1.8 RELATIONSHIP BETWEEN TYPES OF DRUGS AND RELIGIOUS AFFILIATION

No significant difference was found amongst students from differing religious background. The data in table 4.13 showed that the Catholic students had experimented with all type of drugs. Their Protestant counter-parts who had the greatest number of drug users and abusers had few who indulged in volatile solvent or heroin.

Although no significant relationship was found between religious affiliation and types of drugs, the Catholic denomination is abit lax in attitude towards substance

especially the legal ones. Alcohol is allowed provided it's taken in moderation while protestants advocate total abstinence except during the 'holy communion'. No wonder the Catholics had experimented with all types of drugs.

5.1.9 THE INVESTIGATION OF THE ROLE OF FRIENDS AND PARENTS AS MODELS IN DRUG USE AND ABUSE (HYPOTHESES 13,14,15)

There was no significant difference between the number of drug users whose father used drugs and that of drug users whose father did not indulge in drug use. (Hypothesis 13). This was rather unexpected as there is consistent evidence that father's influence are of paramount importance in a variety of ways. In most families it is the father who is involved in drugs and the off-springs emulate the habit even when social sanctions are attached to their use. But the results revealed a negative correlation between the fathers' and their children's use of drugs. Therefore the fathers' influence is not so important as that of other models in the environment, such like mothers, siblings or friends.

There was a significant difference between the number of drug users whose mothers used drugs, and the drug users whose mothers did not indulge in drug use (hypothesis 14). This is expected as substance abuse in a parent especially the mother provide a powerful role model though even in non-abusing parent, attitude to drug behaviour in others has a

major influence (Glass 1991). The children are in most cases in contact with their mother since birth. They are always looking upon the behaviour and attitude of the mother which they are likely to emulate. This therefore implies that fathers should not be considered as one of the major behaviour models for the youth especially in relation to drug use habits, as mother play a major role. Studies showed a positive correlation between parents' and children use of drugs. For example Kandel (1973) and Dorothy (1979) showed significant relationship between children's and mothers use of cigarettes.

A significant difference was found between the number of drug users whose friends used drugs, and that of drug users whose friends did not indulge in drug use (hypothesis 15). The data in table 4.20 shows a positive correlation between friends' and the individual's use of drugs. This implies friend play a major role as models for the youth. This argument collaborate with the findings of Kandel (1973) and Kariuki (1988).

Parents may act as models but absence of a family attitude and loss of parental control are also important leaving a person more influenced by peer group pressures. It appears that parental attitude has more influence on whether adolescents take drugs or not where as peer pressure affects the pattern of use (Glass 1991).

5.1.10 PREVALENCE OF DRUG USE

Figures 4.1 and 4.2 and Table 4.2 indicate that the most popular drugs amongst the respondents was alcohol. 24.4 percent of the selected sample of 1000 subjects admitted that they used alcohol and 66.4 per cent of those already involved in drug use took alcohol. The findings revealed that drinking was intensive amongst University students because alcohol was readily available in many places. For instance, alcohol is sold at the students centre and the local brews like 'Muratina', 'Chang'aa', 'Nyuki' and 'Nyati' could be obtained cheaply at 'K.M.' slum neighbouring campus. One glass of very concentrated 'chang'aa' cost sixty shillings while the diluted one went for thirty shillings. At 'K.M.' one could be in a drunken stupor with only thirty shillings at. The students also have access to beer sold at Kahawa Garrison that neighbours the University on the left side. Beer could be bought at twenty three shillings per bottle. This prevalence could therefore be attributed to it's availability and the mild penalties attached to it.

Use of cigarettes ranked second with 43.2 percent users and 5.9 per cent of the original sample of both users and non-users. It could be bought from any place; shopping centre, tack shops rooms in the hostels, and 'K.M.'. There are cigarette sellers opposite the university gate. Availability of cigarettes and uncontrolled sources acted as factors behind its use.

Unprescribed drugs were also widely used by both sexes. Piritons were the most popular of drugs in this category. It was possible that the students were from suffering insomnia due to the many stressful activities they engaged in. The academic work load is large and problems related to relationships trigger off stress hence lack of sleep. They therefore turned to piritons to get some sleep and entered into the vicious cycle of abuse.

Miraa is readily available at 'K.M.' and could also be bought from Kahawa shopping centre hence 14.9 per cent were regular users.

Bhang was the most widely used of illegal drugs as 12.5 percent of those involved in drugs were users; while 4.6 percent of the sample were taking it. There was no significant difference between the use of bhang and miraa as only 5.5 percent were involved in the latter. There were student drug pusher in the hostels especially 'Nyayo 4'. This information was given by a fourth year student (former user) who requested to remain anonymous. Bhang was also obtained from Matatu touts and peddlers from 'K.M', Eastleigh and Mathare estates. The high prevalence of this drug is due to it's availability at cheap prices. A roll of bhang went for seven Kenya shillings at 'K.M.'. In the spirit of 'comradeship' many were initiated into its use. The peer influence therefore played a major role in the use of bhang.

A small number was reported to have used cocaine, heroin and the volatile solvents like glue and the percentage of use was in the sample was 1.4, 0.5 and 1.1 respectively. These illicit substances were rare to find especially cocaine and heroin and when available they were sold at exorbitant prices hence lesser prevalence. Use of volatile solvents was associated with street boys therefore not accepted as part of campus culture.

The findings of the study implied that the campus environment is very conducive for the use of all kinds of drugs. It's also possible that university administration and the existing measures employed had not been able to control the sources of drugs.

5.1.11 ATTITUDES TOWARDS DRUG USE

It is thought that cultural attitude may have a great bearing on the incidence of drug use.

The results of the study revealed that some of Kenyatta University students agreed that they started using drugs because of friends. 18 percent 'strongly agree', 18.9 percent 'agree', 11.7 percent were 'undecided' while 15.9 percent 'disagree' and 35.6 percent 'strongly disagree' with the role of friends. The results collaborated with the findings of Kariuki (1988) and the Peer group learning

theory by Pasche (1970). The reason behind disagreeing is because curiosity coupled with models especially adults in the environment may have played an influential role in initiating drug use.

48.2 percent of the drug users 'strongly disagree' with the view that children have a right to drugs if their parents are involved in the habit. This was unexpected as parents in earlier studies showed that parents were emulated by their offsprings, Baumann and Schenke (1973) Kandel (1973). It can be deduced that majority took drugs because of curiosity motivated by peer influence and the availability of drugs.

As for the idea of peer scorning an individual if he doesn't take drugs 7.4 percent 'strongly agree', 8 percent 'agreed', 8.6 percent were 'undecided', 27.7 percent 'strongly disagree'. The researcher's expectation was that majority would 'strongly agree'. There is consistent evidence that peer tend to adhere to the agreed group norms and values. Any deviation meant negative reinforcement like being alienated or scorned. Their response implied that one can be in a group and not take drugs, though the intimacy level of friendship and social sanctions at home may determine the extent of drug use.

Majority of the students were for the opinion that 1st year students are prone to drug experimentation. There is a

consensus that others in other year of study must have experimented with drugs when they were in 1st year. The 1st year students find themselves in a free environment characterised by absence of strict scrutiny of discipline teachers and far away from the parental control (Johnson et al (1988). The campus life is just too conducive for any kind of indulgence. (Olela and Karagu 1993).

There was the general consensus that the individual in a group used the same drugs as his/her peers. Conformity is an important aspect of group especially one involved in drugs. If the group has to continue existing, the idea of 'sameness' has to be maintained. It is no wonder that they used the same types of drugs. This is because the one introducing the drug to the new initiate has to give the drugs he/she uses, (Platt, 1987).

Most of the students (59 percent) strongly agreed that the health of a person can be harmed by indulgence in drug. The students also gave their views concerning peer counselling and drug education as viable deterrent measures. Their responses were in the following order, 36 percent strongly agreed, 43 percent agreed, 78 percent were uncertain while 6.6 percent responded by strongly disagreeing. The results implied that majority were aware of the effects of drug use and the deterrent measures which could be used. Various models give account for failure of individuals (drug users and abusers) to take advantage of

the preventative health services available. Internal factors in individual may have a strong bearing to seeking or not seeking help. Weinstein (1984,1987) established the existence of a pervasive bias in people's judgements regarding their susceptibility to illness. They think they are less likely than the average person to experience the effects of drug-taking. This optimistic bias occurs from limitation of cognitive processing of risk factor as the risks may be infrequent and the individual may think that the risks are preventable by the actions the individual takes. This bias may prevent an abuser from engaging in protective health actions.

The counsellors in the University have not been succesful in arresting the drug problem. They should use the "cues to action" to create psychological readiness to act in seeking help. These cues include mass media campaigns, advice, Newspaper or magazine cuttings, and reminder posters (Jones, Jones & Katz 1988), with a high fear appeal message (motivating factor) showing the severity of the effects of drugs. This was suggested in the Protection Motivation theory by Rogers (1983). They should manipulate the self-efficacy (belief that they are capable of performing the prevention action) of the abuser in initiation and maintenance of the behavioural change (Rosenstock, stretcher and Becker 1988).

The results indicated that 35.6 percent strongly agreed, 38.9 percent agreed, 8.4 were undecided, 9.9 percent disagreed while 7.2 percent strongly disagreed that people turned to drugs because of problems. This meant that the students were undergoing stressful moments related to academic work and relationships and they found solace in indulgence in drugs. This implies that the counselling services are now adequate and efficient enough in arresting the drug problem. It is essential that other methods should be employed to alleviate the problem.

5.2 CONCLUSIONS

Based on the study, the researcher arrived at the following conclusions concerning drug use and abuse.

- (i) The drug use and abuse at Kenyatta University is a reality since more than 1/3 of female and male students are involved in drugs. The involvement in drugs is not gender specific though it is more prevalent among males.
- (ii) Drug abuse is not confined only to some students in specific year of study but all are involved. This means that the campus does not provide a drug-free environment.
- (iii) Students from all socio-economic backgrounds and religious affiliations are indulging in drugs.

Chances are higher that some of the students were drug users even before they joined University. Probably others acquired the behaviour later as they became oriented to campus life.

- (iv) The immediate home environment played a great role in influencing the behaviour under the study. There were more drug users and abusers among students from rural areas than those from urban environment. Idleness and models in the environment especially peers, lack of recreational facilities coupled with availability of drugs may have acted as catalysts to involvement in drugs.
- (v) The overall general attitudes of students is that peer counselling and drug education could act as deterrent measures against drug abuse. These could be useful as majority turned to drugs because of the problems and have an awareness of the effects of drug use. The two measures could be used to prevent the problem amongst 1st year students who are susceptible to experimentation.
- (vi) Other factors beside peer pressure and parental influence played a part. Curiosity is one and availability of drugs is another. The students were aware of sources where specific drugs were readily available.

(vii) The legal substances especially cigarettes and alcohol are commonly used so are the unprescribed drugs which are readily available in the shops. Bhang is also becoming prevalent among the University youth, giving way to other illegal drugs despite the clear social sanctions against their use.

(viii) Majority spend about Kshs 100 per week meaning a lot of their allowances go to pro-active substances.

5.3. RECOMMENDATION

On the basis of the data collected and analyzed, the researcher has presented the recommendation in two subsection which are:

- (i) Recommendation in line with the findings.
- (ii) Recommendation for further studies

5.3.1 RECOMMENDATIONS IN LINE WITH THE FINDINGS

- (i) ✓ From the results, it was noted that drug use and abuse is a fact of life amongst university students. Because of the damaging effects cited previously, for instant poor academic performance, strained interpersonal relations, indiscipline and assaults just to mention a few, the educational institutions have an educational

and ethical responsibility to act forcefully to promote a campus environment free from alcohol and other drug problems. This is by strengthening the role played by peer counselling and the university guidance and counselling unit. The emphasis should be on helping the students deal with the problem. The counselling unit has the tendency of dealing with the symptoms of drug use rather than the causes. They should organise regular seminars, hence creating a forum through which the youth problems can be discussed.

- (ii) Another implication of the results of the study is that the University should provide education and prevention programmes for faculties, staff and students. Published policies should be widely available to students before they become affiliated to the institution. It is the institution responsibility to enforce these drug policies and regulations hence be in the process of eliminating the behaviour. Once a violation is alleged to have occurred, appropriate discipline action must be taken. This should play a reformatory role to the user and a deterrent to those others who are about to experiment.

- (iii) It is recommended that the institution ensure intervention and have a system to ensure referral

for treatment of students. Psychologists and psychiatrists role should be emphasised without intimidation.

- (iv) It was found that the students indulging in drugs hailed from all social-economic status and home environment played an influential role in drug use. It is recommended that recreational facilities should be made available for the youth in rural areas to kill idleness which act as a catalyst to drug use that progress to abuse.
- (v) The role of friends and parents especially the mother who are the models in drug use should be taken into account. A social action against problem is recommended so that the indulgence in drugs should be viewed within the framework of the substance, individual, and the context of drug use (Kariuki 1988). All the social and cultural aspects of drug use would be taken into account including the role of religious institution.
- (vi) Advertisements in the country should be controlled as these tend to glorify the use of drugs. Instead 'cues to action' like mass media campaigns, advice of the drug educators, reminder posters, newspapers or magazine articles should

be used as they determine the engaging in a health behaviour, that is, stopping the involvement in drugs. This is suggested by Kegeles (1980) in his 'Health Belief Model'. The Self Regulation Theory (Levennthal, Nerenz, & Steele, 1984) suggest that cues should have high fear messages which are effective in producing short-term changes in attitude and intention to quit abusing drugs. Specific action plans should be emphasized in changing long term behaviour.

- (vii) Former drug users may be called upon to participate in the seminars so that information on drugs may be taken seriously.

Security for previous sexual rights like situations ladies are raped after alcohol consumption

5.3.2 RECOMMENDATIONS FOR FURTHER RESEARCH

The study propose the following area for research:

- (i) The role of peer counselling and the guidance and counselling unit should be assessed so as to ascertain the effectiveness of such programmes in meeting the needs of the students and imparting knowledge on drugs. The study would establish whether the two programmes can be regarded as deterrent measures or not. Then a follow up study to assess the success of counselling services and treatment.
- (ii) Another study need to be carried out in Kenyatta

University where students of all years of study would be included. This would ascertain the actual extent of drug use. The current research did not include 3rd years who were at home. It is also recommended that continues studies be conducted to establish the extent of drug problem. This is to establish whether the problem is on the increase or decrease.

- (iii) The results of this study cannot be used to generalise the drug situation in other Kenyan Universities but only Kenyatta University. So the current study can be used as a springboard for a researcher who would wish to try and establish the extent of drug use in other Universities.
- (iv) A major cross sectional study need to be conducted to establish the stage at which youth start indulging in drugs. It would involve the youth in pre-primary, secondary and those in colleges and universities. The results would help in arresting the situation before it's too late.
- (v) The role of mass media and social economic status should be investigated through an indepth survey.

BIBLIOGRAPHY

- Acuda (1972): Diazepam addiction in Kenya, East Africa Medical Journal Vol 86, No. 2 February.
- (1982): Drug and alcohol problem in Kenya today. East Africa Medical Journal Vol 59 October.
- Anderson B.T. (1988): Cognitive psychology. The Study of Knowing, Learning and Thinking. New York, Academia Pr.
- Badia, P. and Ronyon, R.P. (1982): Fundamental of behavioural Research, London Addison-Wesley Publishing Company.
- Bandura, A. (1977): Social Learning theory: Eaglewoods New Jersey, Prentice Hall.
- Baumann, C.A. and Schenker K: Social background and Personality of female drug consumers (19 year old Zurichers). Zeitschrift fur Praventimedizin, 1973, 18, 197-207.
- Borg W. & Gall M. (1979): Educational Research New York, Longman.
- Chein I. (1950): "Psychological, Sociological and Epidemological factors in Juvenile Drug use" in Dan J., Sayers M. and Pearson H. (Eds), Theories of drug abuse: Selected Contemporary Perspective. Rock Ville, MD: National Institute on Drug abuse.
- _____ (1964): The road to H. Narcotics, deliquency and Social Policy, London, Tavistock.
- Cole C.R. Report on the problem of drugs in Sierra Leone. UNESCO July 1976, E P D A E., (3b), 26-42.
- Coolican H. (1994): Research Methods and Statistics in Psychology, Hodder and Stoughton, London.
- Cornachia, H. J.: Smith D.E., Bentel D. (1978): L. Drugs in the Classroom, Saint Louis, the C.V. Mosby Company.
- Currie E. (1993): Reckoning, Drugs Cities and American Future, Canada, Harper Collins Ltd.,
- Davis, M. & Warner, Rudolf, K. (1972): Drinking Career, London, Tavistock Publication Limited
- Dorothy E.G. (1979): Teenage Smoking, Immediate and Long Terms - the National Institute of Education, US Department of Health, Education and Welfare Washington D.C. 20208.

- Dhalphale M. and Mengech H.N.K. (1981): Drug abuse among secondary school students in Kenya. In Acuda S.N.Ed, Drug and alcohol related problem in Kenya University of Nairobi, Department of Psychology.
- Drever J.A. (1964): A dictionary of Psychology (Ed) Middle sex: Hazel Watson and Viney.
- Drew, C.J. & Harman, M. (1985): Designing and Conducting Behavioural Research, New York, Perciamon Press.
- Edmee, M. (1980), November, Unesco-sub-region Workshop on educational and information Material concerning the problem Associated with the use of Drugs - meeting Freetown Sierra Leone on 20th - 29th August 1980.
- Edwards, G. Russel, M.A., David H. & MacCaggery (1976): Alcohol Dependency and Smoking Behaviour. London, Saxon House, D.C. Health Ltd., P. 28.
- Einstein S. (1969): The addiction Dilemma, International Journal of Addictions, 4, 25-44.
- _____ (1975): Beyond Drugs, New York, Pergamon.
- Eysenck, J. (1965): "Smoking, Health and Personality", Weinderfield and Nicholson, 140-158.
- Feldmann, D.J. & Freed, AM H.S.: On the actiology of narcotic addiction and it's relation to curiosity. Psychosomatics. September/October, 1972, 13 304-308.
- Felsted, C.M. (1986): Youth and Alcohol Abuse, Encanto Phoenix Oryx Press.
- Final Report of the Canada Commission of Inquiry in the Non-medical use of Drugs (1973) Ottawa Crown copyright P. 280-284.
- Firestone C. (1957): Heroine using blackmen in Goldstein M.J., Baker B.L. & Jomison K.R. (1980) Abnormal Psychology, Experiences, Origins and Interventions, Boston, Brown & Company.
- Glass B. (1991): Addiction behaviour, Tavistock Poutledge, London and New York.
- Gorsuch, R.L. & Butler M.C. (1976): Initial Drug Abuse, A Review of Predisposing socio-psychological Factors, Psychological Bulletin 83(1), 120-137.
- Haworth A: Studies and Surveys of the use of drugs in Zambia. 1966-1981. Unesco, July 1983, EPDA(31) 45-61.

- Ingosi, P.K.(1985): **Drug Abuse in Schools**, College of Health Profession, Nairobi.
- Johnson, K. O'Malley, P.M., Bachman, J.G. (1988): **Drug use Drinking and Smoking National Survey Results from High School, College and Young Adults Population in 1975-1988**, Maryland, D.H.H.S. Publication.
- Jones, S.L., Jones, P.K. & Katz, J. (1988): **Health belief model intervention to increase compliance with emergency department patients**. *Medical Care*, 26, 1172-1183.
- Kandel D: **Adolescent Marijuana Use: Role of Parents and Peers**. *Science*, 1973, 181, 1067-1081.
- Kaplan R.M., Pierce J., Gilpen E. & Burns D. (1991): **Failure to quit smoking among black smokers: The California Baseline Tobacco Survey**. Unpublished Manuscript, University of California, San Diego.
- Kariuki D.G. (1988): **Levels, Trends and Patterns of Drug Addiction in Nairobi Secondary School**, Unpublished M.Ed. Thesis. Kenyatta University, Nairobi.
- Karugu, D.M. and Olela, A.O (1993): **Family Life Education Programme of Egerton and Kenyatta Universities**, An Audience Research Report, Nairobi Pathfinder Fund.
- Karugu, D.M. and Olela, F.M. (1985) **Foundation of Behavioural Research (3rd Ed.)** New York: Holt, Reinhart and Wingston.
- Kegeles S.S. (1980): **The health belief model and personal health behaviour**, (Book review) *Social Science and Medicine*, 14, 227-229.
- Kerlinger F.M. (1985): **Foundation of Behavioural Research (3rd Ed.)** New York: Holt, Reinhert and Wingston.
- Kinyua, J., (1993), November 25): **"Drug Abuse' a Major abuse of Mental Illness"** in *Daily Nation* p. 21.
- Kramer J.F. (1975): **A manual of drug dependence**, (2nd Ed.) Geneva, W.H.O.
- Leventhal H., Nerenz D., and Steele D. (1984): **Illness representation and coping with health threats in Adler N., Kegeles S. and Genevro J. 1990, Risk taking and Health**, University of California, San Francisco.
- Madden, J.S. (1984): **A Guide to Alcohol and Drug Dependency**, Bristol 5NV, Johnwright and Sons.

- Maddux J. (1965): Hospital Management of the Narcotic Addicts - in Wilner D. and Kassebaum G., New York McGraw-Hill
- Makena J. (1993, August, 29): 'Don't be lured into Drug Use' Sunday Standard.
- Makhoha (1983): Drug Abuse among Secondary School Youth: Survey done at Lenana High and Upper Hill Nairobi. Diploma paper in Health Education.
- Mann M. (1970): Answers to your Questions about Drinking and Alcoholism, New York Holt, Rinehart and Winston.
- Mbiti R. (1984): Alcoholism in the city of Nairobi. Unpublished Diploma Paper in Health Education.
- Mueke J.M. (1987): Drug Use and Addiction among Kenyan School Children. Unpublished research findings. Kenya Institute of Education.
- Mwekere, C.A. Muito G. Ananda A, and Aluoch G.P. (1977): The Use and Abuse of Drugs in Kenya. Unpublished research findings. Kenya Institute of Education.
- M'Conville, B. (1983): Women Under the Influence of Alcohol and its Impact: London, Virago.
- Ndiaye, P. (1976): Drug Problems and Education on the Use of Drugs in Senegal, Unesco. Regional Meetings on Education Concerning Problems connected with the Use of Drugs in six African Countries.
- Nyambe B: Education Concerning Problems associate with the use of drugs in Zambia, Kenya, United Kingdom and Switzerland (Rev. Ed.) Paris: Unesco, 1979.
- Nowinski, J. (1990): Substance Abuse in Adolescents and Young Adults. New York, W.W. Norton.
- Ochieng G.G. (1986): The Effects of Drug Use. Unpublished Dissertation. Kenyatta University, Nairobi.
- O'Connor, J. (1978): The Young Drinkers. London Tavistock.
- Okech, C. (1994 February): 'No One was born Smoking', Teenage Column health Digest.
- Onyango A.A. (1985): An Investigation into the influence of Drugs on high school students with social reference to Nairobi Unpublished dissertation for Diploma Course in Health Education.
- Owino, G. (1982): Report on the Problem of Drugs Among Kenyan Students in Secondary Schools and Teacher

College; A paper presented at the 4th I.C.P.A. World Congress in Nairobi.

- Oxford J. (1974): Alcohol Dependency and Smoking Behaviour - Edwards Russel & Hawkers in quarterly Journal of Studies in 1974, 35, 136-171.
- Oxford J. (1985): Excessive Appetites: A Psychological View of Addictions. New York - John Wiley & Sons.
- Partanen J. (1966): Inheritance of Drinking Behaviour: A study on intelligence, personality and use of alcohol of adult twins Helsinki. The Finnish Foundation for Alcohol Studies, 14:131-148.
- Pasche L. (1970): Peer Group Learning Theory in Platt J. (1987): Heroin Addiction Theory, Resources and Treatment. Florida, Robert & Krieger.
- Plant, M.M. (1972): Drinking Career, London, Tavistock.
- Platt, J.J. (1987): Heroin Addiction Theory, Resources and Treatment. Florida, Robert & Krieger.
- Roger R.W. (1983): Cognitive and physiological processes in attitude change: A revised theory of protection motivation in Cacioppo J. and Petty R. (Eds.) Social psychophysiology, New York, Guilford Press.
- Raymond M. (1972): Availability of drugs, in Haworth, Studies and Surveys of the use of drugs in Zambia. 1966-1981 Unesco, July 1983, EPDA (31) U5-61.
- Sax, G. (1979): Foundations of Educational Research. New Jersey, Prentice-Hall.
- Scarpitti, F.R. & Datesman, S.K. (1980): Drugs and the Youth Culture. London, Sage Publication.
- Shuchkit, L. (1989): Drug and Alcohol Abuse. Clinical Guide in Diagnosis and Treatment, (3rd Ed.) New York, Plenum. Medical Book.
- Slavin E.T (1984): Research Methods in education: A Practical Guide. Eaglewood Cliff, New Jersey, Prentice-Hall Inc.
- Smart, R. & Fejer (1972): Drug Use Among Adolescents and their Parents: Closing the Generation Gaps in Mood Modification: Journal of Abnormal Psychology, 79: 153-160.
- Snyder, S. Lade, M.H. (1985): Alcohol Teenage Drinking. London, Burker.

- Sorenson, H. (1968): **Psychology in Education.** Education.
- Tobia, J.M. (1986): **Kids and Drugs A Handbook for Parents and Professionals,** Virginia, Panda.
- United Nations Internal Drug Control (1995): **Rapid assessment of drug abuse in Kenya.**
- Upcraft, L. & Welty, J.D. (1990): **A`Guide for College Presidents and Governing boards (Strategies of Eliminating Alcohol and Other Drug Abuse on campuses).** US Department of Education, Office of Educational research and Improvement 3.
- Wiener, R.S. (1970): **Drugs and School Children,** London, Lower & Brydone.
- Weinstein N.D. (1984): **Why it won't happen to me: Perception of risk factors and susceptibility: Health Psychology** 3, 431-457.
- Weinswig, M.H. (1973): **Use and Misuse of Drugs Subjects to Abuse,** New York, Bobbs-Merrill.
- Wiersman, W. (1985): **Research Methods in Education,** Boston Allyn and Bacon.
- Youth Affiliated by Drug Culture - (1993, May, 16): **Sunday Standard,** P. 12.
- Yusuf A.M. (June 1983): **Drug Education for Elementary Teachers Training Colleges.** Sudan: Bakhter - Ruda.

APPENDIX I

INSTRUCTIONS

This questionnaire has been designed to find out your views regarding abuse of alcohol and other drugs at Kenyatta University

Your frankness in your answers will help in establishing the extent of drug abuse at Kenyatta University. This information will help in designing preventative educational and communication materials for use by University students.

(a) Do not write your name or registration number in this questionnaire.

(b) The information that you will provide will be treated with confidentiality and known only to you and the researcher.

(c) Indicate your choices by the use of a tick (✓) and fill in the blank spaces where applicable.

NOTE: In this questionnaires drugs will include, alcohol, tobacco (cigarettes), Khat (Miraa), cannabis sativa (bhanga), cocaine, heroin, petrol, glue, unprescribed drugs such a piritons, madrax, diet pills etc.

SECTION A

BACKGROUND INFORMATION

1. Gender
 - Male [] Female []
2. Year of study
 - 1 [] 2 [] 4 []
3. Religion
 - (a) Catholic []
 - (b) Protestants []
 - (c) Muslim []
 - (d) Other, Please specify []
4. (i) What is the occupation of the main wage earner/guardian in your family.....
- (ii) Please indicate his/her average monthly income
 - (a) Less than Shs 500
 - (b) Between Shs 500 an Sh 2,000
 - (c) Shs 2,000 - Shs 3,000
 - (d) Shs 5,000 - Shs. 7,000
 - (e) Shs 7,000 -Shs 10,000
 - (f) Shs 10,000 - Shs 30,000
 - (g) More than Shs 30,000
- (iii) What is his/her highest academic qualifications?
 - (a) Standard 8 and below []
 - (b) Form 2 []
 - (c) Form 4 []
 - (d) Form 6 []
 - (e) 1st degree []
 - (f) Master's degree []

(g) Ph.D. []

(h) Others..... []

5. (a) Where have your parents been living for the last two years?

(a) Urban []

(b) Rural []

(b) Give the name of the place and district

.....

SECTION B

6. Have you ever used any drugs?

Yes [] No []

7. If 'yes' are you still using them?

Yes [] No []

8. Identify the drugs you use, rank them in order of preference.

(a)

(b)

(c).....

(d)

(e)

(f)

(g)

(h)

9. How many people do you regard as your best friends?

(a) More than 5 []

(b) 3 - 4 []

(c) 1 - 2 []

(d) None []

10. How many of your friends take drugs?

(a) All []

(b) 3 - 4 []

(c) 1 - 2 []

(d) None []

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

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

12. As far as you know, what are the major sources of drugs?

- (a)
- (b)
- (c)
- (d)

13. (a) Which of your family members take drugs?

- (a) Father []
- (b) Mother []
- (c) Brother []

- (d) Sister []
 (e) Other relatives []

(b) Which are the main types of drugs used by your

- (i) Father
 (ii) Mother
 (iii) Brother(s)
 (iv) Sister(s)

14. Do your parents approve your drug use?

Yes [] No [] Don't know []

15. Have you ever borrowed money to maintain your drug usage?

Yes [] No []

16. Have you ever had conflicts with friends, parents, or the University authorities as a result of your drug habit? Yes [] No []

17. Are you sometimes unable to meet your academic targets because of drug usage? Yes [] No []

18. Have you ever required medical attention as a result of using drugs?

Yes [] No []

19. What is your average expenditure on drugs?

(a) Less than Shs 50 per week []

(b) Between Shs 50 and Shs 100 per week []

(c) More than Shs 100 per week []

SECTION C

For statements provided in this section, tick the choice that is more applicable to you.

20. I started using drugs because of pressure from my friends.

- (a) Strongly agree
- (b) Agree
- (c) Undecided
- (d) Disagree
- (e) Strongly disagree

21. If parents take drugs their children have a right to use drugs

- (a) Strongly agree
- (b) Agree
- (c) Undecided
- (d) Disagree
- (e) Strongly disagree

22. If an individual does not use drugs his/her peers will scorn him/her.

- (a) Strongly agree
- (b) Agree
- (c) Undecided
- (d) Disagree

(e) Strongly disagree

23. In my opinion, 1st year students at the University are more prone to drug experimentation than 2nd and 4th year students.

(a) Strongly Agree

(b) Agree

(c) Undecided

(d) Disagree

(e) Strongly disagree

24. It happens that an individual in a peer contest tends to use the same drug as his friends use

(a) Strongly agree

(b) Agree

(c) Undecided

(d) Disagree

(e) Strongly disagree

25. Indulgence in drugs use can harm the health of young people

(a) Strongly agree

(b) Agree

(c) Undecided

(d) Disagree

(e) Strongly disagree

26. Peer counselling and drug education an act as deterrent measures o drug abuse.

- (a) Strongly agree
- (b) Agree
- (c) Undecided
- (d) Disagree
- (e) Strongly disagree

27. Many young people turn to drugs when faced with problems.

- (a) Strongly agree
- (b) Agree
- (c) Undecided
- (d) Disagree
- (e) Strongly disagree

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