

**"SOCIAL FACTORS INFLUENCING DRUG AND
SUBSTANCE ABUSE AMONG SECONDARY SCHOOL
STUDENTS OF MANYATTA DIVISION, EMBU NORTH
DISTRICT- KENYA "**

BY

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**A RESEARCH PROJECT SUBMITTED IN FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF
ARTS IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY
OF NAIROBI**

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DECLARATION

This research project is my original work and has never been presented for a Degree or any award in any other University

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DEDICATION

This work is dedicated to my family; my dad John Kigundu, late mother Joyce, my brothers and sisters, my mentors Dr. Njoka and Miriam, nieces and nephews Cynthia, Patience, Marcus, Dennis, Alvin, Munene, mentees Ester, Ken, Erick, Kithinji and my special friends Winnie and Daniel whose love and company gave me a drive to achieve my objective. This work is also dedicated to Revered Andrew Ndwiga and the entire All-Saints church Manyatta Embu

ABSTRACT

The purpose of this study was to determine the social factors influencing drug and substance abuse among secondary school students of Manyatta Division Embu North District, Eastern province Kenya. Drug abuse is a major concern not only in Kenya but also in the entire world. Studies done in Kenya show that drug abuse is rampant in secondary schools but they have not dealt with social factors influencing drug and substance abuse among students which this study attempted to examine. There were four objectives that guided this study; to examine the extent to which parental care, peer pressure, community influence and easy availability of drugs influences students drug and substance abuse. The researcher used qualitative survey techniques, which utilized questionnaires and interviews as the main tools of data collection. The study targeted secondary schools in Manyatta Division Embu North District, G/C teachers, students and parents. Simple random and simple stratified random sampling was used to select the sample size. Research authorization was obtained from the Ministry of Education, Science and Technology. Data was analyzed using inferential and descriptive techniques, and utilized SPSS (Statistical Package for Social Sciences). The findings of this study showed that Majority of the students 65.9% of the respondents got access to drugs such as alcohol, miraa/khat, tobacco and bhang by buying, 54.2% being from day secondary schools and 13.5% from boarding schools. Drugs commonly found at home and community were alcohol, miraa/khat, tobacco and bhang following in this order, 52 of the respondents had taken alcohol once in a life time, 26 had tasted miraa (khat), 23 had tasted tobacco and only 9 had a puff of bhang. The study showed that more males than females' students had taken drugs. At location level, Ngandori East Location had the highest number of students taking drugs, followed by Gaturi North, Ngandori west, Ruguru, Kathangariri and Mbuvari. In relation to school categories Day Secondary school students were more involved in drugs than boarding schools. Of the four objectives this study revealed that peer pressure, easy availability of drugs, community influence and lack of parental care contributed to their drug and substance abuse. This study recommends the need for MOE to equip schools with trained G/C teachers, equip students with life skills and recommends parents to be role models. It also suggests research on challenges facing boy child in society and the role of parents in moulding children.

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LIST OF ABBREVIATIONS & ACRONYMS

A.C.P	Africa Convention of Principals
D.E.O	District Education Office
NACADA	National Authority Campaign against Drug Abuse
USA	United States of America
JKIA	Jomo Kenyatta International Airport
D/NA	Daily Nation
RSA	Republic of Southern Africa
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization
UN	United Nations
SAMHSA	Substance Abuse and Mental Health Services Administration
NIDA	National Institute of Drug Abuse
N.A.M.I	National Alliance on Mental Illness
G.I.P.P.D.A	Global Initiative on Primary Prevention of Drug Abuse
HIV	Human Immune Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
UN-IDCP	United Nations International Drug Control Program
UNDP	United Nations Development Programs
G/C	Guidance and Counseling
DC	District Commissioner
MOEST	Ministry of Education Science and Technology
MOE	Ministry of Education

CHAPTER ONE

INTRODUCTION

This chapter describes background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitations of the study, delimitations of the study, basic assumptions of the study, definitions of significant terms as used in the study and organization.

1.1 Background of the study

From a historical perspective, it is noted that our remote ancestors explored the properties of every plant, fruit, root and nut they found. The eventual use of these products would be partly determined by the pharmacological effects, the nature, intensity and duration of these strange and desirable new experiences and partly by the particular group patterns of living (Kombo, 2005). The Inkas of South America for instance took cocaine which had a central role in their religious and social systems throughout civilization which stretched from around AD 1200 to AD 1500 (Wolmer, 1990).

In classical Greece and Rome, alcohol was widely drunk and some scholars of the time mention the problems of alcohol abuse. Many drugs that are routinely used today were once prohibited in medieval times. According to Wolmer (1990) coffee was banned in the Ottoman Empire but with little success. In parts of Russia, the penalty of smoking was death. In the 17th century in parts of Germany and Russia, the penalty for smoking tobacco included penalties like splitting or cutting off the nose of the offender. On the other hand many drugs that are routinely used today were once freely available.

of minor importance compared to the millions of lives in both developed and developing countries which have been destroyed through illicit drug trading (United Nations on Drug Control and Crime Prevention [UN-ODCCP] 2001:10).

It has been observed that much of substance use among youths take place in schools. The incidence of substance use among students is high (Eneh, & Stanley, 2004). Drug and alcohol use during adolescence is almost always a social experience and a learned behavior (Swaid, 1988). One of the important psychological phenomena observed during this period of adolescence is experimentation (Graham, Turk & Verhulst, 1999). This behavior has been found to lead to the trying out of new experiences such as drug and sex, sometimes with dire consequence for the adolescents.

One widely accepted definition of drugs states that drugs are compounds that, because of their chemical structure, change the functioning of biological systems (Levinthal, 1999). The biological systems include respiration, growth, excretion, locomotion, reproduction, etc. The effects may be beneficial as in the case when drugs commonly referred to as medicines (e.g. panadol, antibiotics, cough mixture, etc) are used as prescribed by the doctor. Some other drugs have been found to be capable of producing effects that are not beneficial but harmful (Oloyede, 1996). The term drug abuse, applies only to instances in which people take drugs purely to change their moods, and in which they experience impaired behavior or social functioning as a result of doing so (Wallace, & Fisher, 1987). Unfortunately, when people consume consciousness-altering drugs on a regular basis, they often develop dependence – they come to need the drug and cannot function without it.

According to Odejide, Ohaeri, Adelekan and Ihuesan (1987), psychoactive drug use is a common problem among adolescents especially for the socially acceptable drugs like

alcohol and cigarettes. A survey of secondary school students in Ilorin, Kwara State reported that 12% were currently using alcohol (Abiodun, Adelekan, Ogunremi, Oni & Obayan, 1994). In a study of out-of – school adolescents aged 11 to 20 in Jos, found a lifetime consumption of alcohol reported by 38.7% of the respondents (Obot, & Wai, 2001).

Having realized that majority of drug abuse start during the adolescence stage especially so for the ‘gateway’ drugs, alcohol and cigarettes, the need to check this bad practice in the society is important. Alcohol and cigarettes are described ‘as gateway’ because they are usually, the first drugs that are used before other drugs are tried out (Indiana Preventive Resource Center, 2003). Drug abuse by students can lead to sharp decline in their academic performance, increase reports of truancy and expulsion from school. It can also lead to addiction (increased desire for drugs without which normal life processes is disturbed), and increased appetite and libido. Other vices such as stealing, fighting and gambling may also be caused by drug abuse as a result of alteration in the brain chemistry of the abusers.

Continued use of a drug over a prolonged period of time often leads to drug tolerance – physiological reaction in which the body requires larger and larger doses in order to experience the same effects. In some cases, tolerance for one drug increases tolerance for another; this is known as cross-tolerance (Baron, & Kalsher, 2008). Patterns of drug use may vary greatly around the world and overtime. In the United States, the use of many consciousness-altering drugs by young people dropped during the 1980’s, but increased again during the 1990s (Baron, & Kalsher, 2008). In fact, the result of one large survey indicated that teenagers use of many drugs – including, alcohol, cocaine, marijuana, and nicotine (in cigarettes) – had increased substantially (Johnston, O’Malley & Bochman, 1997).

Twenty percent of youths in Kenya aged between 14 and 18 years smoke cigarettes and another 9% smoke bhang (*Cannabis sativa*) while some 23% drink commercial beer and spirits. This is the age of most youths in Kenyan secondary schools that have in the recent past been hit by a wave of strikes that may have been linked to drug abuse. Empirical evidence show that 92% of youths aged between 16 and 23 years have experimented with drugs as they grew up with about 90% of the respondents taking beer, spirits, cigarettes, local brews and bhang Daily Nation 26,10,2003. About 400,000 students in secondary schools in Kenya were addicted to drugs and out of this number, 16,000 are girls and the rest are boys.

The frequency, as well as the type of substance abused, varies from province to province. When it came to alcohol, the prevalence among students is highest in western Kenya (43.3%), followed by Nairobi (40.9%), Nyanza (26.8%), Central (26.3 %), Rift valley (21.9%), Coast, Eastern and North Eastern at 21.3%, 17.2% and 1.6% respectively [4]. Findings of a study undertaken by the Child Welfare Association reveal that one in every 15 Kenyan students was abusing bhang or hashish [6]. Abuse of drugs is therefore, a major public problem in secondary schools.

Most studies on drug abuse have fell short of identifying social factors influencing drug and substance abuse Results based on the responses to questionnaires completed by adolescents and young adults in the United States of America about their use of cannabis showed that it was used by 19-20% of the students in the study. Nevertheless, the differences in age and gender, the cultural variations, the types of schools attended and the different structures of the self-administered questionnaires had made the results of those studies difficult to compare.

According to self-reported surveys of adolescent students in Nova Scotia in Canada, carried out in 1991 and 1996, over one fifth (21.9%) of the students reported to have used alcohol, tobacco and cannabis . The 1995 European Schools Project on Alcohol and other Drugs revealed that, 37% of 10th Grade students in the 30 participating European countries had smoked a cigarette in the past 30 days, 61% had consumed alcohol, 17% had consumed marijuana and 6% had used some illicit drugs other than marijuana. All the above quoted studies show that the issue of drug abuse is not only a problem in Kenya but is also a global issue and thus the needs to involve all countries in drug abuse control efforts.

In a speech delivered during the official closing of the African convention of Principals (ACP) in Kenya on 27th August, 2004, the then Minister for Education, Honorable George Saitoti noted that some cities in Africa had been identified as either destinations or conduits for hard drugs. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical business.

He further noted that one of the root causes of some indiscipline cases in institutions could be traced to drug and substance abuse. For this reasons the war against drugs and substance abuse was one that Kenya could not afford to lose because failure to address this problem would lead to the destruction of Kenyan youth and thus the future of this country (The East African Standards January 19th 2004). He appealed to all to join together to fight this menace.

Education contributes to economic development of both developed and developing countries. Hence most developing counties devote a large proportion of their revenue to education. These countries are said to have a higher increase in education expenditure than total national expenditure (Mbugua, 1998). In Kenya for instance the total expenditure went

up considerably by 11.8% from \$1480.0 million in 1995/96 to \$1665.9 million in 1996/97 fiscal year. Education now consumes about 40% of the government's recurrent budget. This figure does not include parents' contributions in terms of fees and infrastructural development. This makes education the most costly service in the nation of Kenya (Republic of Kenya, 1999).

In addition to the increasing expenditure on education, the Kenyan education system has undergone major changes. Before 1985, the education system in Kenya was modeled on seven years of primary, four years of secondary school, two years of high school and three years of university and post high school training. In 1985, the education as changed to eight years of primary school and four years of secondary school followed by four years of university. The changes from 7-4-2-3 system to 8-4-4 system and the accompanying change in the formal curriculum, with emphasis on science and vocationally oriented subjects posed new challenges for schools.

One of the major challenges to secondary schools in Kenya is increasing level of indiscipline (Odalo, 1998), which is attributed to drug abuse among students. A preliminary survey of drug abuse was conducted among secondary school students in Kenya and the results of the study confirmed that drug abuse was quite prevalent among secondary school students. For instance, up to 10% of students drunk alcohol more than three times a week, 16% smoked cigarettes more than three times a week, and nearly 14% had smoked cannabis (bhang) and 16% admitted taking other drugs especially tranquillizers in order to feel high.

The study revealed that the problem was more acute in urban schools compared to rural schools. A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students

in Nairobi found that a total of 2246 (70.1%) were ever smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students 72.2% started at between age 12 and 16 years.

1.2 Statement of the problem

According to the latest statistics released by NACADA, surveys carried out show that alcohol is abused by 28% of youth in schools. The same study also established that alcohol, tobacco and bhang are the highest percentage of substances used by over 40% of youth, followed by cocaine 29%, heroin 19% and hashish 5%. “We got alarming statistics and information of youth persons totally devastated by heroin and bhang which is exposing many youth to HIV/AIDS”, says NACADA National Coordinator Jennifer Kimani, during a workshop in Nairobi in January 2010. NACADA Director Frank Njenga says “rampant use of drugs puts a huge social, economic and emotional burden on the country’s future since most of those affected are youth.

A study carried out found that in most school compounds today, there is ready and wide variety of drugs. For instance in Lugari District, it was confirmed from school records that in the last five years (2006-2010), over 20 students were either suspended or expelled from Lumakanda secondary school from having taken drugs .The above quoted studies done in Kenya show that drug abuse is rampant in secondary schools but they have not dealt with social factors that influence drug and substance abuse among secondary school students. It is also now known that drug abuse is rampant in schools as per media reports and studies carried out in Kenya and other different parts of the world. This study therefore was an

attempt to find out the social factors influencing drug and substance abuse among secondary school students of Manyatta Division Embu North District.

1.3 Purpose of the study

The purpose of this study was to determine the social factors influencing drug and substance abuse among secondary school students of Manyatta Division Embu North District.

1.4 Objectives of the study

The study had the following objectives

1. To establish the extent to which parental care influences drug and substance abuse among secondary school students of Manyatta Division Embu North District
2. To determine how peer pressure influences drug and substance abuse among secondary school students of Manyatta Division Embu North District
3. To examine whether easy availability of drugs influences drug abuse among secondary school students of Manyatta Division Embu North District
4. To determine how community influences drug and substance abuse among secondary school students of Manyatta Division Embu North District.

1.5 Research Questions

1. To what extent does parental care influence drug and substance abuse among secondary school students of Manyatta Division of Embu North District?
2. How does peer pressure influence drug and substance abuse among secondary school students of Manyatta Division Embu North District?

3. In which ways does easy availability of drugs influence drug and substance abuse among secondary school students of Manyatta Division Embu North District?
4. How does the community influence drug and substance abuse among secondary school students of Manyatta Division Embu North District?

1.6 Significance of the study

It is hoped that, the study will enable the policymakers to come up with legislations which will check social factors that influence drug and substance abuse among students. This study will also assist the communities to know how best to influence students behaviour in order to improve their academic performance which will eventually lead to a healthy community. The study will provide more insight to the field of research especially in the social factors that lead to drug and substance abuse. Other stakeholders such as NACADA and parents will also be able to come up with possible measures and interventions to reduce or stop drug abuse among students.

1.7 Scope and Limitations of the study

The major challenge faced was means of transport especially in reaching schools that were far away from the main roads. Most of the places could only be reached by a motorbike and in other instances the research assistants had to walk. In addition, it was not possible to control the attitude of the respondents. This is because the respondents at times give socially acceptable answers in order to avoid offending the researcher (Malusa, 1990). The respondents were however assured that the responses given were just for the purpose of study that will later help in curbing the problem of drug abuse among students.

1.8 Delimitations of the study

This study confined itself to Manyatta Division Embu North District that is predominantly rural. A little caution may be taken in each area of the study for its unique characteristics e.g. if the area is predominantly rural. The target population consisted of students from secondary schools, guidance and counseling teachers and parents in Manyatta Division, hence, it did not cover all categories of teachers and other stakeholders and thus its findings may not be generalized as findings concerning the general secondary school fraternity.

1.9 Basic assumptions of the study

The researcher had the following assumptions in the course of the study; that the respondents will provide truthful information to the items in the research instruments, the responses from the respondents will provide genuine indication of their attitudes towards drug and substance abuse, the respondents will be willing to verbally respond to items in the interview schedules and the respondents will be willing to respond to the questions in the questionnaires to minimize wastage of time.

1.10 Definitions of significant terms as used in the study

Adolescence: - This is a stage in a young person's life, between childhood and being an adult that is characterized by rapid and intensive body changes.

Student: - A learner in an educational institution

Drug abuse: - Excessive use of a drug other than the given prescriptions.

Drug; A medical substance used to enhance health in human beings

Family: - A group of people related by blood, adoption or marriage and who usually have shared common residence, have mutual rights and obligations and assume responsibility for the primary socialization of their children.

Peer group: - This is a group of people of equal social status e.g. age and education

Peer Pressure- A negative force that makes people of the same peer group to behave in the same unethical manner so as to fit in the group e.g.

Parental Care; The process in which parents nurture values in a child which eventually determines how she or he behaves.

Easy Availability: Ability to get drugs and substances with ease and at affordable prices within the community

Community; Group of people living together, who share a common culture e.g. language

Poverty; inability to meet basic needs which include food, clothing and housing

Public Secondary schools: - Refers to a post- primary institution where students receive regular instructions for four years from form one to four which is developed and maintained by public funds from the government, parents and communities.

HIV/AIDS: - Human immune deficiency Virus/ Acquired Immune deficiency syndrome

Drug Addiction: - A condition characterized by compulsive, drug craving, seeking, and use that persist even in the face of negative consequences. Nonstop drug abuse

Social factors - Factors associated with the society or people surrounding us e.g. peer pressure and community influence.

1.11 Organization of the study

The research report consists of five chapters as follows; chapter one consists the introduction and background of the study. Attention was given to the formulating of the research problem and the research questions as well as indication of the research design that was followed. Chapter two discusses outcomes of the literature study of drug and substance abuse among students which is subdivided into the following themes; background of the definition of terms, drugs in Africa, drugs in Kenyan schools, reasons leading to drug abuse, effects of drugs, social factors contributing to drug abuse and how to deal with drug abuse.

Chapter three examines the research methodology, which includes the research design, target population and sample size and selection, sampling procedure, research instruments, the pilot study, results of pilot study, reliability and validity of the instruments, data collection procedure and data analysis. This is followed by chapter four which constitute Presentation, interpretations and discussions. Finally, chapter five deals with the summary of findings, conclusions, recommendations and suggestions for further research. The last section of the study presents reference and appendices.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviews literature related to drug and substance abuse. It contains the following subtopics: definitions of drug and drug abuse, drugs in Kenya, drug abuse in Kenyan schools, effects of drugs most abused; cigar rates, alcohol, marijuana, khat, glue and cocaine. Finally it reviews social factors and drug abuse which includes parental care, peer pressure, easy availability of drug and community influence. In addition a theoretical framework and conceptual framework of the study are analyzed.

2.2 Definitions of Drug and Drug abuse

A drug has been defined as any substance that when absorbed into a living organism may modify one or more of its physiological functions (Woods, 2004). The term is generally used in reference to a substance taken for a therapeutic purpose and as well as abused substances. Drug abuse, also known as substance abuse, involves the repeated and excessive use of a drug to produce pleasure or escape reality—despite its destructive effects. The substances abused can be illegal drugs such as marijuana and cocaine, or legal substances used improperly, such as prescription drugs and inhalants like nail polish or gasoline. But whatever the drug of choice, substance abuse can be identified by the maladaptive way in which it takes over the user's life, disrupting his or her relationships, daily functioning, and peace of mind.

For those in the grips of drug abuse and addiction, their drug controls them, not the other way around as the director of The National Institute on Drug Abuse states,

“uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences” is the essence of drug addiction. Drug addiction can be physical, psychological, or both. The Substance Abuse and Mental Health Services Administration refers to psychological dependence as “the subjective feeling that the user needs the drug to maintain a feeling of well-being.” Using a drug to numb unpleasant feelings, to relax, or to satisfy cravings are examples of psychological addiction. On the other hand, physical dependence refers to the physiological effects of drug use. Physical addiction is characterized by *tolerance*—the need for increasingly larger doses in order to achieve the initial effect—and *withdrawal* symptoms when the user stops.

2.3 Drugs in Kenya

Njuki (2004) maintains that there are so many issues confronting Africa that substance abuse is not looked at with the seriousness it deserves. Both illicit drug trafficking and substance abuse are increasing in Africa. Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS (Njuki, 2004). According to Dandala (2004), the fight against alcohol and drug abuse has not been given the same prominence as the fight against HIV/AIDS, yet the two are interlinked. Dandala (2004) emphasizes the breakdown of culture, urbanization and increasing use of the continent as a transit point in international drug trafficking and that the church must embrace its role and ministry to persons and communities burdened by the ill effects of drug abuse

Kenya, like many other developing countries, has limited resources to cover the basic needs of its people. Abuse of the drugs among the youth not only drains the economy

because controls of supply and demand reduction are expensive undertakings but also deals a blow to the country as its youth become less productive. The overall picture has shown a steady upward trend in drug peddling as attested by seizure statistics. Kenyan youth face the greatest risk, being targets for recruitment into the abuse of drugs by drug barons. It is increasingly clear that nearly 92% of the youth experiment with drugs during the growing up process. Drug abuse is, therefore, an issue that not only involves the secondary school students but is also a National issue. Several strikes that have occurred in schools in the past have usually been attributed to drugs without any concrete evidence. There is also paucity of sufficient and readily available reliable body of prevalence data, identified as one of the critical issues by NACADA.

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Kenya has not been spared the pestilence of drugs and it is abundantly clear that it is a transit point for hard drugs from Columbia heading to European capitals. According to the Daily Nation Paper dated 28th January 2010, two bales of clothes in which heroin worth millions of shillings was concealed were intercepted at Jomo Kenyatta International Airport (JKIA). The bale was from Tehran, Iran. The two bales had forty five leather jackets, with the white heroin powder concealed in the inner linings of each garment. Trafficking of hard drug into developing countries has not spared Kenya and the drug consumption and dependence among secondary and college students has led to unrest and consequently wide ranging destruction of life and property. A pilot survey carried out found that in most school compounds today, there is a ready and wide variety of drugs. For instance in Lugari District, it was confirmed from the school records that in the last five years,(2006-2010) over 20 students were either suspended or expelled from Lumakanda secondary school for having taken drugs.

In a speech delivered during the official closing of the African convention of Principals (ACP) in Kenya on 27th August, 2004, the then Minister for Education, Honorable George Saitoti noted that some cities in Africa had been identified as either destinations or conduits for hard drugs. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical business. He further noted that one of the root causes of some indiscipline cases in institutions could be traced to drug and substance abuse. For this reasons the war against drugs and substance abuse was one that Kenya could not afford to lose because failure to address this problem would lead to the destruction of Kenyan youth and thus the future of this country (The East African Standards January 19th 2004). He appealed to all to join together to fight this menace.

2.4 Drug abuse in Kenyan schools

In Kenya, studies show that more than a fifth (22.7%) of primary school children take alcohol, a figure that rises to more than three-quarters (68%) for university students. A large number of students across all age groups have been exposed to alcohol, tobacco, miraa (khat), glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine. According to a study by Siringi (2001) on drug abuse, 22% of secondary school students were on drugs and males had a higher exposure to miraa and inhalants. In addition the study also found out that the prevalence of drug abuse increased from primary to tertiary institutions. Alcohol was the most frequently abused drug followed by miraa, tobacco and bhang. The students staying with friends were most at risk followed by those staying with either a sister or a brother. Students staying in towns were also reported to have a twofold risk of having tasted alcohol, tobacco, miraa, bhang and inhalants (glue) compared to those in

rural areas. This survey demonstrated that the youth in the urban areas, due to their lifestyles, are more predisposed to drugs compared to those in rural areas.

2.5 Effect of drugs most abused

Cigarettes, tobacco and alcohol affect the user's brain, causing the self administration of that substance to be repeated. The repeated use of the substance can lead to sensitization of motivational circuits in the brain and ultimately to dependence. The outcome of the psychoactive substance is influenced by the user's biological, social, and cultural factors (Sweetney, & Neff, 2001). The drugs mostly used by adolescents are cigarettes, tobacco, alcohol, marijuana, glue, paint, paint thinners, aerosols and polish remover.

2.5.1 Cigarettes

Cigarettes regularly serve as the starter drug-delivering agent and provides the drug nicotine. Children become hooked on cigarettes at any age. Nicotine has demonstrated dose-related euphoric effects similar to those of cocaine and morphine (Henning, & Jasinski, 2004). Cigarettes cause the worst of all drug habits found in the smoking of tobacco. The first step towards addiction may be as innocent as a boy's puff on a playground. Tobacco holds a special status as a gateway to the development of other drug dependencies not only because tobacco use usually precedes use of illicit drugs, but because tobacco use is more likely to escalate to dependent patterns of uses of other more dependence producing drugs (Ronald, & Davis, 2004).

Wood (2004) adds that cigarettes' toxic chemicals impair impulses and ethical controls, that is, cause addiction, brain damage, aboulia (impaired reasoning, ethical controls, and will power). Children may have conduct disorders and difficult temperaments resulting

from the manner they were brought up. For instance, if the parents and other family members engage in substance abuse, children are likely to develop a range of affective, behavioral, cognitive and social problems. Many of these children present poor school readiness and performance, low bonding and attachment to school (Barber, & BeHand, 2003). Mansell and Liu (2003) state that cigarettes use among adolescents is mostly prevalent among adolescents whose parents face many challenges that limit their ability to provide for the physical and/or emotional needs. These challenges include drug addiction, scarce financial resources, unstable housing, familial history of substance abuse and lack of social support from family and friends.

Mansell and Liu (2003) go on to say that, on average, children affected by maternal addiction are susceptible to a high level of risk. From the time of their conception and continuing through childhood, their environment has been characterized by an accumulation of factors known to place children at increased vulnerability for physical, academic and socio-emotional problems. The majority of these children experienced pre-natal exposure to cigarettes and other drugs. More factors that may lead to adolescent drug abuse include rigidity in parenting attitudes, single parenthood, stressful life events and large family size (Van Leeuwen, Hopfer, & Peterson, 2004). According to Erikson and Mackay (2002.20-30), more than 5,500 billion cigarettes are manufactured annually, and there is 1, 2 billion smokers in the world. This number is expected to increase to two billion by 2030. Green and Ottoson (1999) add that in spite of the real or apparent benefits of the psychoactive drug, the drug carries with it the potential harm, whether in the short or the long term.

2.5.2 Alcohol

Alcohol is the most available drug on the market and is not illegal to use or to be possessed. Alcohol abuse is "one of the most difficult problems to treat because the use is accepted at any social function and abusers deny that they are addicted. Alcohol is a depressant and sedative and becomes addictive when ingested in large amounts and at regular intervals. It slows down the activities of the nervous system that controls bodily functions, causes drowsiness, lack of concentration, slowness in thinking, impaired interpersonal relationships and leads to economic dysfunction and poverty" (Hodge, 2001). This authors point out that the dangers of too much alcohol consumption include: mental deterioration, lacks of alertness, thus people under the influence of alcohol are prone to accidents damage of organs like liver, kidney and others; also permanent damage to the fetus if the abuser is pregnant, blackouts convulsions, severe psychological dependence and death (from over dosage).

Alcohol affects the body by making the individual carefree and sociable. It also causes slurred speech. At this level in some countries, such as the USA and the RSA, once the individual has passed the legal intoxication level, the person is not supposed to drive a motor vehicle (Rehn, & Cristal 2001). It impairs motor skills that mean that the individual cannot coordinate well enough to drive a car. Not only the driving of a vehicle, any of a large number of other intricate procedures concerning machine, etc. It causes confusion. At this stage, the individual cannot recognize things around him well. It causes the individual to go into a stupor that means that the individual is too drunk to know anything and can cause the individual to go into a coma. Finally, it causes respiratory paralysis that is connected with the gag reflex. This means that when the individual vomits, he cannot get rid of the vomit because of the comatose state and death occurs. Dakota and Forks (2003) define an alcohol-

related problem as "drinking that causes problems with parents, teachers, friends or the law". In their study on teen drug abuse, Dakota and Forks (2003) found that "25% of Americans die as a result of substance abuse.

The average 18 year old has seen 100,000 television commercials encouraging him or her to drink. That is why 90% of high school seniors have tried alcohol, 53% get drunk at least once a month, 43% smoke marijuana and about 1/3 are smoking cigarettes; 95% of untreated addicts die of their addiction, 50% of traffic deaths are alcohol related, 40% assaults are alcohol related, 97% of addicts never see treatment." Du Pond (2001) points out that an estimated 10% of children (more than 7 million) have at least one parent who is dependent on alcohol or illicit drugs and 6% have at least one parent who is in need of treatment for illicit drug use. Some parents suggest that millions of children are currently being reared in environments characterized by mothers that are addicted. Children of substance-abusing parents are widely considered at high risk for a range of biological, developmental and behavioral problems and "shockingly high numbers of children in the RSA" have mothers who are addicted to alcohol (Green, & Ottoson, 1999).

2.5.3 Marijuana

Marijuana is an addictive hallucinogenic drug, which is smoked by the abuser. It causes "an unnatural thirst or hunger, uncontrolled mood swings, talkativeness, impaired perception, disturbed judgment, mind disorders, a feeling of well being and euphoria (pleasant feeling of excitement and of escaping reality) and it alleviates anxiety" (Rehn, & Cristal 2001). These authors state that the dangers of the use of marijuana include: Excessive aggression when combined with alcohol, accidents due to distorted perception, physical damage in the form of bronchial irritation, risk of lung cancer, chromosome damage and

ultimately brain damage which is usually the first step of addiction before abusers move to hard drugs.

2.5.4 Glue, paint, paint thinners, aerosols and polish removers

These substances have a depressant effect on the abuser when they are inhaled. They cause slurred speech, inability to focus, stupor and seizures. The individual tends to move slowly as if lethargic and has a "drugged appearance". The individual sometimes tends to become hostile and aggressive (Lopez, 2001). Polish remover slows down the activities of the nervous system that control the body functions (WHO, 2002).

According to Seigal (2003), inhalants are an assortment of chemicals and toxins that when inhaled are poisonous to the brain. They include common household items such as spray paints, air fresheners, glues, correction fluids and hair spray. Inhalants can cause disorientation, hallucination, memory loss and lack of coordination. Seigal (2003) states further that these inhalants "literally seal out the transfer of oxygen to the blood stream. The body can simply suffocate from lack of oxygen. The inhalants contain a wide variety of toxins, which target different body parts for example the brain, the skin, liver and kidneys." Addiction to Benzene and gasoline (petrol) causes serious injury to bone marrow and to the immune system. It is toxic to the reproductive organs, causes hearing and vision loss and said to be linked to an increased risk of leukemia (Seigal, 2003). Seigal (2003) highlights the following signs of inhalant use: Breath and clothing that smell like chemicals, spots or sores around the mouth, paint or stains on body or clothing dazed or glassy-eyed look, nausea or loss of appetite slurred speech, red and running nose.

2.5.5 Cocaine

Cocaine is an extremely addictive drug and is illegal to possess or deal in. The effects of cocaine appear almost immediately after only a single dose and disappear within minutes. It makes the user feel euphoric, energetic, talkative and mentally alert, especially to the sensations of sight, sound, and touch. It can also temporarily decrease the need for food and sleep. The short-term physiological effects of cocaine include constricted blood vessels, dilated pupils, increased body temperature, increased heart rate, and an increase in the blood pressure. Large amounts of cocaine may lead to bizarre (strange in appearance), erratic (unreliable) and violent behavior (UN-ODCCP, 2002). The signs of cocaine dependence include. Small constricted pupils, injection marks, bruises on the arms, thighs, groins, ankles and neck, unnatural calmness, drowsiness, personality changes, decreased appetite, sexual drive, tremors, vertigo, and muscle twitch (World Bank, 1999), some cocaine users feel restless, irritable and anxious, energetic, and Competent (Mustonen, 2002).

2.6 Social factors and drug abuse

Drug and alcohol use can change depending on factors such as the availability of drugs, introduction of new drugs in drug markets, new modes of administration, and rapid social changes. Some factors play a more direct role in the causation of the drug abuse problems amongst adolescents such as peer pressure, lack of support due to chaotic home environments where there is no family stability (William, & Covington, 1998). Using alcohol and tobacco at a younger age increases the risk of using other drugs later. Some teens experiment and stop, or continue to use the drug occasionally without significant problems (WHO, 2004). Lawson (2002) emphasizes that adolescent smoking may seem an innocent

activity yet it is a marker for potential drug abuse and depression. Adolescents with emotional problems are "more likely to use drugs and to contemplate suicide.

There are many reasons why people use drugs. Some people use drugs because they like the rush it gives them or because they are thrill-seekers. Others may try a drug out of curiosity or because their friends do it. However, many people use drugs in order to cope with unpleasant emotions and the difficulties of life. In fact, the National Alliance on Mental Illness estimates that around 50% of drug abusers also suffer from a mental illness such as depression, anxiety, bipolar disorder, or schizophrenia. People who are suffering emotionally use drugs—not in order to get high—but to feel normal. Drug use can be a seemingly attractive and easy escape from all kinds of problems. Speed might be used to fight feelings of inferiority, sleeping pills to deal with panic attacks, or painkillers to numb depression. However while drug use might make a person feel better in the short-term, this attempt to self-medicate ultimately backfires. Instead of treating the underlying problem, drug use simply masks the symptoms.

2.6.1 Parental Care

The parents' or care givers' use or abuse of alcohol, tobacco, and other drugs significantly increases the youth's chances of using, using early, and being dependent on the substance (Conger and Rueter, 1996; Duncan et al., 1995; Andrews, 1994). Furthermore, encouraging or ignoring the youth's use of alcohol and other drugs significantly increases their use (Johnson et al., 1985). Parents who involve youth in their own use or misuse of alcohol, tobacco, or other drugs also increase the youth's chances of using earlier than other children. Such involvement may include giving the youth a "sip," or asking the youth to get a beer or light a cigarette (Hansen et al., 1987; Brook et al., 1990; Jackson et al., 1997).

The parent's attitude and parental permissiveness toward the youth's use is a key factor in teenage drug use, as much as or more so than peer pressure. One 1993 study conducted by the Johnson Institute in Minneapolis found that when school-age youth are allowed to drink at home, they not only are more likely to use alcohol and other drugs outside the home, but also are more likely to develop serious behavioral and health problems related to substance use. The survey indicated that most parents allow for "supervised" underage drinking, which is a bigger factor in use and abuse than peer pressure. The influence of family siblings appears to have both a concurrent direct effect and a delayed indirect effect on a brother or sister's risk of becoming a heavy drinker (Conger and Rueter, 1996).

How families supervise their youth by setting boundaries influences deviance such as substance abuse and delinquency. These boundaries include parental monitoring, household organization and routines, and decision making (Herman et al., 1997). The issue of lack of monitoring has received considerable attention in recent years. One study found that latchkey youth who were home alone two or more days per week were four times more likely to have gotten drunk in the past month than those youth who had parental supervision five or more times a week (Mulhall et al., 1996). Another study found that children who had the least monitoring initiated drug use at earlier ages. The contrast in risk of initiating alcohol, tobacco, or other drug use across levels of parent monitoring was greatest when children were under 11 years old. At older ages there was no difference in risk for these drugs. However, for marijuana, cocaine, and inhalant drugs, there was a sustained risk of starting to use these drugs for youth who received low levels of monitoring in middle childhood (Chilcoat and Anthony, 1996)

Some authors have emphasized the importance of the parent's influence on the youth's choice of friends. Adolescents whose friends use drugs are very likely to use drugs themselves. And family variables may influence the choice of friends and thereby influence the risk of drug use. Adolescents who come from families where alcohol and other drugs are used are much more likely to use drugs themselves and choose friends who use drugs. And when parental monitoring is high, adolescents are much less likely to choose friends who use drugs. Thus, parents have powerful influence on their adolescents by their influence on their choice of friends and their monitoring of the peer selection process (Bahr et al., 1993). The likelihood of youths' associating with drug-using friends is reduced by a close relationship with their parents and by knowing that their friends disapprove of drug use. Students do not use drugs if they are unwilling to jeopardize their relationship with their parents and non using friends. They are also less likely to use drugs if they think their parents and friends disapprove of drug use and if their friends do not use drugs themselves (Reid, 1989).

Working at least 20 hours a week during the school year is a risk; it brings the adverse consequences of fatigue as well as excessive leisure income. It may also lessen the parent's ability to monitor the youth's time, choice of friends, and use of money. It is associated with higher levels of emotional distress, substance use, and earlier age of sexual debut. The practice of prevention in the 1990s has focused largely on protective factors or the development of resiliency in the adolescent. Much of this research looks at the attachment of youth and family, referred also as bonding (Hawkins et al., 1992) or connectedness (Resnick et al. 1997). Other major family factors involving family closeness are as follows: the parent is nurturing and protective and concerned for the child's safety and health (Werner, 1990; Garmezy, 1985); develops close bonds with children (Sokol-Katz et al., 1997; Bahr et al., 1995; Hawkins and Catalano, 1992); values, supports, attends and encourages educational

activity (Felner, 1982); spends quality time with children (Benson, 1993); and spends time with the child as a family unit (Benson, 1993).

However, a good parent/ adolescent relationship do not always protect the child from substance use. If the parent, particularly the mother, has a good relationship with the youth, and that parent uses substances, the youth is more likely to use drugs. Female youth were more likely to imitate paternal use and nonuse of a substance if they had a good, rather than a poor, relationship with their father. Additionally, parental abstinence did not always ensure abstinence in the child. A youth with a poor relationship with a non using parent was as likely to use substances as a youth with a using parent (Andrews, 1994). Research that examined the components of support from the family showed that support was marked by more behavioral coping and academic competence, and less tolerance for deviance and uncontrolled behavior (Wills and Cleary, 1996).

2.6.2 Peer Pressure

Peers have long been recognized as a key influence on adolescents' choices with respect to substance use. Some studies that look at peer influence in relationship to family influence are reviewed here. Barnes and Farrell (1992), studying parental support as predictors of adolescent drinking, also found support for peer orientation as a significant predictor of drinking behavior. Bahr et al. (1995) examined social development and social control theories that suggest children with strong bonds to social groups with anti drug norms will be less likely to use drugs. They hypothesized that family bonds and family substance use are exogenous variables that influence choice of friends, whereas educational commitment and number of friends who use alcohol and other drugs are intervening variables with more direct influences on adolescent alcohol use.

Studying a large sample of 7th- through 12th- graders in Utah schools, the authors found that the influence of family bonds on risk of alcohol use is primarily indirect, through educational commitment and choice of peers. The indirect effects of family bonding on substance use were moderate. Findings support an integrated social learning/social control model of adolescent substance use. Family bonding appears to be an important social control mechanism that could decrease the risk of adolescent alcohol use. Findings about relative strength of risk factors studied should be useful for prevention program planning. Conger and Rueter (1996) showed that factors within the family can promote deviant peer relations. Adolescents can acquire alcohol-using friends through three distinct avenues. The behavior of other family members, including parents and siblings, is expected to increase directly the risk of choosing friends who drink. The adolescent's own drinking behavior plays a major role in determining choice of friends. Also, the role of siblings and their drinking behavior is important. The authors employed several measures in their analysis: parents' history of substance use problems, alcohol use of the target adolescent and his or her siblings, harsh and inconsistent parenting of the youth, and friends' alcohol use.

Findings supported the hypothesis that frequent and problematic drinking by siblings would exacerbate the target adolescent's tendency to drink. Also, early drinking appeared to exacerbate other problems. The "flocking phenomenon," i.e., the tendency of teens, who drink or use drugs to acquire friends with similar habits, was noted. Target adolescent drinking in 7th grade appears to generate more harsh and inconsistent behavior by parents. Parental history of substance abuse problems is indirectly directed to adolescent risk for later alcohol use, and a stronger effect for mothers' drinking versus fathers' drinking was noted. Kafka and London (1991) explored the link between communication in relationships and adolescent substance use, specifically the openness in communication between youth and

their parents and closest friends. Predictive value of perceived pressure from friends, friends' substance use, and parents' substance use was also analyzed. The investigators found that openness of communication is negatively associated with substance abuse in the case of parent/child communication, but not in the case of peer communication.

Perceived pressure from friends was not correlated with substance use. In fact, high school students do not perceive much pressure from friends about their behavior. A possible interpretation is that overt peer pressure is less common than previously believed. Teens did not report pressure from friends to engage in negative behaviors. Perhaps the internal concerns of adolescents are at the root of their choices regarding substance use: wanting to be accepted, to belong, to be noticed. Keefe (1994) noted that many prevention programs focus on teaching refusal skills, assuming that peers exert direct pressure on each other to influence behavior. As explained in the previously cited study, recent research has shown that adolescents rarely use explicit pressure, yet conformity to group norms does occur when one values being a member of that group. This study examined perceived social pressure among adolescents, and explored age difference in perceived social pressure.

Parental and peer pressure were examined in a study of 386 7th-, 9th-, and 11th-graders. Students were asked to compare "costs" and "benefits" of using alcohol; significant differences by age were apparent, with older kids finding more benefits. Findings showed normative pressure against alcohol use from both peers and parents. The authors suggest that programs that focus on coping with negative peer pressure may not be necessary, but that peer norms and programs encouraging peer support for abstinence could be used as effective deterrents. Since older adolescents perceived more benefits to alcohol use, this suggests that

programs focusing on negative consequences might be ineffective, and a better choice would be programs focusing on alternative ways to have a good time.

Schneider and Perney (1993), surveying adolescents' major concerns and perceived resources, collected information on 42 concerns (e.g., divorce, war, grades, salary, peer drug and alcohol use, family finances, appearance, sexual behavior, etc.). Drug use was in the top 11 percent. Concerns were grouped in various contexts: family, peers, school, etc. Peers were viewed by adolescents as their major source of support, followed by parents, counselors, and self. The peer context included two concerns. Peer drug and alcohol use was seen as less of a concern to Hispanics and Asians, more for African Americans, and most of all to whites. The other major concern, sexual behavior, was significantly more important to rural than to suburban students.

Ianotti (1996) examined the relationship between adolescent substance abuse and the adolescents' perceptions of their friends' substance use. The study involved 4th- and 5th-grade students who were surveyed and tracked for 4 years. The sample included nearly 2000 students, most of whom were African American. Self-reported substance use of friends and classmates was also assessed. Perceived substance use of friends had stronger association with prior substance use than friends' self-reported substance use. Perceived family use and classmates' self-reported use were also contributors. Perceived friends' use is more likely to be a product of an adolescent's previous substance use than a precursor of subsequent substance use.

2.6.3 Easy availability of drugs

According to Merton and Nisbert (1971) people use illegal drugs because of their ready availability and promotion interests of those who are in a position to benefit financially from their sale. In today's high schools the availability and variety of drugs is widespread. There is a demand for drugs and the supply is plentiful. Since drugs are so easily accessible, a natural interest in them may develop. The availability of cash to the youth as pocket money and travel allowances especially if excessive can be redirected into purchasing of drugs. The money is usually not put into proper use and when opportunities arise they team up with friends, taste drugs and eventually become drug addicts. Curiosity is one of Mans outstanding characteristics it is not surprising then that many young people will wish to try some drug in order to determine the effects for themselves as long as these drugs are readily available.

2.7 Drug abuse and the family

According to Shives (1999), substance abuse alters the normal living patterns of individuals and society as a whole. The devastating effects of drug abuse on the family are those that pose the greatest threat to the family at large. When one member of the family abuses drugs, every family member suffers because it causes disruption and disharmony within the family. Diamond, and Tejeda (2001) and Preboth (2000) state that drug abusers often become so obsessed with the habit that everything going on around them is ignored, including the needs and situations of other family members, leading to a breakdown of the family as an entity. In addition, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol and drug involved

youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

Besides possible criminal behavior brought into the home by the drug user, the family suffers varying degrees of personal anguish both physically and psychologically (Preboth, 2000). Family members are affected as they watch the destruction of an individual who is close to them. When younger children see the older person or parent using drugs, they may wrongly believe that it is normal and acceptable to take drugs (Sweetney, & Neff, 2001). Scanlan and Gilbert (1999) maintain that parents are responsible for their children's behavior as it reflects the way they were socialized.

The WHO (2003) states that when adolescents feel connected to their families and when both parents are involved in their children's lives, it influences how adolescents feel about themselves, and the choices they make about behavior that affect their health. Furthermore, "adolescents need to have at least one adult who is committed to their well being. They need adults they can turn to and adult who will listen as they describe what they are experiencing and how they are coping (WHO, 2003).

2.8 Drug abuse and the school

Drug use is a problem for the school-going adolescent because it undermines a student's academic ability, and performance. Declining grade, absenteeism from school and other activities, and increased potential for dropping out of school are major problems associated with adolescent substance abuse. Hawkins, and Miller (1992) cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced

by alcohol may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992)

In addition, drug use brings into the school environment illegal practices connected to the drug use, namely prostitution, theft, and selling of drugs to others. None of these practices is conducive to the development of a healthy, productive life (Government Gazette, 1998). Liddle (2004) and Gordon (2004) list practical ways to fight adolescent drug abuse. A number should address adolescent drug abuse of people who play vital roles in the lives of adolescents for example teachers, school counselors, social workers, psychotherapists, parents, family members and different professional specialties whose contribution will result in the developmental outcome of each teen.

Parental involvement in the life of adolescents should demonstrate respect, interest, caring and also knowledge about their world, the world that teens live in today, not the world that teens inhabited years ago. Finding creative ways to meaningfully engage adolescents, knowing what their interests are, and what healthy activities they enjoy. Gordon (2004) refers to “faith-based addiction treatment”, demonstrating faith and trust in God’s power, promoting spirituality, respecting others’ belief systems, obtaining information about their religious and spiritual belief, not imposing one’s own religious or spiritual beliefs, and developing empathy for their belief system.

According to Gordon (2004), the benefits of spiritual include humility, inner strength development, well-being, a sense of meaning and purpose to life, a feeling of acceptance, love tolerance, peace and harmony. With regard to adolescents who are dependent on drug abuse, Douglas (2004) states that drugs destroy the body, mind and soul. In many cases the victims come from family backgrounds that are not stable. Furthermore, there is often a

history of mental illness in the family, and the parents have marital conflicts as well as many economic and social difficulties.

These adolescents have unstable moods and are prone to depression. They have significantly more psychiatric disturbances and can only do well with the aid of intense psychotherapy. Douglas (2004) adds that as drug dependency develops further, these adolescents can no longer trust themselves when using drugs. The choice to use the drug or not is no longer available to them but they have to use it to feel normal. The continued use of drugs eliminates the ability to think logically and rationally. According to Walter (2002), chemically dependent adolescents gradually change their peer group to include drinking and drug-using friends. They begin to use drugs to block out pain and for the euphoric effect. Blackouts and drinking alone are strong indicators of drug dependency in the adolescent population. As the disease progresses, family conflicts increase. The adolescent may withdraw from the family and community activities. Problems with the police and school officials increase and become serious. The adolescent may become verbally abusive to parents and more rebellious to authority figures. The adolescent feels more intensely isolated. Concerns begin to be openly expressed by parents, teachers and even peers.

2.9 Dealing with drug abuse

As the worldwide infiltration of drug abuse is a concern for many societies, the Global Initiative on Primary Prevention of Drug Abuse came into existence in 1997 (WHO/UN-ODCCP, 2003). The Global Initiative was a joint project of the United Nations International Drug Control Programme and the World Health Organization aimed at preventing the use of psychoactive drugs by young people (WHO/UNODCCP, 2003). The project was implemented from 1997 to 2003 in three regions of the world where

rapid/dramatic social change was in progress: RSA, Southern Asia, and Central and Eastern Europe. The project comprised five sets of interrelated prevention activities based on the mobilization of local communities, namely baseline assessment, training of local partners, public health interventions, monitoring of activities, and post-intervention assessment.

The evaluation of activities led to the identification of best practices that could be adopted by other communities who wished to address the problem of drug abuse among the youth. In the RSA it is believed that adhering to healthy child-rearing, can do much to prevent the development of these stresses that may, in later life, lead to abuse of dangerous drugs (De Haan, 1997). Family-based programmes to reach families of children at each stage of development have been implemented as well as family programmes to train parents in behavioral skills (WHO, 2003). These programmes include the improvement of parent-child relationships including positive reinforcement, listening skills, communication and problem-solving skills, monitoring the activities of children, particularly during adolescence, and the development of consistent discipline and rule-making skills.

It was also suggested that the dangers associated with smoking should be stressed during health education, and specific protection should involve some control over the advertising of alcohol and exert pressure on all involved in the promotion of these products. Other factors that should be attended to are the promotion of anti-drug social norms and control of the advertising of alcohol (De Haan, 1997). Streeton and Whelan (2001) report that Zambia has designed programmes that facilitate socio-economic development, and implemented measures such as: increasing youth educational employment, increasing drug-free recreational opportunities, mobilizing co-ordination of community groups within existing structures, educational campaigns for the prevention of drug abuse and improving the infrastructure to control drug abuse in the adolescent.

Tanzania initiated strategies to reduce the availability of drugs, mobilize communities against drug use, provide peer education to prevent drug use; provide education to enhance adolescent behavior change; strengthen existing networks of organizations that support youth-related activities, and engage in drug-use prevention activities (WHO, 2003). Drug dependence is difficult to control due to compulsive drug use and craving leading to drug seeking and repetitive use even in the face of negative health and social consequences. Once dependent, individuals often fail in their attempts to quit. Dependence is a brain disorder and people with dependence have affected brain structure and function (Ronald, & Davis, 2004)

2.10 Theoretical Framework

A theory is simply a set of interrelated variables that tries to explain a phenomenon (Good, & Brophy, 1990). Theories generally provide a general explanation for observations made over time. This study was guided by Bandura's Social Learning Theory which posits that people learn from one another, via observation, imitation, and modeling. The theory has often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation.

2.10.1 Social Learning Theory (Bandura)

People learn through observing others' behavior, attitudes, and outcomes of those behaviors. "Most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action." (Bandura). Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences.

2.10.2 Necessary conditions for effective modeling:

- 1. Attention — various factors increase or decrease the amount of attention paid. Includes distinctiveness, affective valence, prevalence, complexity, functional value. One's characteristics (e.g. sensory capacities, arousal level, perceptual set, past reinforcement) affect attention.**
- 2. Retention — remembering what you paid attention to. Includes symbolic coding, mental images, cognitive organization, symbolic rehearsal, motor rehearsal**
- 3. Reproduction — reproducing the image. Including physical capabilities, and self-observation of reproduction.**
- 4. Motivation — having a good reason to imitate. Includes motives such as traditional behaviorism), promised (imagined incentives) and vicarious (seeing and recalling the reinforced model)**

Bandura believed in “reciprocal determinism”, that is, the world and a person's behavior cause each other, while behaviorism essentially states that one's environment causes one's behavior, Bandura, who was studying adolescent aggression, found this too simplistic, and so in addition he suggested that behavior causes environment as well.

Despite the strengths and weaknesses of this theory it was applicable to my study of social factors influencing drug abuse among students because the environment in which the students interact with to a great extent influences their behavior. Parental influence, peer pressure and availability of drugs all operate in a given environment, which in turn influences drug and substance abuse among students.

2.10.3. Conceptual framework of study

The study was guided by the following conceptual framework which shows the relationship between various variables as witnessed in the figure shown below.

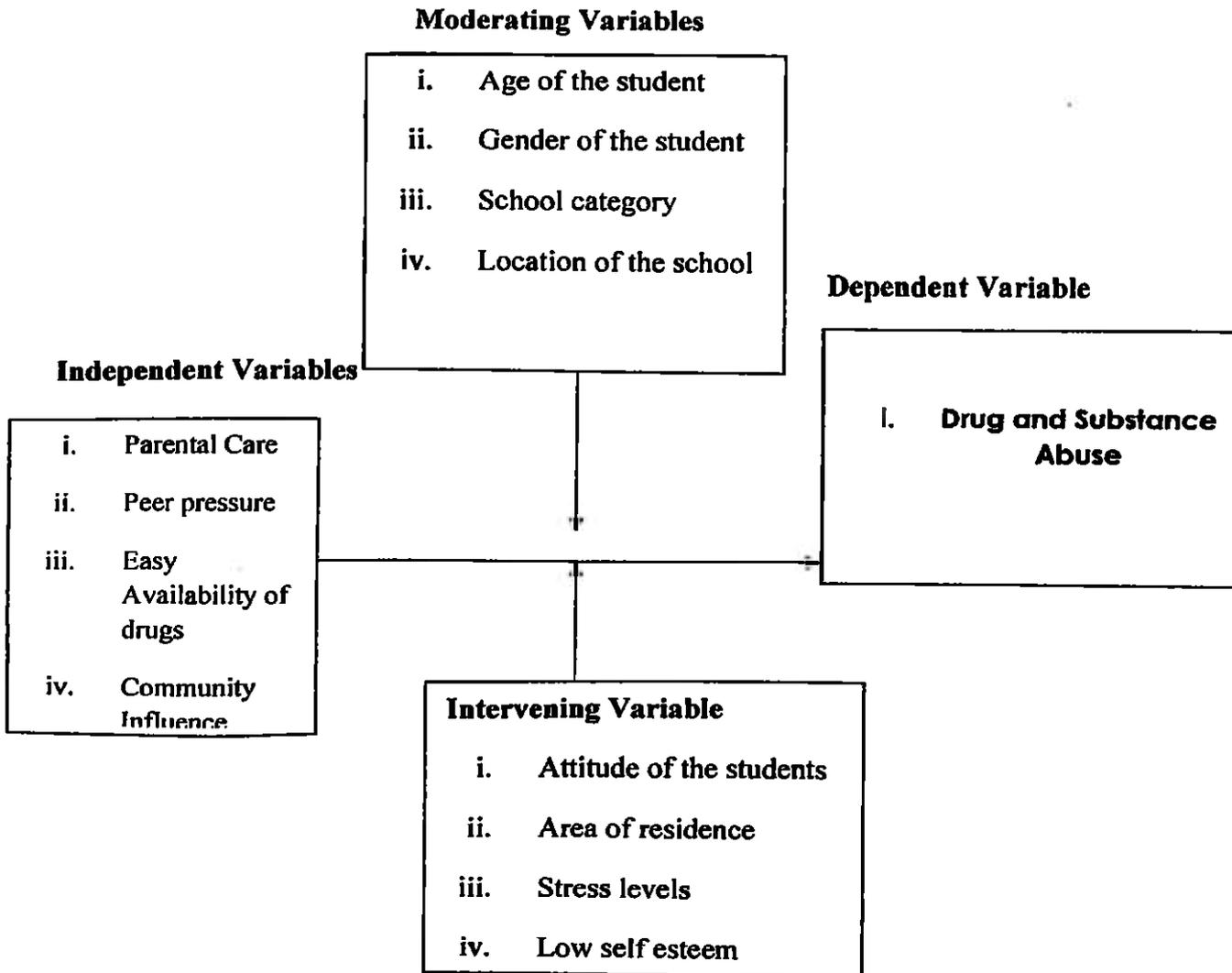


Figure 1: Conceptual framework of study

The figure outlines independent variables related to social factors influencing drug and substance abuse among secondary school students of Manyatta Division, Embu North District Kenya. These independent variables were parental care; peer pressure, availability of drugs and community influence which were interacting with the intervening variables such as attitude of the student, stress levels and low self esteem and strict school administration to influence drug abuse among students. Moderating variables such as the age of the student's, gender of the student, location of the school, and category of the school were also affecting students' drug and substance abuse.

2:10.4 Summary

Literatures showed that drug abuse is a major problem among youth and affects them in all ways such as health, emotionally, physically and mentally. The governments and every one else should fight against drug and substance abuse among youth. Various reasons for taking drugs were cited such as peer pressure, availability, curiosity and family influence.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design , target population, sample size and sample selection, data research instruments, methods of data collection, validity, reliability of research instruments, data collection procedure and data analysis techniques.

3.2 Research design

A research design is a conceptual structure within which the researcher conducts the study. This study utilized survey design. This design was chosen because it's easier to gather information from a sample rather than from every member of the population hence making it faster as it makes use of questioners and interviews. The questions were both open ended and closed ended and contained items about the variables under study.

3.3 Target population

The target population of the study considered was students, guidance and counseling teachers and parents of Secondary schools in Manyatta Division Embu North District. Embu is a large town in Kenya located approximately 125 km (75miles) northeast of Nairobi towards Mt. Kenya. Embu serves as the headquarters of Eastern Province in Kenya. It's divided into five administrative Divisions and six administrative Locations i.e. Ngandori East, West, Gaturi North, Kathangariri, Ruguru and Mbuvari where this research was carried out. A list of schools in this Division was obtained from District Education office, Embu

North. Records indicated that it had a total of thirty (30) secondary schools out of which twenty (24) were Day mixed secondary schools and six (6) boarding schools.

3.4 Sample Size and Sample Selection

Simple Random sampling and stratified random sampling was used in this study to select the sample. In statistics, a simple random sample is a group of subjects chosen from a larger group (Cooper, 2006). Each subject from the population is chosen randomly and entirely by chance, such that each subject has the same probability of being chosen at any stage during the sampling process only probability samples provide estimates of precision and offer the opportunity to generalize the findings to the population of interest from the sample population (Kothari, 1990).

Due to the scattered nature of the schools in the division, the researcher sampled the schools. Fisher (1992) recommends 50% of the target population in social research. 50% of the six boarding secondary schools were considered in this study hence the study considered three (3) boarding schools. Manyatta Division consists of six (6) locations in which these schools are scattered. Of the accessible population, 50% of the mixed Day secondary schools (24) were sampled to get twelve (12). To ensure even distribution of the sample in the six locations, simple random sampling was used to select two schools from each location; hence twelve schools were sampled. The total number of the schools targeted for the study was therefore 15; twelve day secondary schools and three boarding secondary schools. The study specifically targeted the students, Guidance and Counseling teachers and parents of these fifteen schools.

Stratified random sampling was further used to select the students' sample. Stratified sampling involves dividing the population into homogeneous subgroups and then taking a

simple random sample in each subgroup. Strata was formed on the basis of common characteristics of the items to be put in each stratum these were Form 1, 2, 3 and 4. Simple random was used to select students from each stratum. According to (Mugenda, & Mugenda, 1999) 10% of the accessible population is enough for social research study. The researcher used simple random to select two students from each stratum. This therefore means that out of the four stratum, a total of eight (8) students were selected from each. The total number of schools selected was fifteen hence the students sample size comprised of $8 \times 15 = 120$. In addition all the fifteen guidance and counseling teachers were included in this study. Further purposive sampling was used to select one parent per school; hence fifteen parents were interviewed in this study. The total sample size comprised of 150 respondents.

3.5 Data Collection Research Instruments

Primary data collection method was used in this study. Data collection involved gathering both numeric information as well as text information so that both quantitative and qualitative information could be accrued. Descriptive data was collected through a questionnaire developed by the researcher and an interview schedule.

3.5.1 Questionnaires

Questionnaires are more appropriate when addressing sensitive issues (Babbie, 1989), especially when the study offers anonymity to avoid reluctance or deviation from respondents. Two questionnaires were developed, one for students and the other for the G/C teachers. The questionnaires were semi-structured, thus containing both open-ended and closed-ended questions. The open ended questions were used in order to get in-depth information as respondents may be able to express themselves more freely in terms of

feelings, interest and opinions. On the other hand, closed ended questions are easier to respond to because each item is followed by alternative answers, they are also easy to analyze and saves time.

The first step was designing the students questionnaire items which were divided into four sections. Section one was to elicit data on items seeking to examine demographic data of the respondents, section two had items on how peer pressure influences drug abuse among students, section three contained items on the extent to which parental care influences drug abuse among students and the frequency of the most commonly abused drugs and section four contained items on how the community influences drug abuse among students. The entire student's questionnaire consisted of 37 set of questions. The G/C questionnaire consisted of three sections, one contained items on demographic data, section two; How concerned parents are in fight against drug abuse, section three elicited information on how peer pressure influences drug abuse among students. This questionnaire consisted of 27 set of questionnaires.

3.5.2 Interview schedule

The interview technique is a face to face interaction with the respondent. It is flexible and adaptable as it involves direct interaction between individuals. (McMillan and Schumacher, 2001). The interview schedule was only used with the Guidance and counseling teachers' and parents because the students might not have talked openly about drug and substance abuse issues in a face to face interview but might be more willing to give the same information anonymously through the questionnaire. Different interview schedules were used both containing 14 questions which were used to get data in relation to the four objectives under study. The researcher read the questions to the interviewee while noting down the

responses. The major advantages of the interviews was that, there was room to seek clarification in cases where the interviewee never understood the question as read out, this increased reliability, the interviewee had a chance to give their own opinions, express their feeling about certain items and the interviewer was able to prompt in order to gather as much information as possible. Though interviews took more time, they were chosen because of the many other advantages analyzed above.

3.6 Validity of research instruments

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E-Learning Collection

Joppe (2000) defines validity as whether the research truly measures that which it was intended to measure or how truthful the research results are. The validity of research instruments in this study was tested through a pilot study which was done in three schools in Embu East District, which neighbors the Embu North District and had similar population to the target population. Three secondary schools were randomly selected and two students from each school were administered questionnaires. Three guidance and counseling teachers were administered questionnaires and interviewed while one parent from each school was interviewed. The pilot study was done to determine if there were flaws, weaknesses and ambiguities in any of the items in the questionnaires. It also helped to know if the questionnaires would elicit the type of data desired and anticipated, if the data desired could be meaningfully analyzed in relation to the stated research questions and find out whether the time, cost and staff requirements estimated is valid. After pretesting, the questionnaires were edited as some questions were not precise enough as some respondents had difficulties understanding some of the terms used.

3.7 Reliability of research instruments

Joppe (2000) defines reliability as the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable. The internal consistency of the items and reliability coefficients was calculated from the pilot study data. According to Roscoe (1969), the split-half method is used to establish the coefficient of internal consistency. Split-half test was done to obtain the correlation coefficient (r) using the Pearson Products Moment Correlation Coefficient Formula indicated below:

$r = [\sum xy - (\sum X)(\sum Y) / N]$; where; $\sum XY$ = Sum of the cross product of the values for each variable

$(\sum X)(\sum Y)$ = product of the sum of X and sum of Y

N = Number of pairs of scores

To obtain the reliability coefficient (r_e) of the entire instrument, the Spearman Brown Prophecy Formula indicated below was applied

$Re = 2r / (1 + r)$, where; Re = reliability of the original test, R = reliability coefficient resulting from correlating the scores of the odd statements with scores of the even statements. The results obtained were as below, which confirmed that the instruments were reliable.

$$r = 0.8893$$

$$re = 0.9414$$

3.8 Data Collection Procedure

A Research Permit was obtained from the Ministry of Education Science and Technology (MOEST) and clearance letters by the DEO to conduct research among the students'. Fifteen (15) schools participated in the main study and were personally visited by the researcher and one research assistant. During the exercise, the respondents were assured that strict confidentiality was maintained in dealing with their responses. Data gathering took only one week than the projected two weeks, this was majorly because the head teachers and respondents were very cooperative and the area of study was of interest to them also. The return rate of the questionnaires was 100% for students and 93.3% for G/C teachers. The researcher personally dropped and picked the questionnaires which led to this return rate.

3.9 Data Analysis Techniques

The statistical Package for Social Science (SPSS) was used in analyzing data with the aid of a computer. Analysis of data employed two statistical techniques namely; descriptive statistics such as frequency distributions and percentages were calculated. Cross tabulation tables of frequencies were also done to examine frequencies of observations that belonged to specific categories on more than one variable. The descriptive statistics was done to analyze demographic information of respondents and school data and to compute scores for the various factors under consideration. The data was presented in tables preceded by explanations.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS

4.1: Introduction

This chapter analyzes, presents, interprets and discusses collected data from questionnaires administered to students, G/C teachers as well as interviews conducted to the same teachers and parents from the 15 schools under study. Each question in the questionnaire and interview schedules was analyzed and the information was presented in tables preceded by explanation.

4.2: Response Rate

A total of 126 questionnaires were administered to students with a response rate of 100%. The researcher dropped and picked questionnaires which led to this high rate of return. The respondents also found the topic under study interesting and were willing to participate in this study. The return rate of G/C teachers questionnaires was 14 (93.3%) out of the possible 15. The following is an analysis of the findings of students, G/C teachers and parents following in this order.

4.3: Age Distribution

Of the 126 respondents, 74(58.7%) respondents were in the 12 – 17 yrs age bracket. Of these 36(28.57%) were males and 38(30.15%) were females. Fifty (39.7%) respondents were in the 17 – 21 age bracket, 31(24.6%) were males and 19(15.0%) were females. There were only 2(1.6%) male's respondents in the over 21 age bracket. Most of the respondents in this study were between 12-17yrs, an age which most of the youth are in secondary schools.

Data also indicated that more males than females were found to graduate from high school at the age of 17-21 years, which could have been contributed by poor performance at primary school levels making them repeat classes and hence taking longer time in school than girls.

Table 4.1: Distribution of respondents among the gender and age in the various locations

Count		AGE			
Gender	LOCATION	12 - 17 yrs	17 - 21 yrs	>21 yrs	Total
Male	NGANDORI EAST	9	5		14
	NGANDORI WEST	3	6		9
	GATURI NORTH	12	7	2	21
	RUGURU	3	3		6
	KATHANGARIRI	3	5		8
	MBUVORI	6	5		11
	Total		36	31	2
Female	NGANDORI EAST	13	1		14
	NGANDORI WEST	4	3		7
	GATURI NORTH	8	3		11
	RUGURU	7	5		12
	KATHANGARIRI	4	4		8
	MBUVORI	2	3		5
Total		38	19		57

4.4 Distribution of respondents among the locations

The research was carried out in six locations in twelve mixed secondary schools and three boarding schools. Of the 126 respondents, there were slightly more males 69(54.8%) than females 57(45.2%). Distribution of the respondents in the six locations was as follows: Ngandori East 28(22.2%), Ngandori West 16(12.7%), Gatari North 32(25.4%), Ruguru 18(14.3%), Kathangariri 16(12.7%) and Mbuvari 16(12.7%). There were slightly more respondents in Ngandori East and Gatari North because more schools were selected from these locations. This was because apart from choosing two day secondary schools from each,

two boarding schools were randomly sampled from Gaturi North and the other from Ngandori location. This led to each of these locations having 32 respondents and 28 respectively slightly higher than all other locations which had 16.

Table 4.2: Distribution of respondents among the locations

	Frequency	Percent
NGANDORI EAST	28	22.2
NGANDORI WEST	16	12.7
GATURI NORTH	32	25.4
RUGURU	18	14.3
KATHANGARIRI	16	12.7
MBUVORI	16	12.7
Total	126	100.0

4.5: Distribution of students in the various school categories

Out of 126 respondents, 100(79.4%) were in mixed schools while 18(14.3%) were in a boys’ school while 8(6.3%) were in a girls’ school. This suggested that most students in Manyatta division are in Day secondary schools, which could imply that parents and guardians in this division prefer enrolling their children in Day schools which could be attributed to low costs of education due to high subsidization of school fees by the government in the Free Post education program. It could also imply that students in this area do not perform well to find their way in boarding schools which are normally District and Provincial levels. Partly this could be attributed to high levels of drug abuse in the community which affects student’s academic performance.

Table 4.3 Distribution of students in the various school categories

School type		
	Frequency	Percent
Mixed	100	79.4
Boys	18	14.3
Girls	8	6.3
Total	126	100.0

4.6: Level of education

A total of 31(24.6%) of the respondents were in form one of which 18(58%) being males and 13(49.1%) being females .There were slightly more females 15(53.5%) than males 13(46.4%) in form two giving a total of 28(22.2%). In form three there were 36(28.8%) respondents of which 19(52.7%) were males and 17(47.2) were females .The remainder 30(23.8%) were in form four of which 18(60%) were males and 12(40%) were females, 1(0.8%) respondent failed to give the class level, reducing this total to 125.

Table 4.4: Class level and gender distribution in the various Locations

Gender	LOCATION		Class Level				Total
			Form one	Form two	Form three	Form four	
Male		NGANDORI EAST	3	4	6	1	14
		NGANDORI WEST	1	2	2	4	9
		GATURI NORTH	7	3	5	6	21
		RUGURU	1		2	2	5
		KATHANGARIRI	2	2	2	2	8
		MBUVORI	4	2	2	3	11
	Total		18	13	19	18	68
Female		NGANDORI EAST	2	4	6	2	14
		NGANDORI WEST	1	2	2	2	7
		GATURI NORTH	3	3	3	2	11
		RUGURU	3	3	3	3	12
		KATHANGARIRI	2	2	2	2	8
		MBUVORI	2	1	1	1	5
	Total		13	15	17	12	57

4.7: School location

A total of 114(90.5%) students were in schools located in rural areas of which 63 (50%) were males and 51(40.4%) were females. The remaining 12(9.5%) Of these 8(6.3%) were in the rural urban fridge; with 6 being males and two females. 3(2.4%) females were in urban areas .1 (0.8%) students never responded. Majority of the students therefore considered in this study were in rural area since Manyatta Division is predominantly a rural set up and majority of the respondents attended schools within their locality. There were also slightly more boys than girls in this study because two of the schools were boys boarding.

Table 4.5: Area where school is located

Gender	LOCATION	School Location			Total
		Rural area	Urban	Rural/Urban Fridge	
Male	NGANDORI EAST	23		1	24
	NGANDORI WEST	5			5
	GATURI NORTH	24		5	29
	RUGURU	4			4
	KATHANGARIRI	4			4
	MBUVORI	3			3
	Total	63		6	69
Female	NGANDORI EAST	12	1	1	14
	NGANDORI WEST	3			3
	GATURI NORTH	15	2	1	18
	RUGURU	12			12
	KATHANGARIRI	4			4
	MBUVORI	5			5
	Total	51	3	2	56

4.8: Area of residence

A total of 102(81.0%) students lived in the village/rural area. Of these 54(52.9%) were males and 48(47%) were females. The remaining 24(19%), 11 (45.8%) of these lived in small towns, 7(63.6%) of which were males and 4(36.3%) were females and 13 (54.1%) students lived in urban areas, 8 (61.5 %%) of these were males and 5(38.5%) were females. Majority of the students resided in the rural areas and attended the day secondary schools within their communities. In these rural areas there is high availability of drugs both at home and markets and most of the people in this community rely on agriculture for their livelihood of which majority of them have planted miraa/khat as a source of income and local brewing is common in this area. This could imply why they are more respondents involved in drugs than those living in urban areas, who have less ability to buy drugs in the market.

Table 4.6: Area of residence

Gender	LOCATION	Area of residence			Total
		Village/rura	Small town	Urban area	
Male	NGANDORI EAST	14			14
	NGANDORI WEST	6	3		9
	GATURI NORTH	16	2	3	21
	RUGURU	6			6
	KATHANGARIRI	7	1		8
	MBUVORI	5	1	5	11
	Total	54	7	8	69
Female	NGANDORI EAST	13		1	14
	NGANDORI WEST	6		1	7
	GATURI NORTH	10	1		11
	RUGURU	8	2	2	12
	KATHANGARIRI	7		1	8
	MBUVORI	4	1		5
	Total	48	4	5	57

4.9: Kind of work done at home

In general, both males and females engaged in house chores and farm work, a few others also engaged in other chores like splitting firewood, attending to family shop and assisting the aging grandparents. However, most males engaged in farm work whereas majority of the females engaged in house chores. Those living in urban and small town areas engaged mainly in house chores regardless of gender. This could explain why there were more males than females taking drugs in rural areas due to lack of closer supervision from parents as males spend most of their time in chores outside the home while females performed chores within the home where closer monitoring from parents or care givers was given.

4.10: Spending of leisure time

Most students spent their leisure time in recreation activities. Most males preferred playing soccer while females preferred other forms of recreation like dancing, singing, listening to music and reading novels among others. A few others engaged in charity work, academic work, visiting relatives and friends or church fellowships. There was no correlation between area of residence and type of leisure activity. The data indicated that males were mostly involved in outdoor leisure activities compared to females who are most in indoor leisure activities. This could be an implication that males have less parental supervision than females hence have higher chances in getting involved in vices such as drug abuse.

4.11: Attending of social gatherings

A total of 121(96.0%) respondents out of 126 were allowed to attend social gathering regardless of age. Of these 67(55.3%) were males and 54(44.7%) were females. Only 5(4.0%) respondents were not allowed to attend social gatherings 3(60%) of which were females and 2(40%) males. The data indicated that almost all students 96% had freedom to attend social gatherings and of these more males had more freedom compared to females, which could explain why more male's abuse drugs than females as a result of peer pressure and exposure. Data also indicated that almost all parents gave their children much freedom to be out alone without any one to monitor their behaviors, as a result of parents negligence children got opportunities to abuse drugs.

Table 4.7: Attendance of social gathering

Allowed to attend social gatherings			AGE			Total
			12 - 17 yrs	17 - 21 yrs	>21 yrs	
Yes	Gender	Male	35	30	2	67
		Female	36	18		54
	Total	71	48	2	121	
No	Gender	Male	1	1		2
		Female	2	1		3
	Total	3	2		5	

Of those allowed to attend social gathering, 75(61.9%) preferred the company of friends. Of these 43(57.3%) were males and 32(42.7%) were females. Some students 17 (14.0%) preferred the company of parents. Among these were 7(41.2%) males and 10(58.8%) females, 11 (9.1%) males and 0(0%) females preferred the company of their brothers, 16(13.2%) respondents preferred the company of their sisters with 4(25%) being males and 12(75%) being females. Majority of the students preferred the company of friends' majority of them being males which can explain why peer pressure is a major cause of drug abuse among students. More girls preferred the company of parents and sisters which can explain why there were fewer females involved in drugs than males who lacked closer supervision.

Table 4.8 whose company they prefer in social gatherings

Allowed to attend social gatherings			With whose company do you attend gathering					Total
			Friend	Parent	Brother	Sister	Others (sp Specify)	
Yes	Gender	Male	43	7	11	4	2	67
		Female	32	10		12		54
		Total	75	17	11	16	2	121
No	Gender	Female		1				1
		Total		1				1

4.12 Social groups/clubs

There were 100 students out of 126, in social groups/clubs and out of these 53(53%) were males and 47(47%) were females. Only 26(20.6%) were reported not to be in any club/group with 16(61.5%) being males and 10(38.5%) being females. Gatari North had majority of males 19% participating in social clubs, followed by Ngandori East 10% while 11% of the females from Ngandori East. In general this data indicated that Gatari North had the highest number of students in social clubs, followed by Ngandori East. This could further explain why the two locations had the highest number of students abusing drugs, due to higher levels of exposure and peer pressure.

Table 4.9: Participation in social groups/club

In any social group or club			Gender		Total
			Male	female	
Yes	LOCATION	NGANDORI EAST	10	11	21
		NGANDORI WEST	4	5	9
		GATURI NORTH	19	9	28
		RUGURU	6	9	15
		KATHANGARIRI	8	8	14
		MBUVORI	8	5	13
	Total	53	47	100	
No	LOCATION	NGANDORI EAST	4	3	7
		NGANDORI WEST	5	2	7
		GATURI NORTH	2	2	4
		RUGURU		3	3
		KATHANGARIRI	2		2
		MBUVORI	3		3
	Total	16	10	26	

4.13: Reasons for (not) being in a social club/group.

Varying reasons were given for being in the clubs such as to gain spiritual, physical and mental growth, develop talent and nurture career, earn money from the clubs activities among others. The reasons for not being in a club included lack of interest, time, clubs in the locality and some respondents cited lack of permission from parents, poor club organization and negative influence from some clubs.

4.14: Temptation by friends to take drugs

Close to half the number of students 48(38.1%) admitted to being tempted by friends to take drugs. Of these 35(72.9%) were males and 13(27.1%) were females. Others 78(61.9%) respondents, 34(43.6%) being males and 44(56.4%) females, were not influenced at all. This Data showed that there were higher levels of peer pressure among males than there were among females, as more males were influenced by friends to engage in drugs than females. Data also indicated that Ngandori East followed by Gaturi North had the highest number of students influenced by their friends.

Table 4.10: Temptation by friends to take drugs

Count			Gender		
Tempted by friends to take drugs			Male	Female	Total
Yes	LOCATION	NGANDORI EAST	13	2	15
		NGANDORI WEST	3		3
		GATURI NORTH	9	1	10
		RUGURU	3	7	10
		KATHANGARIRI	5	2	7
		MBUVORI	2	1	3
		Total	35	13	48
No	LOCATION	NGANDORI EAST	1	12	13
		NGANDORI WEST	6	7	13
		GATURI NORTH	12	10	22
		RUGURU	3	5	8
		KATHANGARIRI	3	6	9
		MBUVORI	9	4	13
		Total	34	44	78

4.15: Sources of drugs for students

Majority of the respondents both in the day and boarding schools got their drugs from their friends. A few of those in the boarding schools got drugs from teachers, school workers and peddlers along the school fence. Other sources collectively included their close relatives. This implied that the fight against drug and substance abuse should involve all stakeholders involved in education. This is because while majority of those in day secondary schools got drugs from the community and their friends, those in boarding schools got drugs from their teachers, relatives and school workers. It is therefore evident that all stakeholders play one role or another.

4.16: Care taker

Only 2(1.6%) respondents, who are females, are taken care of by their fathers, 37(29.4%) respondents, of which 19(51.4%) are males and 18(48.6%) females, are taken care of by their mothers. Of the 126 students, 80(63.5%) respondents got taken care of by both parents. Of these 44(55%) were males and 36(45%) were females. Those who were taken care of by step sisters/brothers were only 2(1.6%) male respondents, while 5(3.96%) respondents were taken care of by grandparents, 4(80%) being males and 1(20%) female. Majority of the students 63.5% are taken care of by both parents with majority still getting involved in drug. This implies that children growing up and living with both parents have no advantage over those living with single parents or other relatives as far as character formation is concerned. This is simply because, children with both parents are found to abuse drugs just like those living with single parents and other family members which is contrary to a study by (Siringi, 2001). The role of parents in molding children's behavior seems to inadequate.

Table 4.11: Care taker

Who takes care of you?	LOCATION		Gender		Total
			Male	Female	
Father		NGANDORI EAST		1	1
		NGANDORI WEST		1	1
		Total		2	2
Mother		NGANDORI EAST	5	5	10
		NGANDORI WEST	5	2	7
		GATURI NORTH	6	8	11
		RUGURU	1	5	6
		KATHANGARIRI	1		1
		MBUVORII	1	1	2
		Total	19	16	37
Both		NGANDORI EAST	6	7	13
		NGANDORI WEST	4	4	8
		GATURI NORTH	14	6	20
		RUGURU	5	7	12
		KATHANGARIRI	6	8	14
		MBUVORI	9	4	13
	Total	44	36	80	
Sister/brother		KATHANGARIRI	1		1
		MBUVORII	1		1
	Total	2		2	
Grandparents		NGANDORI EAST	3	1	4
		GATURI NORTH	1		1
		Total	4	1	5

4.17: Father's level of education

The fathers of 7(5.6%) respondents had no formal education, with 5(71.4%) being males and 2(28.6%) females. Those whose fathers had attained up to primary education were 32(25.4%), with 16(50%) being males and 16(50%) being females. Fathers to 47(37.3%) respondents had attained up to secondary school level, 25(53.2%) of these were males and 22(46.8%) were females. In addition, 19(15.1%) respondents' fathers, 9(47.4%) males and 10(52.6%) females, had attained university education, 17 (13.5%) respondents did not know the highest level of their fathers' education. 12(70.6%) of these were males and

5(29.4%) females. This data shows 37.3% fathers had attained secondary education. The low percentage of fathers having attended secondary schools could be attributed to higher levels of drug and substance abuse among men for a long period of time, denying them a chance to progress with education and hence leaving more girls to graduate from high schools. Fathers levels of education seemed to affect their children behavior negatively especially on drug abuse, as they tend to get involved into drugs by following their fathers suit. Majority of the males respondents did not know their fathers level of education, this shows a weak bond between boys and their fathers which could have increased drug abuse amongst them due to lack of counseling and mentorship at a family level.

Table 4.12: Father's level of education

Level of father's education			Gender		Total
			Male	Female	
No formal education	LOCATION	NGANDORI EAST	2		2
		GATURI NORTH	2		2
		MBUVORI	1	2	3
	Total		5	2	7
Primary education	LOCATION	NGANDORI EAST	5	3	8
		NGANDORI WEST		3	3
		GATURI NORTH	2	2	4
		RUGURU	1	3	4
		KATHANGARIRI	5	3	8
		MBUVORI	3	2	5
	Total		16	16	32
Secondary/high school	LOCATION	NGANDORI EAST	5	9	14
		NGANDORI WEST	3	2	5
		GATURI NORTH	10	4	14
		RUGURU	3	3	6
		KATHANGARIRI	2	3	5
		MBUVORI	2	1	3
	Total		25	22	47
University/post education	LOCATION	NGANDORI EAST		2	2
		NGANDORI WEST	2	1	3
		GATURI NORTH	2	3	5
		RUGURU	1	3	4
		KATHANGARIRI	1	1	2
		MBUVORI	3		3
	Total		9	10	19
Don't know	LOCATION	NGANDORI EAST	1		1
		NGANDORI WEST	3		3
		GATURI NORTH	5	2	7
		RUGURU	1	2	3
		KATHANGARIRI		1	1
		MBUVORI	2		2
	Total		12	5	17

4.18: Mother's level of education

Of the 126 students, 6(4.8%) respondents had their mothers without formal education, of which 3(50%) were males and 3(50%) females. There were 38(30.2%) respondents whose mothers had attained up to primary level of education, with 20(52.6%) of them being males

and 18(47.4%) females. Data showed that 63(50%) of the respondents mothers had attained the secondary level of education, 33(52.4%) of these were males and 30(47.6%) were females.

Those respondents whose mothers had attained a university degree were 11(8.7%), with 6(54.5%) being males and 5(45.5%) being females. of the 126 students, 8(6.3%), 7(87.5%) males and 1(12.5%) female had no idea of their mothers' level of education. It's remarkable to note that 50% of the mothers had attained secondary education, compared to only 37.3% fathers. This could explain why there were more girls in secondary school than boys, since most mothers valued education and enrolled their children in schools. Majority of the respondents also had a strong bond with their mothers and preferred talking with them when experiencing personal problems. This means that mothers contribute much in the development of a child's character, however since in the African culture, children especially boys tend to listen and imitate their fathers more than their mothers, it could explain why there were more boys taking drugs and fewer graduating from high schools even though their mothers were influencing them positively. This is due to the fact that they lacked support and counsel from their fathers implying that, although learned mothers may influence their children to value education and shun vices such as drug abuse, fathers have a bigger influence on character of children.

Table 4.13: Mother's level of education

Level of mother's Education	LOCATION		Gender		Total
			Male	Female	
No formal education		NGANDORI EAST	1		1
		GATURI NORTH	2		2
		RUGURU		1	1
		MBUVORI		2	2
		Total	3	3	6
Primary education		NGANDORI EAST	4	3	7
		NGANDORI WEST	2	3	5
		GATURI NORTH	4	4	8
		RUGURU	2	3	5
		KATHANGARIRI	4	2	6
		MBUVORI	4	3	7
		Total	20	18	38
Secondary/high school		NGANDORI EAST	6	10	16
		NGANDORI WEST	6	3	9
		GATURI NORTH	9	6	15
		RUGURU	4	6	10
		KATHANGARIRI	4	5	9
		MBUVORI	4		4
	Total	33	30	63	
University/post education		NGANDORI EAST		1	1
		NGANDORI WEST		1	1
		GATURI NORTH	4	1	5
		RUGURU		1	1
		KATHANGARIRI		1	1
		MBUVORI	2		2
	Total	6	5	11	
Don't know		NGANDORI EAST	3		3
		NGANDORI WEST	1		1
		GATURI NORTH	2		2
		RUGURU		1	1
		MBUVORI	1		1
	Total	7	1	8	

4.19: Whether parents knew the respondents friends and their parents

In the Form 1 class, there were 26(83.9%) out of 31 respondents, 14(53.8%) being males and 12(46.2%) females, whom their parents knew their friends and their friends' parents. In the same class, 4(12.9%) respondents, 3(75%) males and 1(3.2%) females, had

their parents not knowing their friends and their friends' parents. In the Form two class, 20(71.4%) respondents out of 28, 8(28.5%) being males and 12(42.8%) females, had parents who knew their friends and their friends' parents. 8(28.5%) respondents, 5(17.8%) males and 3(10.7%) females, had parents who did not know their friends and their friends' parents.

There were 25(69.4%) out of 36 respondents, 12(33.3%) males and 13(36.1%) females, in Form 3, whose parents knew their friends and their friends' parents. In the same class 11(30.5%) respondents' parents did not know their friends and their parents, out of these 7(19.4%) were males and 4(11.1%) were females. Lastly, in Form 4 class there were 20(66.6%) out 30 respondents, 12(40%) males and 8(26.6%) females whose parents knew their friends and their friends' parents. Of these, 10(33.3%) respondents, 6(20%) males and 4(13.3%) females, had parents who did not know their children's friends and their parents.

This data indicated that more parents of form one students knew the friends of their children and their parents, followed by form two, three and form four. This could explain why there were fewer form ones taking drugs compared to others as a result parents monitoring their social networks. It was also evidenced that closer supervision and monitoring of children by parents reduced as children advanced in age and the girl child is more nurtured than boy child; hence their parents are more interested with knowing their associates implying that less protection is given to boys eventually making them more vulnerable to drugs.

Refer to table 14 below.

4.20: Preferred person to talk to when experiencing personal problems

A total of 17(13.5%), 16(94.1%) being males and 1(5.8%) female, respondents preferred talking to their father. Of the 126 students 61(48.4%) preferred talking to their mother. Of these 24(19.04%) were males and 37(29.36%) were females. Those who preferred talking to their sister were 7(5.55%) males and 7(5.55%) females giving a total of 14(11.1%) respondents. Only 7(5.55%) respondents, 6(85.7%) males and 1(14.2%) females, preferred talking to their brother, 12(9.52%) respondents preferred talking to their friends. Among these were 7(58.3%) females and 5 (41.6%) males. 10(7.9%) respondents, 9(90%) males and 1(10%) female preferred talking to their uncle. Lastly only 5(3.96%) respondents preferred talking to their aunt. These were 2(40%) males and 3(60%) females .Data showed that a greater percentage of students 48.4% preferred talking with their mother against 13.5% preferred talking with their fathers. This data implied that mothers played vital role in socializing children both males and females. It therefore indicated that for successful fight against drugs and substance abuse among students, mothers should highly be involved since they have a strong bond with their children and majority of them have formal education hence value the education of their children and their success.

Refer to table 15 below

Table 4.14: Whether parents knew the respondents friends and their parents

Count				Gender			
Class level	Parents know your friends and their parents	LOCATION		Male	Female	Total	
Form one	Yes	LOCATION	NGANDORI EAST	1	1	2	
			NGANDORI WEST	6	3	9	
			GATURI NORTH	1	3	4	
			RUGURU	2	2	4	
			KATHANGARIRI	4	2	6	
			MBUVORI	14	12	26	
	Total						
Form two	No	LOCATION	NGANDORI EAST	3	1	4	
		Total		3	1	4	
		Yes	LOCATION	NGANDORI EAST	3	3	8
				NGANDORI WEST	2	2	4
				GATURI NORTH			4
				RUGURU		2	2
			KATHANGARIRI	1	1	2	
	MBUVORI		8	12	20		
Total							
Form three	No	LOCATION	NGANDORI EAST	1	1	2	
			GATURI NORTH	1	1	2	
			RUGURU		1	1	
			KATHANGARIRI	2		2	
			MBUVORI	1		1	
		Total		5	3	8	
	Form four	Yes	LOCATION	NGANDORI EAST	2	6	8
			NGANDORI WEST	2	1	3	
			GATURI NORTH	4	3	7	
			RUGURU	1	1	2	
			KATHANGARIRI	2	1	3	
			MBUVORI	1	1	2	
Total			12	13	25		
Form four	No	LOCATION	NGANDORI EAST	4		4	
			NGANDORI WEST		1	1	
			GATURI NORTH	1		1	
			RUGURU	1	2	3	
			KATHANGARIRI		1	1	
			MBUVORI	1		1	
	Total		7	4	11		
Form four	Yes	LOCATION	NGANDORI EAST	1	2	3	
			NGANDORI WEST	1		1	
			GATURI NORTH	5	2	7	
			RUGURU	1	2	3	
			KATHANGARIRI	1	2	3	
			MBUVORI	3		3	
	Total		12	8	20		
Form four	No	LOCATION	NGANDORI WEST	3	2	5	
			GATURI NORTH	1		1	
			RUGURU	1	1	2	
			KATHANGARIRI	1		1	
			MBUVORI		1	1	
		Total		6	4	10	

Table 4.15: Preferred person to talk to when experiencing personal problems

Who you talk to when you have personal problems			Gender		Total
			Male	Female	
Father	LOCATION	NGANDORI EAST	2		2
		NGANDORI WEST	1		1
		GATURI NORTH	6		6
		RUGURU	2		2
		KATHANGARIRI	2		2
		MBUVORI	3	1	4
	Total		16	1	17
Mother	LOCATION	NGANDORI EAST	5	8	13
		NGANDORI WEST	2	4	6
		GATURI NORTH	8	9	17
		RUGURU	1	6	7
		KATHANGARIRI	3	7	10
		MBUVORI	5	3	8
	Total		24	37	61
Brother	LOCATION	NGANDORI EAST	1		1
		GATURI NORTH	2		2
		RUGURU	1	1	2
		KATHANGARIRI	1		1
		MBUVORI	1		1
	Total		6	1	7
Sister	LOCATION	NGANDORI EAST	2	3	5
		NGANDORI WEST	1		1
		GATURI NORTH	4	2	6
		RUGURU		2	2
	Total		7	7	14
Friend	LOCATION	NGANDORI EAST	4	3	7
		NGANDORI WEST	1		1
		RUGURU		3	3
		KATHANGARIRI		1	1
	Total		5	7	12
Uncle	LOCATION	NGANDORI WEST	3	1	4
		GATURI NORTH	1		1
		RUGURU	2		2
		KATHANGARIRI	1		1
		MBUVORI	2		2
	Total		9	1	10
Aunt	LOCATION	NGANDORI WEST	1	2	3
		KATHANGARIRI	1		1
		MBUVORI		1	1
	Total		2	3	5

4.21: Ease with which parents discuss issues of drug and substance abuse

Only 1(0.8%) female respondent's parents found it impossible to discuss issues of drug and substance. Parents to 16(12.7%) respondents, 10(62.5%) females and 6(37.5%) males found it very difficult. 12(9.5%), respondents' parent, 9(75%) males and 3(25%) females found it fairly difficult. Parents to 41(32.5%) respondents, 26(63.4%) males and 15(36.5%) females found it fairly easy. Parent to 53(42.1%) respondents, 27(50.9%) males and 26(49.1%) found it very easy. This data suggested that it was very easy for most of the parents to discuss with their children issues on drug abuse. Data however shows that although parents found it easier to discuss issues of drug abuse, easy availability of drugs, failure of parents been role models and community influence led many into drug abuse.

Table 4.16: Ease with which parents discuss issues of drug and substance abuse

Ease of discussion			Gender		
			Male	Female	Total
Impossible	LOCATION	KATHANGARIRI		1	1
	Total			1	1
Very difficult	LOCATION	NGANDORI EAST	2	3	5
		NGANDORI WEST	1		1
		GATURI NORTH	2	1	3
		RUGURU	1	5	6
		MBUVORI		1	1
Total			6	10	16
Fairly difficult	LOCATION	NGANDORI EAST	2		2
		NGANDORI WEST	1		1
		GATURI NORTH	2		2
		RUGURU	2	2	4
		KATHANGARIRI	1		1
	MBUVORI	1	1	2	
Total			9	3	12
Fairly easy	LOCATION	NGANDORI EAST	6	3	9
		NGANDORI WEST	3	1	4
		GATURI NORTH	7	4	11
		RUGURU		4	4
		KATHANGARIRI	5	2	7
	MBUVORI	5	1	6	
Total			26	15	41
Very easy	LOCATION	NGANDORI EAST	4	8	12
		NGANDORI WEST	4	6	10
		GATURI NORTH	10	5	15
		RUGURU	3	1	4
		KATHANGARIRI	2	4	6
	MBUVORI	4	2	6	
Total			27	26	53

4.22: Introduction of students to their first involvement with drugs.

Majority of the respondents 84(66.7%) implicated friends and peers as the ones who introduced students to their first involvement with drugs. A few others implicated teachers, school workers, drug traffickers, parents and other close relatives. This data is an evident that majority of the students abuse drugs as a result of peer pressure among other social factors.

4.23: Number of occasion when an alcoholic beverage has been taken

At class level out of 31 students, 22(71%) form ones, 11(50%) males and 11(50%) females, had never tasted alcohol. On the other hand a total of 4(12.9%) respondents, 3(75%) males and 1(25%) female had taken alcohol only on 1-2 occasions. Only 1(7.6%) female had taken alcohol on 3-5 occasions, 1(5.5%) male on 6-9 occasion and 3(16.6%) males in 10-49 occasions. None of the form ones had taken alcohol for more than 50 occasions. This implies that 9 form one students 29% had tasted alcohol majority been males compared to females and greater percentage (13%) having taken on 1-2 occasions followed by (9.6%) males having taken in 10-49 occasions.

In form two 17(61%) respondents out of 28, 5(29.4%) males and 12(70.5%) females had never taken alcohol. Of all the respondents 4(14.2%) respondents, 1(25%) males and 3(75%) females had taken alcohol only on 1-2 occasions. Only 4(30.7%) males had taken alcohol on 3-5 occasions, 2(15.3%) on 6-9 occasions and 1(7.6%) on 10-49 occasions. None had taken alcohol for more than 50 occasions. This shows that more females (75%) in form two had taken alcohol on 1-2 occasions than were males (25%), there were more students(30.7%) who had taken alcohol on 3-5 occasions and a total of 11 students 39.3% had taken alcohol on several occasions.

In form three 19(52.8%) respondents out of 36, 7(36.8%) males and 12(63.1%) females had never taken alcohol. Of the 36, ten students (27.7%) 7(70%) males and 3(30%) females had taken alcohol on only 1-2 occasions. Out of 36 students, 5(13.9%) respondents, 3(60%) males and 2(40%) females on only 3-5 occasions. Only 1 (5.3%) male respondent had taken alcohol for more than 50 occasions. No form three had taken alcohol on 10-49 occasions. These statistics showed that 17 (47.3%) students out of 36 had taken alcohol on

various occasions with majority been males and greater percentage 70% having taken in 1-2 occasions, followed by 3-5 occasions and 60% males and 40% females.

In form four; 15(50%) students out of 30, 6(20%) males and 9(30%) females, had never taken alcohol. Only 4(13.3%) males had taken alcohol on 1-2 occasions. Of the 30 students, 5(17%) respondents, 3(60%) males and 2(40%) females, had taken alcohol on 3-5 occasions. Only 1(5.5%) female had taken alcohol on 6-9 occasions. No form four had taken alcohol on 10-49 occasions and lastly only 5(17%) males had taken alcohol on more than 50 occasions. This data indicated that 50% of the form fours had taken alcohol on various occasions, majority been males and greater percentage (17%) on 3-5 occasions. This data indicated that this class had the highest number of students who had taken alcohol (50%), and with the highest percentage 28% students who had taken alcohol on more than 50 occasions, it was only in form four also where 5.5% females had taken alcohol in 6-9 occasions. This implies that as children advanced in age their drug abuse behavior increased.

Table 4.17: Number of occasion when an alcoholic beverage has been taken at class level

Class level			Occasions taken alcoholic beverage					Total
			Never	1-2	3-5	6-9	10-49	
Form one	Gender	Male	11	3		1	3	18
		Female	11	1	1			13
	Total		22	4	1	1	3	31
Form two	Gender	Male	5	1	4	2	1	13
		Female	12	3				15
	Total		17	4	4	2	1	28
Form three	Gender	Male	7	7	3	1		19
		Female	12	3	2			17
	Total		19	10	5	1	1	36
Form four	Gender	Male	6	4	3			18
		Female	9		2	1		12
	Total		15	4	5	1	5	30

At location level those who had never taken alcohol were: Ngandori East 13(46.4%) out of 28 respondents, Ngandori West 11(68.7%), out of 16 respondents, Gatari North 22(68.7%) out of 32, Ruguru 8(47%) out of 17 respondents, Kathangariri 8(50%) out of 16 respondents and Mbuvari 12(75%), out of 16. Those who had taken alcohol on 1-2 occasions were 7(25%) from Ngandori East, 1(6.25%) from Ngandori west, 4(12.5%) from Gatari North, 6(33.3%) from Ruguru, 1(6.25%) from Kathangariri and 3(18.8%) from Mbuvari.

Those who had taken alcohol on 3-5 occasions were 3(10.7%) from Ngandori East, 3(9.3%) from Gatari north, 4(25%) from Kathangariri and 1(6.25%) from Mbuvari. Those who had taken alcohol on 6-9 occasions were 2 (7.1%) from Ngandori East, 1(3.1%) from Gatari North and 2(12.5%) from Kathangariri those who had taken alcohol on 10-49 were 2(7.1%) from Ngandori East, 1(3.1%) from Gatari North and 1(6.3%) from Kathangariri. Those who had taken alcohol on more than 50 occasions were 1(3.6%) from Ngandori East,

4(25%) from Ngandori West and 1(3.1%) from Gaturi North. Ruguru had the highest percentage of those who had taken alcohol, followed by Gaturi North and Ngandori East. This could be because all the schools in these locations are very close to the markets making it very easy to buy drugs at affordable prices. It could also be as a result of urban fridge influence, where drug abuse is seen fashionable.

Table 4.18: Number of occasion when an alcoholic beverage has been taken at location level

LOCATION	Occasion taken alcoholic beverage								Total
	Never	1-2	3-5	6-9	10-49	>50			
NGANDORI EAST	Gender	Male	3	5	1	2	2	1	14
		Female	10	2	2				14
	Total		13	7	3	2	2	1	28
NGANDORI WEST	Gender	Male	4	1				4	9
		Female	7						7
	Total		11	1				4	16
GATURI NORTH	Gender	Male	12	4	3		1	1	21
		Female	10			1			11
	Total		22	4	3	1	1	1	32
RUGURU	Gender	Male	3	2	1				6
		Female	5	4	3				12
	Total		8	6	4				18
KATHANGARIRI	Gender	Male	1		4	2	1		8
		Female	7	1					8
	Total		8	1	4	2	1		16
MBUVORI	Gender	Male	7	3	1				11
		Female	5						5
	Total		12	3	1				16

4.24: Alcohol experience in the past 12 month

In form one, a total of 24(77.4%) respondents, of these 12(50%) males and 12(50%) females had not had any alcohol in the recent twelve month. Only 7(22.5%) had had the experience over the same period. In form two, 24(85.7%) out 28 respondents, of these

10(35.7%) males and 14(50%) females had no alcohol experience over the stated period as compared to the 4(12.9%); 3(75%) males and 1(25%) female who had.

In form three, 28(77.7%) out of 36 respondents, of these 15(53.5%) were males and 13(46.4%) females, had no alcohol experience over the twelve month period compared to the 8(28.5%) of which 4(50%) were males and 4(50%) were females. In form four, 20(15.8%) out of 30 respondents; 10(50%) males and 10(50%) females, had no any alcohol experience over the stated period. Those who responded affirmatively were 10(50%) respondents; of these 8(80%) were males and 2(20%) were females.

Table 4.19: Alcohol experience in the past 12 month

Any alcoholic experience Class level in the past 12 months			LOCATION						Total
			NGANDORI EAST	NGANDORI WEST	GATURI NORTH	RUGURU	KATHAN GARIRI	MBUVORI	
Form one	No	Gender Male		1	6		1	4	12
		Female	2	1	3	2	2	2	12
		Total	2	2	9	2	3	6	24
	Yes	Gender Male	2		1	1	1		5
		Female				1			1
		Total	2		1	2	1		6
Form two	No	Gender Male	3	2	2		1	2	10
		Female	3	2	3	3	2	1	14
		Total	6	4	5	3	3	3	24
	Yes	Gender Male	1		1		1		3
		Female	1						1
		Total	2		1		1		4
Form three	No	Gender Male	4	2	5	1	2	1	15
		Female	4	2	3	1	2	1	13
		Total	8	4	8	2	4	2	28
	Yes	Gender Male	2			1		1	4
		Female	2			2			4
		Total	4			3		1	8
Form four	No	Gender Male	1		4	1	2	2	10
		Female	2	2	2	1	2	1	10
		Total	3	2	6	2	4	3	20
	Yes	Gender Male		4	2	1		1	8
		Female				2			2
		Total		4	2	3		1	10

4.25: Alcohol experience in the past 30 days

A total of 113(89.7%)respondents had no alcohol experience in the stated period of these, 17(15%) were form one,6(35%) being males and 11(64.7%) being females,23(20.3%) form twos of which 10(74.3%) were males and 13(56.5%) females,29(25.6%) form threes 14(48.2%)of them being males and 15(51.7%) females and lastly 20(17.6%) form fours,10(50%) males and 10(50%) females. In boarding schools 10(7.9%) form ones,2(1.6%) males and 8(6.4%) females had no experinence within the stated period. In form two there was only 1(0.8%) male while in form three there were 5(4.0%) respondents 4(3.2%) of which were male and 1(0.8%)female.In form Four three were 7(5.5%)respondents,5(4.0%) males and 2(1.6%) females.

Those whose last experience was 1-5 days in day schools were 1(0.8%) Form one male,1(0.8%) Form two male ,1(0.8%) Form three male and only 2(1.6%) Form four males.In boarding schools, there was only 1 (0.8%)Form two female and 1(0.8%) Form three female. Those whose experience was 6-9 days in day schools were only a Form 1(0.8%) male and 1(0.8%)Form two male and 1(0.8%)form two female in a boarding school. Those whose experience was 20 or more days were 2(1.6%) , 1(0.8%) Form one male(0.8%) and 1(0.8%) Form four male both in day schools.

Table 4.20: Alcohol experience in the past 30 days

Any alcohol experience in the past 30 days				Class level				Total
No	Gender	Day or boarding	Day	Form one	Form two	Form three	Form four	
No	Male	Day or boarding	Day	6	10	14	10	40
			Boarding	8	1	4	5	18
	Total			14	11	18	15	58
	Female	Day or boarding	Day	11	13	15	10	49
			Boarding	2		1	2	5
	Total			13	13	16	12	54
Yes, on 1 - 5 days	Male	Day or boarding	Day	1	1	1	2	5
			Total	1	1	1	2	5
	Female	Day or boarding	Boarding		1	1		2
			Total		1	1		2
Yes, on 6 - 9 days	Male	Day or boarding	Day	1	1			2
			Total	1	1			2
	Female	Day or boarding	Boarding		1			1
			Total		1			1
Yes, 20 or >days	Male	Day or boarding	Day	1			1	2
			Total	1			1	2

4.26: Age when had first drink of beer, wine or spirits more than a sip

A total of 71(56.3%) respondents had never had a drink, 59(46.8%) of these,23(18.3%) males and 36 (28.6%)female , were from village/rural ares.4(3.2%) of them,1(0.8%) male and 3(2.4%) females, were from small towns while 4(3.2%) males were from urban areas. Those who had their first drink while less than 10 years old were 3(2.4%) males from village /rural areas,1(0.8%) male from a small town and 1(0.8%) male from an urban area. Those who had their first drink at 11-12 years from the village/rural areas were 9(7.2%); 4(3.2%) males and 5(4.0%) females 2(1.6%) respondents; 1(0.8%) male and 1(0.8%) female were from small towns and 2(1.6%) males were from urban areas. Those who had their first drink at 13-14 years from the village/rural areas were 13(12.4%); 9(7.2%) males and 4(3.2%) females, 1(0.8%) male from a small town and 2(1.6%), 1(0.8%) male and 1(0.8%) female from an urban area.

Those who had their first drink at 15-16 years of age from the village /rural area were 14(13.2%) of which 13(12.4%) were males and 1(0.8%) was female. Only 2(1.6%) males were from small towns. Lastly those who had their first drink at 17-18 years of age from the village/rural areas were only 3(2.4%); 1(0.8%) male and 2(1.6%) females and 1(0.8%) male from an urban area. Data indicated that majority of the students (12.6%) had their first drink of beer at the age of 13-14 and 15-16, majority from rural areas. The researcher noted that 5 boys however had tasted beer at below the age of 10 years. Data implied that children got to drug abuse at any age majority been during their teenage stage which is mostly characterized by curiosity, high vulnerability to peer pressure, an indication why many tastes most of the drugs during this period.

Table 4.21: Age when had first drink of beer, wine or spirits more than a sip

Age when had first drink	Area of residence	Village/rural	Gender		Total
			Male	Female	
Never had a drink	Area of residence	Village/rural	23	36	59
		Small town	1	3	4
		Urban area	4	4	8
	Total		28	43	71
10yrs or<	Area of residence	Village/rural	3		3
		Small town	1		1
		Urban area	1		1
	Total		5		5
11 - 12yrs	Area of residence	Village/rural	4	5	9
		Small town	1	1	2
		Urban area	2		2
	Total		7	6	13
13 - 14yrs	Area of residence	Village/rural	9	4	13
		Small town	1		1
		Urban area	1	1	2
	Total		11	5	16
15 - 16yrs	Area of residence	Village/rural	13	1	14
		Small town	2		2
		Urban area			
	Total		15	1	16
17-18yrs	Area of residence	Village/rural	1	2	3
		Small town	1		1
		Urban area			
	Total		2	2	4

4.27: Number of occasions taken miraa

A total of 99(78.6%) respondents had never taken miraa.80 (63.5%) were from the village/rural areas of which 36(45%)were males and 44(55%) were females .Those from small towns were 5(55.5%) males and 4(44.4%) females giving a total of 9(81.8%) respondents out of 11, while those from urban areas were 6(60%) males and 4(40%) females totaling to 10(76.9.0%) out of 13 respondents.

Those who had taken miraa on 1-2 occasions were 15(11.9%) respondents 14 (11.1%) were from the village of which 11(78.5%) were males and 3(21.3%) were females. Only 1(0.8%) female from an urban area was in this category. 8(6.4%) respondents had taken miraa on 3-5 occasions. From the village/rural areas were 4(3.2%), of which 3(2.4%) were male and 1(0.8%) was female. There were only 2(1.6%) male respondents from both small towns and urban areas.

Only 2(1.6%) male respondents from the village/rural areas had taken miraa on 6-9 occasions and also only 1(0.8%) male respondent from a village /rural area had taken miraa on more than 50 occasions. Data indicated that majority of the students (11.9%) had taken miraa on 1-2 occasions followed by 6.3% in 3-5 occasions. Majority of these lived in rural areas. There was no difference in miraa consumption between those living in small towns and urban areas.

Table 4.22: Number of occasions taken**miraa**

Occasions taken miraa			Gender		Total
			Male	Female	
Never	Area of Residence	Village/rural	36	44	80
		Small town	5	4	9
		Urban area	6	4	10
	Total		47	52	99
1 - 2	Area of Residence	Village/rural	11	3	14
		Urban area		1	1
	Total		11	4	15
3 - 5	Area of Residence	Village/rural	3	1	4
		Small town	2		2
		Urban area	2		2
	Total		7	1	8
6 - 9	Area of Residence	Village/rural	2		2
		Total		2	2
	50 or >	Area of residence	Village/rural	1	
Total		1		1	

4.28: Miraa/Khat experience in the past 12 months

At class level, a total of 19(15.1%) respondents had taken miraa in the stated period. Of these 12(9.5%) were males and 7(5.55%) were females .In Form one there were 6(75%) males and 2(25%) females giving a total of 8(25.8%) respondents out of 31. In Form two there were only 2(7.1%) respondents; 1 male and 1(0.8%) female. In Form three were 4(11.1%), 2(50%) of which were males and the other 2(50%) were females. In Form four there were 5(16.7%), with 3(60%) being males and 2(40%) females.

Those who had not taken miraa over the stated period of time were 104(88.5%) in total out of which 54(42.9%) were males and 50(39.7%) were females. In Form one they were 22(71%); 11(50%) males and 11(50%) females. In Form two they were 26(73%);

12(46%) males and 14(53.8%) females. In Form three they were 32(25.4%) out of 36 respondents; 17(53.1%) males and 15(46.8%) females while in Form four, they were 24(19.0%); 14(58.3%) males and 10(41.6%) female. 3(2.4%) respondents failed to respond. A total of 12 respondents had taken miraa, of these majority were in form one 25.8%, followed by form four, three and two respectively. Data indicated that there were 5(26.3) females from Ruguru who had taken miraa over this period while there was no male respondent who had in the same location.

Table 4.23: Miraa experience in the past 12 months

Gender	Taken miraa in the past 12 months	Class level		LOCATION				Total		
				NGANDORI EAST	NGANDORI WEST	GATURI NORTH	RUGURU		KATHAN GARIRI	MBUVORI
Male	Yes	Class level	Form one	1		3		1	1	6
			Form two	1						1
			Form three	2						2
			Form four		1	1			1	3
			Total	4	1	4		1	2	12
	No	Class level	Form one	1	1	4	1	1	3	11
			Form two	3	2	3		2	2	12
			Form three	4	2	5	2	2	2	17
			Form four		3	5	2	2	2	14
			Total	8	8	17	5	7	9	54
Female	Yes	Class level	Form one		1		1			2
			Form two	1						1
			Form three				2			2
			Form four				2			2
			Total	1	1		5			7
	No	Class level	Form one	2		3	2	2	2	11
			Form two	3	2	3	3	2	1	14
			Form three	6	2	3	1	2	1	15
			Form four	2	2	2	1	2	1	10
			Total	13	6	11	7	8	5	50

4.29: Miraa experience in the past 30 days

A total of 113(89.7%) respondents had not taken miraa within the stated period. 58(46.0%) Of these were males and 55(43.7%) were females, 10 respondents had taken miraa over this period. In day schools, a total of 89(78.6%) respondents had not taken miraa over the stated period. Seventeen (54.8%) were form ones of which 7(41.1%) were males and 10(58.8%) were females. In form two they were 23(20.3%); 10(43.4%) being males and 13(57%) females. In form three they were 27(24%); 12(44.4%) being males and 15(55.5%) females. In form four they were 22(17.5%); 12(54.5%) males and 10(45.4%) females. Those who had taken miraa on 1-5 days were 7 (5.55%) in day schools, 6(0 4.8%) of which were males; 2 (1.6%) in form two, 3(2.4%) in form three and 1(0.8%) in form four and 1(0.8%) female in form one. Those who had taken miraa for 6-9 days were only 2(6.4) form one males.

In boarding schools, a total of 24(19.0%) respondents had not taken miraa over the stated period. Of these, 17(70.8%) were male and 7(29.1%) were females. In form one; there were 7(77.7%) males and 2(22.2%) females giving a total of 9 respondents. In form two they were 3(2.4%); 1(33.3%) male and 2(66.6%) females. In form three, they were 6(4.8%); 4(66.6%) males and 2(33.3%) females while in form four they were 6(4.8%); 5(83.3%) males and 1(16.6%) female. Only 1(0.8%) male respondent had taken miraa in 1-5 days. Data indicates that more students in day schools had taken miraa than there were in boarding schools. This could be attributed to easy availability of miraa in the community since many people have planted it and Miraa is easily available in the markets. More males compared to females were found consuming miraa/khat.

Table 4.24: Miraa experience in the past 30 days

Gender	Taken miraa in the past 30 days	Class level	Form	Day or boarding		Total	
				Day	Boarding		
Male	No		Form one	7	7	14	
			Form two	10	1	11	
			Form three	12	4	16	
			Form four	12	5	17	
			Total	41	17	58	
	Yes, on 1 - 5 days		Form one		1	1	
			Form two	2		2	
			Form three	3		3	
			Form four	1		1	
	Total	6	1	7			
	Yes, on 6 - 9 days		Form one	2		2	
			Total	2		2	
	Female	No		Form one	10	2	12
				Form two	13	2	15
Form three				15	2	17	
Form four				10	1	11	
Total				48	7	55	
Yes, on 1 - 5 days			Form one	1		1	
			Total	1		1	

4.30: Age when first took miraa

A total of 99 respondents had never tasted miraa, 80 of these, 36 males and 44 females lived in village/rural areas while 9; 5 males and 4(3.2%) females, lived in small towns. The remaining 10 who were 6 males and 4(3.2%) females lived in urban areas. Only 2(1.6%) male respondents living in village/rural areas had first tasted miraa at less than 10 years of age; 5 male respondents; 4 (3.2%) from village /rural areas and 1(0.8%) from an urban area had first taken miraa at 11-12 years of age. Nine (9) respondents had first taken miraa at 13-14 years. Among these were 5; 4(3.2%) males and 1(0.8%) female from the village; 1(0.8%) male from a small town area and 2(1.6%); 1(0.8%) male and 1(0.8%) female from an urban area, 7 respondents all from the village/rural areas had first taken miraa at

15-16 years of age, 6 of them were males and 1 (0.8%) was female. Only 2(1.6%) male respondents, 1(0.8%) from a village/urban area and the other from a small town had taken miraa first at 17-18 years of age. This indicated that most respondents took their first miraa at the age of 15-16 followed by age 13-14. Two respondents from rural area had taken miraa at the age of 10 and below.

Table 4.25: Age when first took miraa

Age when first took miraa	Area of residence			Total		
	Village/rural	Small town	Urban area			
Never tasted miraa	Gender	Male	36	5	6	47
		Female	44	4	4	52
	Total		80	9	10	99
10yrs or<	Gender	Male	2			2
	Total		2			2
11 - 12yrs	Gender	Male	4		1	5
	Total		4		1	5
13 - 14yrs	Gender	Male	4	1	1	6
		Female	2		1	3
	Total		6	1	2	9
15 - 16yrs	Gender	Male	6			6
		Female	1			1
	Total		7			7
17-18yrs	Gender	Male	1	1		2
	Total		1	1		2

4.27: Occasions when bhang has been taken

A total of 115 respondents had never taken bhang, 60 of these were males and 55 were female. Those from the village/rural areas were 93; 47 males and 46 females those from small town areas were 9 with 5 being males and 4(3.2%) females. Those from urban areas were 13 of which 8 were males and 5 were females. Only 4 males; 2(1.6%) from village/rural areas and 2(1.6%) from small town areas had taken bhang on 1-2 occasions. Those who had taken bhang on 3-5 occasions were 2(1.6%) males and 1(0.8%) female all from village/rural

areas. Only 2 (1.6%) male respondents, all from village/rural areas had taken bhang on 10-49 occasions. Majority of the respondents who had taken bhang were males and most of them lived in rural areas. This could attribute that there is easy availability of bhang in rural areas than urban areas within Embu North District.

Table 4.26: Occasions when bhang has been taken

Count	Number of accessions taken bhang	Area of residence				Total
		Village/rural	Small town	Urban area		
Never	Gender					
	Male	47	5	8	60	
	Female	46	4	5	55	
	Total	93	9	13	115	
1 - 2	Gender					
	Male	2	2		4	
	Total	2	2		4	
3 - 5	Gender					
	Male	2			2	
	Female	1			1	
	Total	3			3	
10 - 49	Gender					
	Male	2			2	
	Total	2			2	

4.28: Bhang experience in the past 12 months

A total of 117 respondents had not taken bhang in the stated period, 62 of these were males and 55 were females. No respondent from Mbuvari, and Ruguru had taken bhang within the stated period. Only 7 respondents; 6 males and 1(0.8%) female had taken bhang in the same period. Of the 7 was 1 (0.8%) form one male and 1 form three female from Ngandori East location, 1(0.8%) form four male from Ngandori West location, 3(2.4%) form four males from Gaturi North location and a 1(0.8%) form two male from Kathangariri location. 2 (1.6%) respondents failed to respond to the question. Of the 7 who had taken bhang in the stated period, only 1(0.8%) male was from a boarding school.

Table 4. 27: Bhang experience in the past 12 months in boarding and day school

Day or boarding			Taken bhang in the Past 12 months		Total
			No	Yes	
Day	Gender	Male	45	5	50
		Female	48	1	49
	Total		93	6	99
Boarding	Gender	Male	17	1	18
		Female	7		7
	Total		24	1	25

Table 4.28: Bhang experience in the past 12 months at location and class level

LOCATION	Taken bhang in the past 12 months	Class level					
			Form one	Form two	Form three	Form four	Total
NGANDORI EAST	No	Gender Male	1	4	6	1	12
		Female	2	4	5	2	13
		Total	3	8	11	3	25
	Yes	Gender Male	1				1
		Female			1		1
		Total	1		1		2
NGANDORI WEST	No	Gender Male	1	2	2	3	8
		Female	1	2	2	2	7
		Total	2	4	4	5	15
	Yes	Gender Male				1	1
		Total				1	1
		Gender Male					
GATURI NORTH	No	Gender Male	7	3	5	3	18
		Female	3	3	3	2	11
		Total	10	6	8	5	29
	Yes	Gender Male				3	3
		Total				3	3
		Gender Male					
RUGURU	No	Gender Male	1		2	2	5
		Female	3	3	3	2	11
		Total	4	3	5	4	16
KATHANGARIRI	No	Gender Male	2	1	2	2	7
		Female	2	2	2	2	8
		Total	4	3	4	4	15
	Yes	Gender Male		1			1
		Total		1			1
		Gender Male					
MBUVORI	No	Gender Male	4	2	2	3	11
		Female	2	1	1	1	5
		Total	6	3	3	4	16

4.29: Bhang uptake in the past 30 days

Only 5 respondents, all from Day schools, had taken bhang on 1-5 occasions within the stated period. Of these 2(1.6%), 1 (0.8%) male and 1 (0.8%) female, were from Ngandori East location ,1(0.8%) male from Ngandori west location,1(0.8%) male from Gaturi North location and 1 (0.8%) male from Kathangariri Location. Again, none of the respondent who

had taken bhang over the stated period came from Mbuvari Location, implying that there were more social factors affecting student's drug abuse than in other locations.

Table 4.29: Bhang uptake in the past 30 days

Day or Boarding	LOCATION			Taken bhang in the past 30days		Total
				No	Yes, on 1 - 5 days	
Day	NGANDORI EAST	Gender	Male	12	1	13
			Female	13	1	14
		Total	25	2	27	
	NGANDORI WEST	Gender	Male	8	1	9
			Female	7		7
		Total	15	1	16	
	GATURI NORTH	Gender	Male	12	1	13
			Female	11		11
		Total	23	1	24	
	RUGURU	Gender	Male	4		4
			Female	4		4
		Total	8		8	
	KATHANGARIRI	Gender	Male	7	1	8
			Female	8		8
		Total	15	1	16	
	MBUVORI	Gender	Male	3		3
Female			5		5	
Total		8		8		
Boarding	GATURI NORTH	Gender	Male	8		8
		Total	8		8	
	RUGURU	Gender	Male	2		2
			Female	8		8
		Total	10		10	
	MBUVORI	Gender	Male	8		8
		Total	8		8	

4.30: Age when first had more than a puff of bhang

A total of 116 respondents had never taken bhang, 60 were males and 56 were females. Only 9 had ever taken bhang, 8 of these were males and 1(0.8%) was females, 7 of them were from village/rural areas of which 2(1.6%) males had their first puff at 11-12 years of

age, 1(0.8%) male at 13-14 years of age, 2 males at 15-16 years and lastly 1(0.8%) male and 1(0.8%) female at 17-18 years of age. Those from small towns were 2(1.6%) males, 1 (0.8%) had the first puff at 13-14 years of age and the other 1(0.8%) at 17-18 years. Data indicated that of there was no relationship between age and bhang intake, there was almost an equal distribution of those who first took their first puff at the age of 10 years and less and 17-18. This suggests that though there were fewer cases of bhang intake, respondents were curious to taste it at any age group. Majority of the respondents who had taken bhang were males from rural areas.

Table 4.30_Age when first had more than a puff of bhang

Area of residence			Age when you first had bhang more than a puff					Total
			Never taken Bhang	11 - 12yrs	13 - 14yrs	15 - 16yrs	17-18yrs	
Village/rural	Gender	Male	47	2	1	2	1	53
		Female	47				1	48
	Total		94	2	1	2	2	101
Small town	Gender	Male	5		1		1	7
		Female	4					4
	Total		9		1		1	11
Urban area	Gender	Male	8					8
		Female	5					5
	Total		13					13

4.31: Occasions when tobacco has been taken

A total of 102 respondents had never taken tobacco on any occasion. Of these 50 were male and 52 were female. Only 23 respondents had ever taken tobacco, 14 of them; 9 males and 5 females on 1-2 Occasions, 5 males on 3-5 occasions, 3(2.4%) males on 6-9 occasions and only 1(0.8%) male on more than 50 occasions. One respondent failed to give a response to the question. Data indicated that 5 females (21.7%) out of 23 had were the only

who had taken tobacco on 1-2 occasions. In general majority of the respondents had taken tobacco in 1-2 occasions and 5 males in 3-5 occasions.

Table 4.31: Occasions when tobacco has been taken at gender level

		Occasions taken tobacco/cigarette					
		Never	1 - 2	3 - 5	6 - 9	50 or >	Total
Gender	Male	50	9	5	3	1	68
	Female	52	5				57
Total		102	14	5	3	1	125

At location level the distribution of those who had taken tobacco was as follows; Those from Ngandori East location were 6(21.4%); 3(50%) males and 1(0.8%) female in Form Three on 1-2 occasions, 3(2.4%) males;1(0.8%) Form one, 1 (0.8%) Form Two and 1(0.8%) Form three on 3-5 occasions. Those from Gaturi North Location were 4(3.2%) males; 1 (0.8%) form two and 1(0.8%) form four on 1-2 occasions,1(0.8%) form two on 6-9 occasions and 1 (0.8%) form four on more than 50 occasions.

From Ruguru location there were 6; 4(3.2%) females, 1(0.8%) in Form one,2(1.6%) in form two and 1(0.8%) in Form Three and 1(0.8%) male in Form Four on 1-2 occasions. The last was 1(0.8%) male in Form Three on 3-5 occasions. Those from Kathangariri Location were 3(2.4%); 1 (0.8%) Form one male and 1 (0.8%) Form four male on 1-2 occasions and 1(0.8%) Form three male on 3-5 occasions. No case was recorded from Mbuvari Location.

Table 4.32 Occasions when tobacco has been taken at location and class level

Occasions taken Tobacco/cigarette	Class level	Gender		LOCATION					Total		
				NGANDORI EAST	NGANDORI WEST	GATURU NORTH	RUGURU	KATHAN GARIRI		MBUVORI	
Never	Form one	Gender	Male	1	1	7	1	1	4	16	
			Female	2	1	3	2	2	2	12	
		Total	3	2	10	3	3	6	27		
	Form two	Gender	Male	3	1	1		1	2	8	
			Female	4	2	3	1	2	1	13	
		Total	7	3	4	1	3	3	21		
	Form three	Gender	Male	2	2	5	1	2	2	14	
			Female	5	2	3	2	2	1	15	
		Total	7	4	8	3	4	3	29		
	Form four	Gender	Male	1	2	4	1	1	3	12	
			Female	2	2	2	3	2	1	12	
		Total	3	4	6	4	3	4	24		
	1 - 2	Form one	Gender	Male					1		1
				Female				1			1
			Total				1	1		2	
		Form two	Gender	Male		1	1				2
Female							2			2	
Total				1	1	2			4		
Form three		Gender	Male	3						3	
			Female	1			1			2	
		Total	4			1			5		
Form four		Gender	Male			1	1	1		3	
			Female			1	1	1		3	
		Total			1	1	1		3		
3 - 5	Form one	Gender	Male	1						1	
			Female	1						1	
	Form two	Gender	Male	1				1		2	
			Female	1				1		2	
	Form three	Gender	Male	1			1			2	
			Female	1			1			2	
6 - 9	Form two	Gender	Male			1				1	
			Female			1				1	
	Form four	Gender	Male		2					2	
			Female		2					2	
50 or >	Form four	Gender	Male			1				1	
			Female			1				1	

4.32: Tobacco uptake in the past 12 months

A total of 115(91.3%) respondents had not taken tobacco in the stated period.56(44.4%) of these were female while 59(46.8%) were female.Only 10(8.0%) respondents had taken tobacco in the same period.Of these, 9(7.1%) were male and only 1(0.8%) was female.4 (3.2%),all male, were from Ngandori East;1(0.8%) form one, 1(0.8%) Form two,and 2(1.6%) Form three ;2(1.6%) Form Four males from Ngandori West;

3(2.4%) males, 1(0.8%) form Two and 2(1.6%) Form Four from Gaturi North and 1(0.8%) Form Three female from Ruguru Location. No respondent from Mbuvari Location had taken tobacco within the stated period

Table 4.33: Tobacco uptake in the past 12 months at gender level

		Gender		Total
		Male	Female	
Taken tobacco in the past 12 months	No	59	56	115
	Yes	9	1	10
Total		68	57	125

Table 4.34: Tobacco uptake in the past 12 months at location level

		LOCATION					Total	
		NGANDORI EAST	NGANDORI WEST	GATURI NORTH	RUGURU	KATHAN GARIRI		MBUVORI
Taken tobacco in the past 12 months	No	23	14	29	17	16	16	115
	Yes	4	2	3	1			10
Total		27	16	32	18	16	16	125

4.33: Tobacco uptake in the past 30 days

A total of 119(7.43%) respondents had not taken tobacco in within the stated period. Of these 62(49.2%) were male and 57(45.2%) were female. Only 6(6.4%) respondents, all male and all from Day schools, had taken tobacco within the same period. 1 (0.8%) Form One, 1(0.8%) form Two, 1(0.8%) Form Three and 2(1.6%) Form Fours had taken tobacco on 1-5 days. Only 1(0.8%) Form Two had taken tobacco on 6-9 days.

Table 4.35: Tobacco uptake in the past 30 days at gender level

		Gender		Total
		Male	Female	
Taken tobacco in the past 30 days	No	62	57	119
	Yes, on 1 - 5 days	5		5
	Yes, on 6 - 9 days	1		1
Total		68	57	125

Table 4.36: Tobacco uptake in the past 30 days at gender, class and school level

Gender	Day or boarding	Taken tobacco in the past 30 days	No	Class level				Total
				Form 1	Form twc	Form 3	Form 4	
Male	Day	Taken tobacco in the past 30 days	No	8	10	14	11	43
			Yes, on 1 - 5 days	1	1	1	2	5
			Yes, on 6 - 9 days		1			1
	Total	9	12	15	13	49		
Boarding	Taken tobacco in the past 30 days	No	8	1	4	5	18	
		Total	8	1	4	5	18	
		Total	8	1	4	5	18	
Female	Day	Taken tobacco in the past 30 days	No	11	13	15	10	49
			Total	11	13	15	10	49
			Total	11	13	15	10	49
	Boarding	Taken tobacco in the past 30 days	No	2	2	2	2	8
Total			2	2	2	2	8	
Total			2	2	2	2	8	

4.34: Age when first had more than just a puff of tobacco

A total of 106(84.1%) respondents had never taken tobacco.54 (42.9%) of these were male and 52(41.3%) were female. Only 19(15.1%) respondents had ever taken tobacco. 14(11.1%) of these were male and only 5(4.0%) were female. Those whose first experience with tobacco was at 10(8.0%) years or less were 3(2.4%) males from village/rural areas. At

11-12 years of age were 2(1.6%) males and 2(1.6%) females from village/rural areas. Those who had first at 13-14 years were 6; 3(2.4%) males and 1 (0.8%) female from village/rural areas, 1 (0.8%) male from a small town area and a female from an urban area. Those who had it first at 15-16 years were 4(3.2%); 3 (2.4%) males and 1 (0.8%) female all from village/rural areas. The remaining 2(1.6%) male respondents, 1 (0.8%) from a village/rural area and 1(0.8%) from a small town area had it first at 17-18 years of age. No respondent had it first at 19 years or more. More respondents got their first puff at the age of 13-14 followed by 15-16 years.

Table 4.37: Age when first more than just a puff of tobacco gender level had

		Age when first had tobacco						Total
		Never taken Tobacco	10yrs or<	11 - 12yrs	13 - 14yrs	15 - 16yrs	17-18yrs	
Gender	Male	54	3	2	4	3	2	68
	Female	52		2	2	1		57
Total		106	3	4	6	4	2	125

Table 4.38: Age when first had more than just a puff of tobacco gender and area of residence level

Area of residence		Age when first had tobacco						Total
		Never taken Tobacco	10yrs or<	11 - 12yrs	13 - 14yrs	15 - 16yrs	17-18yrs	
Village/rural	Gender Male	41	3	2	3	3	1	53
	Female	44		2	1	1		48
	Total	85	3	4	4	4	1	101
Small town	Gender Male	5			1		1	7
	Female	4						4
	Total	9			1		1	11
Urban area	Gender Male	8						8
	Female	4			1			5
	Total	12			1			13

4.35: Drugs found around school/within the community

When asked to give the type of drugs easily found around the school or within their community, majority of the respondents named alcohol, tobacco/cigarette and bhang. These drugs were equally popular at location, gender, class and area of residence level. Very few respondents, especially those from urban areas and boarding schools, named cocaine and mandrax. This implies that most of the hard drugs are found in the urban areas and usually taken by boarding school students as compared to day schools in the rural areas.

4.36: Drugs and substance easily found at home

A total of 32(25.4%) respondents, said that no any drug could be found at home. Majority of the respondents 75% mentioned Miraa, tobacco, alcohol and bhang. The few who named wine were from boarding and urban areas. This statistics shows that there is very easy accessibility of drugs for most of the students at home and within the community. This could attribute in a major way as to one of the reasons why they abuse.

4.37: Suggested ways to prevent drug and substance abuse among secondary school students

Various suggestions were given to help prevent drug and substance abuse among secondary school students. These included; Educating students on the effects of drugs, expulsion of those caught with drugs, guidance and counseling, organizing seminars where former drug addicts sensitize students by giving their real life experience on effects of drugs, Selection of honest school prefects, regular inspection of students, encouraging students to participate in extra-curricular activities like sports and drama, giving students more

assignment to keep them occupied , proper fencing of schools and taking legal action against those found selling drugs to students

4.38: Source of drugs for students

Majority 83(65.9%) respondents got their drugs by buying them. Of these 66(79.5%) were from Day schools and while the rest, 17(20.4%), were from Boarding schools. Those who got drugs locally were 22(17.5%) respondents. Of these 17(77.2%) were from Day schools while only 5(22.7 %) were from Boarding schools. Of those who got the drugs by buying, 65(78.3%) were from Village/rural areas, 7(8.4%) were from small town areas and 11(13.2%) were from urban areas. Those who got the drugs locally were 20(24%) from rural areas, 1(0.8%) from a small town area and 1(0.8%) from an urban area, 11(8.7%) respondents from village/rural areas, 2(1.6%) from small town areas and 1(0.8%) from an urban area got the drugs both locally and by buying. The other 4(3.2%), 3(2.4%) from village/rural areas and 1(0.8%) from a small town area admitted to either being bullied to take or tricked by friends, or from relatives and friends. Majority of the respondents got drugs by buying; this indicates that most drugs are easily found in the market.

Table 4.39: Source of drugs for students at school level

		Day or boarding		Total
		Day	Boarding	
Source Of drugs	Locally	17	5	22
	Buy	66	17	83
	Both	13	1	14
	Others	3	1	4
Total		99	24	123

Table 4. 40: Source of drugs for students at the level of area of residence

		Area of residence			Total
Source Of drugs	Locally	20	1	1	22
	Buy	65	7	11	83
	Both	11	2	1	14
	Others	3	1		4
Total		99	11	13	123

Distribution of teachers at Location level

A total of 14 questionnaires were administered to guidance and counseling teachers in the schools and location where the research was carried out with a response rate of 93.3%, 3(21.4%) were from Ngandori East Location, 2(14.3%) from Ngandori west Location, 3(21.4%) from Gaturi North Location, 2(14.3%) from Ruguru Location and 2(14.3%) from Mbuvari Location. Those teaching in mixed schools were 12(85.7%) while those from boys' school were 2(14.3%). Ngandori East and Gaturi North had 3 respondents each because three schools were selected from each 2 day schools and 1 boarding school.

Table 4. 41: Distribution of teachers at location level

	Frequency	Percent
NGANDORI EAST	3	21.4
NGANDORI WEST	2	14.3
GATURI NORTH	3	21.4
RUGURU	2	14.3
KATHANGARIRI	2	14.3
MBUVORI	2	14.3
Total	14	100.0

Table 4.42: Distribution of teachers at school level

	Frequency	Percent
Boys	2	14.3
Mixed	12	85.7
Total	14	100.0

4.39: Guidance and counseling experience

Of the 14 respondents, 8(57.1%) had a guidance and counseling experience of 1 – 5 years; 5(35.7%) had an experience of 6 – 10 years and 1 and experience of 6 – 10 years. This suggests that there is an arising need for G/C departments in schools in the recent 5 years than there was 10 years ago. This can be attributed to the many emerging needs of the students such as drug abuse among others

Table 4.43: Guidance and counseling experience

	Frequency	Percent
1 - 5yrs	8	57.1
6 - 10yrs	5	35.7
16 - 20yrs	1	7.1
Total	14	100.0

4.40: Training in Guidance and counseling

Only 5 of the 14 respondents had been trained in Guidance and counseling. And of the 5(35.7%) trained, 3(60%) were up to a degree level while 2(40%) were up to certificate level. This suggest: hat there is need to equip G/C teachers with relevant skills so that they can be able to handl the needs of the students more effectively.

Table 4.44: Training in Guidance and counseling.

	Frequency	Percent
Yes	5	35.7
No	9	64.3
Total	14	100.0

Table 4.45: Level of training in guidance and counseling.

		Frequency	Percent
Trained	Degree	3	21.4
	Certificate	2	7.1
	Total	5	35.7
Not trained		9	71.4
Total		14	100.0

4.42: Quantification of alcohol, tobacco, miraa and bhang as a problem on a scale of 1-5 where; 1=not a problem, 2=very minor problem, 3=minor problem, 4=moderate problem, 5=major problem.

When asked to quantify the above drugs as a problem in their school on a scale of 1-5; the following were the responses: For alcohol, 3(21.4%) respondents viewed it as not a problem in their school, 6(42.9%) respondents viewed it as a minor problem while 5(35.7%) respondents viewed it as a major problem. In general, 11 (78.5%) viewed alcohol as a problem in their schools, it's just the magnitude that varied.

Table.4.46

Alcohol		
	Frequency	Percent
Not a problem	3	21.4
Minor problem	6	42.9
Major problem	5	35.7
Total	14	100.0

Tobacco was viewed as not a problem by 2(14.3%) respondents, as a very minor problem by 4(28.6%) respondents, as a minor problem by 1(7.1%) respondent, as a moderate problem by 5(35.7%) respondents and as a major problem by 2(14.3%) respondents. Majority of the respondents 35.7% viewed tobacco as a moderate problem, in general 12(85.7%) of the respondents viewed tobacco as a problem whether minor, moderate or major.

Table 4.47

Tobacco		
	Frequency	Percent
Not a problem	2	14.3
Vey minor problem	4	28.6
Minor problem	1	7.1
Moderate problem	5	35.7
Major problem	2	14.3
Total	14	100.0

For miraa, to 3(21.4%) respondents it was not a problem, to 6(42.9%) respondents it was a minor problem, to 2(14.3%) respondents it was a moderate problem and to 3(21.4%) respondents, it was a major problem. Those who viewed miraa as a problem regardless of its magnitude were 11 (78.5%). Majority viewed it as a minor problem.

Table,4.48

Miraa			
		Frequency	Percent
Valid	Not a problem	3	21.4
	Minor problem	6	42.9
	Moderate problem	2	14.3
	Major problem	3	21.4
	Total	14	100.0

For bhang, 4(28.6%) respondents viewed it as not a problem in their school, 6(42.9%) respondents viewed it as a very minor problem, 2(14.3%) respondents viewed it as minor problem and 1(7.1%) respondent each viewed it as a moderate and a major problem.

Table 4.49

Bhang		
	Frequency	Percent
Not a problem	4	28.6
Very minor problem	6	42.9
Minor problem	2	14.3
Moderate problem	1	7.1
Major problem	1	7.1
Total	14	100.0

4.43: Effects of poor parental care, peer pressure, family instability and easy availability of drugs on drug and substance abuse in schools.

Of the fourteen respondents 6 disagreed that parental care had anything to do with drug and substance abuse while 8 respondents strongly agreed. Majority of the respondents (57.1%) strongly agreed that parental care influenced drug abuse among students.

Table 4.50: Poor Parental Care

	Frequency	Percent
Disagree	6	42.9
Strongly agree	8	57.1
Total	14	100.0

For peer pressure, 1 respondent agreed, 4 respondents disagreed and 9 respondents strongly agreed that it had an effect on drug and substance abuse. Majority of the respondents 64.3% strongly agreed that peer pressure influenced drug abuse among students. This could suggest why most students abuse drugs.

Table.4.51: Peer Pressure

	Frequency	Percent
Agree	1	7.1
Disagree	4	28.6
Strongly agree	9	64.3
Total	14	100.0

On family instability, 2(14.3%) respondents agreed, 4(28.6%) respondents disagreed and 8(57.1%) respondents strongly agreed that it had an effect on drug and substance abuse among students in their school. Data indicated that 57.1% strongly agreed that family instability influenced students drug abuse, this could suggest that students can lack role models at the family level and close monitoring from their parents which can lead to drug abuse, it could suggest that, they would get into drugs because of frustrations.

Table 4.52: Family Instability

	Frequency	Percent
Agree	2	14.3
Disagree	4	28.6
Strongly agree	8	57.1
Total	14	100.0

On the effect of ease drug availability 2 (14.3%) respondents agreed, 3(21.4%) respondents disagreed and 9(64.3%) respondents strongly agreed that it had an effect on drug and substance abuse in their schools. Almost all respondents 64.3% felt that easy availability of drugs highly influenced drug abuse among students.

Table 4.53: Ease of availability of drugs

	Frequency	Percent
Agree	2	14.3
Disagree	3	21.4
Strongly agree	9	64.3
Total	14	100.0

4.44: Influence of the community on drug and substance abuse among students

When asked whether the surrounding community had an influence on drug and substance among students in their school, 11(78.6%) respondents said yes while 3(21.4%) said no. This data indicates that majority of the respondents felt that the community contributed much to students drug abuse. This suggests that community members don't set good examples to the students, probably they avail drugs to them and they do not support fight against drugs. For those who said yes, the following were some of the ways they thought the community contributed;

- i. Poor local administration
- ii. Growing some of the drugs or brewing of beer within the community
- iii. Lack of role models in the society/many villagers abused drugs
- iv. Selling drugs to students
- v. Failing to report those who sell drugs

4.45: Concern of the schools about students' drug and substance abuse

When asked how concerned they thought their schools were about students' drug and substance abuse, 10(71.4%) respondents thought their schools were very concerned while 4(28.6%) respondents felt their schools were somewhat concerned. This data suggests that

majority of the schools are very concerned about students drug abuse, however it could imply that they are not able to put in place the right strategies to address drug abuse, which could be attributed to lack of relevant G/C skills. This data could have also indicated that though the G/C teachers were supported, little support was given to allow these teachers gain advance in G/C skills which led to inefficiency in handling student’s problems such as drug and substance abuse.

Table 4.54: Schools’ concern about student’s drug and substance abuse

	Frequency	Percent
Very concerned	10	71.4
Somewhat concerned	4	28.6
Total	14	100.0

4.46: Steps taken by Guidance and counseling teachers if a student was caught with drugs

The guidance and counseling teachers took the following steps if a student was caught abusing drugs and substance; Guiding and counseling them/teaching them on dangers of drugs they also prayed for them, found out the reasons why they were taking drugs and trying to find a solution to their problems, reporting them to the principal, interrogating them on the sources of drugs and taking action on those who sold drugs to them, reporting them to their parents and taking them for rehabilitation centers if need be.

4.47: How concerned parents were about students’ drug and substance abuse

When asked how concerned they thought the parents were about students’ drug and substance abuse, 3 respondents thought of parents being very concerned, 2 respondents

thought they were somewhat concerned, 7 respondents thought they were not too concerned and 2 respondents didn't know. Half of the respondents felt that parents were not too concerned about students' drug abuse. This indicated that most parents were not interested in the behavior of their children which could have highly increased drug abuse among them. In general parents seemed to have offered little parental guidance and counseling hence children had no one to look up to as role model right from a family level.

Table 4.55: Parents concern about students' drug and substance abuse

	Frequency	Percent
Very concerned	3	21.4
Somewhat concerned	2	14.3
Not too concerned	7	50.0
Don't know	2	14.3
Total	14	100.0

4.48: Major reasons why students abuse drugs.

When the respondents were asked for the major reasons why students abused drugs, they gave the following, Peer pressure, family instability, hopelessness /lack of an assured future, availability of money to spend/excess pocket money, ready availability of drugs, curiosity, influence from parents/close relatives who take drugs, idleness and life frustrations.

4.49: Influence of peer pressure influence on students' drug and substance abuse

When the respondents were asked how peer pressure influenced students to abuse drugs and substances the following were some of the ways; They luring of non drug takers to take drugs, peer groups ensure a steady supply of drugs and give them freely to each other, Stigmatization of those who don't take drugs and seeing them as old-fashioned /cowards,

hence this makes them to take drugs in order to fit in the group, some molest those who don't take drugs to take them and It is seen as a sense of maturity and bravery.

4.50: Source of drugs for students

5(35.7%) respondents said that the students got their drugs from the market, 1(7.1%) respondent said at home, 5(35.7%) respondent said from friends, 2(14.3%) respondents from friends and 1(7.1%) respondent from workers. Majority responded affirmatively that students got drugs from the market and friends. This implies that drugs are usually sold in the market places where most students get them through their friends.

Table 4.56: Source of drugs

	Frequency	Percent
Market	5	35.7
Home	1	7.1
Friends	5	35.7
Relatives	2	14.3
Others	1	7.1
Total	14	100.0

4.51: Parents contribution to students' drug and substance abuse

When asked how they thought parents influenced students' drug and substance abuse; the respondents gave the following suggestions;

- i. Parents themselves indulge in drugs
- ii. Giving students so much pocket money
- iii. Some parents are too busy and never have time for their children
- iv. Some parents are in denial when told of their children's indulgence in drug
- v. Parents never counsel their children on drugs

4.52: Strategies that could be adopted to prevent drug and substance abuse among secondary school student

The guidance and counseling teachers came up with the following strategies to help prevent drug and substance abuse among students;

- i. Enforcing school rules
- ii. Educating students on the dangers of drugs
- iii. Giving students a lot of homework to keep them busy
- iv. Punishing of drug traffickers
- v. Awareness campaigns where former drug addicts give their real life situations as a means of sensitizing students
- vi. Enhancing guidance and counseling
- vii. Involvement of students in co-curricular activities
- viii. Regulating the amount of money given to students as pocket money
- ix. Ban sale of local brews.

4.53: Collection of information to help understand rates and consequences of drug abuse among students.

When asked whether their school collected information to help understand rates and consequences of drug abuse among students, 9(64.3%) respondents said yes while 5(35.7%) respondents said no. Data indicate that most of the schools 64.3% collected data on students' drug abuse. This data may not have made much difference in the fight against drugs possibly because the G/C teachers lacked training hence it could be that they collect data that is insufficient to offer meaningful decisions, hence the high levels of drug abuse among students.

Table 4.57: Whether schools collected information on drug and substance abuse

	Frequency	Percent
Yes	9	64.3
No	5	35.7
Total	14	100.0

4.54: Support from the administration for Guidance and counseling teachers in the fight against drug abuse.

All the 14 respondents (100%) admitted to receiving support from the administration in their duties as Guidance and counseling teachers especially in the fight against drug abuse.

The following are some of the ways in which the administration supported them;

- i. Provision of books/literature on drug abuse
- ii. Offering in-service courses on guidance and counseling
- iii. Setting aside an office for guidance and counseling
- iv. Facilitating talks and seminars where students are taught about drugs
- v. Impromptu inspections
- vi. Allocating time for guidance and counseling in the school timetable
- vii. Establishment of peer counseling
- viii. Funding of outside counselors to help in guidance and counseling
- ix. Funding teachers for short courses in guidance and counseling
- x. Allowing parents/PTA/BOG to carry out counseling during school functions

4.55: Influence of the surrounding community on students drug and substance abuse

When asked how the surrounding community influenced the students 'drug and substance abuse, the guidance and counseling teachers stated the following ways;

- i. Selling drugs to students
- ii. Failing to report those who sell drugs to students/reluctance of the local administration to take action on drug peddlers
- iii. Community members indulging in drugs hence setting a bad example
- iv. Having drugs as a source of income

4.56: Source of drugs and ease of access.

Of the 14 teachers interviewed, 10(71.4%) of them said that the major source of drugs was the community. The remaining two felt that the students got the drugs from their friends. However they all said that the drugs were very easily available to students, both in day schools and boarding schools.

4.57: Whether students open up to teachers when in problems

When asked whether students opened up to them when in personal problems, all the 14 respondents said yes. However, the number and frequency varied. Some teachers admitted that they had to suspect some students of having problems who only open up when asked. Majority also noted that girls opened up more easily than boys which might be possibly due to the fact that majority of the G/C teachers were females.

4.58: Whether parents and other stake holders are involved in drug abuse education

Majority of the respondents said that parents and stakeholders were involved. In some schools, the education was a routine programme carried out during academic clinic, parents' day and during education Sundays where the church played a major role. In other schools, parents were involved only when their children were involved in drug abuse. A few

respondents however admitted that it was at times difficult to involve the parents because some are always in denial whenever their children are found with drugs.

4.59: Effects of peer pressure on students, substance abuse

Among the major effects of peer pressure stated by the teachers were;

- i. Introduces drugs to non-drug takers
- ii. Supply of drugs to each other
- iii. Students who don't take drugs in a peer group are perceived as cowards/old fashioned/outcasts hence find themselves abusing drugs eventually in order to fit.
- iv. Certain peer groups are identified with taking certain drugs therefore for one to identify with them must take drugs/sense of identity.

4.60: Responsibility to reduce or stop students' drug and substance abuse

Of the 14 respondents, 2(14.3%) felt that students were solely responsible for themselves and ought to know that it was their lives at stake, 6(42.9%) felt that it was the responsibility of the parents while the remaining 6(42.9%) felt that it was everyone's responsibility; where everyone included parents, teachers, students and the community.

4.61: Role of parents in the fight against drug and substance abuse

The major suggestions given as should be the role of parents in the fight against drug and substance abuse were;

- i. Parents should be role models by not taking drugs themselves

- ii. Parents should not plant drugs such as miraa, tobacco at home or even sell them to other people's children.
- iii. Parents should tell their children the dangers of drugs.
- iv. Parents should spend time with their children to make them feel loved and even for it to be easy to notice when their children are in problems that might prompt them to take drugs.
- v. Rewarding and motivating their children on good academic performance.

4.62: Role of the community in prevention of drug and substance abuse among students

The teachers felt that the community ought to;

- i. Stop viewing drugs as a source of income.
- ii. Report incidences of students taking drugs to their parents or teachers.
- iii. Report those selling drugs to students to the relevant authorities.
- iv. Educate the students on dangers of drugs through involvement of the church.
- v. Host events like sports or communal work to keep the students occupied during their free time.

4.63: How poor parental influences drug and substance abuse among students

When asked how parental influenced drug and substance abuse care, the teachers gave the following suggestions;

- i. Parents give students a lot of pocket money hence they have extra money to spend on drugs.
- ii. Those parents who take drugs or even send their children to buy drugs expose them to taking drugs.

- iii. Parents who are ever busy and never have time for their children to know what goes on with them have their children predisposed to drug abuse.
- iv. Condemning their children whenever they perform poorly in school instead of encouraging them.
- v. Parents engaging in drug selling business like bars and involving their children in the running of such businesses.

4.64: Effect of drug availability on students' drug and substance abuse

Majority of the teachers were of the opinion that the ready availability of drugs creates an impression upon the students that taking drugs is a normal thing and also enhances their addiction to drugs.

4.65: Parents reaction when they get to know of their child's drug abuse behavior

Majority of the teachers admitted that most parents tend to lay the blame on the teachers while others are in denial that their children are involved in drug abuse. Others also get shocked and feel embarrassed. Parents should support the school administrators in the fight against student's drug and substance abuse.

4.66: Strategies that can be put in place to prevent drug abuse among students.

The teachers suggested various strategies that can be put to prevent drug abuse. These included;

- i. Conversion of Day schools to boarding schools to reduce cases of drug abuse since this makes access irregular.

- ii. School fees should be paid in bankers cheque to deny students access to extra money
- iii. Having peer counselors in each class.
- iv. Having former drug addicts share their real life experience with students.
- v. Incorporating guidance and counseling on drugs in the syllabus.
- vi. Administrative units, for example, chiefs should be involved especially when it comes to dealing with drug peddlers.
- vii. Regular awareness campaigns and seminars where students are taught the dangers of drugs.
- viii. Involvement of students in extra-curricular activities like sports, drama and clubs during their free time to keep them occupied.
- ix. Enforcement of school rules, for example, suspension or expulsion of those caught with drugs.
- x. NACADA should be vibrant.
- xi. Parents and the community should monitor the students while they are away from school.

4.67: Information on drug and substance abuse to children

Interviews were carried out among 15 parents one from each school. All the 15 parents interviewed admitted to giving their children information on drug and substance abuse, 1(6.7%) parent specified that he gave the information only 'sometimes' to his children while another 1(6.7%) said whenever he had time. This indicates that though information on drug abuse is given to children by their parents, the information given has not helped much in

the fight against drug abuse probably because parents themselves abuse drugs and avail them especially miraa and illicit brews.

4.68: Care of children when parent is away

Of the 15 parents interviewed, 3(20%) left their children under the care of house helps, 3(20%) parents said that they were always at home while the remaining 9(60%) parents left them under the care of either their mother/father, grandparents or other close relatives. This suggested that parents spend very little time with their children which could be one of the reasons why they abuse drugs, as a result of lack parental counseling and monitoring.

4.69: Permission to attend social gatherings

When asked whether they allowed their children to attend social gatherings, 12(80%) parents said yes, 1 (6.7%) of them added that on condition that the social gathering was within the home area and taking place during the day. Another 1(6.7%) parent said that for girls, they had to be at home by 6pm, 1(6.7%) parents never allowed their children to attend social gathering. Most of the students were allowed to attend social gatherings on their own without close supervision which can lead to peer influence hence making them abuse drugs.

4.70: Monitoring of the places where children visit and the activities they engage in

When asked how they monitor the places where they children go to and the activities they engage in, the parents gave the following ways;

- i. Ensuring that they only visit places known to the parent or if not known the parent gathers information on the place they want to visit.

- ii. Ensuring that children come back home at the agreed time.
- iii. Knowing the parents of the children their children are in company of.
- iv. Ensuring that children seek permission before going out and the reason for going out.
- v. Calling them frequently whenever they are out to know how they are fairing.
- vi. Ensuring that they are accompanied by someone.
- vii. Judging them by their reactions when they come home.

4.71: Responsibilities assigned to children while at home

From the responses given the work assigned ranged from house chores to farm work among others. Boys were mostly assigned farm work such as picking coffee, grazing, picking tea, digging, cutting fence and running home errands such as going to the shops, while majority of the females performed house chores which included cooking, washing utensils, baby sitting and cleaning the house and compound. Other activities performed by both female and male were selling the family kiosks and fetching water. Males were found to be assigned outdoor activities while girls are assigned indoor activities. This can explain why more boys are taking drugs compared to girls, as they work on their outdoor activities they have more exposure to drugs availability, peer pressure and much freedom away from parents, while females are likely to be under supervision of the parent or a care giver and limited to accessibility of drugs.

4.72: Types of drugs available in the community

All the parents named bhang, cigarette/tobacco and alcohol as drugs that were readily available in their community. Some said that it was so easy to get them with or without money, as some community members are always willing to even give them out on credit or

on exchange of other valuable items” One parents said that “ Some people will even get drugs especially alcohol then give his/her labor as the mode of payment

4.73: How peer pressure influences students to abuse drugs

When asked how peer pressure influenced students to abuse drugs, the parents gave the following ways:

- i. Introduces students to drugs
- ii. Supplies drugs to students
- iii. To have a sense of belonging
- iv. Peer group members engage in drug abuse.
- v. Those who don't take drugs are perceived as cowards.

4.74: How parents influence children to abuse drugs and substances

The following are some of the ways suggested by parents:

- i. Some parents take drugs.
- ii. Some parents grow miraa and brew local brews at home
- iii. Some parents never take action against their children who engage in drugs
- iv. Negligence/family break ups prompt children to take drugs
- v. Sending children to buy drugs for them
- vi. Engaging their children in businesses that involve drugs .e.g. Bars.

4.75: Factors that make students abuse drugs

When asked about the factors that they thought made students take drugs, the parents stated the following;

- i. Peer influence/Influence from parents and close relatives.
- ii. Ready availability of drugs.
- iii. Community influence
- iv. Curiosity.
- v. Frustrations arising from family break ups/domestic violence.
- vi. Stress from school.
- vii. Taking drugs is seen as a way of life.

4.76: Strategies that would help prevent drug and substance abuse

The parents suggested the following strategies to help prevent drug and substance abuse;

- i. Students should not be given excess pocket money.
- ii. Guidance and counseling should be intensified.
- iii. Parents should not use drugs as a source of income.
- iv. Parents should not take drugs themselves.
- v. Those who sell drugs should be jailed.
- vi. School administration should expel those caught with drugs.
- vii. Educating students on the dangers of taking drugs.
- viii. Regular inspections in schools to prevent students from sneaking of drugs.

4.77: Ways in which the community influences drug and substance abuse among students

The following are the various ways the parents thought the community influenced drug and substance abuse

- i. Selling drugs to students/offering drugs to students for free

- ii. Failing to report those who sell drugs to the authority**
- iii. Viewing drugs as a source of income especially miraa that has been planted widely for commercial purpose, “to an extent of uprooting coffee which is a common cash crop in the region”.**
- iv. Most of the local leaders are drug abusers and majorities have also planted miraa and allow local brewing in most of the regions.**

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5:0 Introduction

The chapter starts by giving the summary of findings, conclusions, recommendations and identifies gaps in existence and finally offers suggestions for further research

5:1 Summary of Findings

In this study, social factors influencing drug and substance abuse among secondary school students were investigated in relation to various social factors. There were 126 students included in this study, from twelve mixed Day schools and three boarding schools; 2 boys and 1 girl's school. Fourteen guidance and counseling teachers one from each school and fifteen parents' one from each school were also included. All students were administered a questionnaire designed for them. The guidance and counseling teachers were also given a questionnaire and an oral interview was carried out. All the parents were interviewed.

The qualitative research design was used in this study and the data obtained was analyzed using both descriptive and inferential statistics. Students were aged between 12-21 years and were distributed as; 74(58.7%) respondent were in the 12 – 17 yrs age bracket. Of these 36(28.57%) were males and 38(30.15%) were females. 50 (39.7%) respondents were in the 17 – 21 age bracket. 31 (24.6%) were males and 19(15.0%) were females. There were only 2(1.6%) male respondents in the over 21 age bracket.

The respondents were representatives of form one to form four class level of 24.6% form ones, 22.2% form two's, 28.8% form threes and 23.8% form fours. A total of 114(90.5%) students were in schools located in rural areas of which 63 were males and 51 were females .8(6.3%) were in the rural urban fridge; with 6 being males and two females. 3(2.4%) females were in urban areas. There were slightly more male respondents in this study 68 in total compared to 57 female.

The study investigated social factors influencing drug and substance abuse in relation to various independent variables such as peer pressure, poor parental care, easy availability of drugs and community influence. Other variables were age, gender, location of the school, school category and area of residence. Most of the students 90.5% were in schools located in the rural areas and 81.0% of these students lived in these rural areas, while 8.7% lived in small towns and 10.3% in urban areas.

Most of the students in this study 96.0% were allowed to attend social gatherings alone of which slightly more male's 49.26% and 42.25% females. Of these more students preferred the company of friends 59.5%, compared to 14.3% who preferred the company of parents, brothers and sisters. 66.7% of these students were tempted to abuse drugs by their friends; others were by their teachers, parents, school workers and other close relatives. Most of the respondents in this category 80% lived with their both parents, 29.4% lived with their mothers only while others lived with members of the extended families.

It was also noted that more mothers of these respondents 60% had achieved form four certificates compared to only 37.3% fathers. However in the same category 8.7% mothers had achieved university Degree compared to 15.1% fathers. This study also showed that, 48.4% of the respondents preferred talking to their mothers when experiencing personal

problems compared to 13.5% who preferred talking with their fathers. More girls 29.36% talked to their mothers compared to 19.0% males, while 0.8% female preferred talking with the father.

Majority of the students 65.9% of the respondents got access to drugs such as alcohol, miraa, tobacco and bhang by buying, 54.2% being from day secondary schools and 13.5% from boarding schools. 17.5% got drugs locally. 41.2 % had tasted alcohol in various occasions, at class level 7.1% were form ones, 8.7% form two's, 11.9% form threes and 13.5% form fours. These comprised of 75% males compared to 25% females. At location level, Ngandori Location had the highest number of respondents taking alcohol 28.3%, Gaturi North, Ruguru and Kathangariri 18.9% and Mbuvari 7.5%. More Day school students were involved in alcohol more than boarding schools. This order of location preference remained the same with other drugs.

Of the three variables students felt that peer pressure, easy availability of drugs and lack of parental care contributed to their drug and substance abuse. Findings show that parents are not setting good examples to children, since most of them have planted miraa in their shambas, others are drug abusers and still others prepare local brews. They also suggested that, educating students on the effects of drugs, Expulsion of those caught with drugs, guidance and counseling, organizing seminars where former drug addicts sensitize students by giving their real life experience on effects of drugs, selection of honest school prefects., regular inspection of students, encouraging students to participate in extra-curricular activities like sports and drama, giving students more assignment to keep them occupied, Proper fencing of schools and taking legal action against those found selling drugs to students

Of the fourteen guidance and counseling teachers who participated in this study, only 35.7% were trained in guidance and counseling. It was noted by the researcher with gratitude that 21.4% of these had acquired degrees while 7.1% was up to certificate level. Findings also shows that majority of the guidance and counseling teachers 57.1% had guidance experience of 1-5 years, 35.7% had an experience of 6-10 years while 1% had an experience of 16-20years.

From the findings of Fourteen Guidance and Counseling teachers, fifteen parents and 126 students who responded to their respective questionnaires and interview respectively the following conclusions were made.

5:2 Conclusions

Drugs commonly found at home and community is alcohol, miraa, tobacco and bhang following in this order, 52 of the respondents had taken alcohol once in a life time, 26 had tasted miraa (khat), 23 had tasted tobacco and only 9 had a puff of bhang. Most of the students got their first involvement with any kind of drug at the age between 13-14 years and few others at the age of below 10 years. It was also noted that more respondents had tasted alcohol and cigarette at 13-14 compared to other drugs. This implies that these two drugs are the gate away to drug and substance abuse.

The study showed that more males than females' students take drugs and more form twos and threes in Day schools compared to boarding schools. This could be as a result of more freedom given to boys than girls as 49.26% compared to 42.25% were allowed to attend social gatherings alone, another factor could be the type of work males are assigned at home which included farm work, grazing, running errands, fetching water, harvesting coffee and tea which made them be away from their parents hence could easily get a chance to

abuse drugs without fear of been noticed, compared to girls who performed chores that revolved around the home. With more day school students taking drugs compared to boarding schools it can be attributed to easy availability of the drugs in the community since these students always go home daily, and could also be as a result of parental influence as most of the parents are not role models.

At location level, Ngandori East Location has the highest number of students taking drugs, followed by Gaturi North, Ngandori west, Ruguru, Kathangariri and Mbuvari. In relation to school categories Day Secondary school students are more involved in drugs than boarding schools. This could be attributed to ease availability of drugs, freedom of students, lots of free time given to day school students and excess money which they get from other small businesses they perform after school, compared to boarding schools students who have less freedom to interact with the outside community. This could be the reason as to why students taking drugs in boarding schools are provided by teachers, school workers and drug peddlers along the school fence.

This study also revealed that 65.9% of the students got drugs by buying compared to 17.5% who got them locally. This suggests that community members view drug trafficking as a business that earns them income as findings also show that 78.6% of the students were influenced by the surrounding community to get involved in drugs. This could be the reason as why students living in rural areas take drugs more compared to those who lived in small towns and urban areas and the fact that 81.0% lived in these rural areas where there is much availability of all kinds of drugs.

According to this study 64.3% of the guidance and counseling teachers agreed that peer pressure influences drug and substance abuse among students, while 66.7% of the

students agreed that they are influenced by their friends/ peers. This could also be attributed to the fact that 80% of the children are allowed to attend social gatherings with 59.5% preferring the company of friends. Findings show that 79.4% of the students are in social groups which imply that there could be higher peer pressure influence in such groups. Others 57.1% strongly agreed that poor parental care influences students' drug and substance abuse as 80% of the children are allowed to attend social gatherings alone, of which 59.5% preferred the company of friends. More females 34.1% than males 25.4 preferred this company. This could be the reason as why more students are influenced by their peers in such gatherings.

Slightly a higher percentage of girls 7.9% preferred the company of parents in social gatherings compared to 5.6% boys which may be concluded the reason as to why fewer girls than boys got involved into drugs. More mothers 60% had attained form four certificates compared to 37.3% fathers who had achieved similar certificate, however, 3.96% fathers had no formal education compared to 4.8% mothers.

Of the all the respondents 29.4% of the students live with single mothers, 80% by both parents while the rest live with grandparents and other close relatives. However its evidenced that 60% of the parents leave their children under the care of grandparents and close relatives, while 20% left their children under the care of a house help and the other 20% are always at home with their children, this denotes that parents have very little time to take care of their children and monitor their behaviors, which in turn could have increased children's freedom to abuse drugs.

Majority of the guidance and counseling teachers also felt that parents influenced students to abuse drugs as some parents take drugs hence are not role models, others grow

miraa and prepare local brews at home, some never take action against their children who engage in drugs others are have family break ups and instabilities which prompt children to take drugs, while still others, send children to buy drugs for them and engaging their them in businesses that involve drugs .e.g. Bars

Most students 48.4% students preferred talking to their mothers when experiencing personal problems compared to 13.5% who preferred their fathers and 9.52 their friends and the rest their close relatives. It's evidenced that children have very little bond with their fathers, this suggests that it could be a major reason causing drugs among children since they lack an authoritative figure at the family level in addition these results show that 50% of the parents are not too concerned about their children drug abuse. Some when informed their children are taking drugs, blame the teachers and the school in general. Others are in denial and yet others disagree with the teachers.

Results show the need of the Ministry of Education to equip every school with a trained guidance and counseling teacher as only 35.7% of the 14 teachers had been trained. Out of the trained ones 21.4% were up to a degree level while 1(7.1%) was up to certificate level. This implies that although 100% of these teachers are supported by their school administrations, they are not well informed in handling guidance and counseling departments in their respective schools which could attribute to inefficiency. It was also noted by the researcher that out of the 14 teachers there were only three (3) males compared to eleven (11) females. This could be the reason as why more female students opened up when experiencing personal problems compared to male students.

This study has provided various stakeholders with some possible solutions of preventing drug abuse among students such as banning of miraa plantation and local

brewing. Study showed that most community members have planted miraa as source of income and local brewing is also a booming business in the rural areas. These make it very accessible to buy drugs at cheaper prices.

One guidance and counseling teacher said that “with as little as 5kshs one can get a bunch of miraa or a cup of beer”. Students both in day and boarding schools should be regularly inspected as some of the teachers noted that “some students carry alcohol in a different packaging container which resembles the water bottler’s containers especially in day schools while those in boarding schools were fond of mixing alcohol with fruit juice”. Others put in the pockets especially those that are packed in small sachets.

Most students seem to have excess money that they purchase drugs with; it’s therefore advisable according to the G/C teachers to have it mandatory for the students to pay school fees in bankers’ cheques to deny them access to extra money. Parents should also control the amount of pocket money given to students. Two parents indicated that “students sometimes asks for money claiming that they are going for an educational trip, where sometimes they lie or ask for more cash than required”. It’s therefore important for the parents to confirm with the respective teachers about the intended trips.

Another suggestion is to have trained G/C teachers and peer educators in schools. This could make it possible to detect easily any drug abusers as well as causes of drug abuse and early advice can be accrued before the students become drug addicts. Former drug addicts can also be invited in schools once in a while to share their real life experience with students. This could make the students understand the effects of drugs more easily. The schools should thus have equipped G/C departments and the MOE can try to incorporate guidance and counseling s in the syllabus.

Finally Administrative units, for example, chiefs should be involved especially when it comes to dealing with drug peddlers. These administrators also including local leaders should set good example to the society and identify those community members that are selling drugs, planting miraa and preparing local brews, as well as seen the arrest of the parents who involve their children in these kind of businesses.

5:3 Recommendations

This study recommends that G/C teachers should all be equipped with relevant skills; hence the MOE should ensure that every school has a trained G/C teacher who is exempted from other duties in order to perform effectively. These teachers in turn should train students with peer counseling skills. On the other hand parents should become role models to their children and fathers should build a bond with them. This would make it easy for the parents to detect any unusual behavior among their children and correct them as soon as possible.

Schools administrators should ensure that students have enough resources for recreational activities as well as enough time. The same administration should set aside specific time for G/C and counseling and frequently invite other specialist such as health workers and NACADA.

Parents should ensure that they give students enough pocket moneys which will not leave them with surplus, since majority of those 65.3% buy drugs. Local brews and planting of miraa should be banned to make these drugs in accessible. In addition, local administrators and other stake holders should fight against drug and substance abuse in the communities.

There is also need for parents to have relevant skills and knowledge especially mothers whom most students prefer talking to. This would make it possible for them to offer proper guidance whenever required. Finally all students should be highly monitored and supervised.

5:4 Suggestions for further Research

1. There is need to investigate the role of parents in modeling children behavior; this is because most parents 50% don't seem to care about their children behavior.
2. A research suggested by this study is on drug abuse among primary schools pupils, since most of these secondary schools get into their first involvement with drugs at the age of 13 years and less than 10years which is prime age for upper primary school pupils.
3. The findings of this research showed that majority of the students taking drugs are males' compared to females. It's therefore suggested that a study on the challenges facing boy child in the society be carried out.
4. Further findings of this study show that most of the parents abuse drugs and make them very accessible to their children. Therefore a research on the factors influencing drug abuse among parents is suggested here.

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APPENDICES

Appendix I: Letter of Transmittal.

TERESIA KIGUNDU W

UNIVERSITY OF NAIROBI

COLLEGE OF EDUCATION AND EXTERNAL STUDIES

P.O BOX 92, KIKUYU.

DATE.....

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Dear Sir/Madam,

I m a postgraduate student undertaking a Master's degree course in Project Planning and Management at the Department of Extra Mural studies University of Nairobi. I m carrying out a study on social factors influencing drug and substance abuse among secondary schools students of Manyatta Division Embu North District.

Please fill in the attached questionnaire, which is designed to gather information on your personal data and social factors influencing drug abuse among students. Please get assured that the information sought will solely be used for research work. This information will be treated confidentially and therefore do not write your name or the name of your school on this questionnaire.

The questionnaire is divided into three sections: I, II and III. Kindly provide information to all the items in the questionnaire. Any other assistance from you in promoting this study will be highly appreciated. Thanking you in advance for your cooperation, I remain.

Yours Faithfully

Teresia. W. Kigundu

Appendix 2

Students Questionnaire

Please answer all the items. Information sought in this section is merely to aid in the tabulation, presentation of data and making valid conclusions. Please be assured that data will be held with confidentiality; do not write your name or the name of your school anywhere in this questionnaire.

SECTION 1: DEMOGRAPHIC DATA OF THE RESPONDENT

Please use a check mark/ tick in the boxes provided

1. What is your age bracket?

a. 12-17Years

b. 17- 21

c. 21 and above

2. a) Are you male or female?

a. Male

b. Female

b) Which class are you?

a. Form 1

b. Form 2

c. Form 3

d. Form 4

3. Where is your school located?

a. In a rural area

b. In an urban area

c. In a rural/urban fridge

4. Where do you live now?

a. In a village/rural area

b. In a small town

c. In an urban area

5. Which kind of work do you help with at home? State 3 major ones

a.

b.

c.

6. State 3 ways in which you spend your free/leisure time

a.

b.

c.

7. Are you allowed to attend social gatherings such as wedding and parties?

a. YES

b. NO

7b) If yes to 7 above, whom do you prefer to accompany you?

- a. Friend
- b. Parent
- c. Brother
- d. Sister
- e. Others specify

8, Are you in any social group or club?

-
- a. YES
- b. NO

8b) Give 3 reasons why you are in that group or you are not

- a.
- b.
- c.

9. Are you tempted by any of your friends to taste drugs?

- a. YES
- b. NO

10. Where do you think students normally get drugs from?

.....

SECTION 2: PARENTAL CARE

Use a check mark where appropriate

11. Who takes care of you?

a. Your father

b. Mother

c. Both father and mother

d. Sister/Brother

e. Friends

f. Grand parents

12. How much education did your father receive? (Mark highest level attended)

a. No formal Education

b. Primary Education

c. Secondary / High school

d. University/ Post education

e. Don't know

13. How much education did your mother receive? (Mark highest level attended)

- a. No formal Education
- b. Primary Education
- c. Secondary / High school
- d. University/ Post education
- e. Don't know

14. Does your parents know your friends and their parents?

- a) YES
- b) NO

15. Whom do you prefer to talk to when experiencing personal problems?

- a. Your father
- b. Mother
- c. Brother
- d. Sister
- e. Friend
- f. Uncle
- g. Aunt

16. How easy is it for your parent (s) to discuss with you issues of drug and substance abuse? Use a check mark on your right

- a. Impossible 5
- b. Very Difficult 4
- c. Fairly Difficult 3

d. Fairly Easy 2

e. Very Easy 1

17. Whom do you think introduces students to their first involvement with any kind of drug?

.....

SECTION 3: FREQUENCY

18. On how many occasions if any have you drank any alcoholic beverage (including beer, wine and spirits use a tick mark where appropriate

a. Never

b. 1-2 occasions

c. 3-5 occasions

d. 6-9 occasions

e. 10-49 occasions

f. 50 or more occasions

19. Have you drunk any alcoholic beverage during the past 12 months?

NO

Yes

20. Have you drunk any alcoholic beverage during the past 30 days?

- a. No
- b. Yes, on 1-5 days
- c. Yes on 6-9days
- d. Yes on 20 or more day

21. How old were you when you first had a drink of beer, wine or spirits- more than just a sip?

a. Have never drunk alcoholic beverages

- b. 10 years old, or less
- c. 11-12 years old
- d. 13-14 years old
- e. 15-16 years old
- f. 17-18 years old
- g. 19 years old or more

22. On how many occasions if any have you taken any miraa?

- a) Never
- b) 1-2 occasions
- c) 3-5 occasions
- d) 6-9 occasions
- e) 10-49 occasions
- f) 50 or more occasions

23. Have you taken any miraa during the past 12 months?

- a. Yes
- b. No

24. Have you taken any miraa during the past 30 days?

- a. No
- b. Yes, on 1-5 days
- c. Yes, on 6-9 days
- d. Yes, on 20 or more days

25. How old were you when you first took miraa?
- a. Have never tasted miraa
 - b. 10 years old, or less
 - c. 11-12 years old
 - d. 13-14 years old
 - e. 15-16 years old
 - f. 17-18 years old
 - g. 19 years old or more

26. On how many occasions if any have you taken any bhang?
- a. Never
 - b. 1-2 occasions
 - c. 3-5 occasions
 - d. 6-9 occasions
 - e. 10-49 occasions
 - f. 50 or more occasions

27. Have you taken any bhang during the past 12 months?
- a. NO
 - b. Yes

28. Have you taken any bhang during the past 30 days?

- a. No
- b. Yes, on 1-5 days
- c. Yes on 6-9days
- d. Yes on 20 or more days

29. How old were you when you first had bhang? More than just a sniff?

- a. Have never taken any bhang
- b. 10 years old, or less\
- c. 11-12 years old
- d. `13-14 years old
- e. 15-16 years old
- f. 17-18 years old
- g. 19 years old or more

30. On how many occasions if any have you taken any Tobacco/Cigarette?

- a. Never
- b. 1-2 occasions
- c. 3-5 occasion
- d. 6-9 occasions
- e. 10-49occasions
- f. 50 or more occasions

31. Have you taken any tobacco during the past 12 months?

- a. NO
- b. Yes

32. Have you taken any tobacco during the past 30 days?

- a. No
- b. Yes, on 1-5 days
- c. Yes on 6-9days
- d. Yes on 20 or more days

33. How old were you when you first had tobacco? More than just a sniff?

- a. Have never taken any bhang
- b. 10 years old, or less
- c. 11-12 years old
- d. 13-14 years old
- e. 15-16 years old
- f. 17-18 years old
- g. 19 years old or more

SECTION 4: AVAILABILITY OF DRUGS

34. What types of drugs are easily found in your community or around your school?

a.

b.

c.

35. What type of drugs and substances if any can you easily find at home?

a.

b. 1

36. In the spaces provided below, suggest ways that could be adopted to prevent drug abuse among secondary school students.

a.

b.

c.

37. Do you think students obtain drugs freely or buy?

.....

THANK YOU FOR RESPONDING

Appendix 3 G/C Questionnaire

Please answer all the items. Information sought in this section is merely to aid in the tabulation, presentation of data and making valid conclusions by use of a check mark / tick next to the response you deem necessary. All data will be held with confidentiality, please do not write your name or the name of your school anywhere in this questionnaire.

SECTION 1

1. Which administrative Location is your school situated?

.....

2 Please indicate the gender of the students in your school

- a. Boys
- b. Girls
- c. Mixed

3 What is your Guidance and counseling experience?

- a. 1-5 years
- b. 6-10 years
- c. 11-15 years
- d. 16-20 years
- e. 21-25 years
- f. Over 25 years

4. Are you trained in Guidance and Counseling

YES

NO

4a) If Yes to above state the level of your training

.....

SECTION 2

5. On a scale of 1-5, with 1 being "not a problem" and 5 being "a major problem." How big of a problem is each of the following types of drug and substance abuse at your school? Please enter a number from 1-5 in the space next to each type of substance.

5. Alcohol	
6. Tobacco	
7. Miraa	
8. Bhang	



9. Complete every item in this section by means of a check mark to the appropriate score against each item using the scale below:

- a. Strongly Agree (SA)=5, Disagree (D)=4, Agree (A)=3, Strongly Disagree (SD)=2, Moderately Agree (MA)=1

How has abuse of the following drugs among your school been affected by the following factors

	5	4	3	2	1
	SA	D	A	SD	MA
9.Poor parental care					
10.Peer pressure					
11.Lack of parental nurture					
12.Family instability					
13.Easy availability of drugs					

14. Does the community where your school is located influence students drug and substance abuse?

Yes

No

14b) If yes state 3 ways how

- a.
- b.
- c.

15. How concerned do you think your school is about student drug and substance abuse? Is your school

- a. Very concerned..... 5
- b. Somewhat concerned..... 4
- c. Not too concerned.....
- d. Not concerned at all 2
- e. Don't know 1

16. If a student is caught abusing substances what steps do you take as the Guidance and Counseling Teacher? Please state 3

- a.
- b.
- c.

17, How concerned do you think parents are about students' drug and substance abuse?

- a. Very concerned 5
- b. Somewhat concerned 4
- c. Not too concerned... 3
- d. Not concerned at all... 2
- e. Don't know 1

18. State three major reasons as to why you think students abuse drugs

- a.
- b.
- c.

19. How does peer pressure influence students drug and substance abuse

- a.
- b.
- c.

20. Where do students get drug and substances?

- a. Market
- b. Their homes
- c. Within the school compounds
- d. From friends
- e. From relatives

21. How do you think parents have contributed to student's drug and substance abuse?

- a.
- b.
- c.

22. State three factors that you think influence students to abuse drugs

a).....

b).....

c).....

23. In the spaces provided below, suggest ways or strategies that you could be adopted to prevent drug and substance abuse among secondary school students so as to improve their academic performance

a).....

b).....

c).....

d).....

24. Does your school collect information to help understand rates and or consequences of drug and substance abuse among students?

a) Yes

b) No

25. Does your school invite parents to give talks on drug abuse to students?

a) Yes

b) No

26. Does your school administration support you in your duties as G/C teacher especially in the fight against drug abuse?

- a. YES
- b. NO

26 b) State 3 ways that the school supports you if your answer to above is yes

- a.
- b.
- c.

27. In your own opinion how does the surrounding community influence students' drug and substance abuse?

- a.
- b.
- c.

THANK YOU FOR RESPONDING

Appendix 4: Interview Schedule for G/C Teachers

- 1) What do you think are the major drugs and substances abused by secondary school students in your Location?
- 2) Where do students get drugs and how easy is it to access them?
- 3) Do students open up to you when experiencing personal problems?
- 4) Do you involve parents and other stakeholders in education to discuss drug abuse? If yes how often?
- 5) What is the effect of peer pressure on students' substance abuse?
- 6) In your own opinion whose responsibility is it to reduce or stop students drug and substance abuse among students
- 7) How easy is it for students in your school to get access to drugs?
- 8) What is the role of parents in the fight against drug and substance abuse? State 3
- 9) What do you think the community can do to prevent students drug and substance abuse state 3
- 10) How does parental care influence drug and substance abuse among student? State 3 ways
- 11) How does availability of drugs affect students' drug and substance abuse? State 3
- 12) How do parents react when they get to know of their child's drug abuse behavior?