

**DRUG ABUSE IN PUBLIC SECONDARY SCHOOLS IN NAIROBI: THE VIEWS
OF STUDENTS ON CAUSES, EFFECTS AND INTERVENTION STRATEGIES.**

BY

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Department of Sociology and Social Work

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DECLARATION

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

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Date 8.5.2009

This project report has been submitted with my approval as the University supervisor.

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Signature Dr. Karatu Kiemo

Date 08/05/2009

DEDICATION

This work is dedicated to my parents, Peter Wanyutu and Rachel Wanjiku for denying themselves many things in life to take me to school together with my siblings to acquire knowledge.

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The work is also dedicated to my dear husband Mwaura and children, Wambui, Mwaniki and Wanjiku. They gave me unconditional support throughout the period of study.

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Focus group discussion question guide

ACRONYMS

CBS - Central Bureau of Statistics
DALYs - Disability Adjusted Life Years
FDA - Food and Drug Administration
HIV – Human Immunodeficiency Virus
AIDS – Acquired Immunodeficiency Syndrome
NASCOP- National AIDS and STD Control Programme
NACADA – National Agency for the Campaign Against Drug Abuse
NIDA – National Institute on Drug Abuse
AU - African Union
UNDP – United Nations Development Programme
UNCND – United Nations Commission on Narcotic Drugs
UNICESCR - United Nations International Covenant on Economic, Social and Cultural Rights
UNIDCP - United Nations International Drug Control Programme
UNODC – United Nations Office on Drugs and Crime
WHO – World Health Organization

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ABSTRACT

Drug abuse occurs when a person continues to use psychoactive substances despite negative effects that cause distress or interfere with daily life. Commonly abused drugs impact negatively on the health of individuals, interfere with children's school performance and may threaten survival.

Recently in Kenya, the problem of drug abuse among secondary school students has received greater media coverage and attention from various leaders and professionals. In June/July 2008, a spate of unrest in some secondary schools was in part blamed on drug abuse, leading to the setting up of a Parliamentary Committee on Education, Research and Development to look into the issue. The verdict of the committee was that drug abuse, insecurity in schools, and parents neglect of their children, were some of the reasons behind the strikes in more than 300 schools in the country. The goal of this study was to assess the views of students on drug abuse in public secondary schools.

The objectives of this study were to establish the students views on the claim of prevalence of drug abuse, establishment of views on causes, and assessment of knowledge and attitude of students towards drug abuse. This study was also interested in inquiring about views on how students access commonly abused drugs, and students views on prevention strategies of drug abuse in secondary schools.

The study was conducted in 8 Nairobi public secondary schools in October 2008. A total of 116 students in Form 1 - Form 4 were interviewed and their views recorded. Primary data was collected from the students using questionnaire, while data from the key informants was collected using key informant interview guide. Focus group discussion was conducted on the students using a focus group discussion question guide.

Quantitative and qualitative methods of data analysis were used to arrive at the reported findings. Probability and non-probability sampling techniques were used to sample schools and students for this study. Data was compiled using descriptive statistics and presented in the form of tables, frequency distributions and percentages.

According to the findings of this study, about 90% of the sampled students held the view that drug abuse was common in secondary schools in the country. Only 9% of the students did not view drug abuse as a common problem among youth in secondary schools. While nearly 50% of the interviewed students suggested that drug abuse was common among their schoolmates, a similar number of the students held a different view and disagreed with the suggestion. The students held the opinion that drugs from outside school could reach students through friends, the school watchman, kitchen staff and other workers. The students, however, had no tangible evidence to prove the allegation.

This study concluded that majority of the students were of the view that drug abuse was a problem in secondary schools in Kenya. Further, the respondents felt that having a lot of pocket money was a likely cause of drug abuse. This, however, does not necessarily exclude students who have less pocket money from vulnerability to drug abuse. Students were well informed about the types of commonly abused drugs that students are likely to abuse, the reasons for possible drug abuse, and the impact of such drugs on human health. The views of the respondents on prevention strategies were that students, teachers, the school administration, parents, the community and the government had a role to play in prevention of drug abuse in secondary schools

Key words: Students, views, drug abuse, public secondary schools.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Drug abuse occurs when a person continues to use psychoactive substances despite negative effects that cause distress or interfere with daily life. A psychoactive substance is a natural or synthetic substance that acts on the psyche and modifies its operation. It can result in changes in perception, mood and behaviour (Landry, 2002). Recreational drugs like cannabis, certain pharmaceutical drugs such as drugs to induce sleep, and drugs which relieve anxiety, are considered psychoactive in nature. This study focused on recreational drugs or commonly abused drugs, also referred to as psychoactive substances. The word drug will be used interchangeably with substance.

In Kenya, concern over drug abuse has been raised in government circles and by scholars in various fora at different times. Almost ten years ago, Odek-Ogunde & Pande-Leak (1999) in a study on prevalence of substance use among private university students, reported that the use of illicit drugs seems to be growing and may soon escalate to alarming levels. Public outcry in the mass media on drug abuse among adolescents has been persistent with calls for renewed efforts by parents, the government and players in the alcohol industry to tackle the worrying trend. The riots and unrest in some secondary schools in Kenya in June/July 2008, mainly in boys' boarding schools and which resulted in loss of life and destruction of property (Daily Nation, July 14, 2008), was in part blamed on drug abuse. The daily paper stated: "Drugs and alcoholism, post-election violence and delay in disbursement of Free Secondary Education funds are some of the factors fuelling strikes". Subsequent to what the daily paper reported, a parliamentary committee was set up to investigate problems in secondary schools. The committee (The Koech Committee) on unrest in schools incriminated drug abuse as a major cause of indiscipline among secondary school students (Daily Nation, August 13, 2008). Members of the committee argued that drug abuse, insecurity in schools and parents' neglect of their children were some of the major reasons behind the strikes in more than 300 schools in the country. The committee in its report recommended to the government the need to provide enough security in all secondary schools to curtail sneaking of commonly abused drugs into the learning institutions. There was, therefore, a compelling need to undertake research on views of drug abuse among secondary school students

and establish whether what was reported in the media could be corroborated by research. These claims by the media and the parliamentary committee needed to be investigated using scientific methods which could then inform policy on prevention strategies of drug abuse in secondary schools. Students in their adolescent phase of development need to learn in a drug-free environment in schools in preparation for adulthood.

1.1.1 EXTENT OF DRUG ABUSE AMONG STUDENTS IN KENYA

Drug abuse by both primary school pupils and secondary school students is now a widely recognized problem. A survey by the National Agency for the Campaign Against Drug Abuse (NACADA, 2003) reports that among 10 to 24 year olds, 9 per cent of students and 60 per cent of non-students in Kenya abuse drugs.

The drugs that are commonly abused by this age group, according to the NACADA Report, include alcohol, tobacco, bhang and inhalants. Drug use and abuse for some students usually begins at a very young age. In some cases pupils know of commonly abused drugs before attending any formal school (Michieka, 2006), while for others, they become exposed in secondary school or the university (Odek-Ogunde & Pande-Leak, 1999). Drug abuse by some adolescents starts out as experimentation, usually due to curiosity, availability and peer group pressure, while for others, it is due to a belief that this may provide relief from personal problems (Otieno, 1979; WHO, 1995). Availability may increase the extent of hazardous drug use by young people which puts the drug abusers at increased risk for ill-health, poor academic performance, delinquency, traffic accidents and illicit sexual practices (Kuria, 1996; Odero & Zwi, 1997; WHO, 2004). Use and abuse of drugs in other cases is a habit that is learned from peers, friends and close relatives (Yambo & Acuda, 1983).

The greatest initial influences that make a young person experiment with drugs are the person, the family and peer groups (Yamaguchi & Kandel, 1984). An individual's personality traits and social influences from peers can introduce vulnerable young people to commonly abused drugs where such drugs are readily available. Further, a family or a community in which adults drink alcohol, smoke bhang or chew miraa can influence youth to experiment with drugs, which they may abuse later in life.

Ogwell, Aström & Haugejorden (2003) observe that 31 per cent of primary school pupils in Nairobi had experimented with tobacco smoking, 9% with smokeless tobacco and 55% reported having friends who smoked. Commonly abused drugs can easily be available and accessible to the country's children and youth from peddlers, friends, pharmacies, and kiosks. In 2004, a food kiosk next to Westlands Primary School in Nairobi was demolished by the City Council on suspicion that the owner was selling commonly abused drugs to the pupils in the school.

1.1.2 EXTENT OF DRUG ABUSE IN KENYA

Drugs for purposes of altering mood and achieving euphoria have been in use in Kenya for a long time with the use of alcohol, bhang and miraa (khat) having indigenous roots. Whereas the three substances were widely used in the early societies, there however exists no evidence that drug abuse has been part of indigenous heritage. For the most part, these early societies regarded drunkenness as a disgrace. Restrictions were placed on drinking of alcohol through rules and values which allowed the practice only within distinct social age groups of elders. Consumption was confined to important occasions such as marriages, births, circumcision ceremonies, funerals, installation of chiefs and other special cultural events (Some, 1994).

Over the recent years countries on the African continent, including Kenya, have experienced an upsurge in the production, distribution and consumption of drugs with the youth being most affected (Affinnih, 2002; Otieno, 1979). The rapid spread of drug abuse by the youth can partly be traced to, among other factors, the changes occurring in the indigenous society and the introduction of foreign influences that have made a variety of substances available on a larger scale than was the case before. Notably, drug abuse poses particular dangers to the health of the youth and, ultimately, the well-being of the larger society.

In Kenya, alcohol and diverse types of commonly abused drugs that the law permits or prohibits are readily available to adults and to a growing number of young people, both female and male and student and non-student together (NACADA, 2003; Otieno, 1979). Bhang and miraa are widely abused today. Bhang is grown secretly because it is illegal while miraa is cultivated, used

and exported openly because the country legalized it in 1977. Ingredients for making some alcoholic drinks and tobacco products are also openly grown in parts of the country. Further, heroin, cocaine and mandrax now easily find their way into the country since the country's major international entry points-Nairobi and Mombasa-are transit routes for trafficking in illegal drugs (UNODC, 2004). There also exists official ambivalence towards drug abuse in the country: alcohol and tobacco are a cause of ill-health, yet the two substances are a source of tax-income; the brewing and use of indigenous alcoholic drinks is mainly illegal, yet the production and use of foreign-derived alcoholic drinks is extensive and legal; miraa is a drug whose abuse results in dependence, yet the government treats it as a valued export commodity (Aden, 2006).

In November 2000, at least 140 Kenyans died after consuming illegally brewed and poisonous liquor called *kumi kumi* in the poor neighbourhoods of Mukuru Kwa Njenga and Mukuru Kaiyaba. About 20 went blind and scores of others were hospitalized. This local brew is usually made from sorghum, maize or millet, and is popular among low-income urban and rural people who may not afford conventional legal beer. The brew becomes lethal when methanol and other additives such as car battery acid and formalin are added (Mugisha, Arinaitwe & Hagembe, 2003). Further, along the Kenyan streets it is common to find nearly all age groups of street children sniffing gasoline, glue and other inhalants. In some cases, retailers purchase glue from manufacturers for use in their trade and in turn, sell some of the glue to children. In others, some street children become involved in the distribution and sale of inhalants and other commonly abused drugs. Some of the reasons for abuse of drugs by these children include peer pressure, suppression of hunger pangs, frustration, hopelessness and powerlessness (Othieno, Obondo & Kathuku, 2000). The drugs abused by street children are usually those which are fairly cheap and readily available. Law enforcers on their part appear helpless as these children, at their tender age, continue to abuse drugs mostly oblivious of the negative effects such drugs may have on their health and well-being.

1.2 PROBLEM STATEMENT

Abuse of common drugs in Kenya, is a focus of concern in and out of our schools, since it touches on all major aspects of our society ranging from health to socio-economic. According to

the National Baseline Survey on Substance Abuse in Kenya, majority of the students who abuse substances are in secondary schools and universities (NACADA, 2003). Some past research studies show that among students in secondary schools and teacher training colleges, up to 32 per cent use alcohol three or more times in a week and 20.6 per cent smoke cigarettes regularly (Odek-Ogunde & Pande-Leak, 1999; Otieno, 1979). Drug abuse among students is socially unacceptable. It can lead to poor health, poor study habits, academic underperformance and misunderstanding between parents and their children. Further, it can result in conflict between the school administration and ultimately lead to students' expulsion from school due to riots.

Although the study by Odek-Ogunde & Pande-Leak (1999) set out to find out the prevalence of drug abuse among students in a tertiary institution, the researchers suggested need to gather more data, which can be used to guide formulation of health promotion and prevention programmes. This study attempted to bridge this knowledge gap by gathering data from secondary school students and key informants which can be used in prevention programmes alongside other components that may be considered important for students in relation to drug abuse.

From this background, this study attempted to answer the following four research questions:

1. Is the claim by the local media that students in secondary schools are taking commonly abused drugs authentic?
2. What are the views of students on the causes and access to commonly abused drugs in secondary schools?
3. How knowledgeable are the students about commonly abused drugs and what is their attitude towards drug abuse?
4. What are the views of students on how drug abuse can be prevented among students in secondary schools, or how can students be involved in the prevention of drug abuse in schools?

1.3 AIM AND OBJECTIVES OF THE STUDY

The goal was to study views of secondary school students on drug abuse in an urban setting and suggestions on how to deal with the problem.

Specific objectives were:

1. To establish the students views on the claim that drug abuse is prevalent in secondary schools.
2. To establish the views of students on the prevalence and causes of drug abuse in schools.
3. To assess the knowledge/awareness and attitude of students on drug/substance abuse.
4. To inquire about views on how students access drugs that are commonly abused in schools.
5. To establish the students' views on prevention strategies of drug abuse in secondary schools.

1.4 JUSTIFICATION / RATIONALE

Drug abuse can have negative impact on the health of the youth. Health problems which could emanate from drug abuse diminish the quality of life of an individual, interfere with productive employment, impair family life and may threaten survival. Pain-related diagnoses, including arthritis, headache, lower back pain, and gastritis are experienced by some individuals who do not abuse drugs. However, research shows that the above specific diagnoses are more prevalent among substance abusers particularly those dependent on narcotic analgesics (Bittah & Acuda, 1979; Musk & de Klerk, 2003). Further, drug and alcohol intoxication affect judgment and can lead to risky sexual behaviours that put people in danger of contracting or transmitting HIV. In addition, drug abuse may facilitate the progression of HIV infections by further compromising the immune system (Seedat, Nyamai, Njenga, Vythilingum & Stein, 2004; National Institute on Drug Abuse (NIDA) Research Report, 2006).

Although studies on drug abuse have been done on youth by various scholars such as Mugisha *et al.*, (2003); Otieno (1979) and Some (1994), the problem is still prevalent among youth in and out of school. The desire to pursue this study was motivated by the prevailing concern of the

claim that drug abuse among students in Kenyan secondary schools was one of the reasons for the worst riots ever experienced countrywide in secondary schools. The widespread riots peaked in the month of July 2008. Information obtained by focusing on students' views was expected to serve as a guide in planning programmes for schools in identifying strategies to address and reduce the problem of drug abuse.

1.5 SCOPE AND LIMITATION OF THE STUDY

This study focused on gathering information on the views of students on prevalence, causes, access, knowledge/awareness of effects, and attitude towards drug abuse.

This study was limited to collecting the views rather than actual behaviour of drug abuse by the students in public secondary schools in Nairobi.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Use and abuse of drugs has had a long history in many cultures and societies as noted by Musk & de Klerk (2003). The global context in the use of drugs as observed by Gakuru (2002) indicates the erosion of traditional territorial boundaries, which also affects the beliefs, value systems and perceptions towards use of drugs. Other scholarly work on drug abuse has also been carried out over the years by various researchers on different populations for various reasons. Literature reviewed in this chapter will give a clearer picture of the problem of drug abuse from the perspectives of different scholars. Existence, causes and effects of drug abuse in this chapter, has been covered under various sections. Section 2.2 covers existence of drug abuse: 2.2.1 deals with drug use and abuse in historical perspective; 2.2.2 explores the global overview; 2.2.3 deals with socio-cultural changes and drug abuse in Kenya; Section 2.3 covers causes of drug abuse: 2.3.1 examines personality and drug abuse; 2.3.2 explores education and drug abuse; 2.3.3 looks at economy and drug abuse; 2.3.4 examines family and drug abuse; 2.3.5 looks at peer influence and drug abuse; 2.3.6 explores social influence and drug abuse; Section 2.4 covers effects of drug abuse: 2.4.1 examines academic performance and drug abuse; 2.4.2 looks at health and drug abuse; 2.4.3 looks at economic consequences of drug abuse; 2.4.4 deals with policy and drug abuse; Section 2.5 covers operational definitions.

2.2 EXISTENCE OF DRUG ABUSE

2.2.1 DRUG USE AND ABUSE IN HISTORICAL PERSPECTIVE

Earliest human records show that natural plant drugs like opium, coca, and cannabis, among others, have been in use for thousands of years. Historically, priests in religious ceremonies have used cannabis, healers have used opium for medicinal purposes, and the general population has used alcohol, nicotine, and caffeine in socially approved ways. Many of plant drugs were discovered by ancient hunters-gatherers at the dawn of humanity (Baasher, 1990).

During the 17th Century, the issue of loss of control due to substance abuse, heralding today's concept of addiction, was already of concern to the healers. In the 19th and 20th Centuries, the development of medicinal chemistry resulted in several synthetic compounds such as

barbiturates, benzodiazepines and amphetamines. These were originally proposed for use as therapeutic compounds for restoration of health. Later, however, the compounds were refined to more potent compounds and faster routes of administration were devised which favour most rapid transport to the central nervous system contributing to drug abuse.

2.2.2 GLOBAL OVERVIEW

Psychoactive substance use and abuse poses a significant threat to the health, social and economic fabric of families, communities and nations. Growing numbers of cities, small towns, and rural areas around the world are caught in a web of escalating drug abuse. The total number of drug users in the world is estimated at 200 million people, equivalent to about 5 per cent of the global population aged 15-64 years (WHO Report, 2002). Out of this number, 5 per cent use illicit drugs at least once a year, while 2.7 per cent abuse drugs regularly. Secondary school students, who were the focus of this study, are in this age bracket.

About 28 per cent of the world's adult population is estimated to abuse tobacco. According to reports by the United Nations Office on Drugs and Crime (UNODC, 2005), the other problem-drugs at the global level continue to be the opiates (notably heroin) followed by cocaine. For most of Europe and Asia, opiates continue to be the main problem-drugs, accounting for 62 per cent of all treatment demand in 2003. In South America, drug abuse related treatment demand continues to be mainly linked to the abuse of cocaine accounting for 59 per cent of all treatment demand.

In Africa, the bulk of all treatment demand is linked to cannabis which accounts for 64 per cent. The sub-Saharan African countries, including Kenya, have gradually become markets for commonly abused drugs as a result of the activities of organizations and individual traffickers that use Africa as a transit point in their trade with countries of the north (Affinih, 2002). Subsequently, sub-Saharan African countries have been experiencing drug consumption problems that essentially were not given much attention prior to 1980. The main areas of focus include, health, social, and economic costs.

The emerging drug problem has resulted in African countries developing their own drug control policies. Many have adopted anti-drug laws or legislation, or even established drug control agencies. Further, sub-Saharan Africa is also cooperating regionally and working with bodies such as the African Union (AU) to coordinate drug control measures. Many of these countries are signatories to all United Nations drug conventions, United Nations Office on Drugs and Crime (UNODC) and United Nations International Drug Control Program (UNIDCP). This suggests that overall drug consumption continues to spread at the global level, indicating that no country is completely safe from commonly abused drugs. Kenya on its part, established the National Campaign Against Drug Abuse (NACADA) in 2000 with the mandate to look into the issues of drug abuse in the country.

2.2.3 SOCIO-CULTURAL CHANGES AND DRUG ABUSE IN KENYA

Each of the African countries has had a diversity of cultures. Culture is based on sets of customary laws that are different from the written laws. Customs are the important building blocks for each culture (Ritzer, 1996). In the context of the adolescent, customary laws define the transition from childhood to adulthood, and socially prescribe behaviours and roles that newly initiated adults should take. This transition varies in individuals and cultural groups across societies.

Historically, African cultures taught that common good was more important than private welfare and social consensus was of greater consequence than self interest. Social integration took precedence to individual interest while these statutes were the basics of customary law and legitimized its practice (Mwenesi, 1996). Further, the process of traditional education was through imitation and observation of parents and community members in their various roles. Moreover, children belonged to the community and everyone was responsible for their welfare. This has changed over time due to a multiplicity of factors, for example, urbanization and adoption of foreign culture. Many adolescents live in communities that are drug-dependent, for example, in residential estates in urban cities like Nairobi. In some of these circumstances, children and the youth are often unaware of the dangers involved in drug abuse. When younger children see parents and siblings using common drugs, they may erroneously perceive that drug taking is a normal and acceptable behaviour.

Today, adults drink to socialize, to stay calm and to relax to an extent that teenage drug abuse is seen as a reflection of adult behaviour. Further, perhaps as a result of the erosion of the powers of censure and control at the family and community levels, fewer stigmas are associated today with the use of drugs, especially alcohol and tobacco, hence, their use by adolescents (Mwenesi, 1996). Such drugs are sometimes used for purposes of recreation and entertainment which can easily progress to abuse. Adolescents can be encouraged to get involved in activities that take them away from drug abuse such as religion.

Religious institutions cultivate and instill moral and religious values, provide spiritual nourishment, and they are important contributors to social influence within the society. According to Jessor & Jessor (1977), involvement in religious activity can serve multiple and diverse functions for an individual. It can provide meaning to one's life, give a sense of personal fulfillment, secure access to social contacts and interpersonal relationships, and offer a set of standards against which to judge one's actions. Research has found religion to be one of the most consistently replicated correlates of non-abuse of substances (Lorch & Hughes, 1985; Rohrbaugh & Jessor, 1975).

2.3 CAUSES OF DRUG ABUSE

2.3.1 PERSONALITY AND DRUG ABUSE

Personality is described by a set of traits, behaviours and patterns that build character and individuality (Halebsky, 1987). The personality of an individual is important during the entire developmental period particularly during adolescence. Thoughts, attitudes, feelings and perceptions of the world all define a person's personality. On the one hand, individuals with healthy personalities are able to cope with stresses of everyday life and to have minimum trouble forming relationships. On the other hand, those with a personality disorder typically find it difficult to respond to demands of life and to deal with other people, and can engage in antisocial activities such as drug abuse.

Some studies (Capuzzi & Lecoq, 1983; Jessor, 1976) show that people dependent on alcohol are genetically more able to tolerate alcohol than other people. An addictive personality, therefore, is

seen as a product and not a cause of drug abuse. Such a personality is often associated with poor self-esteem, trouble relating to people, a low tolerance for frustration, and a desire to escape reality. This study set out, among other things, to find out the perceptions and attitude of students on the causes of drug abuse in secondary schools, and this complements existing knowledge to further understand the contribution of individual characteristics to drug abuse.

Developmental stages for children and young people which include pre-teen and adolescence stages may influence or make children and young people most vulnerable to drug use and abuse. Adolescence, which is the thrust of this study, is viewed as one of the critical transitional stages especially in models that study adolescence in the context of social change or social development. As early as age 14 young people are expected to develop social skills (Weinstein, 1999), as well as begin to prepare for adulthood. This is an adulthood that requires competitive technical skills, strong coping mechanism, education and the ability to compete in the labour market. The developmental needs for children and adolescents have to prepare them for a life of macro structural pressures and individual propensities and inclinations sometimes with limited or heavily eroded social resources. It is a time when children need a lot of external support in the form of growth promoting activities. These activities may include provision of resources, definition of boundaries of acceptable behaviours and responding and growing in various community settings. Leaving children to independently satisfy needs that adults should manage make children vulnerable to drug use and abuse (Weinstein, 1999).

Early initiation of drug use is one of the best predictors of future drug abuse and dependence. Ogwell *et al.*, (2003) and Michieka (2006) observe that pupils are aware of commonly abused drugs before going to any formal school, while drug experimentation with one form of drug or another occurs to children as young as 11 years of age. Adolescence, therefore, is a critical age for the development of coping behaviours and responses. This period is characterized by rapid physical, psychological, socio-cultural and cognitive changes, and many threats to health (Acuda, 1988). Much of the adverse health consequences experienced by adolescents are, to a large extent, the result of risky behaviour including drug abuse.

In some western cultures many young people grow up in an environment where alcohol consumption is a seemingly normal part of everyday life. Despite attempts to restrict its use by

those under a certain age, a large percentage of school age youth engage in drinking alcohol at least occasionally. Some surveys reveal that most individuals have tasted at least one alcoholic drink by the age of 18, though many actually start much earlier (Jessor, 1976). Means of acquiring drugs and purchase of drugs from a stranger can largely predict dependence on drugs. A person becomes dependent upon a drug when its usage becomes central to thoughts, emotions and activities. The individual feels a desire for the drug and spends much time getting and abusing the drug as well as recovering from its effects.

Motivation for drug abuse and abuse of multiple drugs could be an indication of underlying problems. Otieno (1979) in a rural setting in Kenya observes that 50 per cent of teenage drinkers combine alcohol with cannabis. If drugs are combined to reduce stress or build self-esteem, this may suggest underlying psychological problems that may persist and cause continued drug abuse. Stress could emanate from identity crisis that adolescents experience in their developmental process.

Behavioural and emotional problems of youth may predict teen substance abuse and increase the risk of abuse of tobacco, alcohol and other illegal substances (Jessor & Jessor, 1977). Drug abuse behaviour can become internalized due to repeated use of substances while behaviour under the influence of drugs, is a security concern. Drug abuse associated with interpersonal conflicts, students' unrest and destruction of property, may be an indicator of a larger pattern of deviant behaviour. Although it is not clear as to what caused students to riot in the months of June / July 2008 in secondary schools in Kenya, there are suggestions that the students could have been mimicking our violent society especially after witnessing the post - election violence that occurred towards the end of 2007 and the beginning of 2008. In addition, abuse of addictive substances is a common indicator of further deviant behaviour associated with numerous negative outcomes such as psychiatric co-morbidity and suicidal ideation, mortality from drug-related traffic crashes, risky sexual practices and substantial direct health care costs (Acuda, 1988; Odera & Zwi, 1997). Such behaviour brings to the fore the social and economic ramifications of substance abuse.

An individual can use and abuse single or multiple drugs. The transition from use to abuse is often gradual, and it is not clear the point at which use becomes abuse. Frequency and quantity of use are important considerations, as is the extent to which drug abuse has become a regular feature of one's lifestyle. Often individuals with drug-related problems express health, social, interpersonal, legal, and financial concerns. They may have attention, concentration and memory problems, difficulties in learning, and lower educational achievement among myriad other problems (Jessor & Jessor, 1977; Some, 1994). Interplay of factors can influence drug abuse; therefore, although the causes of drug abuse are not clear, there are many factors that are thought to play a role. Heredity, peer pressure, the properties and effects of the drug, and the drug user's personality can all play a part in drug abuse.

2.3.2 EDUCATION AND DRUG ABUSE

Education is important for human and social development and it is considered a fundamental human right (United Nations International Covenant on Economic, Social and Cultural Rights, (1966); UNDP, 1993). Secondary school education consists of formal education that occurs during adolescence. Adolescence is the period of transition from childhood to adulthood in human developmental stages. It represents a complex and sometimes disturbing psychological transition, accompanying the requirement for the accepted social behaviour of a particular adult culture (Dhadphale *et al.*, 1982). Educational institutions and other settings, for example, home, workplace and religious institutions are important for the contributions they make to learning and socialization.

For many years, most Kenyan families have viewed schooling as a path out of poverty due to the prospects of employment after successful completion of the schooling period. The situation has changed over the last twenty years or so, as educated and semi-educated youth have been left unemployed and frustrated without a future to look forward to.

According to the Central Bureau of Statistics (CBS) (1999), unemployment rates for 15-19 year olds and 20-24 year olds in the country are 24 percent and 27 percent respectively, in spite of 30 percent secondary school enrollment (UNDP, 2005). The state-sponsored boarding schools have at the same time been experiencing myriad problems over the same period. This state of affairs, coupled with other internal and external factors, may give rise to acting out of emotional states of

despair, frustration, anger and resentment and can result in use and abuse of drugs, death and destruction of property as was witnessed in July 2008 in some secondary schools in the country.

2.3.3 ECONOMY AND DRUG ABUSE

In economic terms, illicit drugs are viewed as consumer goods that are traded in a competitive global market with direct and indirect economic costs, hence, use and abuse of drugs is a critical issue in most societies, and it is associated with social and economic consequences (James, 1994). The drugs trade is a lucrative industry in the world owing to the macroeconomic environment where goods and people move across world borders at all times. In a global context, goods, capital, people, knowledge, images, communication, crime, culture, pollutants, drugs, fashions and beliefs do readily flow and erode traditional territorial boundaries. Every aspect of national social structure is impacted by this boundary crossing (Gakuru, 2002), where individual governments and societies are called upon to intervene. In many societies, however, there exists official ambivalence towards alcohol and tobacco which are known to cause ill-health, yet the two substances are a source of tax-income (Goode, 1993). Thus, the use and abuse of various drugs, therefore, has been greatly influenced by political and economic interests.

2.3.4 FAMILY AND DRUG ABUSE

The family is often viewed as the basic source of strength, providing nurturance and support for its individual members as well as ensuring stability and generational continuity for the community and culture (Kandel, 1973). Four conceptual views of the family have been identified: the family may be seen as protecting and sustaining both strong and weak members, helping them to deal with stress and pathology while nurturing younger and more vulnerable members; the family may be a source of tension, problems and pathology, influencing weaker members in harmful ways, including destructive drug abuse; it may be viewed as a mechanism for family members to interact with broader social and community groups, such as peer groups, schools, work colleagues and supervisors and persons associated with religious institutions; and the family may be seen as an important point of intervention or a natural organizational unit for transferring and building social and community values (Simons-Morton, 2007; Some, 1994; WHO, 1993).

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Some (1994), in a cross-sectional survey on perceptions of household heads on misuse of drugs in Kisumu District, established that there was at least one person in the household who regularly abused alcohol, tobacco or bhang. The study pointed out a need for further research to identify the unprescribed medicines and quantify other drugs used in order to advise on an appropriate local and national drug policy.

Disrupted family circumstances can lead to poor adult care of children at home. Working parents have jobs or are out looking for jobs leaving children with inadequate adult supervision (Wanyama, 2005). Urbanization and migration have also facilitated the breakdown of a range of community support structures which assumed defined parenting roles. Parents or any other adults who should serve as parental surrogates may not be readily available at a time when children and adolescents need them for guidance particularly on issues of drug abuse.

Rapid social, economic and technological change may, under certain circumstances, weaken the sense of family and reduce the sense of belonging to other people, groups and places. Stability of relationships, environment and expectations are powerful forces in helping people manage their lives, especially important for children and young adults. In some societies, the classical problem of balancing discipline and control of children with nurturing support to encourage their exploration, understanding of the world and self-realization may be complicated by drug abuse problems as well as a wide range of other conditions (Halebsky, 1987). Stability in families can be an important influence on shaping the attitudes, values and behaviour of children.

Children belonging to parents who abuse drugs are neglected, or in some cases abused as a result of their parents' preoccupation with drugs. Parents who abuse drugs often put their need to obtain and abuse drugs before the health and welfare of their children. The risk to children is even greater when their parents or guardians are involved in the manufacture of illicit drugs and brews.

Family factors, therefore, are important in shaping early development of a child. The family is a primary agent of socialization of all societies with the responsibility to nurture children emotionally and physically (Nurco & Lerner, 1999). It is also within the family that children are

trained to perform adult tasks and adopt values deemed appropriate by their particular culture. Many attitudes are acquired from one's family, and behaviour is influenced through direct and indirect controls which may serve to protect against the early onset of substance abuse (Simmons-Morton, 2007; Yamaguchi & Kandel, 1984). In Kenya, the family, mostly in the urban setting, is preoccupied with work, particularly where both parents are highly educated or have a level of education that affords them two income earnings, hence, too busy with their careers to give attention to their children. Such parents may also in some circumstances, give their children more pocket money which can result in easier access to commonly abused drugs.

2.3.5 PEER INFLUENCE AND DRUG ABUSE

Adolescence is a time when enormous changes take place in the process of normal development. In many cultures it is a time for developing a person's sense of self-identity, a process that involves separation from parental attachment and values and establishing new social ties, values and ideals (Kandel, 1985). During this period risk taking increases and adolescents tend to explore new behaviours and roles involving risk taking. For most adolescents drug use and abuse reflects their curiosity and it is usually a covert behaviour, disguised from parents and authority figures. This makes it necessary for adolescents to be made aware of the facts in drug abuse since in separating from parents, youth can form other meaningful relationships especially with peers.

Positive peer pressure involves developing healthy friendships, attainment of self-esteem and self-reliance, while negative peer pressure is exemplified by rejection and isolation. An individual may feel pressured to fit in and engage in activities that their friends are doing. Yambo & Acuda (1983) in their study observe that drug use is a habit that is learned mostly from peers, friends and close relatives. Youth who have no sense of belonging are more likely to engage in risky behaviours, for example, crime, violence in schools and problems with the school administration including defiance of authority and substance abuse (Dhadphale, Mengech & Syme, 1982). Peers have been identified as an important factor in the abuse of legal and illegal drugs (Kandel, 1985). The influence of peers on adolescent's risk behaviour can be explicit or subtle. Peer groups or relations, therefore, usually provide important mediating variables influencing the experience of environmental change and personal development for children and adolescents. The risk of experimenting with and later becoming addicted to drugs may be

connected to the challenges of individual development within dynamic and turbulent socio-economic environments. Children and young people with limited, poor or no coping skills may develop destructive coping mechanisms for problem solving, anger, depression or conflict management.

Foreign pop culture can predispose young people to initial use and eventual abuse of substances when movies and pop music advocate substance use, and when young people revere stars who abuse drugs. The abundance of television programmes, video shows and internet services particularly in urban areas, exposes young people to a global pop culture that links substance abuse to popularity, sophistication, success, and independence.

Within contemporary society, celebrities have acquired a high status particularly in the eyes of young people and they can play an important part in adolescent identity development. This is because they offer a variety of possible selves that a young person might wish to try out. Some young people may therefore adopt celebrity drug abuse as a means to inform their own actions. Bandura (1986) argues that adolescents acquire many of their beliefs about drug abuse from role models. However, there is a relative lack of academic literature on celebrity influence on adolescents' abuse of drugs. This is an area for research. Further, continuous programmes are needed in secondary schools for early identification and treatment of drug abuse.

2.3.6 SOCIAL INFLUENCE AND DRUG ABUSE

Social influence can lead to drug abuse (Halebsky, 1987). Social influence occurs when the actions or thoughts of individuals are changed by other individuals. Such influence can be experienced by students in different social environments including the school environment. School is an important setting in which both the physical and psychosocial development of the adolescent occur. School also optimizes students' functioning through the provision of appropriate support and control mechanisms. Support facilitates the acquisition of knowledge and skills, while control processes are used to ensure that social, emotional, and educational challenges that students face when they enter school do not negatively influence pupils' behaviour. Such challenges can increase the risk that students will abuse alcohol, tobacco, and other substances. Because risks appear at every life transition, prevention planners need to

choose programmes that strengthen protective factors at each stage of development.

Marketing strategies can further easily influence individuals and groups. Images of drugs in their various forms continue to pervade print and broadcast media. The alcohol industry, for example, is willing to spend heavily on marketing to maintain product image and create barriers to entry for other firms. Throughout the world heavy marketing for both local and international brands often target new user groups such as young people, while sponsorships of cultural, sports and other events, are often used to give the companies an image of social responsibility.

2.4 EFFECTS OF DRUG ABUSE

2.4.1 ACADEMIC PERFORMANCE AND DRUG ABUSE

Drug abuse can impair cognitive development which, in turn, may reduce academic achievement and disrupt academic progression. Heavy adolescent substance abuse can lead to problems with working memory and attention due to changes in adolescent brain activity (Yamaguchi & Kandel, 1984) . Memory and attention problems can potentially lead to decreases in academic performance and engagement in school, and ultimately increase risk for school problems and dropout. There is need for more local studies focusing on the association between drug abuse and psychosocial impact among secondary school students in Kenya.

2.4.2 HEALTH AND DRUG ABUSE

Due to myriad factors, a comprehensive picture of worldwide health implications of drug abuse is not available. Across societies and cultures, however, the common factors are that use and abuse of drugs alters the function of the human brain and have an impact on behaviour; drugs are widely abused throughout the world; drug abuse burdens society by increasing social and economic costs for productive enterprises; and they draw upon government resources and services partly due to treatment and rehabilitation of drug abusers. Liver disease, lung disease, heart disease, vitamin deficiencies, and brain damage are some of the many complications that occur due to drug abuse and dependence (Acuda, 1983, 1988; Musk & de Klerk, 2003). More specifically, taking drugs while the body is in its developmental stage during adolescence interrupts the normal maturing process and compounds the dangers posed to the abusers.

However, some adolescents continue to exhibit a craving for commonly abused drugs, thus subjecting themselves to greater health risks.

High variability in morbidity and mortality rates are found between and within countries. Tobacco, alcohol and other illicit drugs together contribute to high morbidity and mortality worldwide enhancing the need to understand the problem of drug abuse at local and global levels (Frischer & Green, 1994; Musk & de Klerk, 2003; WHO, 1993). At the local level, Dhadphale, Mengech, Syme and Acuda (1982) in their research on drug abuse among secondary school students in Kenya recommended that a more detailed study should be carried out, not only to establish the prevalence, but also to investigate possible causes, attitudes of the students and their parents, and the community towards drug abuse with a view to identifying preventive measures. This study is interested in establishing the students views on prevalence, causes, knowledge/awareness, attitude and preventive measures of drug abuse in secondary schools. The ultimate goal of preventive measures is to reduce disease burden. The disease burden in Disability Adjusted Life Years (DALYs)* or the years of life lost due to disability varies across countries.

*Disability Adjusted Life Years (DALYs) are calculated by adding the years of life lost due to premature mortality and the years of life lost due to living with disability. The years of life lost due to disability are determined from morbidity, where each disease has been given a certain disability weight, which is multiplied with the time spent with that disease, to arrive at the years of life lost due to disability.

2.4.3 ECONOMIC CONSEQUENCES OF DRUG ABUSE

The importance of production of illicit drugs to an economy will vary significantly from country to country, but generally money generated by illicit activities does not normally enter into the formal economic process of a country, hence, macroeconomic planning is not possible for these funds. This is considered an error introduced into estimates of national economy affecting the populace (James, 1994). Use and abuse of drugs is an issue worthy of consideration in most societies, since it is associated with social and economic consequences.

Health care related costs of substance abuse include, among others, rehabilitation, counselling, case management of illnesses or injuries, and complications leading to longer lengths of hospital stays. Productivity related costs may be incurred such as premature death as well as productivity loss of victims of crime and incarceration. Some drug abusers may be unable to attain or hold full-time employment and may be absent from work without valid reasons, thereby, exacerbating loss in productivity (Aden, Dimba, Ndolo & Chindia, 2006; Goode, 1993).

Drug abuse related costs may be a serious but unrecognized drain on national income. It is often unrecognized because commonly abused drugs including alcohol may not appear directly in diagnoses and disease classifications, but may be major risk factors contributing to other diseases and costly social disorders. Further, young people are viewed in a developmental perspective as future social and human capital. There is a relationship between economic costs, school drop-out and loss of the country's workforce due to accessibility to commonly abused drugs.

2.4.4 POLICY AND DRUG ABUSE

Drug issues are highly political and complex, and virtually all known societies and cultures have used drugs of some sort at one time or other throughout history (Musk & de Klerk, 2003). Over time, countries have also individually and collectively instituted measures aimed at combating and regulating trafficking of commonly abused drugs.

In Kenya, the Dangerous Drugs Act of 1952 made provision for regulating the importation, exportation, manufacture, sale, and use of opium and of certain other dangerous drugs. Later, the Anti-Narcotics Unit was established in 1983 to curb production and trafficking of illicit hard

drugs. The Unit's team operates mainly at airports, vulnerable border points and towns with high incidences of hard drug related offences. The Narcotic Drugs and Psychotropic Substance (control) Act of 1994 deals with legislation against drug abuse in Kenya. The Act generally addresses hard drugs such as cocaine, and heroin more, while the real problem drugs in the society such as various alcohols, tobacco and miraa are not accorded due prominence. It is only recently that the Kenyan Government put into force the Tobacco Control Act 2007, which regulates smoking in public places, advertising of tobacco products, sale of cigarettes to persons under the age of 18 years, and marketing of tobacco products in the country (Kenya Gazette, 2007).

The U.S. Food and Drug Administration (FDA), an agency of the United States Department of Health and Human Services, is responsible for the safety regulation of various products including drugs. Legislation brings about changes that individuals on their own cannot, and sets new standards for the public good. Drugs have devastating consequences on the social, economic and political stability and development of nations.

Prevention of substance abuse requires the concerted effort of families, communities and societies. Through integration of preventive education into the curriculum, schools are an important intervention environment for adolescents who are at risk for drug abuse (Ngesu *et al.*, 2008). By focusing on specific target groups, preventive health education can forestall the abusive use of drugs and promote human development. There is a strong argument for government intervention to safeguard public health including that of adolescents in secondary schools in Kenya.

Review of literature indicates that drug abuse or the problem of psychoactive substances can be viewed from individual, family, social, cultural, economic, and political contexts. There is need to strengthen preventive action. Effective prevention activities ought to be comprehensive and include public health regulations and policies, educational programmes especially for children and adolescents, media campaigns, community approaches that mobilize people for preventive actions, and other contextually relevant approaches.

There is no theoretical framework guiding this study since the focus was on students views and not the practice of drug abuse among secondary school students. A theoretical framework is essentially used to explain behaviour or phenomena, which this study did not attempt to do.

2.5 OPERATIONAL DEFINITIONS

Student: A student refers to a female or male student in Form 1- Form 4 either in a public boarding or day school in Nairobi.

Psychoactive substance: A psychoactive substance is a natural or synthetic substance that acts on the psyche and modifies its operation. It alters the behavioural responses of an individual to the environment. In this study psychoactive substance and commonly abused drugs are used interchangeably.

Drug use: Drug use refers to taking in of psychoactive substance into the body using different routes such as sniffing, oral, or injection. Drug use is not necessarily regular use of commonly abused drugs. Regular drug use results in drug abuse.

Drug abuse: Drug abuse involves persistent, excessive and regular use of both natural and synthetic psychoactive substances that have a stimulating effect on the body despite risks or negative consequences. Use becomes abuse when it continues despite persistent or recurrent social, occupational, psychological or physical problems caused by or made worse by persistent use. The substances that are commonly abused include: alcohol, tobacco, cannabis (bhang), miraa (khat) and inhalants. Others are heroin and cocaine.

Drug dependence: Drug dependence refers to an intense desire to take psychoactive substance, which causes an individual to spend much time getting and abusing the drug as well as recovering from its effects. Recovery from drug dependence varies in individuals.

Views: Personal beliefs, ideas, or opinions held by an individual. Views can also refer to thoughts or personal perceptions.

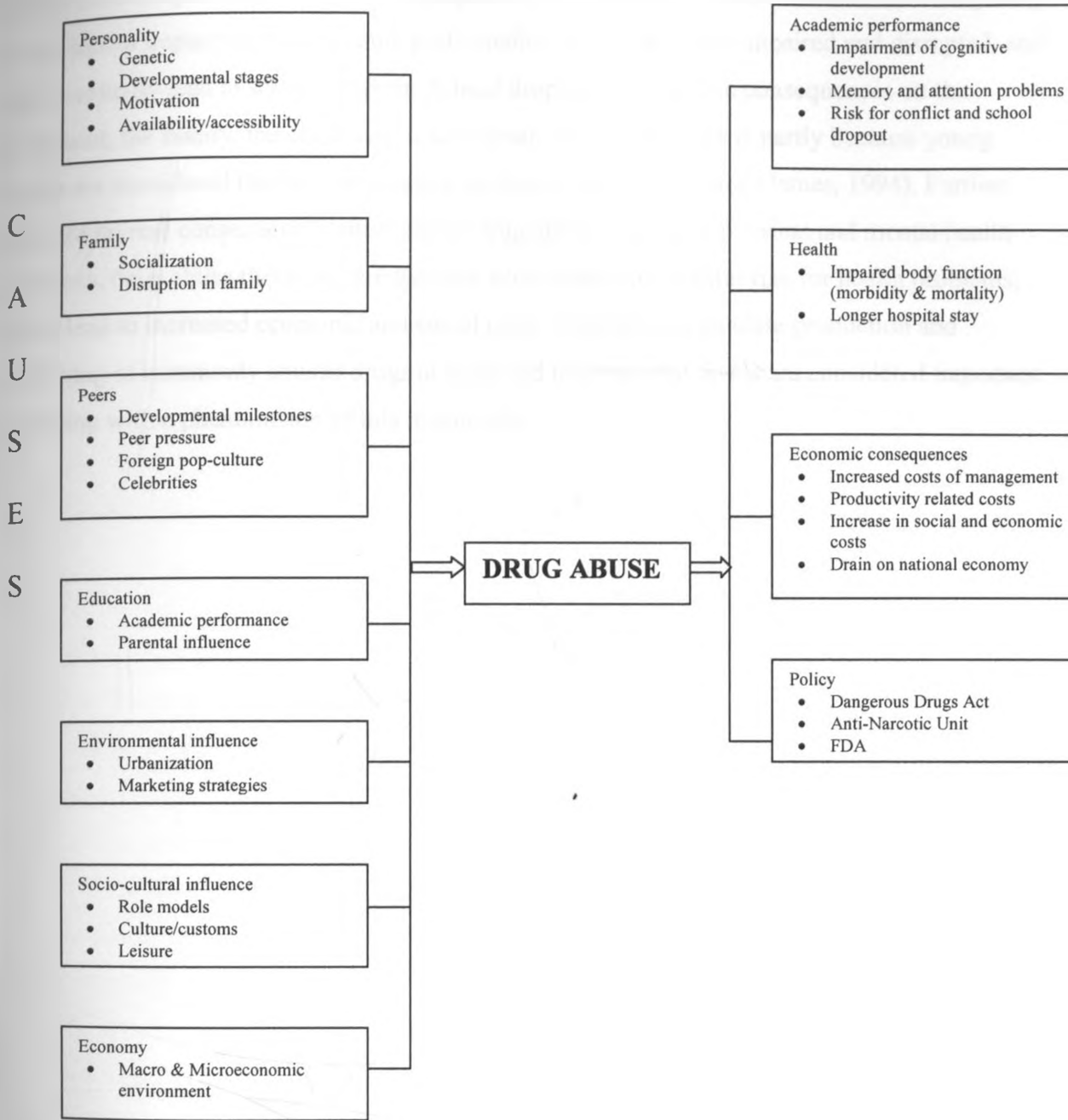
Perception is the process by which an individual interprets and organizes sensation to produce a meaningful experience of the world. Sensation is the result of stimulation of sensory receptors involved with vision, hearing, smell, taste, or touch. Perception, therefore, better describes one's ultimate experience of the world and typically involves further processing of sensory input. Sensation and perception are usually intertwined; hence they are part of one continuous process.

Knowledge: Refers to students' familiarity with commonly abused drugs. For example, in this study, having seen, heard of, or ability to name commonly abused drugs during interview is considered as knowledge. Knowledge and awareness are used interchangeably in this study.

Attitudes: Refers to cognitive and behavioural evaluations of persons such as approval or disapproval; or agreement or disagreement to behavioural tendencies. Attitudes are composed from various forms of judgment. Most attitudes in individuals are a result of observational learning from their environment.

Health: According to the WHO (1946), health is "a state of complete physical, mental, and psychosocial well-being and not merely the absence of disease or infirmity".

Figure 1: A CONCEPTUAL MODEL OF VIEWS ON DRUG ABUSE



Drug abuse is attributed to various causes. The innate characteristics of an individual can play a dominant role in vulnerability to drug abuse, while the influence of family and peers are also considered important factors. Positive family influences, such as family bonding and consistent rules, appear to reduce the risk of drug abuse among adolescents, while negative family

influences such as family conflict, tend to increase risk. Similarly, positive and negative peer factors have the potential to determine propensity for drug abuse. Peer influence involving drug abuse, has an impact on the academic performance, which becomes impaired and disrupted, and may eventually lead to school dropout. School dropout has negative consequences on the adolescent, the family, the community, and society in general. This is partly because young people are considered the most productive section of human resource (James, 1994). Further, there are myriad consequences attributed to drug abuse, including physical and mental health outcomes. Drug abuse therefore, predisposes adolescents to a greater risk for health problems, which lead to increased economic and social costs. Policies that regulate production and trafficking of commonly abused drugs at local and international levels are considered important in dealing with a phenomenon of this magnitude.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter focuses on the procedures used in this study to collect data. Data, which was collected systematically using different data collection instruments, enabled the researcher to arrive at the reported findings. The chapter is divided into sections with descriptions of the steps that were followed in conducting this study. Section 3.2 describes the research site; Section 3.3 covers methods of data collection: 3.3.1 describes data collection methods and tools; 3.3.2 describes focus group discussion for students; 3.3.3 deals with data collection procedures; 3.3.4 defines unit of analysis; 3.3.5 defines unit of observation: Section 3.4 describes sampling; 3.4.1 outlines sampling procedure; 3.4.2 describes sample size determination: Section 3.5 outlines methods of data analysis; 3.5.1 explains quantitative data; 3.5.2 explains qualitative data: Section 3.6 deals with ethical consideration; 3.7 examines problems encountered in the field.

3.2 RESEARCH SITE

Nairobi is the capital and largest city of Kenya with an estimated urban population of between 3 and 4 million people according to the last Census conducted 10 years ago in 1999 (Kenya Government Report, 2001). Secondary school students, who are the subjects of this study, are part of this population. It is estimated that Nairobi's population will reach 5 million by 2015. Nairobi is a political, international, regional and administrative centre. Many public secondary schools, middle level colleges and universities are located in Nairobi. Purposive sampling was used to select Nairobi as the site of the study due to its accessibility.

Besides the port of Mombasa, Nairobi is a major international entry point for drugs such as heroin, cocaine and Mandrax from other countries (UNODC, 2004). In a recent anti-trafficking conference held in Nairobi, a United Nations official stated that "everything that goes on in the Afghan heroin market is felt on the streets of Nairobi" (Sunday Nation, September 28, 2008:5). This is because Kenya is a major conduit for heroin from Afghanistan destined for markets in Europe, America, Asia and East Africa. It would be safe to assume that there is a likelihood of

increased availability of such drugs in Kenya and in particular, in cities such as Nairobi, Mombasa and Kisumu besides many smaller towns in the country, including some rural areas. Nairobi was purposively selected as the site of the study. This decision was primarily based on accessibility.

3.3 METHODS OF DATA COLLECTION

3.3.1 DATA COLLECTION METHODS AND TOOLS

This study collected primary data using the questionnaire, key informant interview guide and focus group discussion guide. The questionnaire, which was administered to the students, comprised both closed-ended and open-ended questions. The open-ended questions gave the students opportunity to provide additional information which the closed-ended questions may have restricted. The information in the questionnaire was collected from the sampled students in the same way without interfering with the school schedule. Subsequently, data was analyzed systematically using quantitative and qualitative methods.

The interview guide was used to collect primary data from key informants on aspects of drug abuse. Key informants comprised a principal, a deputy principal, a teacher-counsellor, a cook, and a security man in some of the sampled schools. The information gathered from them helped to support quantitative data and assisted to capture pertinent information that may have been left out in the questionnaire. Key informants were purposively sampled.

Focus group discussion guide was used to conduct focus group discussion (FGD) with participants drawn from Form 1 to Form 3, who comprised male students. The FGD method was used in an attempt to enhance reliability of data and firm up information obtained from the questionnaire and the key informant interviews. Focus groups combine an element of interviewing and participant observation. The group discussion was held in a natural setting. This helps in obtaining as much information as possible.

The Likert Scale for measuring the internal states of individuals was used to measure the attitude of respondents to views on drug abuse by students, their close family members, and relatives.

The scale helped to qualitatively measure the intensity with which an attitude was held by the respondents. Attitudes represent an individual's agreement or disagreement, approval or disapproval, and like or dislike for an item.

3.3.2 DESCRIPTION OF FOCUS GROUP DISCUSSION FOR STUDENTS

Focus group discussion (FGD) was conducted with 12 male students in Form 1- Form 3. The purpose of the group discussion was to collect additional information to supplement data collected using the questionnaire and key informant interviews, thereby enhancing validity. Form 4 students did not participate in the discussion since they were doing end-of-year revision in preparation for the Kenya Certificate of Secondary Examination (KCSE). Selection of the students was done by the teacher-counsellor in the morning and the session was held on the same day in the evening after scheduled classes.

Before the discussion session started, the researcher informed the group members of the purpose of the study, and they were requested to volunteer as much information as possible on their views on the problem of drug abuse in secondary schools. They were also assured that any responses and suggestions they gave related to drug abuse would be acceptable. This was a way of encouraging them to participate freely in the group discussion. The names of the participants were written down by the researcher. This was necessary to note the responses they gave, and for easy identification of the group members during the group discussion. The participants were assured that although they had given out their names, those names would not appear in the study report. Before planning the discussion session, the researcher was careful not to interfere with the school schedule and was cognizant of the fact that third term in the school calendar is a short and busy term, where both teachers and students put in extra hours in an attempt to cover the syllabus.

The session was conducted in English. The researcher acted as the moderator as well as the note-taker. This became necessary when it was apparent that the note-taker would not be available in time for the group discussion. A tape recorder was used to record information that was used to supplement the notes that were taken during the discussion. The session lasted slightly over one hour. The information gathered from the focus group discussion helped to firm up information

obtained from the questionnaire and key informant interviews. Use of intermethods triangulation helps to enhance validity of research findings (Nachmias & Nachmias, 1996). Secondary data was obtained from various books, journals and reports in libraries as well as NACADA offices.

3.3.3 DATA COLLECTION PROCEDURES

The questionnaires were administered to the students during break time, lunch break, or after the normal classroom schedules in the evening; the focus group discussion was conducted after the classroom schedule on one of the school days; while key informant interviews were carried out by the researcher through face-to face interviews on different days during the data collection period. The researcher informed the heads of schools about the study by using the letter of research authorization for self-introduction and stating the purpose of the study. Dates were then agreed upon on visits to the schools to administer the questionnaires. Appointments were made with key informants on suitable dates and time when interviews would be conducted. Data collection was conducted on different dates from 9th October to 23rd October 2008.

3.3.4 UNIT OF ANALYSIS

The unit of analysis, also called unit of statistical analysis, refers to individual units about which or whom descriptive or explanatory statements are to be made (Mugenda & Mugenda, 2003:14). It is the major entity that is analyzed in the study. It is the 'what' that is being studied. In this study, the unit of analysis is the students views on drug abuse in secondary schools.

3.3.5 UNIT OF OBSERVATION

A unit of observation is the subject or entity from which we measure the characteristic or obtain the data required in the research study (Mugenda & Mugenda 2003:14). It is the unit on which data is collected. Unit of observation can be an individual person or students in a class. In this study, the unit of observation was individual female and male students, sampled in public secondary schools in Nairobi. Students in Form 1 – Form 4 were the respondents. Key informants who included a principal, a deputy principal, a teacher-counsellor, and a security man were also included for interview.

3.4 SAMPLING

3.4.1 Sampling Procedure

Sampling is done with the aim of making general statements from a sample that would apply to an entity as a whole (Corbetta, 2003). If the research is correctly conducted, inferences for the entity can safely be made and conclusions drawn. The researcher can also avoid incurring exorbitant costs in both time and money.

This study adopted both probability and non-probability sampling techniques. Nairobi Province has eight (8) divisions (constituencies) which fall into three administrative districts. Each division has an average of seven public secondary schools. The population is heterogeneous and an attempt was made to capture the differences by using a method that ensured equal representation of the divisions. With the help of the office of the Provincial Education Officer at Nyayo House, Nairobi, the researcher obtained a list of all the secondary schools in the eight divisions. To select the schools to be studied, multistage sampling method was used.

First stage: A simple random sample of 4 divisions was drawn from the 8 divisions, using lottery method.

Second stage: 2 schools were drawn from each of the 4 sampled divisions using the lottery method.

Thus 8 schools were randomly selected from 4 divisions in Nairobi province. The schools sampled are listed in Table 1.

To determine the number of students to be interviewed per school, the study considered the relative size of each school (see Table 1 and Table 2). The number of students selected in each school was considered a reasonable number to give in-depth information on views on drug abuse.

3.4.2 Sample Size Determination

To be able to select the required number of students from each class in the sampled schools, systematic sampling was used. Class registers were used as the sampling frame. The researcher, who did not have direct contact with the students, gave clear and detailed directions to the identified teachers/teacher-counsellors on how to select the students and administer the questionnaires. The first step was to randomly select the first respondent in the class as the

starting point using the sampling frame. The second step was administration of the questionnaires to every Kth student using systematic random sampling, until the required number of students per class was attained. Data was collected from the sampled students. A total of 120 students were selected as the target sample in all the sampled schools.

Cluster sample

Intended sample

Total population

Source of formula: Teased from Nachmias & Nachmias (1996).

While this study targeted 120 students, there were five key informants comprising teachers and subordinate staff who were interviewed. The key informants were purposively selected from the sampled schools.

Table 1: Number of students per school for the study

Schools	Number of students	Per cent
Moi Nairobi Girls	972	18.1
Upper Hill	920	17.1
Aquinas High	841	15.6
Our Lady of Fatima	820	15.2
Lang'ata High	721	13.4
Kangemi High	555	10.3
Parklands High	394	7.3
*Baba Dogo	159	3.0
Total	5382	100.0

Source: Ministry of Education (MOEST) 2008

It was necessary to obtain an estimate of the number of students in each school so as to have an idea about the size of the student population in the school.

Table 2: Distribution of students by schools

Schools	Number of students	Per cent
Moi Nairobi Girls	22	18.3
Upper Hill	20	16.7
Aquinas High	19	15.8
Our Lady of Fatima	18	15.0
Langata High	16	13.3
Kangemi High	12	10.0
Parklands High	9	7.5
*Baba Dogo	4	3.3
Total	120	100.0

*Note: This school was started in 2007 and had students up to Form 2. Two students were selected from Form 1, and the other two from Form 2 using the class registers as the sampling frame.

Table 2 shows the distribution of students who were interviewed in each school.

Example of Moi Nairobi Girls to demonstrate how number of students per school, and distribution of students by schools were calculated in this study:

$$972/5382 \times 100 = 18.06\% = 18.1\%$$

Then to get the number of sampled students per school:

Ask the question?

What is 18.1% of 120?

$$18.1/100 \times 120 = 21.72 = 22$$

3.5 METHODS OF DATA ANALYSIS

After collecting raw primary data from the field using questionnaires, key informant interview guide and focus group discussion question guide, both quantitative and qualitative methods of data analysis were used. These two data analyses techniques were complementary to each other.

3.5.1 QUANTITATIVE DATA

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS). Data was compiled in a systematic manner using descriptive statistics showing relationships of variables and presented in the form of tables, frequency distributions and percentages.

3.5.2 QUALITATIVE DATA

Qualitative data was keyed-in using codes systematically and carefully assigned to open-ended questions. Data was organized into themes depending on the responses that were obtained from the respondents. Similarities and differences in the organized data were used in the discussion of the findings of this study. The interpreted data, both quantitative and qualitative, was also used in the compilation of the study report.

3.6 ETHICAL CONSIDERATION

The Ministry of Education, Science and Technology is the authority that allows researchers access to public schools in Kenya. The researcher, therefore, sought entry to the secondary schools from the Ministry. Subsequent to this, cooperation from the principals of the sampled schools was important, therefore, a clear explanation of the purpose of the study was done to the

heads of schools. The students were given freedom of choice to participate or not to participate in filling in the questionnaire or taking part in the focus group discussion.

3.7 PROBLEMS ENCOUNTERED IN THE FIELD

In all the sampled schools, the researcher was asked to leave the questionnaires behind with the class teacher or the teacher - counsellor who subsequently administered them to the students in the absence of the researcher. Under such circumstances, the researcher explained to the teacher how the students should be randomly selected using the sampling frame until the required number in each class was attained. The researcher expected that the teacher would follow correctly the instructions on how to select the students for the study. The researcher collected the questionnaires on different dates thereafter. This denied the researcher the opportunity to give direct instructions to the students on how to fill the questionnaires. Further, some of the schools did not return all the distributed questionnaires. The target sample for this study was 120 students, but 116 students responded to the questionnaire, which inevitably interfered with the targeted sample size.

In order to pre-empt non-cooperation, feelings of discomfort and suspicion that the researcher was incriminating some schools as having a problem of drug abuse, the researcher explained to the principals of schools or their deputies that their schools were included in the study purely through random sampling of secondary schools in the eight divisions in Nairobi, and that any secondary school in the eight divisions had an equal probability of inclusion for study purposes.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

This chapter reports findings obtained from data collected from male and female students in Form 1- Form 4 in eight public secondary schools in Nairobi. Key informants also provided information that supported data collected from the students. The focus of the study was views of students on drug abuse in public secondary schools. The objectives, which have already been stated elsewhere in this project report, will be engaged throughout in the analyzed data and subsequent discussion.

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4.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDENTS

Table 3: Socio-demographic characteristics of students

Variable	Frequency	%
Gender		
- Male	82	70.7
- Female	34	29.3
Class		
- Form 1	38	32.8
- Form 2	39	33.6
- Form 3	29	25.0
- Form 4	10	8.6
Religion		
- Christian	111	95.7
- Muslim	3	2.6
- Others	2	1.7
Person living with student		
- Mother	26	22.4
- Father	6	5.2
- Both parents	67	57.8
- Uncle	3	2.6
- Aunt	6	5.2
- Others	8	6.9
Place where brought up (N=115)		
- Rural	18	15.5
- Urban	97	83.6
Father's level of education (N=112)		
- None	2	1.9
- Primary	11	10.6
- Secondary	24	23.1
- Midlevel college (diploma college)	32	30.8
- University	35	33.7
- Not applicable (doesn't have a father)*	8	6.9
Father's occupation (N=104)		
- Formal (salaried job)	49	47.1
- Unemployed	1	1.0
- Self-employed (business)	25	24.0
- Non-response	29	27.9
Mother's level of education (N=106)		
- None	6	5.2
- Primary	11	9.5
- Secondary	29	25.0
- Mid-level college (diploma college)	35	30.2
- University	23	19.8
- Not applicable (doesn't have a mother)*	2	1.7
Mother's occupation (N=104)		
- Formal (salaried job)	37	35.6
- Unemployed/housewife	7	6.7
- Self-employed (business)	30	28.8
- Non-response	30	28.8

*Students who answered 'not applicable' for either of the parents' level of education were excluded from the analysis for the parents' occupation.

This study collected data from 116 secondary school students from eight schools in Nairobi. Out of 116 sampled students, the mean age was 16.44 (± 1.39) years. The maximum age was 20 years while the minimum age was 13 years giving a range of 7 years. Age is a socio-demographic attribute considered important in population dynamics of any society. There were 82 (70.7%) male students and 34 (29.3%) female students from Form 1 to Form 4. This might suggest that secondary school enrollment ratio for male is higher than that of female. Only 10 (8.6%) Form 4 students participated in the study. Their small number is explained by taking time off to revise and prepare for the national examination, Kenya Certificate of Secondary Examination (KCSE), which was scheduled to take place in November 2008.

4.2.1 RELIGIOUS BACKGROUND OF THE STUDENTS

Majority (95.7%) of the students were Christians while 2.6% were Muslims. The remaining 1.7% belonged to other religions. The high number of Christian respondents would seem to reflect the national picture of religious affiliations, since it is often said that approximately 80% of the population in Kenya comprises of Christians. The Kenya Constitution provides for freedom of worship and choice of religious affiliation.

4.2.2 PARENT OR GUARDIAN LIVING WITH STUDENT AND PLACE OF UPBRINGING

Table 3 indicates that nearly 60% of the students lived with both parents, 22% lived with the mother, while 5% either lived with the father or the aunt. A minority (2.6%) lived with the uncle. The fact that majority of the students lived with both parents could be due to the employment or working status of the parents in Nairobi. The majority (84%) of the students were brought up in urban areas while 15.5% grew up in the rural areas. Rural-urban migration coupled with various rapid changes in society may possibly be one of the reasons why the majority of the students were brought up in urban areas.

4.2.3 EDUCATION AND OCCUPATIONS OF PARENTS

According to the respondents, over one third (33.7%) of the fathers had achieved university education, 30.8% had attained diploma level education, while 23% had secondary school level education. Only a small number (1.9%) of the fathers did not have any formal education

reflecting a high level of literacy. Fathers were either formally employed or self employed. Those who were formally employed were 47% while 24.0% were self-employed. Only 1% were unemployed.

Nearly one fifth (19.8%) of mothers of the respondents had attained university education, while 30% had middle level college education. One quarter (25.0%) and 9.5% had secondary and primary level of education respectively. A higher number (5.2%) of mothers than fathers, had no formal education. The employment status of mothers was 36% in salaried jobs and a higher number (29%) than fathers were running their own businesses. Unemployed mothers accounted for 7%, a higher number than the unemployed fathers (1%). Some of the unemployed mothers were also housewives. Work done by housewives is not quantified in monetary terms in the same manner as salaried employment, which could explain the higher number of unemployed mothers.

From the findings, the observation is that majority of the parents of the respondents had attained secondary school education and above, and were either in formal employment or self employment. Formal education may enhance the earning potential of individuals and especially if a household has two income earners. Educational attainment of parents is also an important demographic attribute. It may have the potential to enhance the student's educational aspirations by influencing a student to study and keep away from commonly abused drugs.

4.3 KNOWLEDGE/AWARENESS OF COMMONLY ABUSED DRUGS

Table 4: Awareness of commonly abused drugs

Variable	Frequency	%
Ever heard of drug abuse?		
- Yes	116	100
Commonly abused drugs that students know of		
- Miraa/khat	77/116	66.4
- Bhang/marijuana/cannabis	102/116	87.9
- Alcohol/beer	82/116	70.7
- Cigarette smoking/tobacco	69/116	59.5
- Cocaine/opium	35/116	30.2
- Heroine/mandrax	22/116	19.0
Views of students on causes of drug abuse		
- Peer pressure/to belong/inability to cope with teenage life	15/116	12.9
- Make them feel high/energetic/for pleasure	47/116	40.5
- Stress/heavy workload in school	2/116	1.7
- Copy adults/to be like adults	24/116	20.7
- Exposure to environment/media	49/116	42.2
- To keep awake to study	8/116	6.9
- A lot of pocket money	65/116	56.5
Views students of age group that commonly abuses drugs (N=110)		
- 14 years and below	6	5.2
- 15 years	19	16.4
- 16 years	39	33.6
- 17 years	40	34.5
- Do not know	6	5.2
Views of students on reasons why students 16-17 years abuse drugs more (N=98)		
- Peer pressure/to belong/inability to cope with teenage life	65	56.0
- Make them feel high/energetic/for pleasure	10	8.6
- Stress/heavy workload in school	5	4.3
- Copy adults/to be like adults	9	7.8
- Exposure to environment/T.V advertising	7	6.0
- To keep awake to study	2	1.7

4.3.1 STUDENTS KNOWLEDGE/AWARENESS OF COMMONLY ABUSED DRUGS

Knowledge/awareness in this study means the range of information or familiarity that the students may have such as, having seen, heard of, to state views, or simply being able to name any of the commonly abused drugs and the association of such drugs with human well-being. This study was interested in assessing the knowledge and awareness of the respondents about commonly abused drugs. According to Table 4 above, all the respondents (100%) were aware of, and had heard of drug abuse. Majority (87.9%) of the respondents knew and were familiar with bhang, (70.7%) stated that they were familiar with alcohol, while 66.4% and 59.5% had

knowledge/awareness of cigarettes and miraa/khat respectively. Nearly one third (30.2%) were aware of cocaine while 19.0% of respondents had knowledge of heroin.

4.3.2 REASONS WHY STUDENTS ABUSE DRUGS

This study was interested in the views of respondents on reasons for drug abuse among students in secondary schools. According to 56.5% of the respondents, giving students a lot of pocket money made them more vulnerable to drug abuse. The other reasons that were cited by the respondents included exposure to the environment (42.2%), the urge to feel high (40.5%), and copying adult behaviour (20.7%). Peer pressure and desire to keep awake were mentioned by 12.9% and 6.9% of the respondents respectively. Stress as a result of having heavy workload was the least mentioned reason why respondents thought students abused drugs (1.7%). The observation is that giving a lot of pocket money to the students would very likely predispose them to abuse drugs, hence, the suggestion by respondents on counselling and guidance by teachers (70.7%) and by parents (59.5%) could help students on better ways of using pocket money (Table 9). Further, it is likely that students whose parents are either formally employed or self employed would get more pocket money than those whose parents are not [employed]. Although this may not follow a particular pattern, respondents were of the view that giving students a lot of pocket money has likelihood to tempt students to engage in drug abuse.

In the focus group discussion, when students were asked why they thought students abuse drugs, they responded: "Pressure from friends/peers, stress emanating from studies, problems at home or in school, the home environment where parents abuse alcohol, inappropriate advertising of cigarette smoking and alcohol on billboards, print and electronic media, and the pressure to 'belong', are among reasons why students take drugs".

From the key informant interviews, their view was that giving a lot of pocket money to students could lead to drug abuse. This, however, does not necessarily exclude students who have less pocket money from vulnerability to drug abuse.

4.3.3 IMPORTANCE OF AGE GROUP TO DRUG ABUSE BY STUDENTS

Age group, as it relates to adolescence, is a significant developmental milestone. Coping behaviours and responses may be influenced by the age group that one belongs to or identifies

with. One of the interests of this study was to get the views of the students on the age group more likely to abuse drugs than others. Data shown in Table 4 indicates that 34.5% and 33.6 % of the respondents were of the view that students aged 17 years and 16 years respectively, were more likely to abuse drugs than other students. Age groups 15 years and 14 years were mentioned by 16.4% and 5.2% of the respondents, respectively, as less likely than age 17 years and 16 years to abuse common drugs. In this regard, it is possible that the longer a student has been in school, the more likely that they would be predisposed to take commonly abused drugs. Form 3 and Form 4 students are usually between 16-17 years of age according to our education system.

The reasons the respondents thought would give rise to drug abuse in the age group 16-17 years included peer pressure (56.0%), desire to feel 'high' (8.6%), and copying the behaviour of adults who abuse drugs (7.8%). Other reasons were exposure to the environment (6.0%) and heavy workload in school (4.3%). The view that the students would wish to remain awake to study as a reason for drug abuse was given by 1.7% of the respondents. For students who are likely to be involved in taking drugs to keep awake, guidance and counseling by the teachers would provide information on dangers of drug abuse.

4.4 PERCEPTIONS OF STUDENTS TOWARDS COMMONLY ABUSED DRUGS

Table 5: Perceptions towards commonly abused drugs

Variable	Frequency	%
What gives students a 'kick'		
– Beer	44/116	37.9
– Cigarette smoking	25/116	21.6
– Marijuana/bhang	96/116	82.8
– Miraa	26/116	22.4
– Others	2/116	1.7
Which gender abuses drugs more? (N=115)		
– Male	107	92.2
– Female	6	5.2
– Do not know	2	1.7
Why this gender abuses drugs more (N=94)		
– Peer pressure	37	31.9
– Keep awake	32	27.6
– Exposure	14	12.1
– Acceptance	4	3.4
– Copying adults	7	6.0
Do you consider yourself to be at risk of taking drugs? (N=113)		
– Yes	44	37.9
– No	62	53.4
– Do not know	7	6.0
Drug abuse can lead to reckless sexual behaviour		
– Yes	114	98.3
– No	2	1.7
Drug abuse can lead to violence/aggression		
– Yes	113	97.4
– No	2	1.7
– Do not know	1	0.9

4.4.1. WHAT GIVES STUDENTS A 'KICK'?

The interest of the researcher here was to get views of the students regarding some aspects of commonly abused drugs, for example, a 'kick'. A 'kick' is a psychological state of feeling good about self after taking commonly abused drugs. When the students were asked about their views on which drugs give students a 'kick', 82.8 % mentioned marijuana, followed by beer (37.9 %). Almost equal numbers (22.4%) and (21.6%) of respondents thought miraa and cigarette smoking respectively would give students a 'kick'. This observation indicates that although bhang is not a legal drug like alcohol and cigarettes, it is nevertheless the most widely considered by the respondents to give students a good psychological feeling. This suggests that guidance and counselling need to be intensified in secondary schools for preventive purposes. According to

key informants, the most commonly abused drugs were bhang and miraa (khat), and cigarettes. When the participants in the focus group discussion were asked which drugs students commonly abuse, they said: "Alcohol, bhang and cigarettes".

4.4.2 GENDER DIFFERENCES IN PREVALENCE OF DRUG ABUSE

This study was interested to establish the views on prevalence of drug abuse with respect to gender. The respondents thought that there was a high prevalence of drug abuse among males (92.2%) compared to females (5.2%).

When reasons were sought from respondents as to why males are perceived to abuse drugs more than females, their view was that peer pressure was the main reason (31.9%), while desire to keep awake was reported by 27.6% of the respondents. Males were also thought to abuse drugs more due to exposure to the environment (12.1%). Copying adult behaviour was mentioned by 6.0% of the respondents. Gender, like age, is a demographic characteristic of interest. The view that there was a higher prevalence of drug abuse by males could have been due to the higher number of male respondents (70.7% see Table 3) or due to taking drugs to keep awake (27.6% see Table 5). This suggests that besides intensifying guidance and counselling in secondary schools, boys need more attention than girls.

4.4.3 RISK AND DRUG ABUSE

Risk is associated with adverse health outcomes and can be a serious threat to life. Drug abuse is a risk taking behaviour and may be associated with myriad other problems and contributing risk factors. This study was interested in establishing whether students perceived themselves to be at risk of abusing drugs. Whereas 96.6% of the respondents had heard of drug abuse (Table 5), 37.9% thought that they were at risk of drug abuse, while over half (53.4%) stated that they did not perceive themselves at risk of taking drugs. Due to the number of respondents who did not perceive themselves to be at risk, this would suggest need for counseling in schools (75.9%), family counseling (53%) and peer counselling (19.0%) respectively, as indicated in Table 9. This is one of the reasons why this study was interested in views on prevention strategies.

4.4.4 DRUG ABUSE AND AGGRESSION/VIOLENCE

Aggression/violence is an antisocial behaviour and drug abuse can be a predisposing factor to aggression. This study was interested in establishing the views of respondents on drug abuse and violence. Majority (97.4%) of the respondents linked drug abuse to violence, while only 1.7% did not associate drug abuse with aggression or violence. From Table 9, about 41% of the respondents were of the opinion that expulsion/suspension of students was one approach of prevention of drug abuse since such students would be isolated from the rest, eliminating aggression towards other students. When the key informants were asked about their views on how students behave when they abuse drugs they said: "When they abuse drugs, students are rowdy and they bully other students".

Participants in the focus group discussion said: "When students take commonly abused drugs they behave violently, they make a lot of noise, and they engage in fights with other students regularly".

4.5 KNOWLEDGE OF ASSOCIATION OF DRUG ABUSE AND DISEASE

Table 6: Knowledge of diseases associated with drug abuse

Variable	Frequency	%
Is HIV/AIDS associated with drug abuse? (N=115)		
– Yes	84	72.4
– No	28	24.1
– Do not know	3	2.6
Do you know a student in this school who drank alcohol in the last 30 days? (N=114)		
– Yes	50	43.1
– No	52	44.8
– Do not know	12	10.3
Can regular use of alcohol cause diseases (N=114)		
– Yes	103	88.8
– No	10	8.6
– Do not know	1	0.9
Name the diseases		
– Liver cirrhosis/Hepatitis	75/116	64.7
– Cancer	31/116	26.7
– Others	41/116	35.3
Do you know a student in this school who smoked cigarettes in the last 30 days?		
– Yes	35	30.2
– No /Do not know	81	69.8
Do you think drug abuse can result in mental illness?		
– Yes	114	98.3
– No	2	1.7

4.5.1 ASSOCIATION OF DRUG ABUSE AND HIV/AIDS

HIV/AIDS undermines the physical health and social well-being of individuals. Drug abuse is also a major factor in the spread of HIV infection through shared equipment for injecting drugs. Young people, like adults, are predisposed to drug use and abuse and HIV/AIDS. In this study, students were asked whether HIV/AIDS is associated with drug abuse. From Table 6, 72.4% of students were able to associate drug abuse and HIV/AIDS, 24% responded negatively, while about 3% were not aware of this association. This suggests that although awareness campaigns on HIV/AIDS have been going on in our country, there is need for intensified awareness among students. Students also need to be sensitized about the link between specific infections and drug abuse through guidance and counseling.

4.5.2 ALCOHOL ABUSE AS A CAUSE OF DISEASE

Alcohol is a widely used legal drug, accepted as part of our culture. This popular drink is a mood altering drug which, when consumed in large quantities, can act as a depressant, and affect judgment, balance and co-ordination. Prolonged alcohol abuse affects major body systems and organs, including liver and the brain. Knowledge of alcohol abuse as a cause of disease was of interest in this study. Most respondents (88.8%) were aware that regular use of alcohol can cause disease, while 8.6% were not aware of this association. The respondents associated alcohol abuse with liver cirrhosis and cancers which were mentioned by 64.7% and 26.7% of the respondents, respectively. This is an indication that majority of the students were aware of adverse effects of abuse of alcohol, but there is still need for regular counseling.

4.5.3 CIGARETTE SMOKING AS A CAUSE OF DISEASE

The effects of smoking appear in almost every major system and organ in the body. Heart disease, stroke, lung disease and cancers are directly linked to smoking. Nearly one third of the students (30.2%) knew at least one student who had smoked cigarettes 30 days prior to this study. According to 70.7% of the respondents (see Table 9), teachers need to be involved in teaching about drug abuse in school as one of the preventive measures of drug abuse.

4.5.4 DRUG ABUSE AND MENTAL ILLNESS

Drug abuse can predispose an individual to mental illness which has a negative impact on the mental function and well-being of an individual. Most respondents (98.3%) were aware of the relationship between drug abuse and mental illness, while 1.7% mentioned that drug abuse could not lead to mental illness. From the information derived from focus group discussions, participants stated: “When students take commonly abused drugs, they experience hallucinations, scream, and they are unkempt and unable to groom themselves.” This indicates a good level of awareness of this aspect of drug abuse.

4.6 ACCESS TO COMMONLY ABUSED DRUGS

Table 7: Views of how students access drugs.

How students access drugs (N=111)	Frequency	%
Brought in by friends	78	67.2
Buy from security man	12	10.3
Buy from cook	3	2.6
Others	18	15.5

Views on how students obtained commonly abused drugs were sought from respondents. Over two thirds (67.2%) of the respondents suggested that students obtained commonly abused drugs from friends, while 10% were of the view that drugs were bought from the security man. About 3% thought that the cooks were the source of drugs. The views of key informants were: “Some students obtained drugs from idlers residing in the nearby estates. Some fruit sellers in Nairobi hide drugs and sell them alongside their fruits from their business premises, while some street vendors who sell sweets double up as drug peddlers.” When participants in focus group discussion were asked of their views on sources of drugs, they said: “Local peddlers who are well organized, shoe shiners who hide commonly abused drugs, friends, and stealing from parents who abuse drugs, are some of the sources of drugs”.

4.7 ATTITUDE TOWARDS DRUG ABUSE

Table 8a: Attitude of students to drug abuse (Agreement or Disagreement)

Statement	Level of agreement or disagreement (%)			
	SA	A	PD	SD
There is a problem of drug abuse among secondary school students in Kenya. (N=114)	59 (50.9%)	45 (38.8%)	7 (6.0%)	3 (2.6%)
Students in this school abuse drugs. (N=113)	12 (10.3%)	45 (38.8%)	41 (35.3%)	15 (12.9%)
School performance can be adversely affected by drug abuse (N=114)	80 (69.0%)	19 (16.4%)	4 (3.4%)	11 (9.5%)
Students from rural areas are more likely to abuse drugs than those in the urban areas (N=112)	9 (7.8%)	11 (9.5%)	46 (39.7%)	46 (39.7%)
Children from richer families are more likely to abuse drugs than those from poorer families (N=113)	49 (42.2%)	27 (23.3%)	23 (19.8%)	14 (12.1%)
Miraa/khat is a drug (N=114).	63 (54.3%)	33 (28.4%)	11 (9.5%)	7 (6.0%)
Disciplinary action should be taken by the school against students found in possession of drugs (N=111)	66 (56.9%)	18 (15.5%)	13 (11.2%)	14 (12.1%)

SA- Strongly Agree A- Agree PD- Partly Disagree SD- Strongly Disagree

Table 8b: Attitude of students to drug abuse (Approval or Disapproval)

Statement	Level of approval or disapproval (%)			
	SA	A	PD	SD
Indicate your attitude/reaction towards those students who abuse beer/alcohol. (N=113)	13 (11.2%)	24 (20.7%)	18 (15.5%)	58 (50.0%)
Indicate your attitude/reaction towards those students who abuse tobacco/smoke cigarettes. (N=114)	13 (11.2%)	27 (23.3%)	7 (6.0%)	67 (57.8%)
State your attitude/reaction towards those students who abuse bhang (cannabis) (N=114).	14 (12.1%)	21 (18.1%)	8 (6.9%)	71 (61.2%)
State your attitude/reaction towards those students who chew miraa (khat) (N=113).	14 (12.1%)	32 (27.6%)	15 (12.9%)	52 (44.8%)
Indicate your attitude/reaction towards parents who abuse drugs (N=113).	19 (16.4%)	11 (9.5%)	7 (6.0%)	76 (65.5%)
Indicate your attitude/reaction towards relatives who abuse drugs (N=112).	16 (13.8%)	21 (18.1%)	6 (5.2%)	69 (59.5%)
Indicate your attitude/reaction towards people below 18 years of age who abuse drugs (N=111).	16 (13.8%)	17 (14.7%)	9 (7.8%)	69 (59.5%)

SA- Strongly Approve A- Approve PD- Partly Disapprove SD- Strongly Disapprove

4.7.1 ATTITUDE OF STUDENTS TOWARDS DRUG ABUSE

The attitude and views of the students towards drug abuse in secondary schools was assessed from their responses to 14 questions listed in Table 8. About 90% of the respondents agreed that

there was a problem, but 8.6% disagreed. About 50% of the respondents were of the view that there was a problem of drug abuse in their schools, while 48.2% disagreed. This would suggest that although the majority of the students acknowledge that the problem of drug abuse exists in Kenyan schools including their schools, the extent of the problem is unknown. This would mean that more investigations are necessary to establish the magnitude of drug abuse in secondary schools.

In the focus group discussion, the participants were asked whether drug abuse was a problem among students in secondary schools in Kenya. They stated: "Drug abuse is a problem in secondary schools in Kenya". On the question whether drug abuse was a problem in their school, they said: "No, drug abuse is not a problem in our school".

From this observation, respondents held different views on drug abuse in secondary schools. The views of the respondents were supported by the views of the students in the focus group discussion, who acknowledged that drug abuse was a problem in schools at the national level, but not at their schools.

According to the information obtained from key informants, they said: "Drug abuse occurs in secondary schools". This observation concurred with what the majority (90%) of the respondents had stated in the questionnaire interview.

Between 30% and 40% approved abuse of alcohol, tobacco, bhang and miraa by students. However, between 58% and 68%, of respondents disapproved students abuse of the above four drugs. This observation indicates that although majority of the students disapprove use and abuse of the drugs, the approval by the 30%-40% is a cause for concern because of potential implications including peer pressure.

Most of the students (85%) agreed that school performance can be affected adversely by drug abuse, while (12.9%) disagreed. Further, while 17% of respondents were of the view that students from rural areas were more likely than students in the urban areas to abuse drugs, 79% opposed this view; therefore, majority of the students did not think geographical location during growing up would influence drug abuse.

The respondents' attitude to drug abuse by their own relatives varied considerably. About a quarter of the respondents (25.9%) would accept drug abuse by their parents and close relatives. However, the majority (64.7- 71.5%) disapproved drug abuse by parents or close relatives. About 28.5% of the respondents approved drug abuse by persons less than 18 years of age, while 67.3% would disapprove. The fact that some respondents would approve of drug abuse may suggest that such students may have been exposed to drugs at an early age, and would therefore not disapprove taking commonly abused drugs even by people closely related to them. Parents and relatives who are engaged in brewing or taking of illicit drinks expose their children to alcohol use and abuse at an early age. This group would be considered appropriate for guidance and counseling or peer counseling.

The need for disciplinary action against students who abuse drugs was supported by 72.4% of the respondents, but was opposed by 23% of the respondents. A key informant said: "The disciplinary measures in place to prevent drug abuse include expulsion. Once a student is expelled from school, there should not be any interference by senior officials in the Ministry of Education to have the expelled student re-admitted to the school. This weakens the power of the school administration in disciplining students".

4.8 PREVENTION STRATEGIES FOR DRUG ABUSE

Table 9: Prevention of drug abuse

Variable	Frequency	%
What kind of help do you think students who abuse drugs need?		
- Counseling in school	88/116	75.9
- Family counseling	62/116	53.4
- Religious counseling	47/116	40.5
- Others	11/116	9.5
What can each of the following do about drug abuse in secondary schools?		
• Students (N=98)		
- Report/be aware of the existence of problem in schools/ should be discouraged	12	10.3
- Avoid peer pressure/avoid students who use drugs/ abstain from drugs	61	52.6
- Co-curricular activities	3	2.6
- Peer counseling/positive peer pressure/be cool	22	19.0
• Teachers (N=101)		
- Be involved in fighting/teaching about drug abuse in school/guidance and counseling	82	70.7
- Discipline students found with drugs/monitor behaviour of students	14	12.1
- Be good role models	5	4.3
• School administration (N=92)		
- Expel/suspend/take appropriate action/punish/search students	47	40.5
- Invite speakers to schools/teach and support students to fight drugs in schools/guidance and counseling	40	34.5
- Be vigilant on goods entering school	3	2.6
- Reduce examinable subjects to reduce stress	1	0.9
- Be good role models	1	0.9
• Parents (N=96)		
- Get to know their children and their problems /give children attention/take them to rehab centers.	14	12.1
- Counsel the children	69	59.5
- Good role models	8	6.9
- Reduce pocket money to children	5	4.3
• Community (N=91)		
- Sensitize/educate youth on dangers of drug abuse/keep youth busy	49	42.2
- Good role models by the community members	9	7.8
- Help rehabilitation of youth	6	5.2
- Report to appropriate authority those possessing drugs	27	23.3
• Government (N=88)		
- Punish/arrest/take stern action against those who abuse drugs	22	19.0
- Help those students who abuse drugs/rehabilitation	5	4.3
- Promote awareness campaigns against drugs/seminars	31	26.7
- Ban entry/smuggling of drugs into the country/ban media advertising	25	21.6
- Create jobs/employment for youth	2	1.7
- Revise school curriculum to lessen workload and stress/include drug abuse prevention in the syllabus	3	2.6

Note that students gave more than one response; therefore the total does not add up to 100% in all cases.

This study also sought the views of students on prevention strategies of drug abuse among secondary school students (Table 9). Over three quarters (75.9%) of respondents cited counseling in school, while family counseling and religious counselling were mentioned by 53.4% and 40.5% respectively. One key informant said: "Overall prevention measures for drug abuse in secondary schools included counselling and educating students on effects of drugs". This suggests the need to strengthen guidance and counseling in schools.

The respondents were also of the view that students, teachers, the school administration, parents, the community and the government had a role to play in prevention of drug abuse.

Out of the 116 students interviewed, over half (52.6%) felt that avoidance of peer pressure and abstaining from drugs were some of the ways of preventing drug abuse. About 20% of respondents mentioned peer counseling while 10% were of the opinion that reporting existence of the problem to the school, was a good approach to prevention. Engagement in co-curricular activities as a prevention measure was cited by only 2.6% of sampled students.

Teachers' involvement in guidance and counseling was thought to be important by 70.7% of the respondents, while monitoring behaviour of the students by the teachers was cited by 12% of the students. Only 4.3% were of the view that role modeling by the teachers would be useful in preventing drug abuse among students. Information from focus group discussion supported creation of awareness among students on the consequences of drug abuse and measures that students need to take when they find themselves in stressful situations such as peer pressure. The school therefore needs to improve on guidance and counseling of students on drug abuse.

According to 40.5% of the respondents, the school administration should search and expel students found in possession of drugs. About 35% of the respondents thought that inviting speakers to the schools for talks and to help students was a better approach to prevent drug abuse. Only 2.6% thought the school administration needed to check goods entering school.

Nearly 60% of the respondents were of the view that parental counselling of their children was important in prevention of drug abuse. About 12% thought parents needed to know the problems their children were experiencing, while about 7% felt that parents needed to be good role models

to their children as one way of preventing drug abuse. A key informant said: "There are many absent father figures in the homes and many single parents. This leaves children confused". This indicates a need for parents to reconsider their roles and not abdicate their responsibilities towards their children. Participants in the focus group suggested that parents needed to be good role models to their children.

According to 42% of the sampled students, community involvement in educating the youth on the dangers of drug abuse was considered important as a prevention measure. However, 23% were of the view that the community should report to appropriate authorities those in their midst who were found in possession of commonly abused drugs. Rehabilitation of the youth was cited by 5% of respondents.

About 27% of the respondents felt that the government needed to carry out awareness campaigns against drug abuse, while 21.6% suggested banning entry and smuggling of commonly abused drugs into the country. Almost 20% were of the opinion that the government needed to take stern measures by punishing those who abused drugs. Nearly 3% of the respondents thought that prevention of drug abuse needed to be integrated in the school curriculum. A key informant said: "The most important measure that the government can undertake on drug abuse is enforcing the existing laws".

CHAPTER FIVE

SUMMARY, CONCLUSIONS, RECOMMENDATIONS/FURTHER RESEARCH

5.1 SUMMARY

This study focused on views of secondary school students on commonly abused drugs in public schools in Nairobi. Studies on other aspects of drug abuse locally and elsewhere have been done before by other scholars, among them Gakuru (2002), Kandel (1985), Wanyama (2005) and Yambo & Acuda (1983). Drug abuse at the global level and in Kenya in particular, is a focus of concern in and out of our schools since it impacts on various aspects of society. The second half of 2008 witnessed widespread student unrest and some of the worst riots experienced in secondary schools in Kenya in recent memory. This research aimed at establishing views of students on claim by the wider society and the popular media, of drug abuse in secondary schools.

5.2 MAIN FINDINGS OF THE STUDY

5.2.1 Claim of Drug Abuse in Secondary Schools.

According to the findings of this study, about 90% of the sampled students held the view that drug abuse was common in secondary schools in the country. Only 9% of the students did not view drug abuse as a common problem among youth in secondary schools. While nearly 50% of the interviewed students suggested drug abuse was common among their schoolmates, a similar number of the students held a different view and disagreed with the suggestion. These could have been rightly or wrongly held views and concur with the wider society's view that drug abuse may be a problem in secondary schools. However, views alone can not conclusively implicate students of taking commonly abused drugs.

5.2.2 Students Views on Causes of Drug Abuse in Secondary Schools.

Giving students a lot of pocket money, exposure to the environment (electronic and print media, outdoor advertising, copying the behaviour of adults), the innate urge to feel 'high', peer

pressure and preference to keep awake to complete assignments and study for examinations, were identified by respondents as the possible causes of drug abuse among the youth. The key informants supported the views of the sampled students on the link between the likelihood of drug abuse and possession of a lot of pocket money by the students.

Regarding exposure to the environment, some children, mostly in urban areas and whose parents have some reasonable income, accompany their parents to entertainment spots. During such family outings, some parents drink alcohol or smoke cigarettes while their children play games with peers. The children become exposed to commonly abused drugs due to the environment they find themselves in. At an early age or later when they become young adults, they may experiment with alcohol or other drugs through observation and imitation of the adults (Bandura, 1986). Exposure to the environment could also occur from the media. Advertising of beer and different brands of cigarettes today is done using the latest state-of-the-art commercials depicting such products as very attractive and appealing to the public and particularly to the youth. As a result, students could take these products to experience what they see advertised in popular media.

The students felt that the age group that is most likely to abuse drugs was 16-17 years, usually in Form 3 and Form 4. The main reason that was cited was peer pressure. A friend or peer group is likely to be the source of information and drugs (Kandel, 1985). Regarding drug abuse with respect to gender, the opinion of the respondents that there is a higher prevalence of drug abuse among males than females due to peer pressure concurred with the views expressed by participants during the focus group discussion. Further, a key informant stated: "leisure time for the students was not adequate due to the tight school schedules and heavy workload". These two factors could lead some of the students to take commonly abused drugs in order to keep awake and complete assignments and keep pace with the crowded academic school schedule.

5.2.3 Knowledge/Awareness and Attitude of Secondary School Students on Drug Abuse.

The commonly abused drugs the respondents were familiar with included bhang, alcohol, tobacco and miraa. Bhang (*Cannabis sativa*) is grown in Kenya discreetly in both small and large scale plantations. In some cases, vast forest areas in some parts of the country have been cleared

and put under bhang cultivation. Tobacco and miraa are grown in some parts of Kenya as income generating crops from which the government draws tax revenue. This way some students may become familiar and know these commonly abused drugs.

Alcohol is a legalised drug in Kenya. A wide range of alcoholic beverages from traditional brews to the common western type beers are available in the market. Alcoholic drinks are advertised on billboards, in electronic and print media, while some advertisements on T.V. are aired during prime time news broadcasts to capture maximum audience attention. Some daily newspapers carry full page advertisements of beers and alcoholic spirits. Slogans for some branded alcoholic drinks such as "Makes us equal: Has no equal" are used to enhance sales. Students take note and this way, they become familiar with alcohol. Further, alcohol is readily available, it is consumed mainly in entertainment places, and it is acceptable for consumption in the society as part of our culture compared to other types of drugs (Ngesu *et al.*, 2008). Based on the responses of the students, they had some knowledge of the impact of alcohol on health. Respondents were aware of diseases such as cirrhosis and cancers which may, among other factors, be caused by alcohol abuse (Frischer & Green, 1994). Liver, stomach and pancreas cancers are associated with alcohol abuse.

As a way of assessing their knowledge, majority of the students had seen, heard of, were able to state their views, or name the commonly abused drugs they were familiar with. Students knew and were familiar with bhang, alcohol, cigarettes and miraa/khat. Others were aware of cocaine and heroin. Only a few of the respondents (3.4%) were not familiar with commonly abused drugs.

The students had good knowledge of the reasons why they thought students abused drugs. According to them, giving students a lot of pocket money made them more vulnerable to drug abuse. The other reasons that were cited by the respondents included exposure to the environment the urge to feel 'high', and copying adult behaviour. Peer pressure and desire to keep awake were mentioned as the other reasons for vulnerability or predisposition to drug abuse.

The respondents' attitude to drug abuse by their own relatives varied considerably. About a quarter of the respondents (25.9%) would accept drug abuse by their parents and close relatives. However, the majority disapproved drug abuse by parents or close relatives. Other respondents approved drug abuse by persons less than 18 years of age.

5.2.4 Students Views on Access to Commonly Abused Drugs.

Friends, the school watchman and kitchen staff were cited as possible sources of drugs. Among the youth, the most frequent peer contacts are found in friendship and sometimes in group activities (Kandel, 1985). The Kenyan school calendar has provision for visiting days when students receive visitors in their schools and also holiday breaks when they usually get time off from school.

The opinion by the respondents that the security man was a likely supplier of commonly abused drugs can raise concern. The core duty of the security man is maintenance of security and safety of students in the school. It would therefore be paradoxical that on the one hand, he has the role of a caretaker and on the other, he is a likely source of commonly abused drugs. Commonly abused drugs have a negative impact on individual's wellbeing and quality of life. Drugs may also affect physical and mental health, vitality and alertness of the security man, which are important inputs for the job.

5.2.5 Students Views on Prevention Strategies of Drug Abuse in Secondary Schools.

Students, parents, teachers, the school administration, the community and the government were seen by respondents as important actors in prevention activities. Among the students, rejection of peer pressure and abstaining from commonly abused drugs are cited as some of the ways of avoiding vulnerability to drug abuse. Adolescents become more vulnerable to experimenting and abusing drugs if peer pressure is exerted on them.

(Capuzzi & Lecoq, 1983). Peer-counseling, as one way of preventing drug abuse, was suggested by nearly one fifth (19.0%) of the respondents in this study.

The role of parents is viewed as important. It is imperative that parents regularly communicate with their children to help minimize susceptibility to negative influences and prevent them from picking up bad habits prevalent in the environment. The family still remains the only major institution that is closely involved in prevention and management of drug abuse (Nurco & Lerner, 1999; Omari, 1991). A key informant stated: "Parents must be role models to their children and must get their priorities right. Absentee fathers should return home. Single parenthood and divorce should be discouraged since such social status seems to affect students negatively". Another key informant said: "Parents need to be educated on the effects of drug abuse so that they can intervene before drug abuse occurs. Parents have a role to play in changing the attitude and behaviour of their children to drug abuse".

Teachers are viewed as having a role to teach students about abstinence from drug abuse through guidance and counselling. Teacher counsellors need to be well qualified in order to impart pertinent knowledge and information to the students according to one key informant, who stated: "Teachers should be good role models to the students. They need to talk to students at every opportunity about the dangers of drug abuse".

Regarding the school administration in prevention of drug abuse, suspension and expulsion of students, guidance and counselling, and inviting speakers to give talks to students were viewed as important intervention strategies. The school is an important socializing institution outside the family, and can play a role in important aspects of transition to adulthood. Lack of forum to have students' grievances addressed by the school administration at this critical stage can create stress and tension between the students and school administration which could possibly lead to drug abuse.

The community is viewed as an important actor in the prevention measures in drug abuse. The link between students and the community is that, students are members of various communities. The community is viewed as having a role in education and rehabilitation of youth who may be involved in drug abuse. Communities can work with schools and form networks which can serve as fora for sharing views about various issues related to drug abuse, including

prevention mechanisms. Monitoring and evaluation on a regular basis programmes related to drug abuse prevention is important.

The government is viewed as a key actor in the management and control of drug abuse in secondary schools. Awareness campaigns against drug abuse and banning entry and smuggling of commonly abused drugs into the country were considered important preventive measures. A key informant stated: "The government should put laws in place that prohibit the importation of drugs. Drug barons and traffickers should be arrested according to the law and appropriate punishment meted out against such persons as a deterrent measure". Consequently, a national drug control strategy would be a useful instrument for ensuring planning and coordinated action that addresses all aspects of drug abuse in the country, and the interactions between different areas such as law enforcement, health, education and economic development.

5.3 STUDY CONCLUSIONS.

The overall objective of the study was to establish views of secondary school students on drug abuse in an urban setting and suggestions on how to deal with the problem. From the above discussion, the following conclusions are made:

Nearly 90.0% of respondents were of the view that there was a problem of drug abuse in secondary schools.

According to the study findings, possession of a lot of pocket money was cited as the main temptation for students to abuse drugs. This is in agreement with the findings of Eide & Acuda (1996), that use of alcohol and tobacco increases with increasing socio-economic status. Other reasons given by the interviewees were exposure to the social environment, the urge to feel 'high', copying the behaviour of adults, and peer pressure. These are factors that prevention mechanisms need to target.

The respondents had good knowledge and awareness of commonly abused drugs, the perceived reasons for such abuse, and the link between abuse of such drugs and disease.

Although some respondents felt that they would not object to drug abuse by fellow students, majority disapproved of such behaviour. Further, most respondents agreed that drug abuse can have adverse effect on the students' school performance. According to Jessor and Jessor (1977), drug related problems can result in memory problems, difficulties in learning and academic underperformance.

The views of most respondents were that students obtained commonly abused drugs mainly from friends, while others were of the opinion that drugs were bought from the school watchman and cooks.

Prevention measures, according to the respondents, were the responsibility of the students, teachers, the school administration, parents, the community and the government. Students needed to overcome peer pressure, teachers had a role in guidance and counselling, the school administration needed to enforce students discipline, parental counselling of their children was viewed as important, the community needed to educate the youth on the dangers of drug abuse, and the government needed to carry out awareness campaigns against drug abuse.

Arising from these conclusions, this study draws some recommendations which are given below.

5.4 RECOMMENDATIONS

The recommendations have been grouped into categories that reflect the main themes of the issues that were identified in this study.

5.4.1 Parents

In view of the many respondents whose view was that giving students a lot of pocket money could lead to drug abuse, it is suggested that parents and other guardians who provide adolescents with disposable income should take interest in how that money is used as a prevention measure.

The need for parents to counsel their children is a view that was expressed by many respondents. Parents have a central role to play by regularly talking to their children about problems they face while they are growing up. The family is also an important agent of socialization and best placed

in early detection of drug abusing children. Parents, therefore, need to nurture friendship and create strong bonds with their children which would enhance communication while setting clear expectations for their children's behaviour when they are at home or in school. Both the attitude and behaviour of the parents is important since children are keen on what their parents are involved in. Parental counseling of the children is a process that needs to take place on a regular basis.

5.4.2 The school

The opinion of most respondents was that students obtained commonly abused drugs from friends. It was also their view that students should be searched for drugs when they report back to school on mid-term or from school holidays. This is an effort that would require the cooperation of students and the school administration. It is also suggested that prevention education on the dangers of drug abuse can begin early when students join Form 1 or even earlier before students reach 16 and 17 years of age. This is the age group viewed to be more vulnerable and inclined to drug abuse. Preventive education can also be extended to the watchman and the kitchen staff in the schools.

5.4.3 The Ministry of Education

Some respondents observed that although students are likely to take drugs due to various reasons, one of the reasons was to keep awake to study. While some students may believe that reading all night to complete their assignments and study for examinations will improve their grades, they might be oblivious of the health risks of drug abuse. There is need for education on drugs to be integrated in the regular school curriculum to complement guidance and counseling.

5.4.4 The community

On the one hand, almost one third of the respondents were of the view that they would approve drug abuse by persons less than 18 years of age. On the other hand, most respondents felt that the community needed to sensitize/educate the youth on dangers of drug abuse. This is something that the community should be encouraged to do as a preventive measure in drug abuse. The

community would be an important partner in supporting the school in prevention and rehabilitation of students likely to abuse drugs. One of the ways the community can do this is by use of modest surveillance methods which the community can collectively come up with. Community members would need to be vigilant and report anything peculiar in the community to the respective authorities, such as village elders or the local area chief, and be at the forefront in the rehabilitation and re-integration of those likely to abuse drugs.

5.4.5 The Government

Exposure to the social environment was another reason cited by respondents as likely to lead youth to drug abuse. It is possible that advertising may be a factor in change of attitudes and a predictor of an adolescent's knowledge of commonly abused drugs. The government can regulate advertisement for commonly abused drugs like beer and cigarettes on radio, television, and the print media. Public awareness campaigns against drug abuse throughout the country may be used to counter such advertisements as prevention strategy.

5.5 AREAS FOR FURTHER RESEARCH

Drug abuse in secondary schools is an area that requires further research in the following areas:

Although guidance and counseling currently goes on in schools, some students and some key informants were of the view that there is need for counselling in schools. Future research on the quantity and quality of counseling services in secondary schools might shed more light on counselling requirements for the students on drug abuse.

Peer pressure was cited as a factor that can influence students to abuse drugs. Replication of this study in other areas in the country to find out age at which peer pressure is greatest can generate information for targeted prevention of drug abuse among students and non-students.

Future research can look at the knowledge, attitude and practices towards drug abuse at the household level which would generate information that can support efforts in prevention programmes.

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THE QUESTIONNAIRE

Good morning/afternoon.

My name is Lydia W. Mwaura. I am a post graduate student in the Department of Sociology in the University of Nairobi. One of the requirements for award of a Masters degree is that a student conducts a study in an area of their choice. I have chosen drug abuse as my study topic. I will ask you some questions related to this topic and I would request that you answer the questions as truthfully as possible. The information you give will strictly be confidential and will only be used for purposes of the study. Your name will not appear anywhere on the questionnaire, therefore the information you give will remain anonymous. Thank you.

I agree to take part = Continue with the interview.

I do not agree to take part = Do not interview.

SECTION I:

SOCIAL DEMOGRAPHIC CHARACTERISTICS

Allow me to ask you questions about yourself before we can proceed with the other part of the interview.

In this questionnaire, the commonly abused drugs include the following: beer, tobacco/cigarette smoking, cannabis (bhang), miraa (khat), local traditional brew, for example, *muratina*, *chang'aa* or *busaa*

1. Sex of respondent.	Male	1
	Female	2
2. What is your current age?	..... (years)	
3. What is your year of birth?	.....
4. Which class are you in currently?	Form 1	1
	Form 2	2
	Form 3	3
	Form 4	4
5. What is your religious faith?	Christian	1
	Muslim	2
	Buddhist	3
	Other (specify).....	4
6. Whom do you live with?	Mother	1
	Father	2
	Both parents	3
	Uncle	4
	Aunt	5
	Other specify.....	6

7. Have you been brought up in the rural or urban area?	Rural	1
	Urban area	2
8. What is your father's level of education?	None	1
	Primary school	2
	Secondary school	3
	Diploma college	4
	University	5
	I don't have a father/not alive	6 (skip Question 9).

9. What is your father's occupation?	.....
10. What is your mother's level of education?	None	1
	Primary school	2
	Secondary school	3
	Diploma college	4
	University	5
	I don't have a mother/not alive	6 (skip Question 11).
11. What is you mother's occupation?	.....

**SECTION II:
KNOWLEDGE ON DRUG ABUSE**

12. Have you ever heard of drug abuse?	Yes	1
	No	2
13. What is drug abuse or (what constitutes drug abuse)?	..... .....
14. Which are the commonly abused drugs in your school?	.....
	
	
	
15. Why do you think some students in your school abuse drugs?	To keep students awake and alert	1
	To make them feel happy/high	2
	To induce sleep	3
	To give students a sense of confidence	4
	To cope with life problems	5
	Other (specify).....	6

16. Which is the age group most likely to abuse drugs than others?	14 years and below	1
	15 years	2
	16 years	3
	17years	4
	I don't know (go to Question 18)	5
17. Why do you think they would abuse drugs more?	.....	.....
18. What would you think gives students a 'kick' (tick one or more)	Beer	1
	Cigarette smoking	2
	Marijuana	3
	Bhang	4
	Miraa	5
	Other(specify).....	6
19. What sex of students would abuse drugs more than the other?	Male	1
	Female	2
	I don't know (go to Question 20)	3
20. Why do you think they would abuse drugs more?	.....	.....
21. Do you think having a lot of pocket money can influence a student to abuse drugs?	Yes	1
	No	2
	I don't know	3
22. In terms of own risk, would you say you are at risk of taking commonly abused drugs?	Yes	1
	No	2
	I don't know	3
23. According to you, is HIV/AIDS associated with drug abuse?	Yes	1
	No	2
	I don't know	3
24. Do you think drug abuse can result in violence/aggression?	Yes	1
	No	2
	I don't know	3
25. Do you think drug abuse can result in mental illness in young people?	Yes	1
	No	2
	I don't know	3

26. Do you think in your school there are students with no friends?	Yes	1
	No	2
	I don't know	3
27. Would you say a person who takes drugs can engage in reckless/careless sexual behaviour?	Yes	1
	No	2
	I don't know	3
28. In your opinion, would regular use of alcohol cause diseases?	Yes	1
	No	2
	I don't know	3
If yes, which ones? (Please give names of diseases)	.....	.....
29. Do you know of a student who drank alcohol on one or more days during the last 30 days?	Yes	1
	No	2
30. Do you know of a student who smoked cigarettes on one or more days during the last 30 days?	Yes	1
	No	2
31. How do you think students obtain drugs in school?	Brought in by friends	1
	School canteen	2
	Buy from the security man	3
	Buy from cooks	4
	Other (Specify)	5
32. What leisure activities do you engage in at school?	Play football	1
	Play indoor games (badminton, squash, table tennis)	2
	Club member	3
	Read novels	4
	Others (Specify).....	5
33. Do you have difficulty falling or staying asleep?	Yes	1
	No	2
34. Do you sometimes feel irritable or get outbursts of anger towards other students?	Yes	1
	No	2

35. Do you complete classroom assignments on time?	Yes	1
	No	2
36. How would you rate your academic performance?	Excellent	1
	Above average	2
	Average	3
	Below average	4
37. Do you have reading materials in the school library on prevention of drug abuse in schools?	Yes	1
	No	2

38. How can a student best protect himself/herself from abusing drugs in school and out of school?

.....

39. How best can the school administration prevent drug abuse among students?

.....

40. In your opinion, what can the government do to control drug abuse in schools?

.....

41. Any other comments?

.....

SECTION 111: ATTITUDE AND PERCEPTION TOWARD DRUG ABUSE

For each of the statements below, please tick against only one answer.

1. There is a problem of drug abuse among secondary school students in Kenya.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
2. Students in this school abuse drugs.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
3. Indicate your attitude/reaction towards those students who abuse beer/alcohol.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove

4. Indicate your attitude/reaction towards those students who use tobacco/smoke cigarettes.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove
5. State your attitude/reaction towards those students who abuse (cannabis) bhang.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove
6. State your attitude/reaction towards those students who chew miraa (khat).	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove
7. School performance can be adversely affected by drug abuse.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
8. Students from rural areas are more likely to abuse drugs than those in the urban areas.	Strongly Agree
	Agree
	Partly disagree
	Strongly disagree
9. Children from upper class families are more likely to abuse drugs than those from poorer families.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
10. Miraa/khat is a drug.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
11. Indicate your attitude/reaction to parents who abuse drugs.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove

12. Indicate your attitude/reaction to relatives who abuse drugs.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove
13. Indicate your attitude/reaction to people below 18 years of age who abuse drugs.	Strongly approve
	Disapprove
	Partly disapprove
	Strongly disapprove
14. Disciplinary action should be taken by the school against students found in possession of drugs.	Strongly agree
	Agree
	Partly disagree
	Strongly disagree
15. What kind of help do you think students who abuse drugs need? (you can tick more than one answer).	Counseling in school
	Family counseling
	Religious counseling
	Other (Specify).....

16. What can each of the following do about drug abuse in secondary schools?

Students.....

Teachers.....?

School administration.....

Parents.....

Community.....

Government.....

Any other comments.....

Thank you.

KEY INFORMANT INTERVIEW GUIDE

Good morning/afternoon.

My name is Lydia W. Mwaura. I am a post graduate student in the Department of Sociology in the University of Nairobi. One of the requirements for award of a Masters degree is that a student conducts a study in an area of their choice. I have chosen drug abuse as my study topic. I will ask you some questions related to this topic and I would request that you answer the questions as truthfully as possible. The information you give will strictly be confidential and will only be used for purposes of the study. Your name will not appear anywhere, therefore the information you give will remain anonymous. Thank you.

SECTION I:

GENERAL INFORMATION OF KEY INFORMANT

1. What is your current age?
2. What is your highest level of education?
3. What work do you do in the school?
4. How long have you been working in this school?
5. Do you have children learning in this school?

SECTION II:

1. What do you think about the claim that students in schools are abusing drugs?
2. Do you think drug abuse is a problem in this school?
3. What drugs are commonly abused by students?
4. How do the students get these drugs?
5. How do students behave when they abuse drugs?
6. How do students in this school spend their leisure time?
7. Would you say that giving a lot of pocket money to students can be a cause of drug abuse?
8. What disciplinary measures are in place to prevent drug abuse?
9. Can you please suggest how drug abuse can be prevented in secondary schools?
10. What can each of the following do about drug abuse in secondary schools?
 - a. Students
 - b. Teachers
 - c. School administration
 - d. Parents
 - e. Community
 - f. Government

FOCUS GROUP DISCUSSION GUIDE FOR STUDENTS

1. Is drug abuse a problem among students in secondary schools in Kenya?
2. Is drug abuse a problem in your school?
3. Which drugs do students commonly abuse?
4. Why do you think students abuse drugs?
5. Where do students who abuse drugs obtain them from?
6. How do students behave when they take commonly abused drugs?
7. What measures do you think can be taken to prevent drug abuse in secondary schools?

Thank you.