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FACTORS ASSOCIATED WITH DRUG USE AMONG STUDENTS IN PUBLIC SECONDARY SCHOOLS IN LIMURU DISTRICT, KENYA

BY

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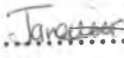
NOVEMBER 2012

DECLARATION

This research project is my original work and has not been submitted for any award in any university.

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Date 16.11.2012

ACKNOWLEDGEMENT

DEDICATION

This academic work is dedicated to my family; my husband Peter Kimani, my children Eva Njeri, John Gakera and Lydia Mugure for being patient and bearing with me, as I took time away for my studies. You have been my source of inspiration.

ABSTRACT

Drugs are known to have harmful effects yet young people still use them. The study sought to find out the factors that contribute to use of drugs by students in secondary schools. The study was conducted to investigate the reasons why secondary school students use the drugs. A descriptive study was undertaken in 3 schools in Limuru District. The study had 200 student respondents, three guidance and counseling teachers, two head teachers and one deputy head teacher as the participants in the study. Both qualitative and quantitative data were used in the study. Qualitative data was collected from the key informants who were guidance and counseling teachers and the head teachers through interviews. Quantitative data was gathered from students using a questionnaire. Qualitative data was analysed using thematic method whereby the data collected from key informants was grouped under emerging themes as per the research objectives. Quantitative data was analysed using descriptive statistic frequencies and percentages. Quantitative data was presented in form of tables and figures. Qualitative data was presented in a narrative form

The study revealed that the most commonly used drugs include alcohol, cigarettes, bhang and miraa. These drugs are readily available and are also affordable to the students. The drugs were also found to be popular among the larger Kenyan population. The drugs used by students are obtained from other students, school workers, social gatherings, bars, sellers around the school and the black market. The study also found out that personal and social factors contribute to drugs and substance use. Students in Form Two were found to be more prone to using drugs than those in other classes and age groups. Socially, family set up, family conflict, values and beliefs of the community around school contributes to drugs and substance use among students. Where parents were more involved in the upbringing of their children and monitoring of their activities, the children rarely engaged in use of drugs. Economic factors also contribute to drug and substance use by students. Thus, the study found that where the amount of money at the disposal of students and family income is high, the students are more likely to afford and use drugs. Drugs like cocaine and heroin were only used by students coming from rich families.

The study makes a number of recommendations: There should be increased public awareness campaigns to bring out dangers of drugs by involving the media, civic education and

administration. Parents should take a more active role in the upbringing of their children. A clear drugs policy in schools and training teachers on how to address the problem of drug use is also recommended. The study also calls upon the society to re- evaluate its morals with regard to how it treats drug users and drug lords. The study also calls for further in- depth research into how the identified factors lead to use of drugs among students.

The study concludes that social and economic factors are the main factors which can be used to explain the use of drugs among students in secondary schools. These factors determine whether a student would engage in drug use as they shaped his or her preferences. The way students are brought up. who they associate with and whether they can access money to buy the drugs largely contributes to drug use.

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AIDS	Acquired Immunodeficiency Syndrome
CU	Christian Union
EU	European Union
GOK	Government of Kenya
HIV	Human Immuno Virus
INB	International Narcotics Board
INCB	International Narcotics Control Board
MDMA	Methylenedioxymethamphetamine
NACADA	National Campaign Against Drug Abuse Authority
PSHE	Personal, Social and Health Education
SAMHSA	Substance Abuse and Mental Health Services Administration
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
UK	United Kingdom
UN	United Nations
UNDCP	United Nations Drug Control Programme
UNIDCP	United Nations International Drug Control Program
USA	United States of America
UYDL	Uganda Youth Development Link
WHO	World Health Organization
YCS	Young Christian Students

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the study

The use of drugs and substances spans across geographic, demographic, social, and economic boundaries. The problem of drug abuse is worldwide. The international community through the World Health Organization (WHO) and the International Narcotics Control Board (INCB), acknowledge sociological problems of drug use among youth across the world. Koffi Annan (World Drug Report, 2002) noted that, globalization not only offers human race unprecedented opportunities, but it also allows for many antisocial activities, among them, drug abuse, which brings misery to millions of families around the world every year (Alcohol Advisory Service, 2002).

In the United States of America (USA), alcohol and tobacco are the most common drugs abused. According to Boyd (2008), alcohol is the main drug taken among the 12-20 year olds. A national survey carried out in 2007 showed that, there was an increase in alcohol use, from 46.6% in 2006 to 48.3% in 2007, among respondents who were 12 years old and above. It also showed that, about 15.1 million people in the population, abuse alcohol.

Levels of illicit drug use among young people in the UK are among the highest in the European Union (Boreham, and Shaw, 2005). The rates of 'ever cannabis use' among respondents, aged 16 at time of interview in 2003, were 41 per cent for boys and 35 per cent for girls. National surveys conducted among school pupils aged 11 to 15 in England found that, the prevalence of taking any drugs was stable between 2001 and 2003 (Boreham and Blenkinsop, 2004). In another series of school surveys from 1987-2005, Balding (2005) notes that, over this period of time, young people aged 11 to 15years took drugs. The percentages rose from 33% in 1996 to 53% in 2002. The surveys have also found that, as pupils get older, most think that cannabis is safe.

In Uganda, it has been noted that, drug and substance use is becoming a common phenomenon among school going children (Uganda Youth Development Link-UYDL, 2003 and Nakamyuka, 1982). In a study carried out by UYDL (2003) on drug and substance use in schools in Kampala and Wakiso, it was found that, 71% of students were using drugs, with alcohol and cannabis

taking the highest percentages. Nakamyuka (1982) found that, among senior secondary school students (14-17 year olds), 68% were taking alcohol.

According to Amayo and Wangai (1994), Kenya is one of the developing countries in which drugs have been trafficked. The country has become a transit for hard drugs, which are trafficked from east to western countries. This has made drugs become easily available in the country leading to unrest, dissatisfaction and destruction of property by college and secondary school students. Goddard and Lee (1989) noted that, drug and substance use by youth can be seen as a way of coping with problems, anxieties and uncertainties of growing up. According to NACADA the commonly used substances in Kenya are; alcohol, cigarettes, cannabis, miraa, heroin and cocaine. Individuals at different levels in the community have started taking drugs and their effects have been felt in schools, homes and in work places (UNDCP, 1992). In a rapid situation assessment of drug abuse in Kenya by NACADA 2006, it was reported that, drugs and substance abuse is a major social problem in Kenya. Misuse of resources meant for family or personal use is the most commonly cited social problem arising from drug addiction. The study further noted that, drug and substance abuse is rendering the affected populations less economically productive. Absenteeism from school and work, crime and violence are commonly associated with drug use (NACADA, 2007). Simsons et al (2006) also observed that, the effects of Drug and Substance Abuse in Kenya include: increase in crime levels including, domestic violence, poor performance in school, risky sexual behavior and practices including increased exposure to HIV/AIDS.

In Kenya, studies also show that more than a fifth (22.7%) of primary school children take alcohol, a figure that rises to more than three-quarters (68%) for university students. A large number of students across all age groups have been exposed to alcohol, tobacco, miraa (khat), glue sniffing, bhang (marijuana) and even hard drugs such as heroin and cocaine (Kwamanga et al., 2003). According to a survey by NACADA on drug abuse, it was found that, 22% of secondary school students were on drugs and males had a higher exposure to miraa and inhalants. Alcohol was the most frequently used drug followed by miraa, tobacco and bhang (Siringi, 2003). The students staying with friends were most at risk followed by those staying with either a sister or a brother. Students staying in towns were also reported to have a twofold

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risk of having tasted alcohol, tobacco, miraa, bhang and inhalants (glue) compared to those in rural areas. This survey demonstrated that, the youth in urban areas due to their lifestyles, are more predisposed to drugs compared to those in rural areas (Siringi and Waihenya, 2001).

Twenty percent of youth in Kenya aged between 14 and 18 years smoke cigarettes and another 9%, smoke bhang (cannabis sativa) while, some 23% drink commercial beer and spirits. This is the age of most youth in secondary schools which in the recent past, have been hit by a wave of strikes that may have been linked to drug abuse (Kwamanga et al., 2003). Empirical evidence show that, 92% of youth aged between 16 and 23 years have experimented with drugs as they grew up, with about 90% of the respondents taking beer, spirits, cigarettes, local brews and bhang .

1.2 Problem Statement

It has been observed that, over the past two decades, the use of drugs in Kenya has rapidly risen to unprecedented levels, engulfing the whole country. This has been linked to problems of rising crime rate, unrest in schools, dysfunctional families and poverty. Youth are deliberately and tactfully recruited into the drug culture through uncontrolled media influences and social exposure (NACADA, 2006).

Drug and substance abuse is rampant among students in secondary schools in Nairobi, a trend that is fuelled by proximity to drug peddlers, high levels of poverty, ease in availability and slum life which make many students vulnerable to the allure of drugs (NACADA, 2006; and Republic of Kenya, 2008). Drug and substance abuse has been associated with escalating incidents of rape, students' unrest, burning of schools, massive school dropout and dismal academic performance (Republic of Kenya, 2009).

Studies conducted in Kenya have not delved into the key factors leading to this unprecedented drug abuse level. Available local studies by Makokha (1984), Ng'ang'a (2003), Matsigulu (2006), King'endo (2007), Mungai (2007), have focused on prevalence, nature of drugs and substances abused, and their effects on abusers.

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It is therefore evident that most of the studies conducted have mainly concentrated on the prevalence and effects of drug and substance use. There is very little which has been studied on those factors which are associated with drug use. The researcher therefore sought to fill in this knowledge gap, by studying those factors which are associated with drugs and substance use so as to be able to adopt the right approach in curbing the problem. It is from this perspective that the study focused on understanding the factors associated with drug usage in selected public secondary schools in Limuru District.

1.3 Research Questions

The study answered the following the following questions;

1. What is the situation of drug use in public secondary schools in Limuru District?
2. What are the factors that contribute to drug use among public secondary school students in Limuru District?
3. What are the mitigation measures put in place by school authorities in management of drug use in public secondary schools in Limuru District?

1.3.1 General Objective

The general objective of this study was to identify the factors that are associated with drug and substance use among students in public secondary schools in Limuru District.

1.3.2 Specific Objectives of the Study

The objectives which guided this study were;

1. To assess the situation of drug use in public secondary schools in Limuru District.
2. To identify the factors that contribute to drug use among students in public secondary schools in Limuru District.
3. To assess mitigation measures put in place by school authorities to address the problem of drug use in public secondary schools in Limuru District.

1.4 Significance of the Study

Drug abuse is a critical problem facing the entire nation and of most importance its penetration in the young generation in schools. It is therefore imperative to address the drug problem before it reaches crisis proportions. To do so, there is need for information describing the magnitude of the problem as well as a sober understanding of the relationship between drug use and crime, unemployment, violence, breakdown of family life and its social repercussions. The more that is known about the nature and complexity of drug use in Kenya, the better policy makers can formulate a sound and effective strategy to curtail the drug "epidemic".

This study was important to educators and other policy makers, as it gathered additional information on new trends in drug use in secondary schools. This information could be utilized by educators and policy makers in developing new mitigation strategies and management of drug use in schools. On the other hand, the information could to some extent help to explain the academic performance in secondary schools.

The Ministry of Education can use these findings as a basis for setting out effective policies regarding drugs and substance use in secondary schools. For instance, in guiding policy formulation concerning how to improve guidance and counseling in schools and also on the issues to be included in the curricula relating to drug abuse. The public health ministry can also use the findings of the study to help come up with policies aimed at curbing sale of drugs and substances especially to under age persons.

This study may be useful to parents and guardians of students in secondary schools, as it will help them to understand the prevalence of drug use in schools and therefore, put in place the necessary measures to prevent it. The study will further shed more light on drug use by gender especially females in this modern era.

1.5 Scope and Limitation of the Study

The study was restricted to public secondary schools in Limuru district. The extent, to which these study findings, can be applied to schools in other districts and also to private schools can

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only be an area which has to be confirmed by further research. The study was limited to factors that contribute to drug use among secondary school students in Limuru District.

This study was also limited to narcotic drugs that are locally available and often used among youth.

Another limitation was fear among the respondents, who did not want to seem to disapprove the operations of their teachers and their school.

Geographical distance between schools also posed a major logistical problem. To address this, the researcher selected schools conveniently, and also planned the visits to these schools which ensured that at most only three trips were made to the school.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This section looked at other authors' views on the situation and factors that lead to drug abuse by the youth. The chapter focuses on the types of drugs, sources of drugs, factors that contribute to drug abuse and mitigation measures that can be taken. All available relevant literature was considered.

2.2 Situation of Drug and Substance Use in Public Secondary Schools

2.2.1 Drugs Used in Schools

A drug is any chemical substance which when taken into the body can affect one or more of the body's functions. This includes those substances that are useful to the body and those that are harmful to the body. Some are licit drugs, that is, their sale does not violate the law, while others are illicit, that is, their possession, sale, use or purchase is generally prohibited by law (NACADA, 2006). Drug abuse has been defined as self-administration of drugs for non-medical reasons, in quantities and frequencies which may impart inability to function effectively and which may result in physical, social and/or emotional harm. Olatuwara and Odejide, (1974) have defined it as the unspecified use of a drug other than for legitimate purposes. NACADA defines drug abuse as the use of illegal drugs or the inappropriate use of legal drugs. Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (NACADA, 2006).

It is not any regular use of a substance which can be labeled as abusive. In Kenya and other countries, drug use is very common. Many people are capable of consuming drugs without developing any problems. Drugs like alcohol, caffeine and prescription pharmaceutical products like pain killing agents, anti-anxiety medication are openly used every day in Kenya and other countries. These various drugs affect the body differently and are used for specific purposes, for

example, caffeine is used to help one remain alert and to enhance concentration (Encyclopedia of Applied Psychology, 2007).

People use drugs and substances for varied and complicated reasons, but it is clear that our society pays a significant cost. The toll for this abuse can be seen in our hospitals and emergency departments through direct damage to health by substance abuse and its link to physical trauma. There also exists a strong connection between crime and drug dependence and abuse. When it comes to illegal substances, society has determined that their use is harmful, and has placed legal prohibitions on their use in order to protect the individual and to protect society from the costs involved in health care resources, lost productivity, the spread of diseases like HIV/AIDS, crime and homelessness (Balding, 2005).

Drug and alcohol abuse are important problems that affect school-age youth at earlier ages than in the past. According to a National Survey in the US, young people frequently begin to experiment with alcohol, tobacco, and other drugs during the middle school years, with a smaller number starting during elementary school. By the time students are in high school, rates of substance use are remarkably high. According to national survey data, about one in every three 12 graders reported being drunk or binge drinking (i.e., five or more drinks in a row) in the previous thirty days. Furthermore, almost half of high school students reported ever using marijuana and more than a quarter reported having used marijuana in the previous thirty days. Marijuana is the most commonly used illicit drug among high school students. However, use of the drug ecstasy (MDMA) has seen a sharp increase among American teenagers at the end of the twentieth century, from 6 percent in 1996 up to 11 percent reporting having tried ecstasy in the year 2000. Indeed, at the beginning of the twenty-first century, ecstasy was used by more American teenagers than cocaine (Botvin, 2000).

Adolescent substance abuse usually starts with alcohol and cigarettes which are referred to as "gateway" substances. They are described as "gateway" because they are the initial substances used before others are tried out (Bratter et al., 1984; NACADA, 2004). Although there has been an increase in consumption of alcohol and cigarettes globally, the consumption of illicit substances such as cannabis and cocaine are less marked. Whereas, some substances such as cigarettes cause damage later in life, the health consequences of alcohol and illicit substances

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(cannabis, cocaine) are evident during adolescence. Substance abuse has complex roots; in biological predisposition, personal development, and social context. Specific social correlates include parent-child conflict, child physical and sexual abuse, family breakdown, and in relation to school, scholastic failure. Substance use also predicts affiliation with network of deviant peers who introduce these adolescents to other substances (Hibbel, et al., 1995).

Affinnih (1999) felt that the drug problem in Africa cannot be seen as an isolated phenomenon but rather as part of the larger social problem. He stated that within the volatile environment, the transformation of Sub-Saharan Africa (SSA) nations from transit points in an international drug network to consumer countries is inevitable. He further argued that Africa has undergone rapid economic and social changes that have facilitated this shift.

In another study, Affinnih (2002) found that Sub-Saharan African countries have been integrated into the political economy of drug consumption due to the spill-over effect. He found enough evidence that, these countries are now minor markets for "hard drugs" as a result of the activities of organizations and individual traffickers who use Africa as a staging point in their trade with Europe and the United States. As a result, sub-Saharan African countries have drug consumption problems that were essentially absent prior to 1980, along with associated health, social, and economic costs.

Ndetei et al., (2009) in a study which sought to establish the association between substance abuse and the socio demographic characteristics of students in 17 public secondary schools in Nairobi, found that, alcohol and cigarette use were common and began as early as before age 11. No significant correlation was found between fathers' education and substance abuse. Mothers' education had a significant but negative correlation. There were increased rates of substance abuse compared to past surveys.

A study conducted by Mwenesi (1996) on rapid assessment of drug abuse in Kenya revealed that the problem of drug abuse in Kenya is larger than imagined. He found that it had permeated all strata of society, youth and young adults being the most affected groups. The study further found that, the abuse of social drugs (alcohol, tobacco, miraa) and illicit drugs (cannabis, heroin,

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cocaine and mandrax) is rising. The study concluded that, dependence on drugs was one of the main factors of the upward trend in drug abuse in Kenya.

In a study conducted by Kaguthi (2004) and NACADA team: alcohol, tobacco, bhang and miraa were found to be the most abused drugs. The study noted that the youth were also abusing imported illegal substances such as heroin, cocaine and mandrax. The study also found that, the majority of the students who abused substances were in secondary schools, universities and colleges and mainly came from rich and middle class families. The students believed the falsehood that, substance use enabled them to study for long hours.

The study pointed out that substance abuse begins at an early age for both non- students and students, as it start when they are in primary schools. It was also pointed out that, most students who used miraa were unaware that, it was harmful because the government had legalized its use (Kaguthi 2004). The most hit schools according to this study were those in big cities and Nairobi was the most hit. It is noted that, many public secondary schools in Nairobi province are day schools and students have access to drugs on a daily basis.

A survey of the prevalence of substance abuse among secondary schools students in Nairobi was conducted by Makokha (1984). The survey revealed that, bhang and valium were being abused in some schools in the province. The study noted that, bhang represented something to the present young generation used to express independence. In Upper Hill School, 40% of the students according to this study had tried using bhang and 10% of the students were using valium. In Lenana School, 52% used bhang alone. The head teachers who were interviewed expressed lack of counseling knowledge on drug and substance abuse.

2.2.2 Sources of Drugs Used by Young People

In the United States, half of all the teens report that, drugs are used, sold, or kept in their schools. Students in these schools are therefore, three times more likely to smoke, drink or use illicit drugs than students in schools which are drug and substance free (Johnston, 2003).

Kenya today, is equally involved in drug and substance consumption which is more rampant in urban areas. These have led to increased crime and domestic violence. HIV /AIDS prevalence

among drug users has been noted as ranging between 68-88% (Ndetei, 2004). The United Nations International Drug Control Program (UNIDCP), ranked Kenya among the four top African nations notorious for consumption of narcotic drugs. According to the report, the port of Mombasa was noted as a major transit point for drug traffickers in Africa (Onyango,2002). Drugs commonly used by Kenyan students are bhang or marijuana, alcohol, nicotine, heroin, mandrax and cocaine (Namwonja, 1993, Yambo, 1983).

Some of the major sources of drugs for students are: fellow students, school workers, social gatherings, bars, drug stores, and black market (Yambo 1983, Nation April 4, 1998). The use of drugs among students has been blamed on several factors and groups in the society. The parents have been specifically blamed for drug use in schools. They do not supervise their children adequately, therefore, making them become delinquents.

2.3 Factors Contributing to Drug Use

The cause of drug use is not known, nor is it understood why some people can use drugs briefly and stop without difficulty, whereas, others continue using drugs despite undesirable consequences. A number of studies have investigated a number of factors which play a role in contributing towards the predisposition of a person to use drugs and substances. These studies have suggested that, there are factors which can lead adolescents to the use of alcohol and other drugs. Johnson et al. (2003) described three basic categories of risk factors: demographic, social-economic and behavioral. Lang (2001) suggests that individual characteristics of adolescents are also involved in the onset of substance abuse.

Martinez (2004) identified several risk factors that point to an increased probability that a young person will use drugs. These include: early use of alcohol or tobacco, alienation from family, religious institutions, school, and community, poor academic performance and boredom with school, antisocial behavior; having friends who use drugs, lack of strong positive role models; a family with history of alcohol or other drug use and no consistent discipline or direction from adults. These factors are discussed in detail in the following sections.

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2.3.1 Demographic Factors

Analysis of demographic risk factors suggests that, age and gender can predict the course of substance abuse. Several studies have found that, males have a higher rate of alcohol and/or illicit drug use than do females (Johnson et al, 2003; Johnston et al., 1991; Lang, 2001; Thorne and DeBlassie, 1985). Callen (1985) reports that the period of major risk for initiation into alcohol and marijuana reaches its peak between the ages of 16 and 18, and is completed by age 20. Callen also reports that the risk of trying other illicit drugs is highest at age 18 and declines by age 21.

It is also suggested that, there are "ages of susceptibility" to substance abuse. Callen, (1985) reports that, "The period of major risk for initiation to cigarettes, alcohol, and marijuana peaks between ages 16 and 18 and is completed for the most part by age 20. The risk of trying illicit drugs other than cocaine (e.g., psychedelics) is highest at age 18 and declines by age 21.

Gender is also a factor that has been found to predict the probability of involvement in drugs and substance use. Thorne and DeBlassie, (1985) conducted five national surveys of high school seniors from 1975-1979 and found that, males reported higher use of alcohol and marijuana than females. Johnston, et al., (1991) found that, a greater number of males were involved in illicit drug use. However, little has been reported to explain the reasons for these differences. Thorne and DeBlassie state that "despite this evidence of differences by sex, little attention has been paid to the origin of these differences". NACADA (2008) found that, experimentation with alcohol is higher among boys compared with girls in the sample (56% and 35% respectively).

2.3.2 Socio-Economic Factors

Social risk factors involve the influence of the family, peers, and the environment. Many studies suggest that, in families where the use of alcohol and other drugs is high, the adolescent is also more likely to become involved (Barrett, 2000; Johnson et al., 2003; NACADA, 2004; Kiiru, 2004).

Other studies have found that, adolescents from dysfunctional or disturbed families are more likely to become substance abusers (Stein et al., 1989; Oetting and Beauvais, 2000). Adolescents

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whose peer groups are involved in alcohol and other drugs are also more likely to become involved (Agnello-Linden, 2001; Barrett, 2000; Schilling and McAlister, 2000).

Several environmental factors also have been implicated. A lack of appropriate law enforcement has been found to contribute to the prevalence of teenage drinking (Agnello-Linden, 2001). Mixed messages received from society also affect adolescents' attitude towards drinking and drug use (Kiiru 2004; and Siringi and Waihenya, 2001).

The family has strong influence on whether the adolescent will become involved with substance use. Kandel et al., (2001) found that 82% of parents who drank had adolescents who also drank, and 72% of parents who abstained had adolescents who also abstained. Gorsuch and Butler, (2000) found that, the use of marijuana by parents increased the likelihood that their adolescent children would also use marijuana. This has been explained in several ways. Firstly, the adolescent may be simply imitating the behavior of a family member. Secondly, it is in the family, where we learn what is socially acceptable and what is not. A family that regularly uses alcohol and other drugs sends a message to their children that, this is "normal" and acceptable behavior. Finally, a family in which one or more adults are abusing a substance is likely to produce emotional and/or physical pain for the adolescent, who may turn to substance abuse as an escape mechanism (NACADA, 2008).

The structure of the family and the structure it provides also play significant roles in the onset of adolescent substance abuse. Stern, et al., (1984) reported that, the absence of the father from the home affects significantly the behavior of adolescents, and results in greater use of alcohol and marijuana. Lang (2001) suggests that parents who show little involvement with their children, and parents whose standards of behavior and discipline are inadequate or inconsistent are more likely to have adolescents who abuse alcohol and other drugs.

Analysis by NACADA (2008), in a study on the relationship between parents' alcohol consumption behavior and their children's alcohol abuse, demonstrates a statistically significant positive association between fathers' alcohol consumption and their children's alcohol use. When all factors were considered, students whose fathers use alcohol are 2.7 times more likely to have consumed alcohol at least once in the past, compared with students whose fathers do not

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use alcohol. Similarly, students whose mothers currently consume alcohol are 2.6 times more likely to have consumed alcohol compared with their counterparts whose mothers are non-drinkers.

In a study conducted by Kaguthi (2004), on drug abuse among the youth aged between 10 and 24 years, the survey observed that, the use of alcohol, bhang and miraa had indigenous roots. The team explored available support and recommended intervention to prevent or treat substance abuse. The survey noted that, drug and substance abuse was wide spread, affected the youth mostly, but noted that it cuts across all social groups.

Peers also have a strong influence on whether an adolescent will abuse alcohol and other drugs. Kwamanga et al., (2003) reported that, an adolescent is more likely to drink alcohol if his/her friends drink.

Studies by Odejide (2006); Siringi, (2003) have found that the single dominant variable in adolescent drug use is the influence provided by the peers with whom an adolescent chooses to associate. "We believe that drug use is nearly always directly linked to peer relationships. Peers shape attitudes about drugs, provide drugs, provide the social contexts for drug use, and share ideas and beliefs that become the rationales for drug use."

During adolescence, acceptance by one's peers is of primary importance. Adolescents in a peer group that is involved with substance abuse may also abuse substances, rather than jeopardize their sense of connectedness to the group. Adolescence is a time of change on biological, cognitive, and social levels. Adolescents are faced with new situations, one of which is the abuse of alcohol and other drugs. They may turn to alcohol and illicit drugs to alleviate the stress associated with change, to fit in with peers, or imitate the behavior of a family member. Whatever the cause of onset, it can lead to increased drug use and other delinquent activities.

Several environmental factors have also been implicated. One such factor is lack of appropriate law enforcement. Linden (1992) examined the patterns of alcohol use by rural Texas high school students. It was reported that community law enforcement was very lax, which allowed teenagers to have weekend "beer bashes" regularly. Agnello-Linden (2001) reported on a comment made

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by a teacher working in a rural district school: "The police and school administrators are afraid to do anything about the youth drinking because the parents jump on them so hard. I think it's a classic case of everyone being afraid to do something about it. The law enforcers and school administrators are afraid of the parents. The parents are afraid of embarrassment, so they act like, "Don't mess with me or I'll make you look bad" (p. 10).

Kiiru (2004) and Siringi and Waihenya, (2001) noted that, government reluctance to deal with drug barons in Kenya is one of the factors which has led to the increase in drug and substance abuse in the country. This has been complicated by the attitude of the parents who blame the schools and defend their children even when they are on the wrong.

Finally, mixed messages about drinking and drug use that adolescents receive from their environment also contribute to the problem. Stein et al., (1989) describe the nature of these mixed messages: "Adolescents are quite adept at spotting hypocrisy and may have difficulty understanding a policy of 'saying no to drugs' when suggested by a society that clearly says 'yes' to the smorgasbord of drugs that are legal as well as the range of illicit drugs that are widely available and used" (p. 242). Studies by NACADA, (2008) and Kiiru (2004) emphasize that the society is yet to take a strong stand on drugs and substance use. They observed that, the drugs and substances industry being a booming business has seen emergence of successful people such as shareholders of brewing companies and cigarette makers who are accepted in the society.

2.3.3 Behavioural Factors

Behavioral factors can also lead to adolescent substance use. Research has shown that the use of certain substances, such as alcohol and marijuana, can lead to increased use, as well as, the use of "harder" drugs (Johnson et al., 2003; Schilling and McAlister, 2000; NACADA 2004). Substance and drug use has also been found to be associated with a tendency to engage in other problem behaviors, such as rebelliousness and precocious sexual and delinquent activities (Botvin, et al., 2000; Casemore, 2000).

Certain substances have been shown to predict entry into other drug use. Schilling and McAlister (2000) found that adolescents tend to begin with certain entry drugs such as cigarettes and liquor,

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then sequentially progress to marijuana and finally to harder drugs. Furthermore, most drug users do not limit themselves to one particular substance. Stein, et al., (1989) found that drug users typically use two or more drugs, and that those who use illicit drugs also tend to drink alcohol. The converse of this has also been found to be true. Callen, 1985 found that the probability that individuals who never use marijuana will initiate the use of other illicit drugs is very low. Therefore, preventing the initial stages of drug-using behavior can aid in the prevention of adolescent substance use.

Involvement with other types of problem behaviours has also been linked to adolescent substance use. Casemore (2000) reports that, young people who use chemicals tend to be involved in behavior viewed as antisocial, including theft, selling drugs, and sexual misadventure. Fisher and Harrison (2000) suggest that, risk factors for adolescent substance use include early antisocial behavior and rebelliousness. Donovan and Jessor (1985) found that, adolescent problem drinking was associated with a tendency to engage in other problem behavior. He believed that all adolescents, regardless of whether they are involved in substance use or not, often become involved in these problem behaviors. Substance and drug use does, however, increase both the degree and frequency of other problem behaviors.

Teenagers who have a tendency to seek thrills and adrenaline rushes may be at higher risk of abusing drugs due to the "high" feeling that is achieved from early substance use. While everyone enjoys a rush of feel good chemicals like caffeine and nicotine from appropriate sources, some teens get the feeling from drugs that cause them to continue with their use despite the negative consequences. If a parent observes a pattern of thrill-seeking behavior in his child therefore, he should discuss safe outlets for it versus unsafe drug use.

2.3.4 Individual Characteristics

Another category of risk factors is individual characteristics. Poor academic achievement has been found to influence alcohol and/or other drug use (Andrews et al., 2001; Fisher and Harrison, 2000). Psychological variables such as self-esteem, motivation, developmental factors, and depression can also contribute to drug use (Andrews et al., 2001; Barrett, 2000; Linden,

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2002). Thompson et al. (2001) found that, students who are employed during the school year are more susceptible to drug and substance use than those who do not work.

Several individual factors have been found to lead to substance use. Andrews et al. (2001) found that poor academic achievement and low academic aspirations significantly influence the onset of drug and substance abuse. The converse is also true. Botvin, et al., (2000) reported that the use of psychoactive substances during childhood and adolescence can lead to academic problems. Firstly, adolescents who perform poorly in school may feel that they are failures. This feeling may be reinforced by teachers' and/or parents' responses to the academic failure. Adolescents may subsequently turn to drug and substance use to alleviate the distress this causes. Conversely, adolescents who are heavily involved in alcohol and other drugs, place little value on academic performance, as the urge to drink and use drugs take on the primary importance.

Substance and drug use is also related to specific psychological factors (Johnson et al., 2003). Barrett (2000) found that adolescents with a poor self-concept have a greater propensity for alcohol and other drug use than those with a positive self-concept. It is suggested by Casemore (2000) that young people who use chemical substances have a more difficult time with the developmental tasks of adolescence which include forming one's identity and separating from the nuclear family. Substance and drug use can be the means by which adolescents escape from the negative feelings they have about themselves as a result of these psychological and developmental difficulties.

A final individual risk factor leading to adolescent drugs and substance use is student employment. In a study by Thompson, et al., (1991), it was found that, students who are employed during the school year are more susceptible to drugs and substance use than those who do not work. "Of those students who currently used alcohol at the time of the survey, 61.1% were students who worked during the school year. Over 71% of the students who reported they never used alcohol were students who did not work during the academic year. Of those students who reportedly used marijuana, 68.8% were students who worked during the week and/or on the weekends during the academic year" (pp. 5, 8). Gichohi (2008) noted that, students who were

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involved in the miraa business were more likely to engage in drugs and substance use as they had huge sums of money at their disposal.

Karechio, (1996) argues that a teenager with low self-worth is more likely to engage in self-abusive behavior such as drug use. This likelihood is heightened if some of the other mentioned influencing factors are also present in a teen's life. Parents can help a child to find skills in which he or she excels to help avoid or counteract low self-worth.

2.4 Mitigation Measures adopted by Schools to Curb Drug Use

This study takes the approach where it addresses two major strategies adopted to eradicate the drug and substance use problem. These strategies are curricula development and guidance and counseling. The study also expects that the schools' administrators have put in place other strategies apart from these two. This section therefore, discusses curricular development and how it is used to prevent drug and substance abuse. It then goes on to review the role of guidance and counseling in the war against drug and substance use and then discusses other strategies.

2.4.1 Guidance and Counselling

Guidance as an educational construct involves those experiences that assist each learner to understand themselves, accept themselves and live effectively in their society. Guidance comprises a range of processes designed to enable individuals to make informed choices and transitions related to their educational, vocational and personal development (Wango and Mungai, 2007).

The Kenya Ministry of Education (1977) defines guidance as a process concerned with determining and providing for the developmental needs of learners. It is considered a life-long process that involves helping individuals both as part of a group and at the personal level. On the other hand, according to Makinde (1984) counseling is a service designed to help an individual analyze himself by relating his capacities, achievements and interests to a mode of adjustment to what new decision he has made or has to make. In other words, counseling is designed to provide an interacting relationship where the counselor is attempting to help a student to better understand himself in relating to his present and future decisions or problems.

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A guidance and counseling intervention program which has shown to be effective with primary school students is the drug prevention program. Use of a social influence model that targets adolescent drug-use beliefs and resistance skills shows the drug abuse problem can be tackled successfully. These programs have shown significant changes in students' drug use attitude and behavior. They employ strategies such as role-playing, group feedback, and mentoring to reshape adolescent attitudes about drug use (NACADA 2007).

Odeleye (2010) observes that guidance and counseling has always been at the forefront of support services in educational institutions, even though it has its origins in the west. The role of the counselor in schools is more like that of life coach and advocate for learners. However, he notes that, in most parts of sub-Saharan Africa, guidance and counseling seem generally unpopular while in countries like Nigeria and some parts of sub-Saharan Africa, the emphasis in counselor training programme has been on secondary education.

Beckerleg (2001) in a study on counseling Kenyan heroin users found that the heroin users found the information offered in the counseling sessions about the effects of heroin useful as a means of controlling its use and reducing physical harm. Most participants also reported that they had learnt more about themselves during counseling and that the sessions had helped them to think about stopping heroin use. Several talked about the counseling instilling a sense of hope that change was possible. Some also spoke about passing on information to friends and reported that, as a group, they sometimes discussed the information and ideas gained from confidential counseling sessions. The evaluation of the counseling service, carried out with the participation of users, shows that counseling offered has assisted people in reducing or even stopping heroin use.

Kinai (2006) noted that, there were problems during schooling years facing students. He found that students especially in urban areas were faced with drug abuse problems, thus, the need for guidance and counseling services in schools to address this issue. No other study was found to link drug abuse in schools and counseling in the Kenyan context, thus, the need for this study to undertake an in-depth analysis of this problem and how guidance and counseling can be effectively integrated into the management of drug and substance abuse.

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2.4.2 Curricula Integration

The issue of what should be taught to students at all levels of education, the issue of curriculum content, obviously is a fundamental one, and it is an extraordinarily difficult one with which to grapple. In developing a curriculum (whether in a specific subject area, or more broadly as the whole range of offerings in an educational institution or in a system), a number of difficult decisions need to be made. Issues such as the proper ordering or sequencing of topics in the chosen subject, the time to be allocated to each topic, the lab work or excursions or projects that are appropriate for particular topics, can all be regarded as technical issues best resolved either by educationists who have a depth of experience with the target age group or by experts in psychology of learning. But there are deeper issues, concerning the validity of the justification given for including particular subjects or topics offered in the formal educational institutions (Apple, 1990). All these issues need to be considered when designing the drug abuse curriculum.

As the place where young people spend the major part of their day, schools should take a leading role in dealing with tobacco, alcohol, and other drugs used and also support the effort put by parents and the community. The school environment provides the standards, against which young people test their behaviour, and school personnel serve as highly influential role models by which adolescents and pre-adolescents judge themselves (Karechio, 1996). Relationships with teachers and counselors are among the most important and formative ones for many students. They may provide the only real avenue for comfortable communication with adults. Time spent in sports and other extracurricular activities may provide an additional opportunity for the development of relationships with advisers and coaches. This, in turn, may provide a unique opportunity to engage in valuable prevention efforts (American Academy of Pediatrics, 2006).

Many educators recognize that drug and alcohol abuse among students are significant barriers to the achievement of educational objectives. Furthermore, governmental agencies and local school districts frequently mandate that schools provide health education classes to students, including content on drug and alcohol abuse (Botvin, 2000).

Contemporary approaches include social resistance and competence-enhancement programs, which focus less on didactic instruction and more on interactive-skills training techniques. The

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most promising contemporary approaches are conceptualized within a theoretical framework based on the etiology of drug abuse and have been subjected to empirical testing using appropriate research methods. Contemporary programs are typically categorized into one of three types: (1) universal programs focused on the general population, such as all students in a particular school; (2) selective programs targeting high-risk groups, such as poor school achievers; and (3) indicated programs are designed for youth already experimenting with drugs or engaging in other high-risk behaviors (Tobler, and Stratton, 1997).

The most commonly used approach to drug and alcohol abuse education involves simply providing students with factual information about drugs and alcohol. Some information-dissemination approaches attempt to dramatize the dangers of drug abuse by using fear-arousal techniques designed to attract attention and frighten individuals into not using drugs, accompanied by vivid portrayals of the severe adverse consequences of drug abuse (Hansen, 1992).

Kaminsky and Demak (1974) noted that, in the US when drug abuse education was introduced into some school systems in the late 1960's, the most common response was to provide information about drugs to students. This approach was not successful. Students were frequently given misinformation that was either out-of-date or inaccurate. The state of the knowledge was much less than it is today (even though it is still incomplete). Moreover, schools too often did not go beyond vague assumptions about the purposes and values of their drug abuse education activities. Realistic goals and objectives, tested in the real world of schools as social systems, have only recently been given attention. Differentiation of efforts based upon student needs, reflecting risk-taking proactivities among youth, simply did not occur. There was divided opinion whether the approach was interested in stopping all drug experimentation, limiting use to experimentation, reinforcing those not likely to experiment, or simply presenting information for individual decision making. Clarity and specificity were often lacking. He further observed the approach was wrong in that, it assumed the target of the programs to be youth, not school policies and procedures and those responsible for them. Young people were to be the target and the strategies and techniques were to be the traditional ones. This seems to be the dilemma which

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the stakeholders in the Kenyan education system are faced with, regarding how to deal with the drug abuse problem.

In the UK, drug, alcohol and tobacco education (substance use education) increasingly begins within schools at an early age. Substance use education is part of the science national curriculum and the non-statutory PSHE framework in England. The role of schools in health education in the UK has been boosted by a series of policy developments, including the National Healthy Schools Programme in England, which seeks to increase pupils' knowledge and understanding of a range of health issues as well as facilitate personal skills to promote good health (Buckley and White, 2007).

Maduewesi, (2007) noted that, there were many emerging issues in Africa which were supposed to be addressed by the curriculum. Among these were; Integration and infusion of global issues and concerns like HIV/AIDS, environmental degradation and drug abuse, into the curriculum.This continues to pose serious challenges to curriculum developers, as well as to school textbook writers and publishers.

Caldwell, et al., (2004) noted that, the curriculum in South Africa has incorporated classroom-based leisure, a sex education program and learning of life skills for young adults. This program is designed to reduce substance use and sexual risk behavior and to increase healthy leisure behaviour together with intra and interpersonal skills. They noted that, the students are enthusiastic about it and this contributes greatly to its success. The results suggest that, healthwise, it is a promising approach, which can help to reduce the multiple health risk behavior among the population of school-going South African adolescents.

2.5 Theoretical Framework

The study will be informed by the following theoretical framework.

2.5.1 Social Learning Theory

The proponent of this theory is Bandura Albert (1977). Bandura's Social Learning Theory posits that people learn from one another, through observation, imitation, and modeling. The theory has

often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation. The theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences. It states that, through observation and learning, young people internalize to take or not to take drugs .If peers, parents, friends and significant others are seen to take drugs and they seem to become more sociable and aggressive, then the young person is likely to imitate the behavior. In this study students are encompassed by the immediate environment and the macro environment. The immediate social environment is the school environment while the macro environment is the larger society that young people interacts with. This means that, if a given society embraces abuse of drugs or drug abuse is high, young people are more vulnerable to imitate them (social learning).

2.5.2 Social Control Theory

Hirschi's (1969) theory of social control is the assumption that persons will engage in delinquent behavior when their "social bond" to society is weakened. Hirschi's concept of "social bond" is comprised of the following four elements: (1) attachment, (2) commitment, (3) involvement, and (4) beliefs. Attachment refers to the symbiotic linkage between a person and society. According to Hirschi, individuals with strong and stable attachments to others within society are presumed to be less likely to violate societal norms. Conversely, an individual with weak attachments is assumed to be unconcerned about the wishes of others, and thereby inclined to deviate from social expectations. Thus, if one is attached to one's family, friends, and community institutions (e.g., church), one is less likely to deliberately engage in behaviors which would harm or distress the attachments. Although persons with strong family and community attachments can potentially abuse drugs, Hirschi hypothesized that they are more likely to contemplate their decision and avoid deviant behavior because of probable consternation from valued attachments.

Commitment refers to the investment an individual has in social activities and institutions (Hirschi, 1969). Hirschi's commitment construct is based on the premise that there is an association between level of commitment and propensity for deviance. Thus, an individual who has invested time, energy, and resources into conforming to social norms and expectations (e.g.,

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pursuing educational goals) is less likely to deviate than someone who has not made such an investment. Hirschi asserted that individuals who have heavily invested in commitments have more to lose (e.g., interruption of career path) than those who have moderately invested or not invested at all. Consequently, deviant behavior such as alcohol and drug abuse is less appealing to individuals with strong commitments.

Involvement is the third premises of Hirschi's (1969) concept of social bonding. Hirschi postulated that large amounts of structured time spent in socially approved activities reduces the time available for deviance. Thus, an individual who is actively engaged in conventional endeavors (full dedication to studies) simply has less time and opportunity to engage in deviant activities such as drug abuse and Vis a vis. Hirschil last premise social bonding relates to an individual's level of belief in the moral validity of shared social values and norms. In American society, certain values (individual belief on drug use) are espoused as norms. Hirschi suggested that persons who strongly believe in these norms are less likely to deviate from them. However, those who question or challenge the norms have a greater propensity to behave in a deviant manner.

2.6 Conceptual Framework

A concept is defined by Nachmias and Nachmias (1996) as an abstraction, a symbol, a representation of an object or one of its properties, or of a behavioral phenomenon. The conceptual model is an illustration of key variables and their interconnection/relationship. A model therefore is an abstraction from reality that orders and simplifies our view of reality by representing its essential characteristics.

Independent Variables   **Dependent Variable**
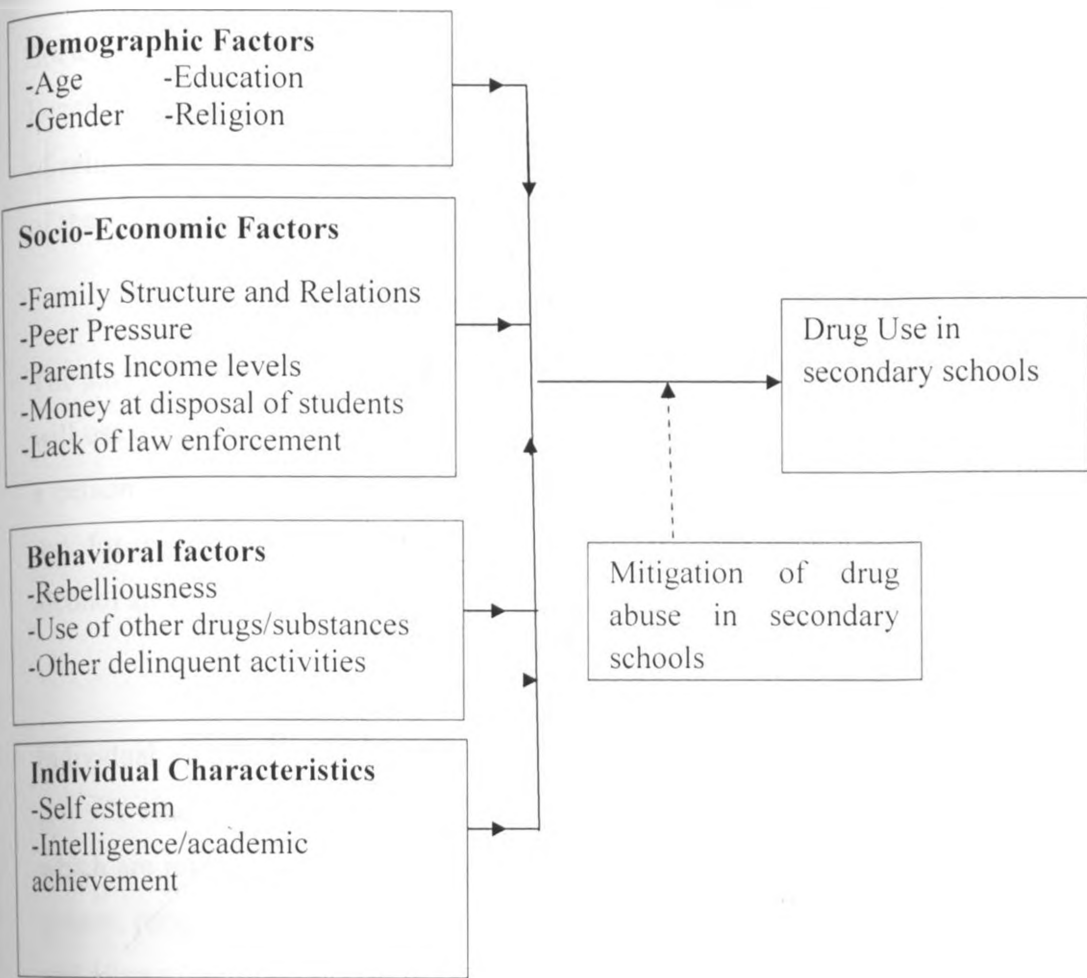
```
┌─────────────────────────────┐
│ Demographic Factors         │
│ -Age        -Education      │
│ -Gender     -Religion       │
└─────────────────────────────┘

┌─────────────────────────────┐
│ Socio-Economic Factors      │
│                             │
│ -Family Structure and       │         ┌──────────────────────┐
│  Relations                  │         │ Drug Use in          │
│ -Peer Pressure              │         │ secondary schools    │
│ -Parents Income levels      │         │                      │
│ -Money at disposal of       │         └──────────────────────┘
│  students                   │
│ -Lack of law enforcement    │
└─────────────────────────────┘

┌─────────────────────────────┐
│ Behavioral factors          │         ┌──────────────────────┐
│ -Rebelliousness             │         │ Mitigation  of  drug │
│ -Use of other drugs/        │         │ abuse  in  secondary │
│  substances                 │         │ schools              │
│ -Other delinquent activities│         └──────────────────────┘
└─────────────────────────────┘

┌─────────────────────────────┐
│ Individual Characteristics  │
│ -Self esteem                │
│ -Intelligence/academic      │
│ achievement                 │
└─────────────────────────────┘
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Figure 2.1: Conceptual Model Diagram.

In the framework above, causes of drug abuse can be attributed to demographic factors, socio-economic factors, behavioral factors and individual characteristics. These make up the independent variables.

2.6.1 Demographic Factors

These are characteristics of a population expressed statistically, such as age, sex, education level, income level, marital status, occupation and religion. It is conceptualized that these characteristics play a role in determining whether a student will use drugs or not.

| Independent Variables | Dependent Variable |
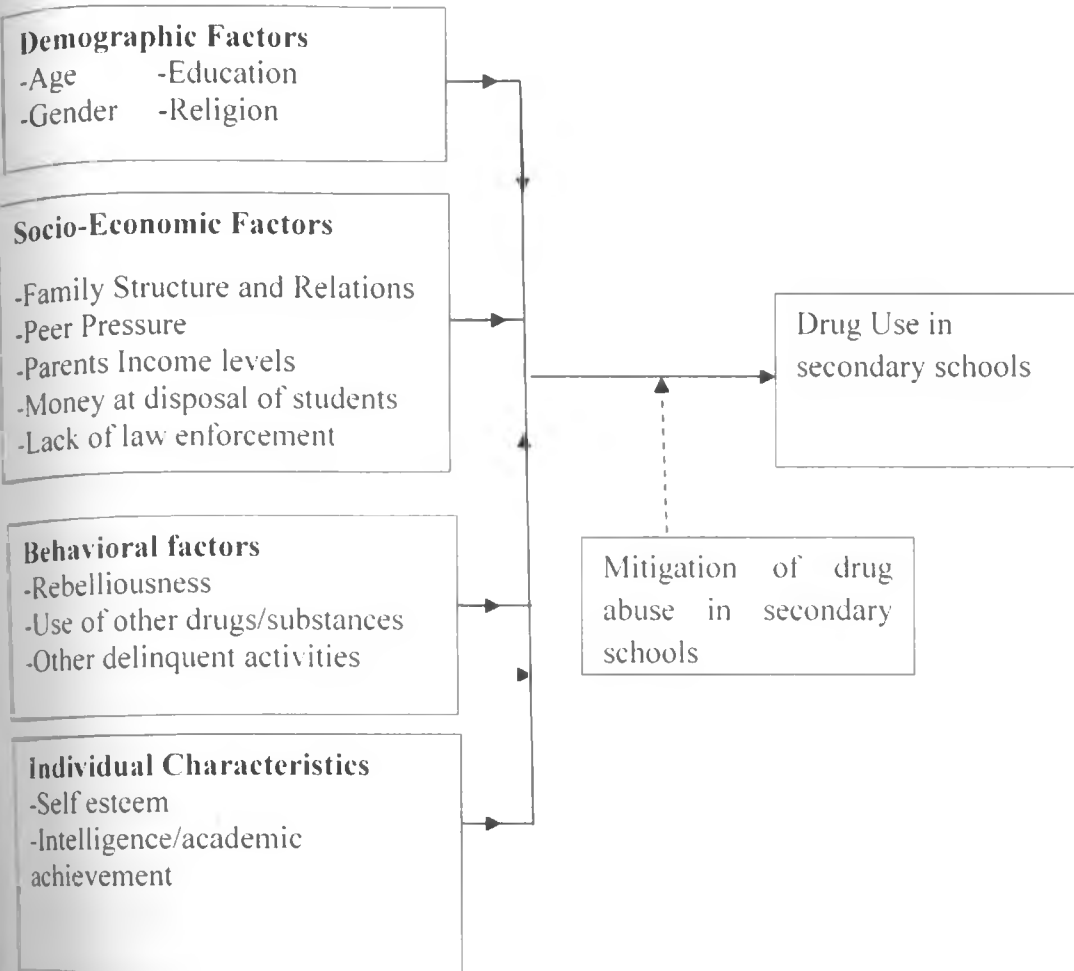
Demographic Factors
- Age   - Education
- Gender   - Religion

Socio-Economic Factors

- Family Structure and Relations
- Peer Pressure
- Parents Income levels
- Money at disposal of students
- Lack of law enforcement

Drug Use in secondary schools

Behavioral factors
- Rebelliousness
- Use of other drugs/substances
- Other delinquent activities

Mitigation of drug abuse in secondary schools

Individual Characteristics
- Self esteem
- Intelligence/academic achievement

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2.6.2 Socio-Economic Factors

Socio economic factors are a broad set of factors which cut across social and economic activities. For the purpose of this study, these include family structure, family relations, peer pressure, lack of religious, moral or spiritual guidance, role models, incomes of parents, money at the disposal of the student among other factors.

2.6.3 Behavioural Factors

The study also conceptualizes that behavioral factors contribute in determining whether a student will use drugs and substances or not. Behavioral factors include issues which determine whether a person will engage in a particular behavior which can play a role or lead to engaging in drug use, for instance, antisocial behavior like theft, rebelliousness, the early use of substances like alcohol and marijuana etc.

2.6.4 Individual Characteristics

Individual characteristics are also conceptualized as the other set of factors which contribute towards students' usage of drugs and substances. Individual characteristics are those factors, which are related to the personality traits that are unique to each person. These include low self esteem, poor academic performance, developmental factors like seeking self identity, motivation and depression.

The study conceptualizes that drugs and substance use in secondary schools to a large extent is dependent on the above factors, namely, demographic factors, socio-economic factors, behavioral factors and individual characteristics of the user. Thus, the study considers causes through the above factors, as the independent variable, and the effect which is use of drugs, as the dependent variable.

2.7 Definition of Terms

This section gives the meanings as used in the context of the following key terms;

Drug: Substance used in the diagnosis, treatment, or prevention or as a component of a medication (Robbins and Everitt, 2003).

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Substance: Chemical material which can alter the normal mental and physiological functioning of an individual's body.

Narcotic drugs: substances that have a depressant effect on the nervous system and cause high dependence by their use (Berridge, 2001).

Drug use: This refers to consumption of drugs by students with intention to alter some aspect of the user's drug experience (SAMHSA, 2011).

Drug abuse: Prolonged, persistent, or sporadic excessive drug use that is inconsistent with or unrelated to accepted medical practice (Musto, 2002). However, there is a very thin line between use and abuse. Indeed, at times the two words are used to mean the same thing. Therefore, it is only either a trained doctor or the individual abusing the drug who can determine whether it is use or abuse. For the purposes of this study therefore, the two terms have been used interchangeably.

Illicit: That which is not legally permitted or authorised.

Drug dependence: A situation in which an individual becomes so used to a drug both mentally and physically such that they have to keep on taking it in order to function normally. The individual suffers unpleasant withdrawal symptoms if they try to stop taking the drug (Berridge, 2001).

Addiction: A condition in which an individual suffers impairment in behavioural control, craving, inability to consistently abstain and diminished recognition of significant problems with

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1. Introduction

This section discusses the methodology that was used in acquiring and synthesizing the study data. The elements discussed are: research site description, research design, target population, sample and sampling technique, research instruments, data collection procedures as well as data analysis.

3.2 Study Site Description

Limuru District is one of the 7 districts in Central province. It borders Kabete District on the South and Naivasha district to the West, Lari District to the North and former larger Kiambu District to the East. It lies between 0degree 75˚ and 1 degree 20˚ south and longitudes 36 degrees 54˚ and 36 degrees 85˚ east of the equator (GOK, 2002:4). There are 3 divisions namely: Limuru, Tigoni, Ndeiya. Limuru division was one of the administrative units in former larger Kiambu district. It was recently (2009), upgraded to district status (District Education Office, Limuru District). It is composed of 9 locations and 25 sub locations .It has an area of 155 sq km. and a population of 69,600 people in its 9 locations.

The mainstream religion is Christianity. There are a few Muslims and a mosque. There are other mainstream churches like the Anglican Church, Catholic Church, Baptist and others. The people practice both traditional and modern cultures. Government offices including education offices are located near the Nairobi-Nakuru highway. The district has a lot of activities going on including deviant behavior like prostitution and drug use. The inhabitants of this area are 98% Gikuyu and 2% others.

Tea is the main cash crop in the region. There are 4 tea factories in the district. Other industries are Bata Shoe Factory, Polypipes Factory and Limuru Milk Processing Plant. However, like most divisions in former larger Kiambu district, the district is agriculturally rich and most of the people engage in subsistence farming. The district is also highly advantaged due to its proximity to Nairobi province and more so the Nairobi - Nakuru highway which facilitates efficient transport for farm products (GOK, 2001).

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Map I: Location of Limuru District in Kenya.
Source. District Development Plan, 2002-2008.
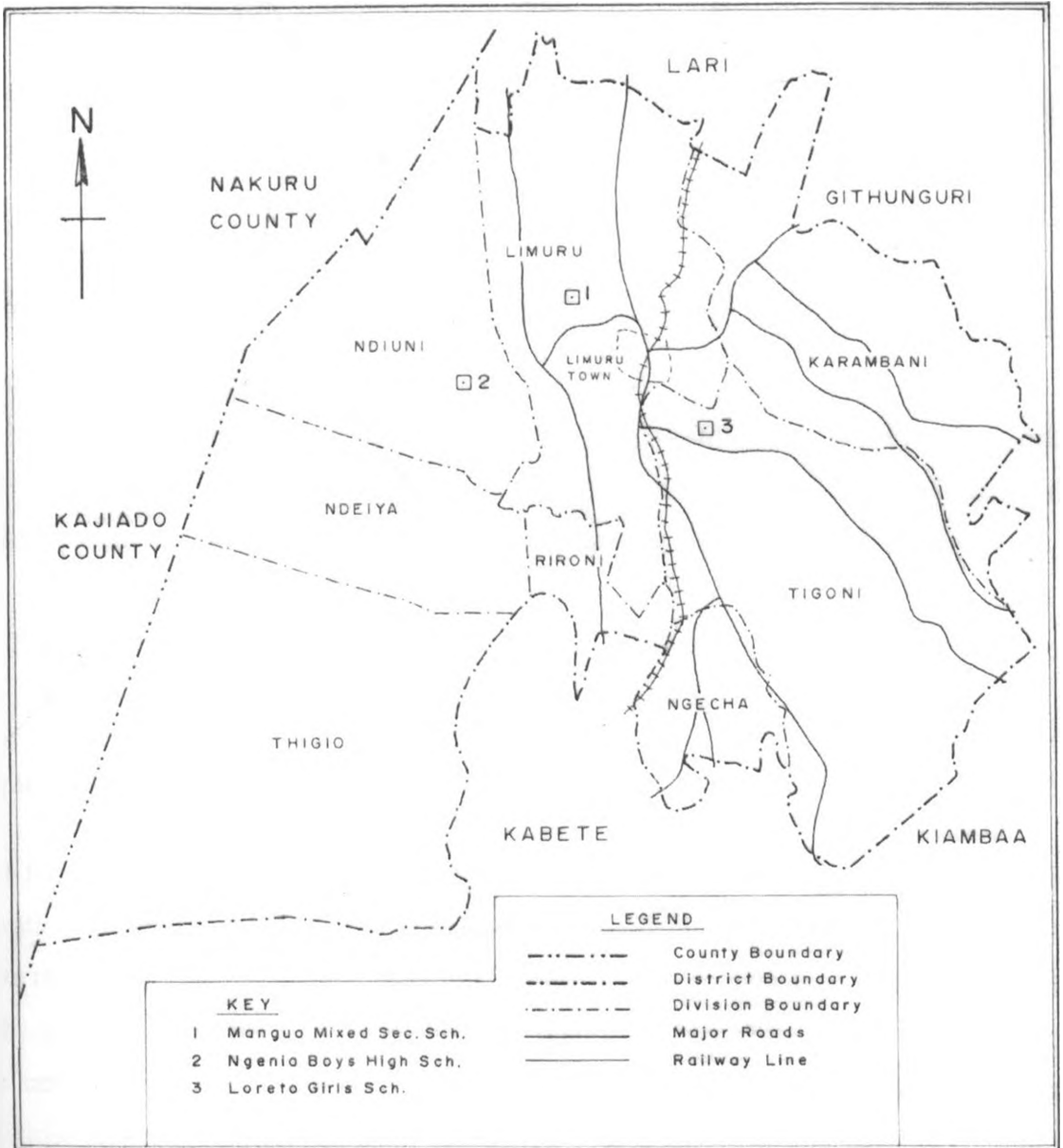
Map 2: Map of Limuru District and the Study Sites.
Source: Modified from Limuru Constituency (District) map.

3.3 Research Design

The research study used the descriptive study design. Descriptive research design allows use of both qualitative and quantitative methods. Qualitative methods provide a broad approach in understanding and giving in-depth explanations on social phenomena in a natural setting (Marshall and Rossman, 1999). The quantitative methodology was employed to help the researcher to provide and analyze raw data on survey questionnaires.

3.4 Population

Population has been defined as a group of individuals having one or more characteristics in common that are of interest to the researcher (Amin, 2004). Mugenda (1999) also defines population as the entire group of individuals, events, objects, having common observable characteristics. Limuru district has 18 public secondary schools, out of which 7 are boys only, 7 girls only and 4 mixed girls and boys schools. The entire population of these schools is 8200 students. The study also targeted the guidance and counseling teachers, the head teachers and deputy head teachers (Limuru District Education Office, January 2011).

3. 5 Sample and Sampling Procedure

Best and Khan (1999), define the target population as a small portion of the population sampled for observation and analysis. It is also considered as the population to which the researcher wants to generate the results of a study. The study used varied sampling methods at different stages to identify the participants of the study. To select the schools to be involved, the researcher used purposive sampling where by, considerations of the category (i.e. boys only, girls only, mixed boys and girls) and ranking (i.e. National, Provincial, District) were considered. According to Amin (2004), purposive or judgmental sampling attempts to include a range of people or variety of different situations in the study sample. The characteristics of the school guided the selection - boys only, girls only and mixed schools. The frame was also represented by the three categories of national schools, provincial schools and district schools hence the heterogeneous nature of the population was taken care of. Based on this understanding, the target population included were; Loreto Girls High School, Ngenia Boys High School and Manguo Secondary School, because

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they represent the various categories of girls, boys and mixed schools, national, provincial and district schools in the target population.

The researcher sampled the three schools because:

i. Loreto Girls School, Limuru: It is a national school with students from different parts of the country. It has a population of 720 students. It is located 4 kilometers from Limuru town, along Kiambu road.

ii. Ngenia High School: It is a provincial day school with a student population of 850. It is located about 4 kilometers from Limuru town along the Nairobi - Narok road.

iii. Manguo Secondary School: It is a mixed district day school with a student population of 430. It is located about 1 kilometer from Limuru town and has students from different ethnic backgrounds.

The three selected schools were easily accessible to the researcher who also comes from the same locality. Hence, the researcher expected to be trusted and to get a lot of cooperation. The three selected schools had a student population of two thousand students. The next stage of sampling involved, selection of the respondents who were involved in the study. To get the sample of respondents, the study used proportionate sampling whereby, ten percent (10%) of the student population in each school was selected as shown in table 3.1. The three schools had a total student population of 2,000 students and therefore, 200 students (10%) formed the sample population. This is in line with Mugenda and Mugenda (2003), who stated that, for descriptive studies, 10% of the accessible population is an adequate and representative enough for the sample.

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Table 3.1 Sampling frame

Name of school	Population (n)	Sample size (10% of n)
Loreto Girls High School	720	72
Ngenia Boys High School	850	85
Manguo Mixed Secondary School	430	43
Total	2000	200

The respondents from each school were sampled from Form 1 to 4. This ensured representation from each class in the sample. The sample size of each school was distributed among all the classes in the school. The sample size for each class was then determined, depending on the number of students present, on the day when the researcher went to collect the data. Further, the study used systematic sampling to identify the respondents from each class. Systematic sampling selects an element of the population at a beginning with a random start and following sampling fraction selects every K*th* element (Cooper and Schindler, 2000). The respondents in that class were selected based on the figure of K.

In this sampling, the Kth number was determined according to the number of students present. For example, on entering each class, the researcher took the number of students present, and divided this number by the number of respondents required to get the value of K. In the mixed school, both boys and girls in the class were considered and sampled separately. The results for each school were then organized to become the data collected from that stratum. The data from the three strata was then combined.

The study also used purposive sampling to select the key informants. The guidance and counsel.ling teachers were selected because of their key role in dealing with the drugs and substance usage issues in the school environment. The study selected the teacher who headed the guidance and counseling department in the schools. Three guidance and counseling teachers were involved in the study. Head teachers and their deputies were also selected because as administrators of the school, they play a key role, and have crucial information on drugs and

substance use in schools. Two head teachers and one deputy head teacher were involved in the study.

3.6 Research Instruments

The research instruments in this study include questionnaires and interview guide. The questionnaires were addressed to the students. The questionnaires consisted of open and closed ended questions. The questionnaires are appropriate for collection of data from a large group of respondents. The questionnaire was appropriate to get the views of the students on the drugs and substance usage issue in schools.

For the interviews an interview guide was developed from the questionnaire to enable the discussions to revolve around the matters relevant to the topic of study. Interview guide was for the guidance and counseling teachers, head teachers and deputy head teachers. The interview guide enabled probing and corroboration of issues which came out during data collection using questions. The interviews enabled clarifications on major issues.

3.7 Unit of Analysis

3.7.1 Unit of analysis

The study focused on public secondary schools in Limuru district to identify the cause of drug abuse.

3.7.2 Unit of Observation

Units of observation were students from public secondary schools of different categories in Limuru District.

3.8 Data Collection Procedures

The research study utilized both primary and secondary data. Primary data was obtained directly from the sample population. The researcher first got a permit from the relevant University authorities to allow collection of data from school authorities. The researcher then contacted the District Education Officer in Limuru who allowed her to collect data from schools in Limuru District. The researcher then contacted the head teachers of the selected schools and explained the background of the study and requested for cooperation. The researcher and research

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assistants administered questionnaires to respondents (students) in the sample. Oral interviews using an interview guide were conducted in the offices of the key informants or in the school compound in places convenient to the key informants.

Secondary data was also important for the study. The secondary data on drugs and substances in schools and youth was reviewed. This was obtained from publications on the subject. The sources were books, journal articles, internet sources and reports from organizations like NACADA, Ministry of Education.

3.9 Data Analysis

Data analysis was an important stage in the research process. It involved the organization and processing of data with the aim of extracting useful information to answer the research question and help in accomplishing the research objectives. Quantitative and qualitative data was analyzed differently. Quantitative data was analyzed using descriptive statistics. The quantitative data was from the questionnaires. The questionnaires were sorted out and checked for consistencies. They were then coded and entered into the Statistical Package for Social Sciences (SPSS) software to allow the analysis. Frequencies and percentages were used to facilitate understanding of the data. On the other hand qualitative data was analyzed using thematic analysis. Thematic analysis is based on the identification of themes in qualitative material. A theme is a cluster of linked categories conveying similar meanings and usually emerges through the inductive analytic process which characterizes the qualitative paradigm. The themes which emerged in the study were situation of drugs and substance use in schools, personal factors contributing to drug and substance use, social factors contributing to drugs and substance use, economic factors contributing to drug and substance use and strategies used to mitigate drugs and substance use in schools.

Quantitative data was then presented using tables, pie charts and graphs. This was enhanced by a narrative description of the figures and their meanings. Qualitative data was presented in narrative form. A narrative description was needed to give meaning and a better understanding of the figures.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presented the findings of the study. The responses from the subjects were compiled into frequencies and converted into percentages and presented in, charts, graphs and tables. This was to facilitate easy analysis and understanding of the study which sought to establish the factors contributing to drug use among secondary school students in Limuru District. The analysis was done based on each question asked by the researcher in the research instruments.

The response rate for the questionnaires was 87.5% or 175 out of 200 respondents satisfactorily filled in questionnaires which were used for the study. The study also conducted six interviews with the key informants who comprised of three guidance and counseling teachers, 2 head teachers and one deputy head teacher from the selected schools. These have also been incorporated in the study to enhance triangulation of the data obtained for the purposes of the study.

4.2 Demographic Information

In order to capture the general information of the respondents, issues such as gender, age of the respondents, category of the school and type of school of the respondents were captured in the first section of the questionnaire. This was to describe the social demographic characteristics of the respondents who took part in the study.

4.2.1 Students Demographic Information

The following subsections present the results on the demographic information of the respondents.

4.2.1.1 Gender of the Students

The study sought to find out the gender distribution of the students who were involved in the study. Figure 4.1 show the results.

Figure 4.1: Gender of the Students

Gender of Respondents

(103)59%   72 (41%)
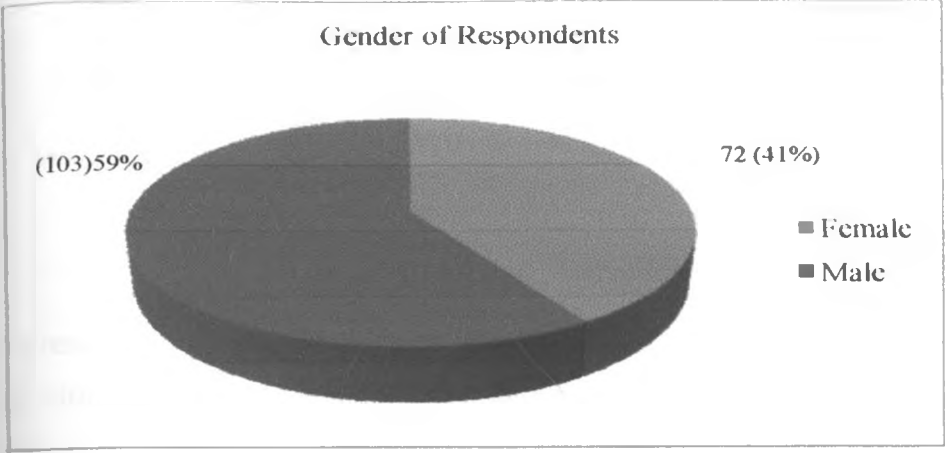
■ Female
■ Male

The study shows that 59% of the respondents were males while 41% were females. This shows that the distribution of respondents in the study was across both genders. The study findings have views from both genders and therefore do not have gender bias.

4.2.1.2 Age of the Students

This section of the study sought to describe the age of the respondents in the study. Under this section respondents were asked to indicate their respective age bracket. Results were as presented in figure 4.2.

Figure 4.2: Age of the Respondents

Age of the Respondents

15-20 years   170(97%)

Less than 15 Years   5 (3%)
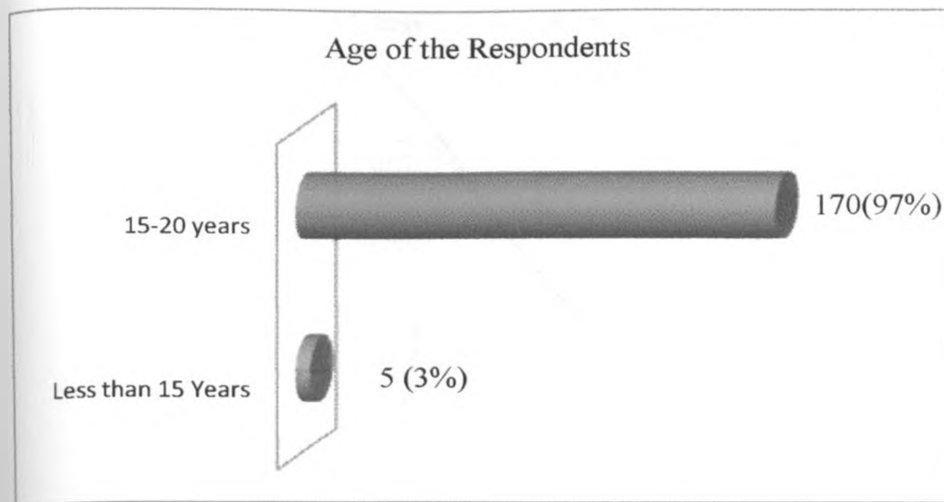
The results show that 97% of the respondents were between the ages of 15-20 years. This is in line with the fact that, the respondents who took part in the study were students from secondary schools. Only 3% of the respondents indicated that they were less than 15 years. The findings therefore represent the views of the youth who are school going. As indicated by NACADA, (2006) and Ndetei, et al., (2004), persons in this age group are the most vulnerable to drugs and substance usage and thus their views upon which this study was based are informative and are appropriate for the study.

4.2.1.3 Class of the Respondents

The study sought to find out the distribution of the respondents across the classes. Table 4.1 shows the composition of the students respondents based on the classes they were drawn from.

Table 4.1: Students Distribution across the Classes

Class	Frequency (n)	Percentage (%)
Form 1	36	21
Form 2	48	27
Form 3	47	27
Form 4	44	25
Total	**175**	**100**

The results show that 21% percent were in Form 1; 27% were in Form 2; a further 27% were in Form 3 and the rest 25% were drawn from Form 4. This was in line with the sampling procedure where views were sought from all the classes to ensure that, the study findings captured the views of the students across all the classes. This also validates the sampling method used whereby students were selected from each class uniformly.

4.2.3.4 Religion of the Respondents

This section sought to describe the distribution of respondents by their religious affiliation. Results are as illustrated in figure 4.3.

Figure 4.3: Religion of the Respondents
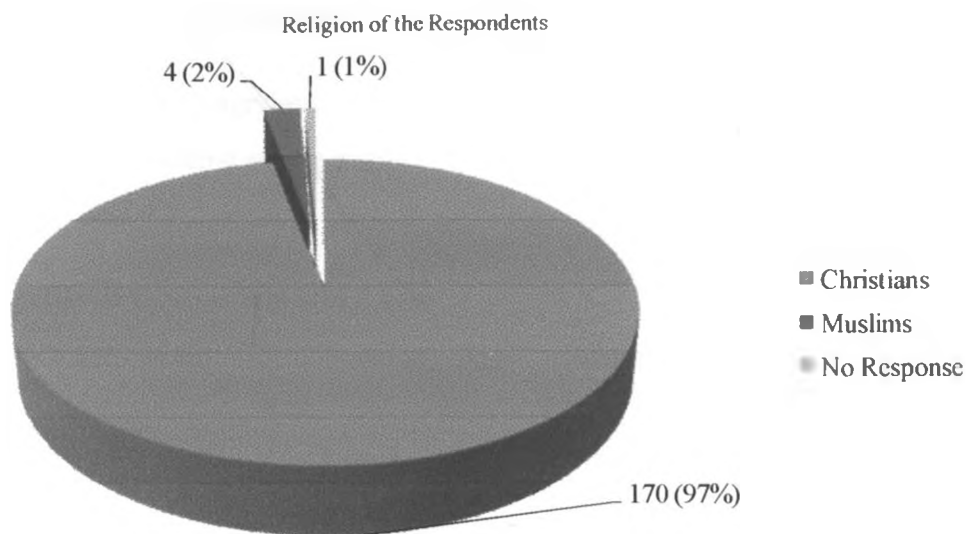
The study findings show that 97% of the respondents were Christians, while 2% were Muslims. The rest (1%) of the respondents did not respond to this question. This was anticipated as the study area was dominated by Christians.

The key informants noted that, religion had a weak link to the drug and substance usage in schools. The 36year-old male Deputy Principal noted that, despite the school community being that of Christians, problems of drugs and substance usage still persisted. The 45year-old female Guidance and Counseling teacher stated:

> "... if students put into practice the behavior they portrayed during morning devotions and meetings of movements like Young Christian Students (YCS) and Christian Union (CU), problems associated with drugs and substance usage would be rare. Currently there is a lot of hypocrisy as one cannot easily identify a student who uses drugs and substances".

The findings indicate that, the role of the church is not felt in the struggle to stop drug and substance use among the youth. This is contrary to the findings by Githinji and Njoroge, (2004) who found that the church is actively involved in the fight against drug and substance use.

4.2.2 Profiles of the Key Informants

The study also conducted interviews with Key informants who were deemed to have extensive knowledge and understanding of the problem under study. The profiles of these key informants are presented in Table 4.2.

Table 4.2: Profile of Key Informants

Key informant	Gender	Age	Education Level	Duration of Service
School Principal	Female	49	Masters of Education	6 years
School Principal	Male	53	Masters of Education	8 years
Deputy Principal	Male	36	Bachelor of Education	4 years
Guidance and Counseling teacher	Female	39	Bachelor of Education	9 years
Guidance and Counseling teacher	Female	45	Diploma in Education	13 years
Guidance and Counseling teacher	Male	51	Diploma in Education	11 years

Table 4.2 shows that the key informants comprised of two head teachers, one deputy head teacher, and three guidance and counseling teachers. There were three male key informants and three female key informants. This shows that the profiles of these key informants are diverse and thus, they were able to furnish the study with vital information on drug and substance use in the schools. The key informants are the ones who deal with drug and substance cases as noted by Gikonyo, (2005) who found guidance and counseling teachers, the head teachers and the deputy head teachers as the ones who dealt with cases related to drugs and substances.

The profiles also show that, the key informants were drawn from ages ranging from 36 to 53 years. They had also been in their current position for at least 5 years. This made them reliable sources of information on drugs and substance use.

4.3 Drugs and Substance Use Situation in Secondary Schools.

This section had a number of queries which sought to find out the current situation on drugs and substance use in secondary schools. Aspects like students knowledge of drugs and substances used, types of drugs used most and whether the respondents had used the drugs were included.

4.3.1 Students awareness of Drugs in the school

In this section the study sought to find out the level of student knowledge of drugs and substances used in their schools. Table 4.3 shows the results.

Table 4.3: Students awareness of Drugs and Substances Used in the school

Drugs used	Yes		No		Total (%)
	Frequency (n)	Percent (%)	Frequency (n)	Percent (%)	(n)
Cigarettes	161	92.0	14	8	100
Marijuana	118	67.4	57	32.6	100
Miraa (Khat)	116	66.3	59	33.7	100
Cocaine	81	46.3	94	53.7	100
Heroine	59	33.7	116	66.3	100
Mandrax	57	32.6	118	67.4	100
Kuber	32	18.3	143	81.7	100
Alcohol	156	89.1	19	10.9	100

n= 175

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The study shows that 92.0% of the respondents were familiar with cigarettes; 89% knew about alcohol; 67%, were aware of marijuana and 66% were aware of usage of miraa (khat). On the other hand, the study found that 52.0% were not aware of cocaine; 65.7 of the respondents were not aware of Mandrax. This shows that the most commonly known drugs among the students in secondary school were cigarettes, alcohol and marijuana.

The key informants had varied views on the level of awareness of drugs and substances amongst the students. The 51year-old male guidance and counseling teacher indicated that, all students knew of the drugs and substances used in schools, but some of them cannot acknowledge this as they thought they would be said to be the ones using the drugs. He indicated that, this group of students feigned innocence. This came out in table 4.3 which shows a notable percentage of students who indicated they were not aware of drugs and substances used.

The 49year-old female Principal stated;

> *"..on average three cases of drugs and substance use are reported to me in a month. The cases are mainly about cigarettes, bhang and alcoholic drinks. I believe there are many unreported cases as the students have perfected ways of evading the school administration."*

The 53year-old male Principal observed that, information on drugs and substances was readily available in the mass media which the students interacted with. He further indicated that, the issue of drugs and substance usage was discussed in various forums in the school such as, during assembly, in guidance and counseling sessions as well as in debating clubs.

The study findings are in agreement with the findings by Karechio, (1996); Kaguthi, (2006) and NACADA (2004) who listed alcohol, bhang, cigarettes and *miraa* as the most used drugs and substances by youth in the school going category.

4.3.2 Extent of Drugs and Substances Usage in Schools

Under this sub section the study sought to find out whether the respondents had used any drugs or substances. The findings are presented in figure 4.5 below;

Figure 4.4: Extent of Drugs and Substances Usage
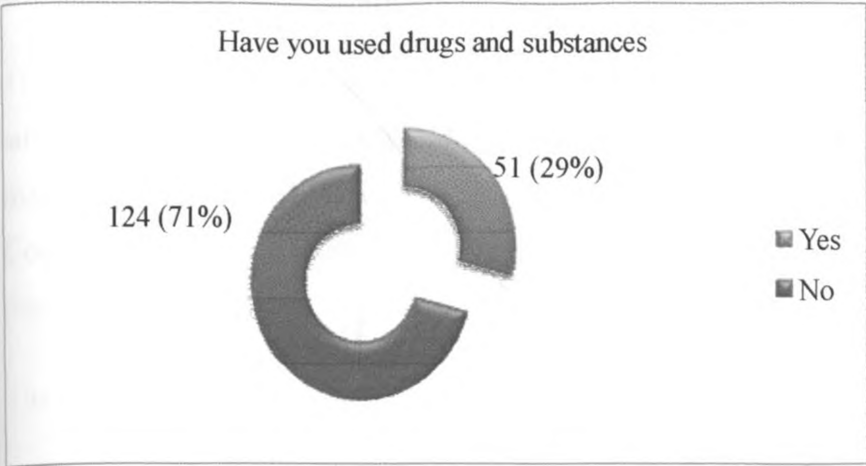
The results reveal that 71% of the respondents indicated that they had not used any drug or substance. On the other hand, 29% revealed that they had used at least one of the drugs or substances. Those who indicated that they have used drugs or substances pointed out that, they used alcohol, cigarettes, marijuana, cocaine and khat (miraa).

The study further sought to know whether students knew other students who use drugs and substances in the school. Table 4.4 presents the results.

Table 4.4: Whether students know the Users of drugs and Substances

	Distribution	
	Frequency (n)	**Percent (%)**
Yes	104	59
No	14	8
Not aware	56	32
No response	1	1
Total	**175**	**100.0**

Majority of the respondents (59%) revealed that, there were students in their school who used drugs while 32% indicated that, they were not aware of any students who took drugs in the

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school. Eight percent of the respondents though indicated that, they did not know the students who took drugs in their school.

The key informants indicated that, students would rarely admit that they knew users of drugs and substances due to issues like fear of school authorities as well as hypocrisy. The 36-year old male Deputy Principal, as well as, the 39year-old female, and 51year-old male Guidance and Counseling teachers argued that, drugs and substances have been used by over half of the student population in schools.

The 51year-old male Guidance and Counseling teacher noted that:

> "...there is a student in his school who cannot stay in class for more than 2 hours without going out to smoke in the toilets. He emits a strong smell of nicotine every time someone leans close to him to check his work".

The 36year-old male Deputy Principal stated:

> "..... Alcohol is the most used substance around because of its availability and ease of concealment. The students prefer the second generation illicit brews which are packed in plastic bottles as they are easy to carry around. These are also cheap and affordable to the students. Miraa is also widely used because of the belief that it can keep people awake".

The 49year-old female School Principal noted that, it was hard to clearly ascertain the extent of drugs and substance usage in schools because the users have their own language which the teachers and school administrators could not understand. She indicated that, such language is also not understood by other students who did not use drugs and substances. This was evident in the course of the study as names like: *bhachu, veve, ketepa* (for miraa); *ndom, boza, shada* (for bhang) *and keroro, naps, makali* (for alcohol) kept coming up. The researcher had to rely on the youthful research assistant to understand the meaning of these words.

The findings are in agreement with Kiiru, (2004) who argued that it is hard to ascertain the extent of drugs and substance usage among the youths as they were always apprehensive to give correct information to people they did not trust, especially those not in their age groups. The study also

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indicated that, young people are only willing to share information on drugs and substance usage when they became addicted and needed help. However NACADA (2004) noted that, even at this stage, it was not guaranteed that the young people would acknowledge the problem and volunteer information.

4.3.3 Major Sources of the Drugs Used in Schools

The study also sought to establish the main sources of drugs used by students in schools. Respondents were asked to identify the major sources of drugs used by students in school. Results obtained are presented in table 4.5.

Table 4.5 Sources of Drugs Used In Schools

Students Access to Drugs	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	No response	Total
	%	%	%	%	%	%	%
During school outing	27.4	24.0	12.0	8.0	22.3	6.3	100
Brought by outsiders	6.3	12.6	23.4	22.9	24.0	10.8	100
Students sneak from school	3.4	5.1	20.0	36.6	21.1	13.8	100
School workers	4.6	6.3	22.9	37.1	18.3	10.8	100
Some teachers bring drug to school	5.7	2.9	17.1	48.6	16.6	9.1	100
From vendors in the neighbouring town	25.1	22.9	8.6	13.7	18.3	11.4	100
Students access drugs from vendors within the school	14.3	17.7	8.0	27.4	24.6	8.0	100

n=175

The study shows that 27.4% of the respondents strongly agreed while 24% agreed that students access drugs during school outing. Further, 25.1% strongly agreed while 22.9% agreed that students access drugs from vendors in the neighbouring town. However, 24% of the respondents

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indicated that they were not sure while 23.4% disagreed that drugs used are brought into school by outsiders. Moreover, 48.6% strongly disagreed while 17.1 disagreed that some teachers bring drugs to school for student; 37.1% also strongly disagreed while 22.9% disagreed that school workers are involved in sneaking drugs to school.

The key informants had varied views. A 49 year-old female School Principal indicated that, the drugs were available from pubs and dens in the neighboring towns as well as peddlers who moved from one place to another and who even brought the drugs and sold them over the fence at 'agreed points'. The 36 year-old male Deputy Principal indicated that, sports events and schools outings were a major concern when it came to drug usage as the students freely mingled with the people who capitalized on these occasions to supply drugs to the students.

The 51year-old male Guidance and Counseling teacher stated;

> "... *drugs are readily available to the young people. Some people do not even consider things like miraa, alcohol and cigarettes as drugs. They are available everywhere. Even some of the students are selling drugs and alcohol. In my previous station, there was a case of a cook who was involved in supplying drugs and alcohol to the students. I have also heard that some teachers especially the untrained teachers employed by the board also supply drugs to students. The day scholars sell drugs and substances to the boarders.*"

The findings show the complexity of the drugs and substances usage problem amongst the youths. As NACADA (2004) noted, the drug and substance industry is a booming business which has varied players ranging from powerful politically correct drug barons to the village peddlers. The study noted that, given the amount of monies that change hands, the sellers use innovative tactics to ensure that the youth access drugs despite stringent measures aimed at curbing drugs and substances in institutions of learning.

4.3.4. Place Students Use Drugs and Substances in School

After identifying the sources of drug used in schools the study further sought to identify places within the school environment preferred by drug users. Results are as illustrated in table 4.6.

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Table 4.6: Place Students Use Drugs in School

Places	Frequency (n)	Percent (%)
Dormitories	27	15
Bathrooms and toilets	48	27
In bushes in the school compound	92	53
In the Classroom	8	5

n=175

Fifty three percent (53%) of the respondents revealed that the students used drugs while hiding in the bushes in the school compound while 27.4% indicated that the students used the drugs while hiding in the bathrooms and toilets. The study also shows that, 13.1% of the respondents indicated that, students used drugs in the dormitories while 4.6% indicated that the students used drugs in classrooms.

Moreover, outside school, the respondents revealed that students used drugs at home, in social gatherings, bars and clubs and also in bushes or hidden places for fear of being spotted. It was also revealed that students used drugs during school outings, during night parties, near the drug peddlers residence or when with their friends in the village or in town and especially during weekends and holidays. Box 1 further brings out the popular hideouts and tactics used by the drugs and substance users.

Available studies have not touched on places where drugs and substance users prefer; thus this is one of the highlights of this study in the subject of drugs and substance usage in schools. It reveals that bathrooms, toilets, urinals and bushes are the preferred locations for users of drugs and substances.

4.4 Factors Contributing to Drugs and Substance Usage in Schools

The main objective of the study was to find out the factors which are associated with usage of drugs and substances among students in public secondary schools. The research instruments had various questions which sought to unearth these factors. Based on the items in the research instruments the study grouped these factors into personal factors, social and economic factors. These themes are discussed in the subsequent sub sections;

4.4.1 Personal Factors Contributing to Drugs and Substance Use

One of the emerging themes from the responses obtained to the items in the research instruments was that there are personal factors of the users which can be linked to usage of drugs and substances. The aspects which fell under this theme include characteristics of the users, classes, age groups,

4.4.1.1 Use of Drugs and Substances across Classes

Under this section respondents were asked to indicate which class category within secondary school used drugs most. The classes were taken to represent the age groups. Results obtained are presented in Table 4.7.

Table 4.7: Drugs and Substances Usage across Classes

Class	Frequency (n)	Percent (%)
Form 1	8	5
Form 2	45	26
Form 3	83	47
Form 4	91	52

n=175

Fifty two percent of the respondents indicated that Form 4 was the class where students mostly used drugs and substances; 47.4% indicated that Form 3 were the students who mostly used drugs in the school. Twenty six percent of the respondents indicated that students in Form 2 had high use of drugs and substances in the school. Only 5% of the respondents indicated that the Form one students used drugs most in the school. The findings from the students indicate that the older students are more likely to use drugs than the younger ones.

Key informants had a contradictory opinion as they indicated that it is the Form Two class which has high usage of drugs and substances. The 49 year-old female School Principal noted;

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"....... most of the cases which are repoted involve Form Two students. Students in Form Two are generally troublesome. They are hell bent on breaking the school rules and regulations. They are usually very excited about their transition from Form One. Using drugs and substances is seen as a celebration of this transition into 'seniority' in the school environment."

The 36 year-old male Deputy Principal noted:

"Students in Form Two are a rebellious lot and thus they are more likely and do engage in drugs and substance use. Students in Form Two are at the onset of adolescence and this leads them to undertake risky activities. At Form Two this is where the students start experimenting and their curiosity levels are very high"

The 45year-old female Guidance and Counseling teacher, corroborated this view by making the following statement:

"Students when in Form Two are more likely to engage in drugs and substance use because this is the stage during their four years in school when they form identity. They choose which type of people will be their friends for the rest of their school life at this stage. If the friends chosen use drugs then group members were more likely to engage in the practice."

However, the 39 year-old female Guidance and Counseling Teacher noted that, Form Fours were more likely to use drugs due to final exam pressures, while, the 51year-old male Guidance and Counseling teacher indicated that, the class did determine whether a student used drugs or not.

4.4.1.2 Personal Intelligence Level and Use of Drugs and Substances

The key informants identified several other personal factors which they felt lead to drug and substance use amongst students in schools. One of these is the intelligence level of the students.

The 36year-old male Deputy Principal stated;

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"Bright students are more confident in the school environment and are not easily swayed by peer pressure. They also do not feel the need to belong to groups which are breaking school rules and regulations as they 'prove their point' in academic work"

The 45year-old female Guidance and Counseling teacher noted;

"The students who use drugs and substances are usually lagging behind in academic performance. I think that, though many people feel that drug and substance use leads to poor academic performance, it is the other way round. The bright students usually understand the dangers of drugs and can take a strong stand against issues. "

Based on the results obtained, it emerges that, the class indicates the age group of the students, and it does contribute to drug and substance use among the students. Form Two students who fall in the 15-16 age bracket were found to have a high likelihood of using drugs and substances. As reported by the key informants, this can be attributed to the onset of puberty and ensuing rebelliousness, as well as, the transition from Form one to Form Two which is viewed as a transition to seniority in the school. The findings are in line with studies which found that, age did determine whether a person would indulge in drugs and substances or not. This study found that, youth at the onset of puberty were more likely to indulge in drugs and substances. The findings also show that, classes also act as social groups and if the friends of a student are users of drugs and substances she or he was more likely to indulge in the same. This is in agreement with NACADA, (2004) which found that, friends and need for identity and sense of belonging to a group led many young people to indulge in drugs and substances.

4.4.2 Social Economic Factors Contributing to Drugs and Usage in School

The study had several queries which were geared towards finding out the social and economic factors which have a link to drugs and substances usage. The social factors which emerged were community drug and substance usage behaviors, peer pressure, family background among others.

4.4.2.1 Social Economic Context of the Students

The study investigated a number of social aspects which were thought to have a link to drugs and substance usage. The aspects were investigated through a number of statements which were given to the students who were asked to rate the extent to which they either agreed or disagreed with the statements. Interpretations were based on frequencies. If the sum of the respondents who strongly agreed and agreed was greater than the sum of those who strongly disagreed and disagreed, it meant that the social factor being queried contributes to drugs and substance usage among students. If the sum of those who strongly disagreed and disagreed was greater than the sum of those who strongly agreed and agreed, it meant that, the social factor being queried does not contribute to drugs and substance use among students.

Table 4.8: Social Economic Context of Drug users

Social-Economic context	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	No Response	Total (%)
	%	%	%	%	%	%	%
Students use drugs because they are frustrated	16.6	31.4	23.4	10.9	10.9	6.9	100
Affordability of drugs	21.7	37.7	7.4	15.4	11.4	6.3	100
Drug users usually isolate themselves from the other students most of the time/have tensions	24.0	22.9	19.4	16.0	9.1	8.6	100
Drug users are usually responsible for theft within the school	20.6	20.0	27.4	6.9	16.0	9.1	100
Drug users in the school associate with a particular religion/sect	10.3	15.4	21.1	11.4	32.0	9.7	100

n=175

Table 4.10 shows that most of the respondents (37.7%) agreed while 21.7% strongly agreed that most students who used drugs did so because they could afford to buy them. Further, 31.4% agreed while 16.6% strongly agreed that students used drugs because they were frustrated.

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Twenty four percent of the respondents also strongly agreed while 22.9% agreed that drugs users usually isolate themselves from the other students most of the time and had tensions. However, 27.4% were not sure whether drug users were usually the one responsible for theft within the school while on the other hand, 32.0% of the respondents disagreed that drug users in the school associated themselves with a particular religion/sect.

The study also sought to assess the extent to which the students felt that the factors listed in table 4.9 contributed to drugs and substances usage amongst students. The responses are [presented in table below.

Table 4.9: Factors Contributing To Drug Use

Factors Associated with Drug use	Strongly Agree	Agree	Not sure	Strongly disagree	Disagree	No Respons	Total
	%	%	%	%	%	%	%
Peer influence	69.1	21.7	1.7	1.1	4.0	2.4	100
Drug availability	32.6	39.4	9.7	7.4	5.7	5.2	100
Frustration with education	21.1	28.0	26.9	10.3	9.1	4.6	100
School neighborhood	13.7	16.0	15.4	27.4	22.3	5.2	100
Model from both teachers and subordinate staff	4.6	6.9	12.6	26.9	43.4	5.6	100
The amount of pocket money from the family	29.7	30.3	13.1	10.3	13.1	3.5	100
Heroism is a major contributing factor	25.7	29.7	18.3	5.1	14.3	6.9	100
School rules and regulations are not strict enough to prevent drug use in school	9.1	9.7	4.0	20.6	49.7	6.9	100

n=175

Table 4.9 shows that majority of the respondents (69.1%) strongly agreed while 21.7% agreed that peer influence had led most students to use drugs. Further, 39.4% agreed while 32.6% strongly agreed that the availability of drugs had resulted to more students using drugs. The study also shows that 28% of the respondents agreed that frustration with education had contributed to drug use; however, 26.9% indicated that they were not sure whether this was the reason for drug use in schools. On the other hand, 30.3% of the respondents agreed while 29.7%

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strongly agreed that the amount of pocket money students were given from the family influenced drug use. However, 43.4% disagreed while 26.9% strongly disagreed that model from both teachers and subordinate staff had contributed to drug use.

Key informants clearly brought out how social economic factors contribute to drugs and substance usage among students. Several aspects of the society were said to contribute to drugs and substance usage. One of the aspects which came out strongly was the issue of family set up. The nature of the family set up was said to determine whether students would use drugs and substances.

A 53year-old male School Principal noted:

> *"The society in which the students grow up and also the society in which the school is located are key determinants of usage of drugs. The society determines the friends which the students associate with and peer pressure is one of the main causes of usage of drugs and substances. The community around the school is the one that supplies the students with drugs and substances and thus they contribute to the problem. " This aggrevates it even more, if the members of the society are also involved in using drugs and substances.*

The 36-year old male Deputy Principal stated:

> *"Family determines whether the students will take drugs or not. A family where parents are concerned about monitoring their children's progress in and out of school will have children who are cautious about engaging in taking drugs. On the other hand, in families where parents do not have time for their children, there is a higher likelihood for the students from such a family to use drugs. "*

The 39year-old female Guidance and Counseling teacher noted:

> *"Family is a key factor in shaping how a child grows and what behaviors he picks. If one or both parents use drugs and substances and behave badly the child may hate usage of drugs and substances and will never use drugs."*

On economic factors, the 49 year-old female School Principal noted;

> *"Economic factors determine the type of drugs and substances used because some drugs and substances are expensive while others are cheap. Students from poor backgrounds will usually use drugs and substances which are cheap while those from a rich background can afford any type of drug."*

The 51year-old male Guidance and Counseling teacher, emphasized how economic factors contribute to drug and substance usage by his comments;

> *"Students from a poor background will rarely use their money to buy drugs. Students from this group rarely get money at their disposal, and so when they get it they have other priorities other than drugs and substances. Students from poor backgrounds also get their money through a lot of hardships and not just being given by parents or guardians so they feel the pinch to use it. On the other hand, students from rich backgrounds have all their needs taken care of, so the money they have has very few uses and thus, they tend to use it on drugs and substances."*

From the foregoing discussion, it emerges that, the socio-economic factors have a big contribution towards drug and substance use by students. Family set up comes out as one of the aspects of society which contributes to whether students will use drugs and substances. Another factor that was identified by the respondents and key informants as contributing to drug use by students was socialization. Socialization includes the type of friends, peer pressure and the issue of identity. Economic factors identified include money at the disposal of students, income of the parents and affordability of the drugs and substances.

4.5 Strategies Adopted to Deal with Drugs and Substances Usage

In this section the study sought to find out measures which have been put in place by schools to address drugs and substances usage among students. First the study sought to know how the schools diagnose and identify students engaged in drugs and substance use. The key informants

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indicated that a number of signs of drugs and substance use were used to identify those who use drugs and substances.

The 49 year-old female School Principal indicated that, she usually got information from prefects and also personal interaction with the students once she summoned such a student. The 36 year-old Deputy Principal stated:

> *"I identify the students by their red eyes, slurred and heavy speech and in extreme cases, staggering. I also look out for blackened nails and burnt fingers."*

The 39 year-old female Guidance and Counseling teacher indicated that, students using drugs and substances were identified mainly through monitoring their behavior.

The study also sought to find ways in which the issue of drugs and substances was being dealt with in schools. The study sought the opinion of the students on the measures which have been put in place in the schools to deal with drugs and substance issues. Table 4.10 shows the responses obtained from the students.

Table 4.10: Dealing with Drugs and Substance Use in Schools

Action	Yes		No		Total
	Frequency (n)	Percent (%)	Frequency (n)	Percent (%)	(%)
Call for/ involve parents / guardians	127	73	48	27	100
Guidance	55	31	120	69	100
Counseling	162	93	13	7.0	100
Expelling notorious cases	42	24	133	76	100
Guidance and Counseling	154	88	21	12	100
Peer Counseling	82	47	93	53	100
Strict School Rules	61	35	114	65	100
Creating good relations with students	64	37	111	63	100

n=175

The results show that, there were varied measures which the schools have put in place to deal with usage of drugs and substances in the schools. Counseling emerged as the most preferred measure with 93% of the students indicating that this intervention is in use in the school while a combination of guidance and counseling was named by 88% of the students. Summoning and involving parents/guardians was named by 73% of the students, 47% indicated that schools used peer counseling to address drugs and substances usage while 46 % noted that, there were efforts to create a good relationship between head teachers/teachers and students. Other measures which are being used are guidance which was named by 31% of the students; using strict school rules was named by 35% of the students; inspections were said to be in use by 19% of the students and expelling notorious cases was said to be in use by 24% of the students.

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The key informants corroborated the view of the students. The 49 year-old, female School Principal indicated that, she conducted impromptu inspections in the lockers and dormitories. She also encouraged formation of groups and clubs which addressed issues of drugs and substance use. A 53 year-old male School Principal noted that, the school encouraged strong guidance and counseling, peer counseling and adherence to school rules.

He further noted that;

> *"No single measure can work efficiently. We employ varied measures to different situations. We look at the case and decide which strategy to use. In most cases we like involving the parents though they are not very supportive and they blame the school administrators. Counseling of specific students who either approach the counseling teachers or are referred to them by the administration is preferred by the school. We rarely expel students as this has to be approved by the Board of Governors."*

A 39 year-old female Guidance and Counseling teacher stated that, guidance and counseling was an effective measure of dealing with drugs and substances in schools. She further stated;

> *"The guidance component tackled the drug problem in general by discussing causes and dangers of drug and substance use in addition to how one can avoid falling into the drug trap. Counseling is usually conducted on specific students based on the nature of their case. Counseling takes place in my office or under a tree in the school compound"*

The 45 year-old female Guidance and Counseling teacher, further expounded on measures adopted by stating that;

> *"The school has put in place various measures including impromptu inspections, peer counseling, guidance and counseling, inviting guest speakers who talk about drugs and substances and advise the students, sports and also drama with messages on drugs."*

Another 51 year-old male Guidance and Counseling teacher noted that, guidance and counseling also faced challenges in that, the teachers involved were also expected to teach, and this hardly left them time for conducting counseling sessions. Guidance and counseling was not allocated much time as it is not an examinable subject.

From the foregoing discussion, it emerges that, schools have put in place a number of measures to address the issue of drugs and substances in schools. The main strategy utilized by the schools is guidance and counseling. This is in line with findings of several studies (Odeleye, 2010; Wango and Mungai, 2007; Beckerleg, 2001; Makinde, 1984) which have found that school authorities have put emphasis on guidance and counseling as a measure of tackling drugs and substance usage. The schools were also found to have invested in other measures like peer counselling, health clubs, good working relations, invitation of expert speakers among others. This is in line with a report by NACADA (2007) which argued that for schools to effectively deal with drugs and substance use among students they had to adopt innovative strategies.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section of the research provides a summary of the findings, the conclusion and the recommendations of the study which sought to establish the factors contributing to drug use among secondary school students in Limuru District

5.2 Summary

The following is a summary of the research findings upon which the conclusion and recommendations of the study were made.

5.2.1 Situation of Drugs and Substances Usage in Secondary Schools

The study found out that, a majority of the students were aware about cigarettes, marijuana and alcohol. This could be due to the drugs being easily available and commonly used in the society, and the users also being accepted by their community. Drugs such as cigarettes and alcohol are even advertised on national television and radio channels while marijuana passes on as a drug that enhances certain positive qualities to the user.

Cigarettes, alcohol and marijuana were also revealed as the most commonly used drugs among the drug users. Other drugs like *miraa, chang'aa*, tobacco and *kuber* are also used. The few who used drugs were also found to be in form 4 and form 3.

The study revealed that, drugs are mostly accessed when students were on school outings and from vendors within the school's community. However, there were no findings to indicate that teachers or school workers were drug vendors.

Students were however identified as carriers of drugs while hiding them in socks or bags and sold them to other students. The most common locations where students abuse drugs were found to be in the bushes, isolated places in the school compound and in the toilets. Most students also

reported that users of drugs used them when on school outings, during night parties with their friends, on weekends and during school holidays. It was also revealed that, students used drugs at home, during social gatherings or in bars and clubs. When using the drugs, students hide to avoid detection. It was also found that students from public schools used drugs more than those from private schools. This could be attributed to the locality of most private schools.

5.2.2 Factors Associated with Drug use among Secondary Schools Students

The study attempted to determine the factors that drive students to use drugs. The study revealed that many factors were identified by the respondents as contributing to drug use. However, three major factors can be identified from the study.

Firstly, most of the drugs abused by students were easily available. This is especially so for the common drugs, that is, cigarettes, alcohol and marijuana.

Secondly, these drugs are affordable. The study revealed that the amount of pocket money that some students possess was so much that it majorly contributed to drug use. In fact, the study identified that there was a link between the types of drugs abused by students to their family background. Those from rich families were found to use expensive varieties of alcohol, cigarettes, marijuana and expensive drugs like cocaine and mandrax. The ones from poor families on the other hand used cheap varieties of alcohol and cigarettes and other cheap drugs like miraa (khat) and sniffed glue.

Thirdly, use of drugs can be due to the personality and social factors of the user. Most respondents agreed that the need to experiment, peer influence and the need to feel like a hero contributed to drug abuse. Frustration with education, stress and lack of self control and fear of failure were personality disorders that led to drug abuse. Most respondents also revealed that most drug users lacked proper socialization skills. The users were easily influenced by the media, lacked good role models, were idle and ignorant and isolated themselves from other students. However, most respondents indicated that, the school environment or the lack of proper administration did not contribute to drug abuse. Likewise, those who abuse drugs were not associated with any religion or sect.

Lastly, most respondents agreed that the family set up of the students played a part as to whether a student uses drugs or not. In a family where the student had excess freedom, parents abused drugs or a family had conflicts, the student was most likely to abuse drugs than where the case was the opposite.

5.2.3 Measures Adopted to Tackle Drugs and Substance Usage

The study found out that almost all institutions had put various measures to mitigate abuse of drugs by the students. Majority of the respondents revealed that it was an offence for students to take drugs within the school compound; the institutions had put strict rules which also attracted a stiff punishment or expulsion from school if a student was caught taking drugs. The respondents also revealed that the school administration carried out, random checks by inspecting the students' lockers and dormitories to check for any drugs. In some institutions, students were not allowed to enter the school with any drinks or food stuffs; any goods entering the school had to be inspected. Moreover the students revealed that the teachers and the supporting staff were prohibited from sending students to buy for them drugs and the administration also restricted the students from the zones where drugs were likely to be sold. Counseling and guidance department were also established in the institutions which provided adequate counseling and educated the students on the dangers and consequences of drug use.

5.3 Conclusions

The purpose of the study was to establish the factors contributing to drug use among secondary school students in Limuru District. From the findings of the study the researcher would like to make the following conclusions;

The findings show the complexity of the drugs and substance use problem amongst the youth. As Mwenesi (1996) and NACADA (2004) noted, the drugs and substance industry is a booming business which has varied players ranging from powerful politically correct drug barons to the village peddlers. The study noted that, given the amount of monies which drugs fetch, the sellers use innovative tactics to ensure that the youth access drugs despite stringent measures taken to curb drugs and substance use in institutions of learning.

Based on the results obtained, it emerges that Form Twos students who fall in the 15-16 age bracket were found to have a high likelihood of using drugs and substances. As explained by the key informants, these findings could be explained in terms of the onset of puberty and the, ensuing rebelliousness as well as, the transition from Form one to Form Two which students view as a transition to seniority in the school. The findings are in line with studies by Johnson et al, (2003); Lang, (2001) and Callen (1985) which found that age did determine whether a person would indulge in drugs and substances or not. These studies found that youth at the onset of puberty were more likely to indulge in drugs and substances. The findings also show that the classes act as social groups and if the friends of a student are users of drugs and substances she or he was more likely to indulge in the same. This is in agreement with NACADA, (2004) which found that friends and need for identity and sense of belonging to a group led many young people to indulge in drugs and substances.

It emerges that the socio-economic factors have a large contribution towards drugs and substance use by students. Family set up came out as one of the aspects of society which contributes to whether students will use drugs and substances. Another factor that was identified by the respondents and key informants was socialization. Socialization includes family relations, type of friends, peer pressure and the issue of identity. Economic factors identified include; money at the disposal of students, income of the parents and affordability of the drugs and substances.

The schools have put in place a number of measures to address the issue of drugs and substances in schools. The main strategy utilized by the schools is guidance and counseling. This is in line with findings of several studies (Odeleye, 2010; Wango and Mungai, 2007; Beckerleg, 2001; Makinde, 1984) which have found that school authorities have put emphasis on guidance and counseling as a measure to tackle drugs and substance use. The schools were also found to have invested in other measures such as peer counseling, health clubs, good working relations, invitation of expert speakers among others. This is in line with a report by NACADA (2007) which argued that for schools to effectively deal with drugs and substance use among students, they had to adopt innovative strategies.

Demographic, social, behavioral, and individual risk factors have been found to lead to adolescents using substances and drugs. While the presence of these factors does not guarantee that adolescents will use drugs and substances, it does make them more susceptible.

5.4 Recommendations

In line with the findings and conclusion of the study, the study makes the following recommendations as a precursor to mitigate drug use among secondary school students in Limuru District.

i.   An awareness programme should be organized in secondary schools to educate students on the dangers of drug use. These efforts need to take different and sustained forms such as guidance and counseling inclusion in the curriculum, use of drama, music and sports.

ii.   The media also needs to be actively involved in strategies aimed at curbing drug use among young people who go to school and those out of school. The media needs to stop portraying the picture that, being involved in drugs use is normal and that, selling drugs and substances will lead to one being a success in the society.

iii. School authorities should put in place severe disciplinary measures on students who use these drugs. There should be a clear policy on how to deal with drugs use in schools. Such a policy should also spell out the action to be taken against teachers and school workers found selling drugs to students.

iv.   There is also need for parents and guardians to be in the fore- front in the upbringing of their children and not totally delegating the parenting role to teachers. Measures to be taken should include barring school students from accessing bars and night clubs where drug use is prevalent.

v.   There is need to equip all teachers with knowledge of how to deal with drug use cases in schools. The Ministry of Education and Teachers Service Commission needs to put in place training of all teachers in order to achieve this.

vi.   The wider society needs to re- evaluate its values and morals especially in regard to how we treat and associate with persons involved in supplying drugs to the students and the other youth in the community.

vii.   All campaigners against usage of drugs should intensify it in rural areas. It is apparent from the findings of this study that, common drugs are used as a norm in rural Limuru.

5.5 Recommendations for further research

The study recommends that, further research should be conducted on one specific group of identified factors such as demographic factors, socio economic factors or individual factors.

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APPENDICES

Appendix I: Student Questionnaire

I am a sociology student at the University of Nairobi carrying out a research study to establish the factors contributing to drugs and substances use in secondary schools. This is part of my academic requirements.

Do not write your name in this questionnaire. The information you will give will be confidential and is for research purposes only.

Answer all questions honestly by filling blank spaces or ticking () where applicable.

Section A: Demographic Information

1. Indicate your gender: Male [ ]   Female   [ ]

2. Indicate your age bracket: Less than 15 years   [ ]   15-20 years [ ] Over   21 years [ ]

3. Indicate your class: Form 1 [ ]   Form 2 [ ]   Form 3 [ ]   Form 4 [ ]

4. Indicate your Religion: Christian [ ]   Muslim [ ]   Hindu [ ]   Other _____

5. What is the nature of the school? Boarding [ ]   day school   [ ]   boarding and day [ ]

6. Type of your school

     Boys   only [ ]   Girls only [ ]   Mixed [ ]

Section B: Situation of Drugs and Substances usage in Secondary School

7. Do you know of the following drugs?

     Cigarettes [ ] Marijuana [ ] Cocaine [ ] Heroin [ ] Mandrax [ ] Alcohol [ ]

     Others (specify) _____

8. a) Have you ever used any drug or substance? Yes [ ]   No [ ]

b) If, yes, which of the following drugs and substance have you used?

Cigarettes [ ] Marijuana [ ] Cocaine [ ] Heroin [ ] Mandrax [ ] Alcohol [ ]

Others (specify) _____

9. Do you know students in the school who use drugs/substances?

Yes [ ]   No [ ] Not aware [ ]

10. Which class of students uses drugs and substances most?

Form 1 [ ]   Form 2 [ ]   Form 3 [ ]   Form 4 [ ]

11. To what extent do you agree   with the following statements on the sources   of drugs used in your school? Indicate whether you: **1. Strongly Agree 2. Agree   3. Not sure,   4. Disagree 5.Strongly disagree**

Statements	1	2	3	4	5
Students access drugs during school outings					
Drugs abused are brought into the school by outsiders					
Students sneak from the school and bring these drugs in school at night					
School workers are involved in sneaking drugs to school					
Some teachers bring drug to school					
Other specify					

12. Where do he drugs users in school take drugs from?

Dormitories [ ] Bath room and toilets [ ] Bushes in the school compound [ ]

Classroom [ ]   Outside School [ ]   Others (specify) _____

Section C: Factors Contributing To Drug and Substance Use in Secondary Schools

13. Which   of the following characteristics   best   describe drug users in your   school? Use 1. Strongly Agree 2. Agree   3. Not sure,   4. Disagree   5.Strongly disagree.

Statements on socio characteristics of the drug users in the school	1	2	3	4	5
Students abusing drugs comes from very poor family and therefore do so as frustrations					
Students abusing drugs are from rich family and can afford expensive drugs					
Drug users are usually isolated from the rest of the students most of the time.					
Drug users are usually responsible of theft within school					
Drug users in the school associate with a particular religion/sect					

14. Table below has a number of statements related to factors contributing to drugs and substance use among students. Indicate the extent to which you agree with the statements using the scale where **1= Strongly Agree; 2= Agree; 3= Not sure; 4= Disagree; and 5=Strongly Disagree**

Statements of factors causing drug abuse in school	1	2	3	4	5
Peer influence has resulted to most of students to use drugs					
The availability of drugs has resulted to more student use drugs					
Frustration with education has contributed to drug use					
The school surrounding environment has contributed to drug use					
Model from both teachers and subordinate staffs has contributed to drug use					
The nature of the family has influenced drug use					
Heroism is a major contributing factor to drug abuse among students					
The school rules and regulations of the school are not strict enough to prevent from drug use in school					

15. What other   factors   do you think contributes   to drug use in schools? Describe briefly

_____

_____

16. What are some of   mitigation measures adopted by   school authorities in dealing with drug and substance use among students in schools? _____

_____

_____

Thanks a lot for your time, input and cooperation.

Appendix II: Interview Guide for Key Informants

1) How many years have you been in teaching profession?

2) How many years have you been in your current position in this school?

3) Describe the frequency of drug abuse cases reported to your office?

4) What are the most common types of drugs used by secondary school students?

5) What are the sources of drugs abused by students among secondary school?

6) Which class is involved most id drugs and substance usage? Why?

7) What personal factors contribute to drugs and substance usage among students?

8) How would you describe family background of students involved in drugs and substance use?

9) Which social factors contribute to drug and substance usage in secondary schools? How do they lead to drugs and substance usage?

10) What is the economic status of the students who abuse drugs and substances?

11) How does usage of drugs differ between students from poor background and those from rich background?

12) What are the economic factors which contribute to drugs and substances usage among students? How do they lead to drugs ad substances usage?

13) What other factors contribute to drug use among secondary school students?

14) What is the school policy on drugs?

15) How does the school diagnose students using drugs and substances?

16) How does the school deal with students who use drugs and substances?

17) What are mitigation measures put in place by school authorities to fight drug abuse

Thanks a lot for your time, input and cooperation.