

**A STUDY OF THE CAUSES AND EFFECTS OF DRUG AND
SUBSTANCE ABUSE AMONG STUDENTS IN SELECTED
SECONDARY SCHOOLS IN STAREHE SUB COUNTY, NAIROBI
COUNTY**

BY

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DECLARATION

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

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

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DEDICATION

This work is dedicated to my sons, Polycarp and Clifford.

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ABSTRACT

Drug and Substance Abuse has been talked about worldwide and Kenya is part of that globe. Teachers, parents, church officials and other stakeholders have been at the forefront trying to find out the causes and ways of controlling it. Therefore, there is a need to curb this vice. This study aimed at finding out what makes students abuse drugs and the effects that arise out of this practice with reference to Starehe Sub-County, Nairobi. The study also suggested measures that can be taken to control drug and substance abuse. The study was guided by the following objectives; to establish the extent to which parent's sources of income influence the prevalence of drug and substance abuse; determine how location of schools influence the prevalence of drug and substance abuse; establish the extent to which school administration influences the prevalence of drug and substance abuse; establish how peer pressure influences abuse; investigate how drug abuse among secondary school students determine their academic achievement. The target population was 6 secondary schools. The sample consisted of two hundred and sixty-eight students, six guidance and counselling teachers and six principals. Simple random sampling was used to select the students. Data was collected using questionnaires. The data collected was analyzed using Statistical Package for Social Sciences (SPSS) software programme and presented using both qualitative and descriptive methods such as frequencies and percentages and presented as tables and figures. It was established that most students are driven into taking drugs by peer pressure. Poor performance is the greatest effect of drug abuse among drug taking students. The researcher recommended that all stakeholders be involved in curriculum review and reform to address drug abuse related issues and guidance and counselling sessions enhanced in changing student behaviour.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The term drug is defined as any substance that when absorbed into a living organism may modify one or more of its physiological functions. The term is generally used in reference to a substance taken for both therapeutic purpose and abused substances (Kwamanga, Odhiambo & Amukoye, 2003). Globally and even regionally, drug and substance abuse is an ever expanding problem and is recognized as a threat with serious effects on people's health, security, social-economic and cultural welfare. In Nigeria, students have consistently shown that there is considerable prevalence of drug and substance use; with varying preference rates found for both overall and specific drug abuse (Abdulkarim, 2005). Some of these commonly abused substances include tobacco, Miraa (khat), bhang, alcohol, cocaine, mandrax and heroine (NACADA, 2006).

Drugs pose a very big problem in the world today and it is ruining the lives of many millions of people both in adolescent and general population. The use of illegal drugs has spread at a high rate and has penetrated every part of the world. No nation has been spared from the devastating problem caused by drugs and substance abuse. Kenya has not been spared either and in most cases it has been as a transit point of hard drugs especially through Nairobi and Mombasa. Trafficking of hard drugs into developing countries has not spared Kenya the drug consumption and dependence among secondary and college students and has led to unrest and consequently wide ranging destruction of life and property (Ngesu, Ndiku & Masese, 2008). Factors influencing students to drug use have been identified among them parental influence whereby it has been noted that children from homes where parents take drugs tend to

imitate their parents' behaviors and by modeling they also start using drugs (Ngesu, et al 2008).

School factors can also influence students to drug use (Ngesu et al: 2008). How the school administration manages students' affairs may lead to drug abuse, high handedness, lack of freedom and failure to address them generally creates stress which can lead to abuse of drugs as depressors (Kingala, 2000). Unfortunately, across all continents in the world and throughout time, drug abuse among both the young and adult population has manifested itself in various forms.

It appears that drug abuse affects behavior and its effects on secondary school students whose prevalence was assessed in this study, is a worldwide problem with no exception of Kenyan secondary students. Use of drugs has led to many health problems in the youth, especially among the secondary school students.

The youth experience many special problems and considerations. This is the period of adolescence which is full of many challenges such as stress of physiological and physical change, competition in school and life in general, generation gap, unjust and cruel world among other problems. Psychologically, the adolescents have serious developmental tasks to handle such as peer identification and individualization from their family. Sexual identification; societal and vocational; role identification and negotiating issues of authority power and independence are primary (Oketch, 2008).

A report by United Nation Drug Control Programme (UNDCP, 1998) shows that 60% of student's abuse drugs. A survey by National Council Against Drug Abuse (NACADA, 2006) shows that substance abuse is widespread. It affects the youth mostly although it cuts across all social groups. Many young people especially the

unemployed have resulted to using drugs like heroin and cocaine which are injectables. This has been a major contributor to the spread of HIV/AIDS due to the fact that they share syringes. Other drugs like alcohol can lead to risky sexual behavior as they affect judgment and decision making. A drunkard is unable to assert himself or herself especially when it comes to saying no to unprotected sex thus resulting to exposures to sexually transmitted infections.

Research findings indicate that there is a direct linkage between drug and substance abuse and HIV and AIDS prevalence (NACADA, 2006). According to Siringi and Waihenya (2001), 22% of secondary school students are on drugs and it has been found out that males have high exposure to miraa and inhalants than females. Poverty also encourages drug use among students due to absenteeism and idleness (Adelekan 1998). As a result of lack of school fees, with availability of and access to drugs in the village kiosks the idleness may in one way or another encourage high prevalence of drug use among students aged 14-24 years old. This study therefore investigated the causes and effects of drug and substance abuse among secondary school students in Starehe Sub County, Nairobi County.

1.2 Statement of the Problem

It is evident that drug use and abuse is still a problem in Kenyan secondary schools despite the various measures taken to curb it. Drug abuse menace has strangled youthful population both secondary school students and non-students reducing them to dummies, zombies and drooling figures as well as wasting their lives at the age which they are most needed in society (Ngesu, et al 2008). Although the youth have been educated on the dangers of the drug abuse, most of the secondary school students have little or no knowledge of how dangerous the vice is (Ngesu et al 2008).

Although students are expected to be aware of the effects of drug abuse and commit themselves to their studies, the habit still exists.

Drug and substance abuse lead to many problems in schools especially strikes which are normally experienced in schools although many people attribute the strikes to school mocks especially in the second term of the academic calendar. Some of the known incidents include those at Nyeri High School where prefects were burnt in the dormitory, Kyanguli secondary where many boys were killed. It is possible that students who abuse drugs while in school play a big role in influencing acts like strikes as they are under the influence of drugs.

Although several researchers have preventive measures suggested, the researchers have not effectively led to the desired results of curbing the menace of drug and substance abuse in Kenyan secondary schools. This is because apart from the youth facing a lot of challenges as individuals, the family and society including the church and school have not come out wholly to initiate methods of helping the youngsters. There is always a conflict of interest on who has the upper hand in helping the youth. It was against this background that this study investigated the causes and effects of drug abuse among secondary school students in Starehe Sub County, Nairobi County and suggested pragmatic measures to effectively curb this menace.

1.3 Purpose of the Study

The purpose of this study was to investigate the causes and effects of drug and substance abuse among secondary school students in Starehe Sub County, Nairobi County.

1.4 Objectives of the Study

The study was guided by the following objectives: -

- i) To establish the extent to which parents' sources of income influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub County.
- ii) To determine how different location of schools influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub County.
- iii) To establish the extent to which school administration influences the prevalence of drug and substance abuse among secondary school students in Starehe Sub County.
- iv) To establish how peer pressure influences drug and substance abuse among secondary school students in Starehe Sub County.
- v) To make suggestions on how Drug and Substance Abuse can be minimized.

1.5 Research Questions

This study was guided by the following research questions: -

- i) To what extent do parents' sources of income influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub County?
- ii) To what extent does location of schools influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub County?
- iii) To what extent does school administration influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub County?

- iv) How does peer pressure influence them on drug and substance abuse among secondary school students in Starehe Sub County?
- v) What measures can be taken to minimize Drug and Substance Abuse?

1.6 Significance of the Study

This study sought to generate useful data on the causes and impact of drugs abuse on education in Kenya. Therefore, the findings of this study may be useful in several ways: The Ministry of Education (**MOE**) may use the study findings to find out ways of preventing drug and substance abuse through public enlightened campaigns in schools, promotion of awareness on the dangers of drugs and how they affect an individual, the family and the society at large.

The government may put in modalities of strengthening the guidance and counseling department in schools through taking the teachers for service teacher training courses. The findings may also be used to advocate that campaigns against substance use should be incorporated in schools with special focus on the adverse consequences of the substance use. Ultimately, the society will benefit from the findings of this study in creating a drug free society for social, economic and political development in line with sustainable development goals. The school principals may assist the students in identifying the sources of drugs so that they can take remedial measures. The guidance and counselling departments might be strengthened through appointment of trained and qualified counsellors to head the departments.

1.7 Limitations of the Study

The data collection technique was mainly the use of questionnaires which were used to obtain data from the respondents. There were chances that some respondents might have been unwilling to respond to the questionnaires. The researcher also narrowed

down the research objectives to five factors which might, have been conclusive evidence as there are many other factors which are beyond the control of the researcher. Such factors may have included inadequate rehabilitation centers, breakdown of African culture, lack of parental influence, availability of pocket money and school related factors.

There were a lot of funds needed to carry out a research so the researcher required a lot of money to research on the causes and effects of drug and substance abuse among secondary school students in Starehe Sub County, Nairobi County.

1.8 Delimitations of the Study

The study was limited to selected public secondary schools in Starehe Sub County. The findings in the study were used to generalize the percentage of students who engaged in Drug and Substance Abuse.

1.9 Assumptions of the Study

The study assumed that the respondents were honest, truthful and willing to give correct answers. The reasons for students' high prevalence of drug abuse were also stated in the objectives of the study. Other factors had no negligible influence on the frequency of drug abuse among students. The researcher assumed that school principals would allow guidance and counseling teachers and students to participate and give correct data during the research. It was also assumed that drug abuse prevails in one way or the other in Starehe Sub County.

1.10 Operational definition of Terms

In this study the following terms were defined as:

- Drug:** Refers to any chemical substance which when taken into the body that can affect one or more of the body's functions.
- Drug misuse:** Refers to the usage of any drug for any other purpose other than the recommended one.
- Drug abuse:** Refers to excessive illegal drug use and/ or legal drug use without a doctor's prescription.
- Drug tolerance:** Refers to a state of reduced sensitivity of a drug to the body at given regular (normal) dose.
- Substance abuse:** Refers to harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs to stimulate behaviour.
- Drug dependence:** Refers to repeated drug taking that usually results in tolerance, withdrawal and compulsive drug taking.
- Parental influence:** Refers to the role played by parents into the students' drug use or against it.
- Peer pressure:** Refers to tendency to conform to the values and expectations of the peer group.
- Adolescence:** Refers to period between childhood and adulthood and characterized by physical and emotional changes.
- Adolescent:** Refers to a boy or girl between the ages of eleven and nineteen years. Also refers to as a teenager.
- Legal/licit drug:** Refers to a drug socially accepted and readily available.
- Prevalence:** Refers to the magnitude of drug use among a particular age population.

School administration: Refers to managerial set ups in schools that may influence a non-drug user to start using illegal drugs.

Drug trafficker/peddler: Refers to a person who passes drugs to consumers.

Student: Refers to a male or female learner in form 1 -4 in public schools in Starehe Sub County, Nairobi County.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviewed literature related to the topic under the following subheadings: drug and substance abuse from a global perspective, causes and manifestations of drug abuse, influence of parents' source of incomes on prevalence of drug and substance abuse among secondary school students, influence of different categories of schools on prevalence of drug and substance abuse among secondary school students, influence of school administration on prevalence of drug and substance abuse among secondary school students, effect of drugs on individual students, effects of drugs on education, preventive measures against drug and substance abuse.

2.2 Drug and Substance Abuse from a Global Perspective

Drugs are said to be as old as man himself. Use and abuse of drugs had had a long history in many cultures and societies (Musk& De Klerk 2003). Natural plants like opium, coca and cannabis among others have been in use for many years.

Priests in religious ceremonies have used cannabis, healers have used opium for medicinal purposes and the general population has used nicotine and caffeine in socially approved ways. In Colonial America alcohol was not only widely available as a beverage but also served as value remedy for many medicinal purposes. The Incas of South America took cocaine which had a central role in their religious and social systems throughout civilization which stretched from around AD 1200 to AD 1550 (Wolmer, 1990). Immigrant Mexican laborers introduced marijuana during the 1920s to the South Western United States. During the Vietnam War, a high rate of heroin use by American military personnel occurred due to the almost pure supply of

inexpensive heroin in Southeast Asia. All alcoholic beverages contain the same active ingredient ethyl alcohol or ethanol'. Ethanol's % ranges from low levels around 3% to 4% in beer, 12% to 14% for wines, 45% to 50% for distilled spirits such as liquor.

The earlier man explored the properties of every plant, fruit, root and nut he would find. The use of these products therefore would be determined by their pharmacological effects due to the experiences that were new and also by a particular group's pattern of living. In one territory a substance might be used as a love potion, in another as a sacred food or drink for religious ceremonies (Kombo, 2005).

By 20th century mass addiction had spread to other countries including the US. Poverty, crime and disorderly public conduct created by excessive use of alcohol led to reform movements for example the American Temperance Society in 1833. Some substance abuse may have been the effect rather than the cause of poverty and oppression. Thomas Szass, a prominent Psychiatrist and critic of many social policies restricting choice contended that drugs served as a convenient scapegoat for the social ills of urban life (Szass, 1987).

The development of medicinal Chemistry resulted in several synthetic compounds such as barbiturates, benzodiazepines and amphetamines. These were originally proposed for use as therapeutic compounds for restoration of health. Later the compounds were refined to more potent compounds and faster routes of administration were devised which favor most rapid transport of central nervous system contributing to abuse. The attitude of society and pattern of use of psychoactive substances have changed over time.

The global context in the use of drugs indicates the erosion of traditional theoretical boundaries which also affect the beliefs, value systems and perceptions towards use of drugs (Gakuru, 2012). The issue of drug and substance abuse is a major headache to societies and authorities from the cities of North America, Latin America and Asia (Ngesu et al, 2008).

Psychoactive substances pose a significant threat to the health, social and economic status of families, communities and nations. The number of drug users especially alcohol are aged between 15 and 29. These die from alcohol-related cases resulting in 9% of all deaths. 15.3 persons have been associated with drug use and injecting drug use reported in 148 countries of which 120 report HIV infection among this population (WHO report, 2012). It is estimated that 10% of the adult population of the US has alcohol abuse or dependence. Morphine constitutes 10% by weight of opium, the samples used by drug abusers can vary from 2.6% to 9.9% (Kalant, 1977).

In Africa, youth and adults, rich and poor, rural and urban people abuse drugs (United Nations Drug Control Program, 1998). They add that drug abuse is more common among men than women but the situation is changing rapidly as substance abuse among women is less visible and more private. It is noted that beer is preferred by younger males but wine is preferred by women, younger drinkers, educated people and those with low illness. Liquor is preferred by males, heavier drinkers, less educated people, middle aged and older people and those who are at a higher risk for major diseases.

Over the recent years many African countries including Kenya, have had an upsurge in the production, distribution and consumption of drugs and substances with the youth mostly affected. Many of these countries have become markets for drugs as a result of the activities of organization and individual traffickers who use Africa as a transit points in their trade with the countries in the North (Affinith, 2002).

The drug problem has resulted in Africa countries developing their own drug control policies. Many have adopted anti-drug laws or legislation or established drug control agencies. Many of these countries are signatories to United Nations Drug Conventions (UNDC), United Nations Office on Drug and related Crime (UNODC) and United Nations International Drug Control Program (UNIDCP). Globally therefore, the overall drug consumption continues to spread. National Campaign against Drug Abuse (NACADA) was established in Kenya in 2000 with the mandate to look into the issues of drug use and abuse in the country.

In Kenya, drug and substance abuse had not been given much thought until the 1990s. This was probably because the vice was not considered a major problem among the people of Kenya. The youth were not being given the facts about drug and substance abuse because people are always afraid of talking about such things. Recent evidence shows that a number of students and non-students abuse substances, the majority of the students being in secondary and tertiary institutions (NACADA, 2006).

The most commonly abused drugs in Kenyan Secondary schools are tobacco, khat, alcohol, cannabis, cocaine, stimulants and tranquilizers. Alcohol abuse in Kenya is quite alarming (Edward & Anif, 1990). The non-medical use of drugs is increasingly seen rightly or wrongly as a major social and public health problem in Kenya when

affects not only the users and abusers themselves but also their families as a whole (Mauri and Acuda, 1983). There are many bhang plantations that continue to thrive in Mt. Kenya and Western regions. Miraa is a multibillion shifting legal drug industry (Ngunyi, 2007).

Prescription drugs are also abused nearly by those who have access to them like doctors, pharmacists and those working in medical environments. Some people do not wish to have their illness known to other persons including doctors but they have vague ideas of what type of medicine to take.

In Kenya, alcohol and diverse types of substances that are permitted or prohibited by law are readily available to adults and to a growing number of young people, both female and male students and non-students together (NACADA, 2003). A preliminary survey was conducted among secondary school students in Kenya and the results confirmed that drug abuse was quite prevalent among secondary school students. The study also revealed that the problem was more acute in urban schools as compared to rural schools.

Nairobi and Mombasa are notoriously known for being transit routes for illegal substances (Aden, 2006). Drug abuse is widely spread used in Nairobi. An example is in the year 2000 in which many Kenyans about 130 died at Mukuru kwa Njenga and Mukuru Kayaba. Many went blind and hundreds others were hospitalized after consuming illegal brewed poisonous liquor called kurni kumi containing methanol and other additives such as car battery acid and formalin. In Kenyan streets, many street boys and girls can be found sniffing many kinds of inhalants like cobbler's glue, petrol and other substances. This is the way these children express frustration, hopelessness and powerlessness (Otieno, 1979). Drug and substance abuse is

therefore rampant in Nairobi. The assumption is therefore, that in Starehe District, drug and substance abuse is rampant just like in the other parts of Nairobi.

2.3 Causes and Manifestations of Drug Abuse in Kenya

Teachers and students attribute drug and substance abuse to peer pressure, social occasions, personal problems and curiosity. Peer pressure and curiosity are the leading forces behind drug and substance abuse among others (NACADA, 2006).

Peer Pressure

A friend or peer group is likely to be the source of information for drug users about the availability of drugs and the alleged effects (Ngesu et al; 2008). The interest and expectation of the peer groups have an important bearing-on whether or not a person will try dependence or be lured to taking drugs (Oketch, 1997).

Many scientists have come up with several explanations as to why individuals first become involved with drugs and then move on to abuse (Van Atta & New mark, 2005). One of these explanations is that starting to abuse a drug may lead to affiliation with more drug abusing peers which, in turn, exposes the individual to other drugs. Association with drug-abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior.

Individuals associate with peers who share social definitions favorable to the performance of certain activities the individuals are likely to engage in. Drug and substance abusers like other non-users will always want to seek approval from their peers. Peer pressure accounts for 21%to 42% influence in all types influence in all types of drugs and substances consumed. The peer subculture also facilitates the behavior by making the substances available and by providing an appropriate setting

and instructions (NACADA, 2006).

On the other hand, a child who comes from an environment where there are no drug-abusing peers and strong anti-drug norms, that child is less likely to become a drug abuser (Hawkins & Catalano, 1992). Studies on early risk behaviors in a school setting show that aggressive behavior in boys and learning difficulties in girls are the primary causes of poor peer relationships (Elizabeth, Susan & Suman, 2003). Studies have shown that children with poor academic performance and inappropriate social behavior at ages 7 to 9 are more likely to be involved with substance abuse by age 14 or 15 years (Sadock & Sadock, 2003).

Peers play a major role in initial drugs use in the non-socialized youth, in the contemporary culture. Through peers, illegal drugs are made available since these drugs can seldom be purchased through ordinary means (Gorsuch & Butler, 1976). The peer group may either supply the drug directly or provide information on obtaining it. Having a large number of drug using friends means that the non-socialized individual has ready access to drugs. The non-socialized youth has no internal drive to say no. This gives the peer group a strong predictive strength of prevalence of initial drug use among non-socialized youth. The peer group may also provide models for drug usage, teaching its members when, where and how to use the drugs. The impact of the peer group will differ for different age groups as a function of the amount of time spent within that group and the extent to which it is free of external controls. Adolescents often function without supervision hence the channels are more open for illegal drug passage.

Many people begin taking drugs at adolescence, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and

special problems. It is described as a period of ‘storm’ and ‘stress’, a time of self-discovery and self-assertion. This is the stage the youth tend to experiment a lot (Oketch, 1997). Curiosity is one of man’s outstanding characteristics therefore it does not come as a surprise that many young persons will wish to try some drugs in order to determine the effects for themselves (Pudo, 1998).

In most cases addressing such behavior in interventions can be very challenging. Research has shown that placing high-risk youth in a poor group intervention can result in negative outcomes. (Dishion, Kavanagh, Welson & Kaufman, 2002). It will explore the role that adults and positive peers can play in order to suggest ways of helping to avoid such outcomes in future peer group drug abuse interventions.

Social occasions

Social occasions account for 35.4% of the reasons for taking alcohol. It mainly affects alcohol drinkers. It is argued that this is due to esteem that most societies associate with taking alcohol at party time. Social occasions also explain reasons for taking other drugs and substances that are abused at a lower magnitude especially among the youth.

2.4 Influence of Parental Sources of income on Prevalence of Drug and substance Abuse among Students

Pudo (1998) noted that children from homes whose parents take drugs tend to imitate the behavior of their parents by taking illegal drugs. Parental drug behavior, parental attitude about drugs and substances and various aspects of parent child interaction best predict imitation into drug and substance abuse.

There are many consequences of drug abuse in our homes, schools and communities (Elizabeth et al, 2003). Children's earliest interactions occur within the family whereby it is the first to socialize the children. It has been noted that children from a high social economic background will go to school early and their parents also have a high income. Therefore, it is hard to find them idle. On the other hand, children from low social economic background whose parents have low income are likely to engage in drugs at an early stage e.g brewing of chang'aa and other illicit drugs. There is lack of mutual attachment and nurturing by caregivers or parents, ineffective parenting, a chaotic home environment, lack of a significant relationship with a caring adult (Elizabeth et al, 2003).

The availability of cash to students as pocket money and travel allowances especially if it is given in excess can be redirected to purchasing of drugs (Kingala, 2000). Parents can serve a protective function when there is a strong bond between children and their families, parental involvement in a child's life, supportive parenting which meets financial, emotional, and clear limits and consistent enforcement of discipline. Children from poor families have access to cheap drugs like liquor therefore making them vulnerable. Divorce or change of economic status from high to low is also likely to affect negatively on children especially the adolescents. This is the period they experience a lot of vulnerability for problem behaviors leading to drug use (Hawkins et al 1992).

In a research conducted in Kisumu town, Kenya, students from low social economic class areas that are slums of the town were more involved in drug abuse compared to those from high social economic class areas of the town. Family influence has also been shown to have an influence on drug abuse (Otieno & Ofulla, 2009).

During this period also majority of students are adolescents, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and special problems. It is described as a period of self-discovery and self-assertion and youth tend to experiment a lot. If therefore parents do not advice and take care of them, chances of getting lost are very high (Oketch, 1997).

2.5 Influence of Location of Schools on Prevalence of Drug and Substance Abuse among Secondary School Students.

Students spend most of their time in school therefore there are a lot of things either positive or negative that can take place within a given school environment. They interact with other students, workers, teachers among others. If drug availability, drug trafficking patterns, cultural beliefs on drug use is generally tolerated, it becomes a risk that can influence young people to start to abuse drugs (Otieno & Ofulla, 2009). The influence normally comes by the place the drugs are offered. Such places include parks, streets, schools, homes or parties.

The students in towns are more likely to abuse drugs and other substances as compared to those in the rural areas as noted by (Otieno, et al 2009). They risk having tasted khat (miraa), bhang, alcohol, tobacco and inhalants which include glue. The same youth in towns have a different lifestyle as compared to the rural youth. Those in towns are outgoing and like partying a lot so they are more predisposed to drugs as compared to those in rural areas as drugs are more available in urban areas as opposed to the availability in rural areas. (Merton & Nisbet, 1971) note that people use illegal drugs because of their ready availability and promotion of interests of those who are in a position to benefit financially from their sale. Bus stops and schools within town centers are the best known dens of drug taking.

Many researchers have also shown that early initiation to drug abuse is associated with greater drug involvement whether with the same or different drugs (Nnaji, 2000). Many youths do not progress to abusing other drugs but for those who do, their drug abuse histories can vary by neighborhood drug availability and other characteristics of the abuser population. The pattern of abuses associated with levels of social disapproval, perceived risk and the availability of drugs in the community. As children enter high school, they are exposed to greater availability of drugs, drug abusers and social engagements involving drugs (Elizabeth et al 2003).

These challenges increase the drug abuse risks. Kenyan youth face the greatest risk as they are easy targets for recruitment into the abuse of the drugs by drug barons because the youth are vulnerable as this a period of many challenges as they seek for peer identification and individualization from the family. It is clear that the youth experiment with drugs during the growing up processes.

Even when children are outside its setting, the family has an important role to play in pondering for children (Nelson & Kaufman, 2002). The family protective factors for children outside the family are: age, appropriate parental monitoring of social behavior including establishing curfews, ensuring adult supervision of activities outside the home, knowing the child's friends and enforcing household rules, success in academic and involvement in co-curricular activities, strong bonds with pro-social institutions such as school and religious institutions and acceptance of conventional norms against drug abuse (Schaps, Battistich, & Solomon, 1997).

2.6 Influence of School Administration on Prevalence of Drug and Substance

Abuse among Secondary School Students

Key risk periods for drug abuse occur during major transitions in children's life. The first major transition for children occurs when they leave home and enter elementary school. As they move on to join middle or junior high school, they experience new academic and social situations such as learning to get along with a wider group of peers and having greater expectation for academic performance. (Sussman, Dent & Stacy, 2002).

During the adolescence stage, they are likely to start abusing drugs for the first time. As they approach late adolescence most of them leave their homes for the first time either to join high school or tertiary institutions. This time there is no parental supervision. Out there may face many additional challenges which include social, psychological and educational. At this time, they may be exposed to greater availability of drugs, drug abusers, the social engagements involving drugs (Sussman et al 2002). These challenges are likely to increase the drug abuse factors and they can take alcohol, cigarettes and bhang (Sussman et al, 2002).

There are also other drug abuse factors that relate to children's relationships in school settings with their peers and teachers (Nelson & Kaufman, 2002). Some of these risk behaviors include inappropriate classroom behavior like aggression, academic failure and poor social coping skills which may lead to the problem of drug abuse (Dishion et al, 2002). Kingala (2000), notes that in Kenya majority of the students start taking drugs at school. He also notes that the way the school administration manages student's affairs may lead to drug use, high handedness, harsh treatment, lack of freedom and students' failure to have their grievances addressed creates stress which can lead to abuse of drugs (Kingala 2000).

Past researchers have suggested that different drug abuse prevention intervention programs focusing on children's social and academic skills including peer relationships, self-control, coping skills, social behaviors and drug offer refusal skills. This study also aims at adding suggestions on how to integrate school-based drug abuse intervention and prevention programs to the normal school curriculum so that the students' bonding in the school is strengthened and help in reducing the dropout rate of students who abuse drugs.

2.7 Effects of Drugs on Individual Students

2.7.1 Short Term Effects

Once drugs are taken by means like through injecting, sniffing or chewing, they enter the blood stream and move straight to the brain. They affect the brain making it hard to perform its normal functions (NACADA 2006). Many drugs depress the brain by:

- Making the user less restrained, more relaxed, at first feels free, easy and gay. This is because inhibitions which usually guard behavior are released at this time
- Affecting the motor functions of the body. The person wobbles, staggers, is unable to work, has slurred and heavy speech and has double vision.
- Slowing down the brain area that controls judgment and thought, like conscience impairing the ability to think, remember, understand and make decisions. The person might even kill without being aware of their actions.

2.7.2 Long Term Effects

Drug and substance abuse is associated with very many problems which include health related problems, violence, truancy, family break ups. Alcohol abuse is associated with poor health, reduced productivity, violence, spread of STD's and

HIV/AIDS, domestic violence, road accidents, child abuse and neglect among other vices (Munyoki, 2008).

People, who abuse tobacco suffers from different cancers like cancer of the mouth, throat (NACADA, 2006). Marijuana use can cause memory lapse and also lead to decreased physical endurance (Wagner, 1984). Liver, lung, heart diseases, vitamin deficiencies and brain damage are some of the many complications that occur due to , drug use and dependence (Musk et al; 2003). Taking drugs especially during adolescence interrupts the normal maturing process.

Drug abuse is now a major public health problem in many parts of the world. It is accompanied by drug dependence. Drug abuse is very harmful because the abusers seek funds for purchase of drugs by committing crimes such as shoplifting, prostitution, robbery, burglary and pick pocketing.

Heroin causes physical dependence on the drug such that a person cannot do without it once he is used to it. It also causes tolerance such that an addict needs more and more of it. An overdose of heroine can kill almost immediately. Hallucinations cause very odd, disturbed and unreal situations. In the long run most abusers develop mental illness (Githinji, 1975). Inhalants affect the abuser through the vapor fumes that are inhaled. They cause excitement and encourage violent behavior. They also result to intoxication, dizziness, slurred speech, inflamed eyes, hallucinations and convulsions. If repeatedly inhaled, they can cause brain damage resulting in death.

2.8 Effects of Drug Abuse on Education

Drug abuse has become a stumbling block to the students learning behavior which is an essential element in education practice (Blandford, 1998). It has been noted generally that school indiscipline is on the rise due to drug abuse and many incidences related to this make the headlines in the daily press. One of the worst cases in student indiscipline and drug abuse was in Nyeri District where hostel cubicles belonging to four prefects were burnt by fellow students causing the prefects' deaths. (Siringi, 1999).

According to Munyoki, 2008, drug abuse results to lack of morals and deteriorating learning standards. This has led to strikes in secondary school characterized by violence, destruction of school property and in some cases loss of lives. Cases noted in some schools include:

- Kiangoma mixed secondary school in Nyeri where drugged students set. A new comer on fire to test the function and authority of the newly posted principal (Central Province Educational Board Report, May 2001);
- St. Kizito mixed secondary school where male students invaded the girls' dormitory and raped 72 girls where 19 of them lost their lives and school property destroyed (Wangai Report, Nation July 17, 2000); and
- Kyanguli Secondary school where 68 students were burnt beyond recognition while others suffered injuries and property of unknown value destroyed (Report of the Task force on student unrest in secondary schools 2001).

Therefore, from the above cases among the many, it can be noticed that drug abuse has been blamed for many strikes and student unrest that take place' in schools in different parts of the country. Different types of drugs are readily available in school locations. Such drugs and substances include alcohol, bhang, and tobacco among others. Drug abuse association with interpersonal conflicts, students unrest and destruction of property, may be an indicator of a larger pattern of deviant behavior.

A student who is involved in drugs cannot perform well academically because there is impairment of cognitive development which in turn reduces academic achievement and disrupts academic progression. Students who abuse bhang regularly are twice as likely to receive marks below average and drop out of school in the long run (UNDCP, 1992). School academic calendars are also disrupted especially when there is unrest and students are sent home for a while. This affects the performance of all students due to the fact that the breakup of the school routine impedes their progress. Reflections of indulgence in drug use and abuse is self-neglect, academic deterioration of children in school who have repeated performance in families (Marcus, 1991).

2.9 Preventive Measures against Drug and Substance Abuse

In order to curb the vice of drug and substance abuse, a number of preventive measures are necessary. Some of these include:

Communicating with adolescents who abuse drugs is of utmost importance, having' close family relationships, paying immediate attention to a child or teenager who is hurting emotionally, involvement in religious activities and assertiveness training. (Escando & Galvez, 2005). The home is the nucleus that strengthens society. Children and teenagers need homes that can offer warmth, shelter and security. In

one study, social support (which consists of good relationships with parents, siblings, adults and peers) during adolescence substantially reduce drug abuse (Melgosa, 2003). There should be law enforcements especially by the anti-narcotic unit to curb drug trafficking. Early intervention would work best when implemented before the onset of drug abuse.

Advertisements on alcohol and cigarettes on the media should be banned and those found to go against the law should be dealt with accordingly. This can be through fines, being given jail terms or revoking their licenses, training of effective personnel especially teachers. Schools should also provide time and resources for in-service training and supervision.

According to the findings of the Sagini Report (Republic of Kenya 1991:78) “Guidance and counseling programmes are essential in order to help students grow towards responsible adulthood. The programmes should offer students guidance on educational, vocational, social ethics and personal matters”. There should be peer-led programmes which are led by students who are taken to be role models. School based programmes should be part of community wide prevention effects that involve parents, peers, role models, media, police, youth servicing agencies.

Some drugs should be banned. Some drugs like preventive and curative medicines are not harmful therefore banning them will be detrimental to people’s illness. The ones which are hard or narcotic like heroin, mandrax and cocaine should be banned. People should be sensitized on the harmful effects of abusing alcohol and drugs.

Education is important for human and social development and it is considered a fundamental human right (UNDP, 1993). Many developing countries, Kenya

included, have limited resources to cater for the basic needs of its people. When youth abuse drugs, not only is the drain on the economy but also on the control of supply and demand reduction which are expensive undertakings. This deals the country a blow as the youth become less productive. Many drug abusers may be unable to attain or hold full time employment and may be absent from work leading to loss in productivity. (Goode, 1993; Ade, 2006).

From the developmental point of view, the youth are seen as future social and human capital. There is a relationship between economic cost, school dropout and laws of the country's workforce due to accessibility to drugs. In Kenya media reports indicate that students are drowning in alcohol (Saturday Nation 21st2008).

2.10 Theoretical Framework

There are several theoretical models which explain drug and substance abuse. In this study the researcher will use the theoretical frame work of social learning theory by Albert Bandura.

2.11 The Social Learning Theory

This theory advanced by Albert Bandura, (1977) is based on the ideal that adolescence form their beliefs about anti-social from their role models in the environment who are significant owners in life especially relatives, teachers, parents, close friends among others. It asserts that adolescent involvement with the substance using role models is likely to have three consequential effects, beginning with an observation and introduction of substance specific behaviors followed by social reinforcement for early substance use. This culminates into an adolescent's positive social and psychological consequence for future use.

It also emphasizes expectancies that we form about the effects of alcohol and other drugs. Individuals who have adequate coping skills and high self-esteem are able to drink at socially acceptable levels and to develop friendship with others who also avoid alcohol abuse. Those with poor coping skills in general for dealing with life problems may turn to alcohol and drugs to reduce tension, escape from problems and feel better. Secondary indications of the environment are associated with the primary stimuli of adult's drug experience. This includes not only physical aspects of the environment but also the addict's lifestyle. (NACADA, 2006).

Bandura believes that a person learns by observing what others do. Through this one cognitively represents the behavior of others and then possibly adopts this behavior (Bandura, 1977). This theory is relevant to this study because through observation and internalization students learn to abuse or not to abuse drugs. If on the other hand the behavior is negatively reinforced like falling sick, losing friends, suspended from school, then the behavior may altogether become extinct. Parents may influence their children's drinking through both direct modeling of alcohol use (Bandura 1977) and the transmission of parental values about drinking.

Summary

In this section, the researcher reviewed literature and identified some of the causes of drug abuse in Kenya. These range from peer pressure, social occasions among other related causes. The school environment plays a major role in enhancing or curbing the vice of drug abuse. In urban centres students are likely to engage themselves in drugs more than those in the rural areas.

The effects of drug abuse can be short term or long term depending on how long one engages in drug taking and the kinds of drugs abused. Drug abuse leads to truancy, indiscipline, and cancers like cancer of the liver, lung and throat. Learning standards also go down because most drug abusers who are students need to be assisted right from home and school. Religious societies should also play a role in drug abuse control.

2.12 Conceptual Framework showing variables of the study and their relationships

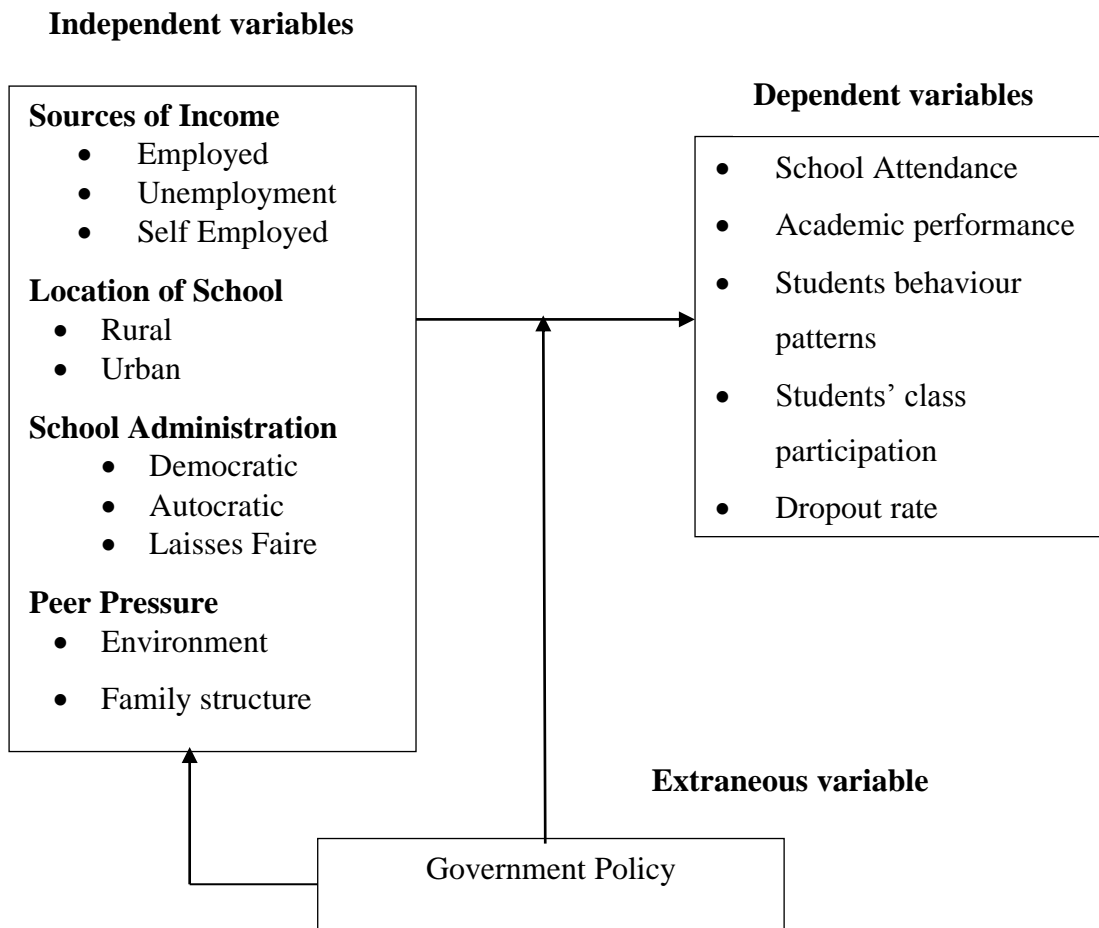


Fig 2.1: Conceptual Framework

The independent variable is Drug and Substance Abuse. The factors leading to this vice include parental sources of income, location of the school, role of school administration and peer pressure.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the research methodology and consists the research design of the target population, sample of the study, sampling techniques, research instruments, piloting of the instruments, data collection procedures and data analysis techniques.

3.2 Research Design

According to Cooper and Schindler (2006), research design is the strategy for study and the plan by which the strategy is to be carried out specifying the methods and the procedure for the data collection, measurement, and analysis of data.

This study design was descriptive survey design. This is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals, (Kombo & Tromp, 2006). This type of design was also useful when collecting information about people's attitudes, opinions, and habits (Kombo et al 2006). This therefore was within the focus of this study.

3.3 Target Population

According to Mugenda and Mugenda (1999), the target population is that population to which a researcher wants to generalize the results of the study. The target population for this study was form 3 students totaling to 1232. They were preferred since it was assumed that they are at the peak of their adolescence therefore more conversant with drug related issues in their respective schools and they have also settled down in school. The respondents were picked from the 11 schools in Starehe Sub County. There were 11 principals and 11 guidance and counseling teachers.

3.4 Sample Size and Sampling Techniques

Sampling means selecting a given number of subjects from a target population as representatives of that population. According to Mugenda and Mugenda (2003), sampling is the process of selecting a few cases in order to provide information that can be used to make judgment about a much larger number of cases.

A sample is a smaller part of a statistical population where properties are studied to gain information about the whole (Kombo et al; 2006). Random sampling was used to select the form three students and out of the total number of 1232, 291 students were sampled. This was based on a table designed by Krejcie and Morgan (1970:608) cited in Mulusa (1988). For the head teachers and guidance and counseling teachers, purposeful random sampling was used. In this connection principals and guidance and counseling teachers were sampled to participate in the study.

3.5 Research Instruments

The research instruments used in this study were questionnaires. The questionnaires were designed using closed and open-ended questions. This is a type of research instrument that gathers data of a large sample. Questionnaires were administered to students, guidance and counselling teachers and principals. The items in the first section sought demographic information about the respondents such as age, experience and qualifications. The second part sought information on causes and effects of alcohol and substance abuse and suggestions which could help curb drug abuse.

3.6 Pilot Study

Before data collection, the questionnaires were pre-tested to ensure their validity and reliability. The relevance of the items to the objectives of the study were assessed to

ensure comprehensive context coverage. The set of questionnaires were administered to a sample of 40 students and 5 teachers in one of the schools which were not included in the sample.

The following areas were considered:

- the clarity of instruction on the questionnaires
- the simplicity and suitability of the language used
- the length and time taken by each respondent to complete the questionnaire

3.7 Validity of the Study

Validity is the degree to which the results obtained from the analysis of the data actually represent the phenomenon under study. Orodho (2005), defines validity as a prior qualitative procedure test of the research instrument in attempting to ascertain how they are accurate, correct, true, meaningful and right in enhancing the intended data for the study. A pilot study was carried out to help the researcher in identification of items in the research instrument that might bring about ambiguity in eliciting the relevant information. The items which were found to be ambiguous in eliciting the relevant information were reconstructed.

3.8 Reliability of the Study

Reliability of a research instrument is a measure of the degree to which the instrument yields consistent data after repeated trials (Mugenda & Mugenda 2003). Therefore, an instrument is reliable when it can measure a variable accurately and constantly and obtain the same results under the same conditions of a period of time. Reliability of a questionnaire is concerned with the consistency of responses to the researchers' questions. Responses of each question in the questionnaire were correlated with those of other questions in the questionnaire. A few questionnaires

were given to a few respondents before the actual study to determine whether the questions were understood by the respondents.

3.9 Data Collection Procedures

Data collection refers to gathering information aimed at producing or refuting some facts (Kombo et al; 2006).The researcher sought authority from the National Council for Science Technology and Innovation to carry out the research. The researcher sought permission from the Sub County Director of Education to conduct research in the said area. After randomly selecting the schools, the researcher visited the schools to conduct the research. The questionnaires were administered by the researcher to the respondents. The researcher assured them of confidentiality for the information they would provide. The researcher gave them the questionnaires to fill in and collected them immediately on completion. This was to increase confidence among the students that teachers or school administrations would use none of the information against them.

3.9.1Data Analysis Techniques

The data collected was analyzed using simple statistics. The questionnaires were checked for completeness, accuracy of information and uniformity. The questionnaires were checked to see if there were errors and omissions, adequate information and legibility and relevant responses.

Data was analyzed using Statistical Package for Social Sciences software Programme. Qualitative data was to clarify information, give explanations and opinions that may have not been captured in the questionnaires. Information was then generated and presented in the form of graphs, tables and charts indicating frequencies and percentages.

3.9.2 Ethical Consideration

The respondents' consent was sought before administering the questionnaires. The researcher assured the respondents of confidentiality on the information given on the questionnaires. The information given by the respondents was not to be used for any other purpose other than education research.

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CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Questionnaire return Rate

This refers to the number of each of the research instruments that were duly filled and returned to the researcher for analysis. According to Ary (2006), for the results to reflect all the characteristics of the population, the questionnaire return rate should be at least 85.0% so as to allow for a permissible margin of error due to non-response.

Out of the 291 questionnaires given to the student, 268 were returned making a 92.1% response rate. The response rate for the key teachers was 6 guidance and counselling teachers and 6 principals rating their responses at 100%. The findings are shown in table 4.1.

Table 4.1: Distribution of Respondents

Instrument	Sample size	Number Returned	Percentage
Teacher questionnaire	6	6	100%
Principal questionnaire	6	6	100%
Students questionnaire	291	268	92.1%
Total	303	280	

The high response rate was perhaps motivated by the length of the questionnaire, mood of the participant and the fact that Drug and Substance Abuse is a major cause of indiscipline in secondary schools and therefore most schools welcomed any research or opinion that might help minimize the vice.

4.2 Demographic Information

This refers to the individual characteristics of the respondents. The demographic characteristics required for students were gender and age while for the teachers it was gender and school category. The students sample consisted of 142 males (48.8%) and 149 females (51.2%). The teacher sample consisted of 3 (50.0%) males and 3 (50.0%) females. The principal sample had 2 (33.3%) females and 4 (66.7%) males. The disparity in administration is due to the fact that there were male principals in the two mixed schools sampled. The high population of boys as compared to that of girls is attributed to the fact that in Starehe Sub-County there are more boys' schools and mixed schools as compared to girl's schools.

4.3 Influence of parents sources of income on the prevalence of drug and substance abuse among students

The analysis in Table 4.2 shows that students whose parents are low income earners are likely to engage in drugs as shown by 38%. This is because their basic needs like food, shelter and clothing might not be met therefore leading them to abuse drugs due to frustrations. On the other hand, those whose parents are high income earners might not engage so much in drugs due to their basic needs having been made. This is represented by 16.8%. The findings imply that Drug and Substance Abuse is a major societal problem and cuts across all levels of income of parents with those of low economic status highly affected by the vice.

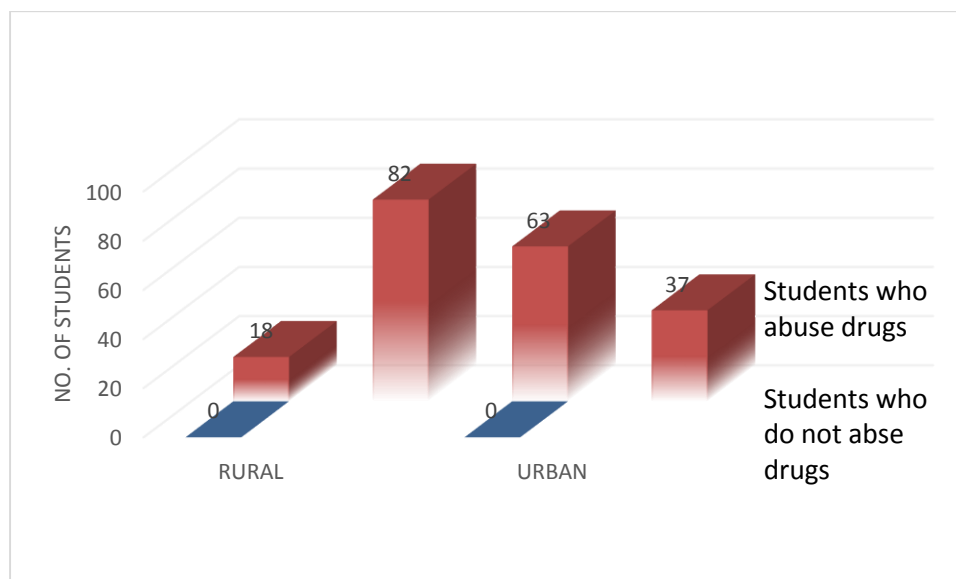
Table 4.2: Influence of Parents Sources of Income on the prevalence of Drug and Substance Abuse

	Frequency	Percentage
High Income	45	16.8
Average income	53	19.8
Low income	102	38.0
No income	68	25.4
Total	268	100

4.4 Relationship between residential areas and drug abuse

According to Figure 4.1, 63% of students who hailed from urban areas abused drugs as compared to their rural counter parts. This is because the students in urban centres especially in big towns like Nairobi have easier access to these drugs and are also likely to be influenced by advertisement in mass media like television and radio.

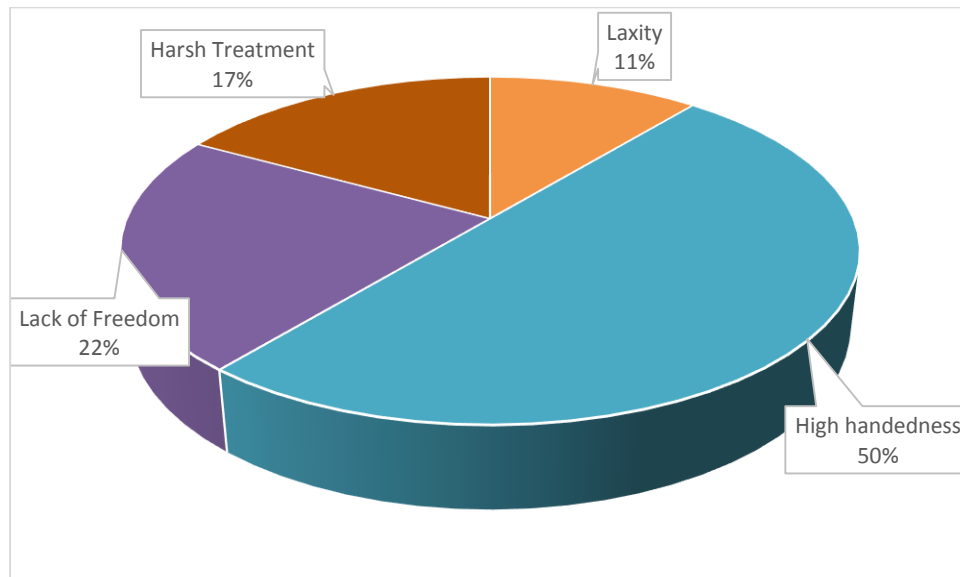
Figure 4.1: Causes of drug abuse for students in rural or urban set ups



4.5: Relationship between school administration and drug abuse

The analysis on figure 4.2 shows that high handedness leads to drug abuse which stands at 50%, lack of freedom at (22%), harsh treatment at (17%) and laxity at (11%). Perhaps this is due to the fact that the students in schools are at the peak of their adolescence therefore may tend to be rebellious if not handled with care. The principals need to understand this and embrace dialogue to identify the learners' problems in order to help them stay away from drugs.

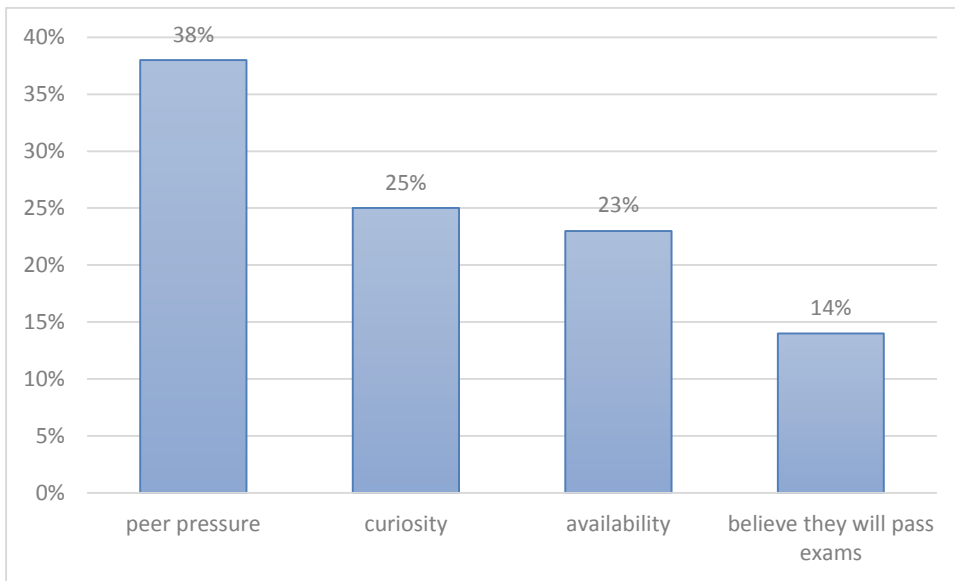
4.2: Relationship between school administration and drug abuse



4.6 Influence of Peer Pressure on Drug Abuse among Secondary Students

As shown in Figure 4.3, teachers reported peer pressure (38%) as the main cause of drug and substance abuse among students. Other factors cited included curiosity (25%), availability of drugs (23%) and the belief among students that they will pass exams (14%) engage in drugs. This implies that peer pressure among other factors continue to influence students with irreparable damages such as addiction to dangerous drugs.

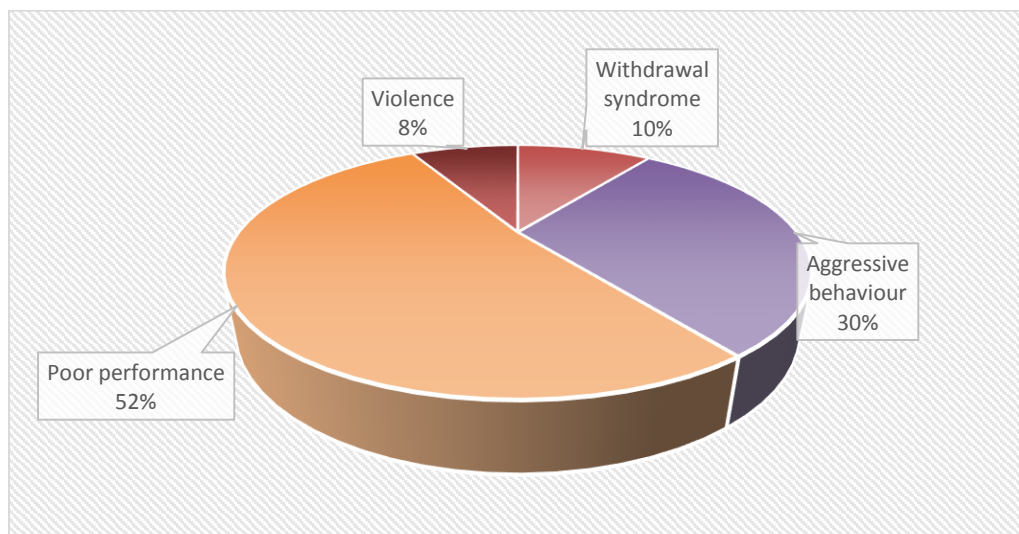
Figure 4.3 Causes of drug abuse as observed by teachers



4.7 Effects of drugs on students and their education

The analysis in Figure 4.4. shows that drugs when abused have different effects on the students. Poor performance (52%) was rated highly aggressive behavior (30%), withdrawal syndrome (10%) and violence (8%). Students who abuse drugs perform poorly in both local and national examinations. This impacts negatively as they may not continue to higher institutions of learning.

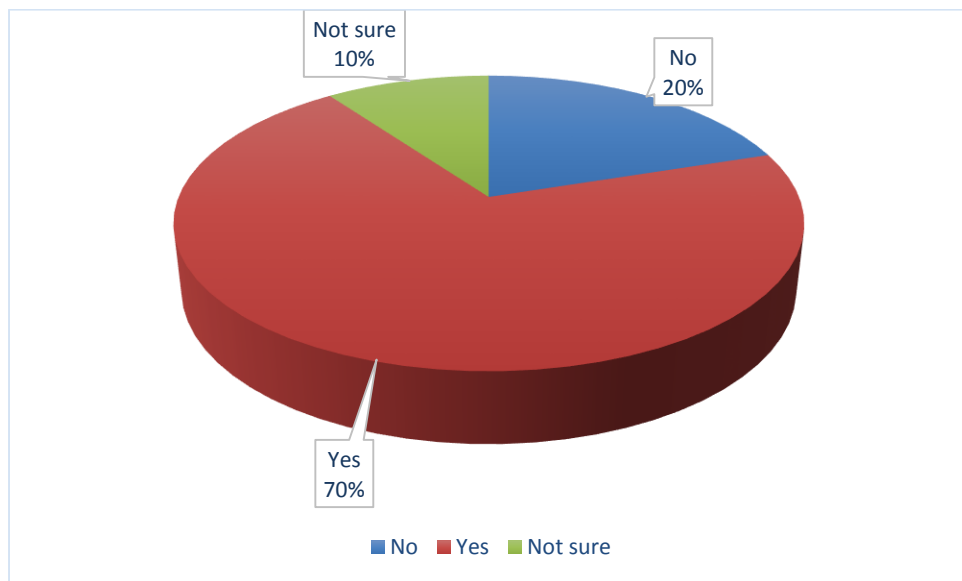
Figure 4.4.: Effects of Drugs on Students and their Education



4.8 Learners' awareness of the causes and effects of drug abuse

According to Figure 4.5, learners were aware of the causes of drug abuse as represented by 70%, with 20% reporting no while 10% were not sure. This shows that the students were not ignorant but were aware of what the effects were.

Figure 4.5: Learners' awareness of the causes and effects of drug abuse



4.9 Measures taken to curb Drug and Substance Abuse

The results in table 4.3, showed that guidance and counselling at school took the highest percentage (46.7) followed closely by (40.7%) as the community engaged in public campaigns and awareness. This could be through mass media like radios and televisions or through public gatherings. It can also be noted that taking drug abusers to law enforcers was rated (3.7%). This shows that the teachers prefer guidance and counselling to any other possible remedy. The findings concur with headteachers view which established that guidance and counselling was key towards minimizing drug related incidences in school.

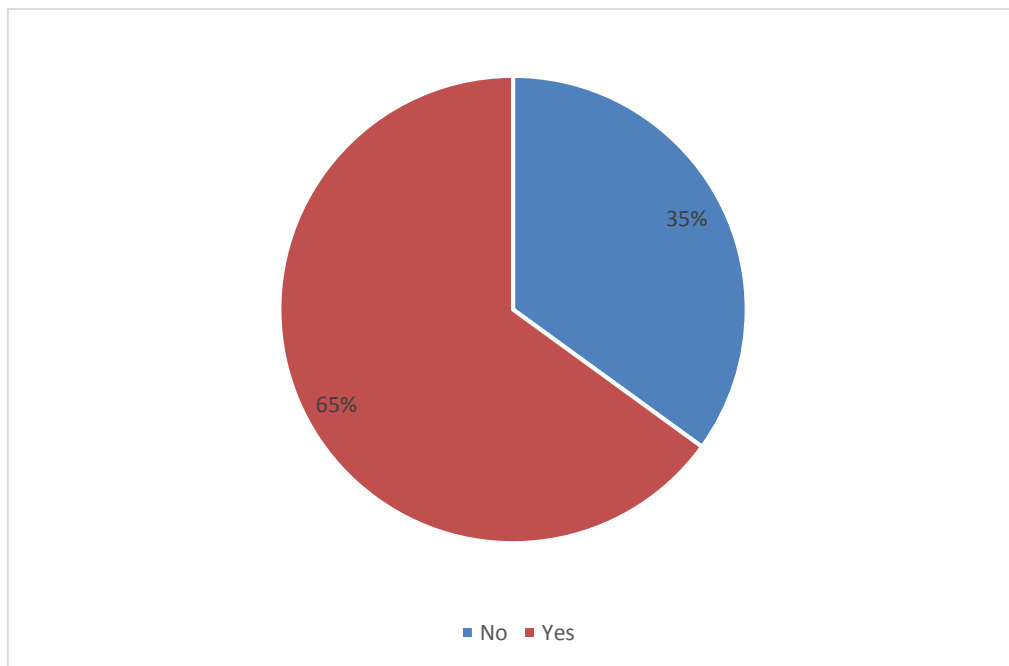
Table 4.3: Measures taken to curb Drug and Substance Abuse

Measures taken by students	Frequency	%
Playing games	6	22.8
Membership in clubs	53	19.8
Reading novels	67	25.0
None	87	32.4
Total	268	100
Measures taken by teachers	Frequency	%
Guidance and counselling	125	46.7
Corporal punishment	59	22.0
Expulsion of students	84	31.3
Total	268	100
Measures taken by parents	frequency	%
Taking drug abusers to rehabilitation centers	28	10.4
Reporting to relevant authorities e.g. police	34	12.7
Guidance and counselling	23	8.6
Keeping students busy	64	23.9
Giving students less money	103	38.4
Corporal punishment	16	6.0
Total	268	100
Measures taken by community	frequency	%
Taking drugs abusers to rehabilitation centre	73	27.3%
Public campaigns and awareness	109	40.7
Carrying community guidance and counselling	28	10.4
Punishing drug traffickers	15	5.6
Formation of youth groups	33	12.3
Taking drug abusers to law enforcers	10	3.7
Total	268	100

4.10 Teachers who have undergone in-service training in guidance and counselling

The analysis in Figure 4.6 shows that 65% of teachers have gone for in-service training for guidance and counselling while 35% have not. Notwithstanding the researcher felt that there is need to train more teachers because the enrolment of students in schools had gone up due to subsidized primary and secondary education

Figure 4.6: Responses on whether teachers have undergone training in guidance and counselling

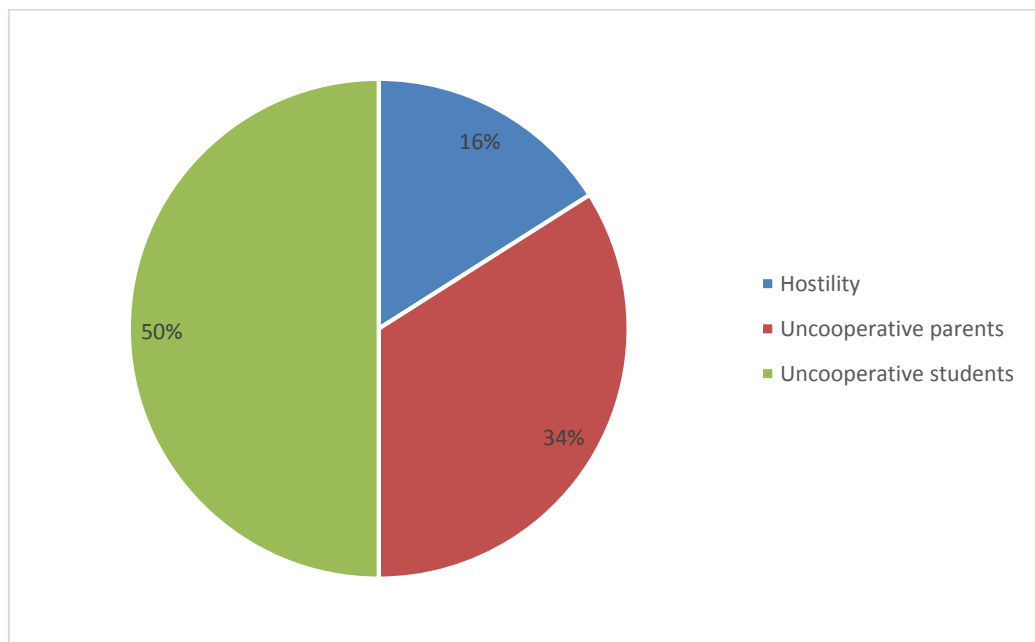


4.11: Challenges encountered in curbing Drug and Substance Abuse

The results in Figure 4.7 shows that the challenges faced by teachers were varied. Some students were uncooperative (50%), uncooperative parents (34%) and hostility from the community was rated at 16%. The students fear exposing themselves and their peers to ridicule from teachers. They also fear that should they expose their peers, these peers might retaliate by meting punishment on them like beating or

killing them. The parents do not want to expose their children because they might be expelled from school. The community members sometimes harbor the drug barons therefore do not like exposing their hideouts for their own safety and those of their close relatives. This impacts negatively on academic performance.

Figure 4.7: Challenges encountered while addressing drug abuse related problems in schools



CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter comprises of summary, conclusions and recommendations of drug abuse among students in schools.

5.2 Summary of the Study

The purpose of the study was to establish the causes and effects of drug and substance abuse among secondary school students in Starehe sub country, Nairobi. The study was guided by the following research objectives: -

- (i) To establish the extent to which parent's sources of income influence the prevalence of drug and substance abuse among secondary school students in Starehe Sub-County.
- (ii) To determine how different location of schools influence the prevalence of drug and substance abuse among secondary school students in Starehe sub county.
- (iii) To establish the extent to which school administration influence the prevalence of drug and substance abuse among secondary and students in Starehe Sub-County.
- (iv) To establish how peer pressure influences drug abuse among secondary school students in Starehe Sub-County.
- (v) To make recommendations on how Drug and Substance Abuse can be minimized.

The study utilized questionnaires to collect data. Data was collected from sampled secondary school students, guidance and counselling teachers and principals.

5.3 Summary of the major findings

5.3.1. On how parent's sources of income influence the prevalence of drug and substance abuse among secondary school students.

It was established that students whose parents are of low income group are most likely to engage in drug abuse due to poor social economic background. Such students tend to seek comfort from their friends and other members engaged in drug abuse for their own survival.

5.3.2 On how location of schools influence the prevalence of drug and substance abuse.

It was established that students who were in urban areas were likely to engage more in drug abuse than those in rural areas. This was due to more access social media and availability of drugs especially in big towns.

5.3.3. On the Extent to Which School Administration Influences the Prevalence of Drug and Substance Abuse.

It was established to a certain extent that in service training on guidance and counselling played a significant role in minimizing Drug and Substance Abuse.

5.3.4 How Peer Pressure Influence Drug Abuse among Secondary School Students.

Peer pressure was cited at the major cause of Drug and Substance Abuse. Other factors mentioned included curiosity, availability of drugs and the belief among students that drugs are a gateway to passing of exams.

5.4 Conclusion

The study concludes that Drug and Substances Abuse is a complex phenomenon in secondary schools. Therefore, there is need for more students to explore deeper on this pertinent issue. This calls for concerted efforts by all stakeholders (including teachers, parents, educational officers and other government officials) to fight the vice and make schools a better place for current generations and generations to come.

5.5. Recommendations

There is crucial need to address drug related problems affecting learners among all the stakeholders. Therefore, the ministry of education in conjunction with National Campaign against Drug Abuse (NACADA) should review curriculum with the aim of inculcating more values among the youth.

The school administrators should develop, implement and regularly review, in consultation with the school community and governing council, a school behavioural code which is consistent with the drug abuse policies. Opportunities should also be provided for staff training and development especially on guidance and counselling. Teachers should develop and foster positive relationships with students and families. They should also participate in developing, implementing and reviewing the schools procedures for managing drug abuse related cases.

Parents and guardians should ensure that they are close to their children as much as possible and notify school staff of behaviour change in these children. They should inform school of health issues and any other matter of relevance.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR STUDENTS

This questionnaire is aimed at collecting data on the causes and effects of drug and substance abuse among secondary school students. The information you provide will be treated in utmost confidence and only for academic purposes. Please respond to all items as honestly as possible.

Thank you for your cooperation.

1. What is your age? _____

2. Sex (gender)?

Male ()

Female ()

3. What is your Religion?

(a) Catholic()

(b) Protestant()

(c) Pentecostal()

(d) Others (Specify)_____

4. How can you describe your relationship with family members over the last few years?

Good ()

Fair ()

Not Good ()

Father

Mother

Sister (s)

Brother(s)

5. Are the following drugs available at home?

Always

Occasionally

Never

Alcohol

Cigarettes

()

()

()

()

Need to perform or achieve better. () () ()

11. Did you start using any of the following drugs because most of your peers were using them? Yes () () No. ()

12. Which of the following media advertises drugs most?

TV ()

Radios _____ ()

Newspapers ()

13. What impression did you form at first about alcohol drinking, cigarette smoking and others when you saw them being advertised in the media?

(i) I thought it was fun _____ ()

(ii) I thought it was a great thing to do ()

(iii) I admired those who smoke/ drink ____ ()

(iv) I thought drugs make one a winner __ ()

(v) Others (specify) _____

14. Are drugs easily available to the students in your school? Yes () No ()

15. If yes, where do they get them from?

Other students ()

Support staff ()

Teachers ()

Other (specify) _____

16 Since you joined this school, do you think there is an increase in drug abuse among students?

Yes () No ()

17. What are the characteristics of students on drugs?

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____
- (vi) _____

18. In your opinion why do students abuse drugs? (Rank them in order of prevalence)

- Availability _____ ()
- Curiosity _____ ()
- Rebellion _____ ()
- Psychological problems _____ ()
- Peer pressure _____ ()
- Advertisement _____ ()
- Academic pressure _____ ()
- Misuse of leisure time _____ ()
- Ignorance _____ ()

19. Is guidance and counseling department effective in dealing with drug abuse?

- Yes () No ()

20. Are you aware of any harmful effects of drugs?

21. Suggest some preventive measures you would like to be put in place to curb drug menace.

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

APPENDIX II: Questionnaire for teachers

This questionnaire is aimed at collecting data on the causes and effects of drug and substance abuse among secondary school students. The information you provide will be treated in utmost confidence and only for academic purposes. Please respond to all items as honestly as possible.

Thank for your cooperation.

Please tick as appropriate

PART A

1. What is your age bracket?

Below 30_____ ()

30-40 years _____()

40-45 years _____()

50-60 years _____()

2. How long have you been a teacher in this school?

Less than 5 years _____()

5-10 years _____()

10-15 years ()

Other (specify) ()

3. Is it boarding, day, mixed day, mixed boarding?_____

4. How many students are there in the school?_____

5. What is your highest academic qualification? _____

Diploma _____()

Degree_____ ()

Master_____ ()

PhD_____ ()

6. What is your current professional grade? _____

PART B

7. (a) Have you gone for any in-service training in guidance and counseling?

(b) If yes, did you handle the issue on drug use and abuse in schools?

8. What drugs do your students most frequently abuse?

Alcohol ()

Bhang ()

Miraa ()

9. What influences the use and abuse of drugs in the school? _____

10. Which class in your opinion do you lay more emphasis as far as the issue of guidance and counseling on drugs is concerned? _____

Form 1 ()

Form 2 ()

Form 3 ()

Form 4 ()

11. (a) In your opinion is the drug problem in school increasing or decreasing?

Give reasons(s) for your opinion _____

12. What problems has the school experienced as a result of drug abuse?

PART C

13. What measures have been taken by the school administration to ensure that students are prevented from drug use and abuse?

14. What challenges have you encountered as a teacher in helping to curb out this vice?

Hostility ()

Uncooperative parents ()

Cooperative students ()

Others, please specify _____

15. What recommendations would you give educators so as to realize the success of preventing and curbing drug abuse in Kenyan secondary schools?

APPENDIX III: Questionnaire for Principals

Introduction

This questionnaire is aimed at collecting data on the causes and effects of Drug and Substance Abuse among secondary school students. The information you provide will be treated in utmost confidence and only for academic purposes. Please respond to all items as honestly as possible.

SECTION A

1. Your gender Male () Female ()
2. Your teaching experience in years
0-5 years () 5 – 10 years ()
10 – 20 years () 20 – 30 years ()
3. Which of the following grades indicates your highest professional training?
Graduate () diploma () Certificate ()
Other, please specify _____
4. How many teachers are currently in your school ?
Females _____ Males _____
5. What is the number of students per class?

Class	Students		Total
Form 1	Boys	Girls	
Form 2			
Form 3			
Form 4			

6. Does the school has guidance and counselling office?
Yes () No ()

7. If yes, are the guidance and counseling teachers trained for the same?

SECTION B

8. How can you describe the performance of students in your school?

Boys very good () Good () Fair () Poor ()

Girls very good () Good () Fair () Poor ()

9. What problems can you identify as setback to the students' effective learning emanating from?

Family () Community () School environment () Students ()

10. Please identify the problems affecting student's performance at your school?

Economic constraints () Drug and substance abuse ()

Peer Pressure () Academic pressure ()

Any other please specify _____

11. a) Have you ever had cases of drug and substance abuse among your students?

Yes () No ()

b) If yes, which drugs are commonly abused?

Cigarettes () Bhang () Cocaine () Heroine ()

Others, please specify _____

12. In your opinion who among the following mostly contribute to drug and substance abuse among your students?

Parents () Peers () Support staff () Teachers ()

13. How often do you consult your parents on matters of education concerning their children?

Often () Sometimes () Rarely () Not at all ()

14. In your opinion how can the following stakeholders assist in curbing drug and substance abuse among the students?

Government

Parents

School Principals

Teachers

Community

Students

Thank you for your cooperation.

APPENDIX IV: Determining a Sample Size from a given population

N	S	N	S	N	S
10	10	220	104	1,200	291
15	14	230	144	1,300	297
20	19	240	148	1,400	302
25	24	250	152	1,500	306
30	28	260	155	1,600	310
35	32	270	159	1,700	313
40	36	280	162	1,800	317
45	40	290	165	1,900	320
50	44	300	169	2,000	322
55	48	320	175	2,200	327
60	52	340	181	2,400	331
65	56	360	186	2,600	335
70	59	380	191	2,800	338
75	63	400	196	3,000	341
80	66	420	201	3,500	346
85	70	440	205	4,000	351
90	73	460	210	4,500	354
95	76	480	214	5,000	357
100	80	500	217	6,000	361
110	86	550	226	7,000	364
120	92	600	234	8,000	367
130	97	650	242	9,000	368
140	103	700	248	10,000	370
150	108	750	254	15,000	375

160	113	800	260	20,000	377
170	118	850	265	30,000	379
180	123	900	269	40,000	380
190	127	950	274	50,000	381
200	132	1,000	278	50,000	382
210	136	1,000	285	100,000	384

NB:

N is population size

S is sample size

Source: Krejcie and Morgan (1979:608) as quoted in Mulusa (1988:86)

Appendix V: Research Authorization Letter



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

28th October, 2015

NACOSTI/P/15/73654/7828

Mondester Nyakemwa Ongwae
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Causes and effects of drug and substance abuse among secondary school students in Starehe Sub County Nairobi,*" I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for a period ending **27th October, 2016.**

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


SAID HUSSEIN
FOR: DIRECTOR GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.





National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified

Appendix VI: Research Clearance Permit

CONDITIONS

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**


REPUBLIC OF KENYA

NACOSTI
National Commission for Science, Technology and Innovation

6977
Serial No. A

RESEARCH CLEARANCE PERMIT
CONDITIONS: see back page

THIS IS TO CERTIFY THAT:


MS. MONDESTER NYAKEMWA ONGWAE
of UNIVERSITY OF NAIROBI, 16889-620
NAIROBI, has been permitted to conduct
research in Nairobi County

on the topic: CAUSES AND EFFECTS OF
DRUG AND SUBSTANCE ABUSE AMONG
SECONDARY SCHOOL STUDENTS IN
STAREHE SUB COUNTY NAIROBI.

for the period ending:
27th October, 2016

Permit No : NACOSTI/P/15/73654/7828
Date Of Issue : 28th October, 2015
Fee Recieved : Ksh 1,000

Signature


Director General
National Commission for Science, Technology & Innovation

