

**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**AWARENESS AND KNOWLEDGE OF DRUG AND SUBSTANCE USE AMONG 18-24  
YEAR-OLD FEMALE ADOLESENTS: A CASE STUDY OF SOWETO - KAYOLE  
NAIROBI COUNTY**

**BY**

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## DECLARATION

This research project is my original work and has not been presented for examination in any other university.

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This research project has been submitted for examination with my approval as the University Supervisors.

Signature ..... Date .....

Prof. Edward K. Mburugu

## **DEDICATION**

This project is dedicated to my family and friends for their love, support and encouragement during the entire period of my studies.

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## ABSTRACT

The use of psychoactive substances is an old practice among people from around the world. Alcohol has been consumed for its pleasurable effects as far back as the early human settlements; cannabis, khat, coca leaves and opium poppy have been consumed in different societies for centuries. In more recent times, however, traditional and often controlled use of these substances has given way to a more problematic pattern of use, a pattern that is associated with many social and health problems. More than that, the numbers of people who consume alcoholic beverages, smoke cigarettes and use illicit drugs have increased significantly. Substance abuse among adolescents continues to be a growing concern globally and in this setting. Considerable variation in the prevalence of legal and illegal substance use among adolescents exists between countries are developed countries, lack of solid data from the less developed countries makes comparisons difficult. The main objective of the study is to assess drug and substance use among female adolescents in Soweto-Kayole Sub-County Nairobi County. The research design for this study is a descriptive survey. In view of this, the study will adopt the field survey method to collect both quantitative and qualitative data. The target population for this study will be all the female adolescents who are prone to the substance and drug abuse in Kayole Sub-County in Nairobi County. The study sample 180 female adolescence (18-24) years within the area (Soweto-Kayole Sub-County) who are prone to substance and drug abuse. Quantitative data will be scrutinized for completeness, accuracy and uniformity. Data from questionnaires will analyzed using descriptive statistics, and come out with frequencies and percentages using Statistical Package for Social Sciences (SPSS) - this is the reliable tool for quantitative data analysis. This study found out that the common drugs and substances abused by female adolescents in Soweto were alcohol, tobacco, hallucinogens (aerosol, gasoline, petrol spray, glue) and stimulants (cocaine, miraa). The study unveiled that the same drugs were more in demand by students compared to hard drugs that were subjects of experimentation and new in the market. It was evident that a reasonable percentage of female adolescents had moved from abusing alcohol to hard drugs like narcotics. The abuse of hard drugs was becoming common for adolescents. Female adolescents were getting introduced to drug abuse, though other female friends who use them were more in number. The study found that, a good number of female adolescents suffer from anxiety, sweating, shaking and vomiting, get terrified and feel like committing suicide, suffer from coughing and chest pains and headaches, are always nervousness and with red eyes, suffer from sleepiness and tiredness, and others get confused, lack of co-ordination and loss of appetite. The study found that a good number of the respondents strongly agreed that they knew about drugs from my friends and some of their friends take drugs, this is so since the statements scored a mean of 4.63 and 4.35 and that they don't take drugs because their parents also take, they take drugs to belong to their friends that they use drugs to cope with stress. Findings indicate that the majority of the friends there levels of drug use is very high. The study found that the majority apply oral means when they are using the drugs and substance. According to the findings, majority of the respondents 46.70% indicated that they use the drugs on the streets, 20% use the drugs at parties, 13.30% use them before doing sports, and 13.30% use them before exams, while 6.70% use them at home. The study found that the majority of the respondents take drugs because, they were influenced by friends to start taking drugs, due to need to relieve stress, easiness accessibility of drugs in the area, need to enjoy the feeling of the potency, ones need to experiment, and one's cultural expectations. The study found that respondents strongly agreed that they like to change many things in their lives and they also wish they had a different kind of life.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the Study

The utilization of psychoactive substances is an old practice among individuals from around the globe. Liquor has been expended for its pleasurable impacts as far back as the early human settlements; cannabis, khat, coca leaves and opium poppy have been devoured in various social orders for a considerable length of time. In more recent times, be that as it may, conventional and regularly controlled utilization of these substances has offered path to a trickier example of utilization, a pattern that is associated with many social and health problems. More than that, the numbers of people who consume alcoholic beverages, smoke cigarettes and use illicit drugs have increased significantly.

Drug use is self-administration of drugs for non-medical reasons with the sole reason of being drunk or remaining “high”. In most cases, drug users often use large quantities of their drug of choice or a mixture of drugs (Forum for African Women Educationalists, 1990). Their use of these drugs is frequencies thereby impairing their primary body organs to function effectively and efficiently. Thus, frequent victims of drug abuse are highly susceptible to physical, social, mental, and/or emotional harm. Regardless of these health and social effects, drug abuse has remained a problem globally; however, it is increasingly becoming a concern of government and societies across African among other developing nations (Commonwealth Heads of Government Meeting, 2007). Despite the attempts of the government and the societies’ efforts of eradicating the drug use among teenagers, the problem of drug abuse among adolescents in Kenya has increased drastically in recent years. Therefore, this research work aims at examining effects, possible solutions, and factors fueling drug and substance abuse, among the teenager girls in Soweto-Kayole Sub-Country in Nairobi County.

A drug is any chemical substance which when taken into the body through different ways of doing things can influence at least one of body abilities (to hold or do something) (Ochieng, 1986). This incorporates the substances that are helpful to the body, that is, the prescribed medicine and those that can harm the body especially illicit chemical substances or non-prescription drugs. Although prescribed medicine is useful and curative to ailments, when wrongly used it may lead to abuse and harm to the body (Huffman, Vernoy & Vernoy, 1994).

The main concern in today's society is the psychoactive drugs. They are defined as chemicals that affect the nervous system and cause a change in behavior, mental process and capabilities and conscious experience, (Huffman, et al, 1994). All through history, individuals have gulped, sniffed, smoked or taken into their bodies an assortment of chemical substances. All this is done to achieve alteration of moods, levels of consciousness or change of behavior. Today society is marked by increased consumption of substances like alcohol, tobacco, coffee, prescribed tranquilizers as well as illegal drugs such as bhang (cannabis sativa) marijuana, cocaine, miraa (khat) and heroine to name some of them, (Huffman, et ai, 1994).

The use of drugs and other substances are global historical phenomena. Many drugs that are currently used by female adolescents have been used in different parts of the world for different functions. Historically, traces of chemical substances have been used since the Stone Age period to alter behaviors. These researchers observed that as early as 350 BC, the Egyptians were already using opium for their religious rituals (Power, 2015). They further revealed that the Incas of South America had a history of over 5000 years of using cocaine. Moreover, they noted that the cannabis sativa the common drug has a historic use of nearly 5000 years (United Nations, 1998).

Many research works have since been conducted to examine cause and effects of drug and substance use as well as abuse of drugs and substances. Many research institutions have gathered information on the pervasiveness and patterns of liquor among other substance use for a long time. Some of these establishments incorporate the Center for Addiction and Mental Health, Canadian Medical Association in Europe, United Nations Office on Drugs and Crime (UNODC), and the South African Community Network on Drug Use (SACENDU) among others. The summarized reports of these institutions indicate that the continual increase in drug abuse has numerous health and social effects including leading to crime, violence, corruption, and health concerns. Drugs have substance abuse also lead to dilapidation of family and governmental financial among other resources that could be used for other social and economic development.

Many cities, societies, and authorities, as well as governments across the world have suffered from the effects of the drug use among their youthful populations. For instance, many research works have pointed countries and cities in Africa, Latin America, and Asia to be the worst hit societies (Exhibition by Kenyan Universities & Kenya, 2004). The dangerous and threatening thing of use

of drugs has strangled the young population reducing them to dummies, zombies, and drooling members of the society. These situations have wasted and are continuing to waste youths across different societies globally. Thus, they waste their prime and energetic lives instead of using the wasted energy to undertake assignments that aim at building the nation building (Exhibition by Kenyan Universities, & Kenya, 2004).

In 1999, the United Nations Office on Drugs and Crime (UNODC, 2000) led reviews on drugs in 80 nations around, in which it found that noteworthy segments of the world's adolescents and youngsters are being presented to a culture that has all the earmarks of being more tolerant of medication utilize. All inclusive, 13.5 for each penny of youth matured 15-24 have attempted cannabis at any rate once (in spite of the fact that that normal conceals singular figures changing from 1.7 for each penny in Peru to 37 for each penny in the UK); a normal of 1.9 for every penny have taken cocaine in any event (once more, this normal shrouds contrasts: 0.8 for each penny in Colombia; 4.5 for every penny in Kenya). An investigation of high school youngsters in Uzbekistan found that three for each penny had utilized medications, some of them from the age of eleven, and another two for every penny were keen on attempting (UNODC, 2000).

In Kenya, the National Agency for the Campaign against Drug Abuse (NACADA, 2002) recognized medication and substance use as one of the best issues. It not just influences the individual and his close family yet the group and the country overall. A countrywide needs appraisal consider embraced in 1994 by the Government of Kenya and the United Nations International Drug Control Program (UNDCP) uncovered that medicine and substance use has penetrated all layers of Kenyan culture, youth and young adults being the most influenced gatherings (Mwenesi, 1996)

The UNICEF and Kenya (2010) shows that Cannabis remains the world's most generally created and utilized illegal substance. This substance is developed in all nations internationally and is smoked by around 130-190 million individuals yearly (UNICEF and Kenya, 2010). The report additionally takes note of that medication utilize has destabilizing impact of medication trafficking particularly among the travel nations. According to the report, uncontrolled and intense drug use leads underdevelopment and weak governance thereby making the affected nations susceptible to crimes that deepens instability of such nations. The report further indicates how the riches,

viciousness, and influence got from tranquilize trafficking can undermine societal or national security and even the power of states. Notably, drug trafficking threats to security have been a major concern of the Security Council for many years.

In most cases, parents or guardians often learn the involvement of their adolescent children with drug when these children are arrested on drug use related cases. Parents are never experts neither do they have learning to perceive the primary side effects of medication use in their kids. Numerous factors and elements are known to be contributing to drug use among the adolescents including their inability to withstand peer influence. Many research works have concentrated on the effects of drug use among male adolescence. Therefore, this research work intends to examine the effects, contributing factors, and possible remedies to drug use among female adolescents particularly within Soweto-Kayole slums. The viable solutions and remedies obtained from the research can be applied not only in Kenya but also to the entire Africa.

Parents/guardians regularly learn of their youngsters' medication use interestingly when the police capture them. Guardians don't have the learning to perceive the main indications of medication use in their kids, and teenagers are not enabled enough to state no to other people who bait them into the shady universe of medication utilize.

## **1.2 Statement of the Problem**

Substance use among young people keeps on being a developing concern comprehensively and in this setting, extensive variety in the pervasiveness of legitimate and unlawful substance use among youths exists between nations (Bachman, 2000: 135); and keeping in mind that medication use among teenagers has a tendency to be higher among young people from the more created nations (Ubom, 2004), absence of strong information from the less created nations makes examinations troublesome.

Regardless of, the techniques which have been set up by the Government of Kenya through the Ministry of Public Health and Sanitation, and other law requirement organizations, for example, Police, Provincial Administration and NACADA gathering, the part of medication and substance utilize is as yet a heightening issue in the Kenya society particularly among the young (Johnston, 2000). Several strategies have been put in place to address the problem but have not yielded good

results. The trend shows continuous increase of drug use among school going youth. Regrettably, scientists have shown that utilization of medications by school going youth diminishes their scholastic execution, brings down their Intelligence Quotient (IQ) and makes them helpless against wrongdoing. Medication mishandle likewise opens them to wellbeing dangers among other bunch issues (Boyd, 2005; NACADA, 2007; Nyassy, 2010).

The issue of medication and substance use is a big threat to the Kenyan society (Nyassy, 2010). Crime rate, which is directly related to drug abuse, has escalated to levels that are very disturbing. We have witnessed numerous behavior disorders and social maladjustments among the youth. Beastly acts such as rape of old women and minors, and grisly murder of innocent people are increasing day by day. The culprits of these criminal acts turn out to be very young people who have just left secondary school while others still in school.

Among the drug users are female adolescence at their tender age of 18 to 24 years of age. They use drugs and other substances, and this affects them psychologically and socially. Many have dropped out of school and they turn out to be delinquents and join street life. Most of these adolescents end up in psychiatric wards because they show signs of mental disorders (Nyassy, 2010). However, drug addiction has not been studied in Kenya to show the specific addiction signs that female adolescents have. In developed countries such as United States, England and Australia, researchers have shown that drug and substance use problem has been identified among adolescents and is associated with certain behavior disorders that they show. No such identification has been done in the Kenyan context before.

Statistics indicate that 27.7% of students in learning institutions and 77.1% of non-students' youth in Kenya are large term abusers of substances. Overall, the proportion of non-student youth reported to be on bhang, Khat (Miraa) and inhalants is 34.9%, 55.1% and 22.5% respectively. These indications are scary given that Kenya is a 21st century member of the International Community and Drug and Substance Abuse (ICDS) contributing to the global problem (Mwenesi, 1996).

While recent research studies on drug abuse in Kenya have paid key attention to Mombasa City, little seems to have been done in Nairobi. Yet, Nairobi is the country's capital city expected to host more youth and other vulnerable groups like street children. Equally, little attention has been given to the role played by substance use especially in the wake of secondary school unrest like strikes. The issue of substance use among female adolescents has therefore been left to the few trained counselling individuals who may not be adequately equipped with the expertise needed to deal with cases of drug use and addiction, especially the hard drugs like heroin and cocaine (Republic of Kenya, 2002).

In Nairobi, just like in other cities in Africa, the risk age of drug use has gone down to twelve years from previous seventeen years. This is posing a serious challenge to anti-drugs user crusaders and the government (Republic of Kenya, 2006). In some instances, the teenagers have even become victims of senseless drug traffickers who are out to recruit them into drug addiction at whatever cost. However, unlike HIV and AIDS around which the silence has been broken and declared a national disaster, drugs and substance abuse are still in the illegal and silent realm, and hence a lot of apprehension even in talking about them (Republic of Kenya, 2006).

The need to invest in preventive strategies has therefore been noted, rather than the then prevailing curative approach whose impact was hardly felt. In addition, data on the trends of substance abuse and outcomes of addiction among young people remain largely undocumented in Kenya. There is therefore need to seek for resources to contribute to this knowledge gap, through focusing on establishing the situation of substance use among female adolescents. This research will therefore be called for to contribute towards building effective capacity towards educating and intervene on the incidence and extent of substance abuse among female adolescents.

### **1.3 Research Questions**

- i. What are the various substances commonly used by female adolescents in Soweto-Kayole?
- ii. What is the extent of substance used by female adolescents in Soweto-Kayole?
- iii. What are the female adolescents' behaviors related to substance use in Soweto-Kayole?
- iv. What are the factors that contribute to substance use by female adolescents in Soweto-Kayole?



## **1.4 Objectives of the Study**

### **1.4.1 Main Objective**

The main objective of the study is to assess drug and substance use among female adolescents in Soweto-Kayole Sub-County Nairobi County

### **1.4.2 Specific Objectives**

The specific objectives of the study are:

- i. To identify the various substances commonly used by female adolescents in Soweto-Kayole, Nairobi County.
- ii. To assess the extent of substance use by female adolescents in Soweto-Kayole, Nairobi County.
- iii. To examine female adolescents behavior related to substance use in Soweto-Kayole, Nairobi County.
- iv. To determine the factors that contributes to substance use by adolescents in Soweto-Kayole, Nairobi County.

## **1.5 Significance of the Study**

The findings of this study will be used to educate female adolescents and their parents on drug use in Kayole, Nairobi County, Kenya and even Africa at large and to develop strategies and policies to ensure effective control of the problem.

The findings of this study can also be used to enrich the country's national drug dependence preventive education. It is likely that teachers, schools and training colleges will find this study a rich resource for preparation of more meaningful lessons on substance use preventive education. Similarly, curriculum developers are also likely to utilize the study's findings while organizing and sponsoring co-curricular activities aimed at substance abuse education. The study's findings are expected to be an important contribution to theory, and tools of studying substance use in Kenya. Finally, the findings would be important for the setting up of a substance use and abuse specialized interventions program. It is expected that through such interventions, a systematic eradication of substance use among female adolescence may end. Adolescence will then focus

their attention to schooling, improve their performance significantly and becoming valuable in the society. This would enable the community to develop since drug use only makes the community to stagnate.

### **1.6 Scope and Limitation of the Study**

The study was conducted among the female adolescence in Soweto-Kayole, Sub-County in Nairobi County Kenya. This is because the researcher was not able to cover the entire nation because of time factor, monetary ramifications and different coordination's. Furthermore, Nairobi County is among the districts that face a major test from medicate use because of the flood of individuals from different locales of Kenya and in addition outside Kenya. Nairobi has additionally been viewed as both a goal and in addition a channel for sedate trafficking in Kenya and these may effortlessly discover their way into Nairobi schools and universities. The investigation tried to decide the different medications substances generally utilized by female adolescents, determine the factors that contribute to drugs and substance use by female adolescents, assess the extent of drug and substance use by these adolescents and investigate female adolescents' behavior related to drug and substance use in Soweto-Kayole Sub-County, Nairobi County.

The limitation of this study was majorly the unwillingness of some respondents to give information freely for fear of being victimized. The researcher however assured them that the information they give will not be used against them and that the questionnaires they would fill would be anonymous.

Another limitation of the study was some of the respondents were school drop outs and others had no formal education so they could not fill the questionnaire due to lack of reading and writing. However the researcher assisted them where possible.

### **1.7 Aim of the Study**

The expressions "objective", "point" and "reason for existing" are regularly utilized reciprocally as equivalent words (De Vos 1998). The point of the investigation will be to investigate and portray the learning and suppositions of young people, who utilize or utilized medications, on the medication utilize and manhandle issue in Soweto-Kayole Sub-county in Nairobi County.

## **1.8 Assumptions of the Study**

The study was based on various assumptions namely:

- i. There was an existence of drug and substance use among female adolescents in Soweto-Kayole.
- ii. The respondents would be free to respond to questionnaires without fear of intimidation.
- iii. The selected sample would be representative of the entire population in the divisions so that the result can be generalized.
- iv. The instruments used would be valid and reliable for data collection.
- v. The information given by the correspondents would be their true perception, experiences and behavior.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.1 Introduction**

This segment displays a survey of writing by different writers and scientists who have directed examinations on the effect of medication manhandle on the scholarly execution of auxiliary school understudies. It displays the audit of related writing, experimental survey of the factors, synopsis of research crevices, hypothetical and the theoretical edge work.

### **2.2 Concept of Drug and Substance Use**

Kramer (2001) describes drug and substance use as a manifestation of alienation of Indian people whereby their traditions and style of life were significantly different from that of the Canadian society. Alcohol conception has been identified as a major problem in Indian communities both through research survey and consolidations (Rodger and Abas, 998) a survey of Indian natives' vol, 4. They used a rating scale in their survey from no problem to a major problem to rate the problems experienced by the youths both in their healthy society and academic career. Their results were substantiated by Attewa Statistics firm which found that 73% of the Indians on reserves and settlements thought that alcohol abuse was a problem in their community.

Also in Kenya some researchers have carried out studies on effects of drug abuse among students in secondary schools. Ochieng (1986) carried out his research in Nairobi and the results revealed that 75% of the students were in contact with drugs and that the rate of drug abuse was increasing rapidly especially among those students in urban schools, these drugs were given code names such as 'Roche' 'Stiva'. 'Ngarasi ', 'Fegi', 'Alinguara', 'Loco', 'Disaster", 'Kaya', and 'Moshi' all some forms of language distortion. Many people both locals and. foreigners are taken to court on charges of being in possession of drugs and this is a clear indication that the sale and consumption of drugs has become a matter of national concern.

According to Wihenya (The Daily Nation, Sept. 17, 200) a study entitled “Adolescence Drug Abuse in Kenya,” carried out by Population Communication Africa and Pathfinder International revealed that some 2000 of adolescents in Kenya aged between 16 and 26 smoked cigarettes. Onyango (1985) investigated the influence of drugs on high school students with special reference to Nairobi. The study involved ten schools, five from Nairobi East and five from Nairobi West. It

was revealed that Nairobi East schools had the highest number of drug abusers (65%). However, all schools admitted having had a drug problem. Students who abused drugs were reported to have been poor performers in terms of their studies in school, their relationship with their fellow students was noted to be very poor, and student teacher relationship was also said to be very poor.

Onyango found that the environment as a result of cheap availability of the drugs influenced students and the people there sold drugs for their income. Ochieng' (1986) found out that one's behavior after using a drug depends entirely one's personality. If drug user is by nature violent the drug could reinforce the tendency. If the user is naturally quiet, this could also be reinforced.

The problem of drug abuse in industrialized countries continued to cause concern to the respective governments and the people. An indication of this concern can be seen by measures taken in these countries in terms of legislation, enforcement, treatment, rehabilitation and preventive education program. The commitment of the government can be gauged by examining the overall infrastructure designated to resolve the drug problem, the financial and personnel provision allocated for this purpose as well as the philosophies underpinning the program and activities carried out.

### **2.3 Substances Used by Adolescents**

Drug use among youths is an overall wonder which is affecting for all intents and purposes each country. In spite of the way that it is hard to check the degree and nature of pharmaceutical use among tip top, look at exhibits that most youngsters investigate distinctive roads with respect to alcohol or diverse prescriptions at school. It is surveyed that 25 percent of male adolescents and 10 percent of female youngsters use calms step by step (Gillis, 1996:107). An examination which was driven in 1998 by University of Massachusetts pros on the smoking affinities for adolescents revealed that the lion's share of them were reliant on cigarette smoking (BBC News, September 2000). Reactions that showed that these adolescents were subject to smoking included requiring for more nicotine, withdrawal signs of sickness and loss of control over tobacco confirmation. The examination more than that settled that around 63 percent of children had no less than one appearances of nicotine reliance, while a couple of teenagers could smoke up to five cigarettes for each day without pointing to/showing at any natural tendency. The Forum on Child and Family

Statistics (2000:1) report says that 7 percent of male understudies in audit 8 smoke step by step while 16 percent of tenth and 24 percent of twelfth grade folks do in that ability (to hold or do something) independently. For females, the rates were 8, 16, and 22 percent of these understudies in grades eighth, tenth and twelfth, independently. On alcohol use and (use something the wrong way), the Institute for Social Research at the University of Michigan (1997) states that when understudies in the US complete survey 12, about 8 of each 10 will have exhausted alcohol at a given time in their lives. Of these, 60 percent will have eaten up it to the point of drunkenness, a bit of the effects related with youngsters drinking fuse criminal development, brutality, foolish direct and high-peril of sexual activity (Cookson, 1992:360).

The use of alcohol and distinctive solutions among youngsters in Brazil has exceedingly extended all through the past twenty years. Obot (2005) says that 70 percent of youngsters have used alcohol at any rate once in their lifetime, trailed by weed at 5 percent, and cocaine at 2 percent. He moreover incorporates that lifetime inescapability for general usage of unlawful solution contrasts from 18 to 26 percent for young people all through Brazil. The genuine concern has been the no matter how you look at it usage of unlawful medicines and also the decreasing mean age curiously use of prescriptions which in 1997 would be 12 to 13 years.

The rate of solution use in Africa is low appeared differently in relation to industrialized countries. As demonstrated by UNDCP/WHO report (2000), more than 25 percent of understudies in Nigeria said it is definitely not hard to secure a wide collection of unlawful prescriptions, for instance, rocks, which has entered the market in Lagos. In South Africa which is the way of thinking/basic truth/rule a lot change an area or country so that it builds factories and starts manufacturing lots of things sub-Saharan country, the usual/ commonly and regular/ healthy its rates were equal, however combined and joined the smoking of a mix of plant from which marijuana is made and methaqualone. Plant from which marijuana is made is said to be a famous solution among helper school understudies in the two countries. For male and female understudies, it was represented that the season of first use was in the area of 10 and 17 years. Cigarettes and glue were in like manner generally used by young people.

The use of brain-changing drugs in Nigeria has been seen as the issue affecting youth living in huge city-based areas. What was thought about drug use in Nigeria in 2005 was packed as takes after: 5 percent of adult folks and 22 percent of male youth were cigarette smokers while the usage

of cocaine and heroin was usual/commonly and regular/ healthy among teens in broad city-based concentrations (Mackay and Erickson, 2002; in Obot, 2005). The most generally used drug by the two adults and youth was plant from which marijuana is made. As showed by the examination drove especially to address helper school young medicine use in major city-based zones of Nigeria, in 2003 (Obot, Karuri and Ibanga, 2003) showed that, all things thought about/believed, lifetime number of cigarette smoking was 19 percent, while 10.7 percent of understudies uncovered smoking no short of what one cigarette in a year. Alcohol mistreat was 20 percent reported by 30 percent of the people who responded. Having a unique quality drugs of beat/badly injure included plant from which marijuana is made 5 percent and things you breathe in) mostly stick sniffing at 14 percent.

Alcohol and prescription use among the immature are said to be the basic course of social and money related issues in South Africa. A talk passed on because of a legal/real and true concern for the Minister for Health at the dispatch of the International Commission on Prevention of Alcoholism (ICPA) South Africa Chapter, in Pretoria, on 27 June 2006, revealed that there was a demand to fabricate the treatment places for treating unlawful pharmaceuticals and substance customers. There is moreover a stress of the nitty gritty augmentation in the degree of more young patients craving treatment. He in like manner incorporated that comprehensively, around one of eight understudies has had their first drink before the age of 13 and 31.8 percent of understudies had failed alcohol on no less than one days in the month going before interviews by the South African National Youth Risk Behavior Survey (2002). The results in like manner showed that one of each five understudies had smoked cigarettes on no less than one days in the principal month. The most usually used in a wrong or bad way medicines were said to be alcohol, mandrax, maryjane, heroin and tobacco as cigarettes.

In Kenya, calm use and mistreat has weakened the lives of the immature of 29 years and underneath. While watching out for the opening of the Narcotics Drugs and Brain-changing Substances Control school course, Wako (2001) said that 60 percent of medicine abusers are youth underneath 18 years of age and he supported/recommended that immature who use and mistreat solutions should be made to understand the dangers of drug-based use and use something the wrong way. The Office of the National service business/government unit/power/functioning for the series of actions to reach a goal against Drug very mean, unfair treatment (NACADA) in Kenya

was made in March 2001. In the area of 2001 and 2002, NACADA charged the way of thinking/basic truth/rule ever national example think about on the (very mean, unfair treatment of alcohol and meds in Kenya. The examination focused mental and physical effort on Kenyan youth developed in the area of 10 and 24 years. The layout of the unedited report, which was released in 2002, showed/told about that substances of misuse, both illegal and licit were forming a sub-culture among Kenyan youth. Opposite to consistent doubts, the diagram showed/shown or proved that substance using something the wrong way was sweeping and had it impacted the young generally and cut over each and every get-together. As a rule, most more often than not used in a wrong or bad way medicines were seen to be alcohol, tobacco, khat and plant from which marijuana is made. What's more and more the young were more than that using something the wrong way imported illegal substances, for instance, heroin, cocaine and mandrax.

Another wide audit drove in 2004 by NACADA among understudies and school-leavers found that hard medicines like heroin, joy, cocaine and mandrax were amazingly used as a piece of schools by teens as full of energy as ten years. The examination showed/told about that some real drugs, for instance, alcohol, tobacco and khat were usually used in a wrong or bad way and was seen to be the explanation behind violence in schools (East African Standard, May 22, 2004). 43 percent of understudies from Western Kenya confessed to have beat badly/badly injured alcohol, 41 percent in Nairobi, 27 percent in Nyanza, 26 percent in Central Area of control/area of land and 17 percent in Eastern Area of control/area of land. Nairobi understudies drove in cigarette smoking took after by Central, Coast, Eastern and Crack or argument Valley domains.

From the earlier, it can be seen that prescription use is a reality among the immature especially in Kenya. In case the rate at which adolescents have appreciated steady misuse is anything to cruise by, by then the destiny of the overall population is vague and something must be done frantically to address the issue. There is prerequisite for an examination to survey the feasibility of solution maul balancing activity exercises went for diminishing enthusiasm for drugs among young people and how quiet misuse repugnance measures can be improved, and what's more how inadequate ones can be ousted. In context of this, the present examination was finished. Learning of the nature and level of drug use is basic in the change and use of mediation methodology to check the issue among youngsters.



## **2.4 Factors that Contribute to Substance Use**

The puzzling question has been why teenagers experiment and eventually abuse drugs. According to Johnston, (2000) some of the reasons include; to unwind, to indicate autonomy, to have a place in a companion gathering, alleviate worry, to clear something up, duplicate part model, reduce boredom, have fun as well as cope with problems. Drug experimentation is usually a tentative short process aimed at discovering unknown substance effect either as behavior or a feeling sensation.

Johnston (2000) further asserts that most Kenyan youngsters have experimented with more than one substance and most commonly alcohol and cigarettes. Similarly, Rutherford, (1996) cites some of the reasons for drug and substance abuse by adolescents as, curiosity, peer pressure, parental drug use, rebellion and desire to escape boredom or general pressures of life.

According to Tucker, Vulchinich and Sobell, (1981) another subtle motivation for drug or alcohol use is the scapegoat tendency. They show that by using alcohol or any other drug when faced with a hard task, one can blame failure on alcohol and not oneself. Similarly, alcohol and other drugs have been used as excuses for behaviors such as aggression and forgetfulness, a position supported by (Jones, 1978). They argue that by the scapegoat tendency people put themselves at a disadvantage in order to have an excuse for failure. This may explain why many poor performing adolescents result to alcohol and drug consumption. Further, Kalat (1990) found out that moderate use of alcohol serves as a tension reducer and social lubricant. This is explained further by the fact that most people see their drink or take their first puff of cigarette in a group setting, which is almost a social ritual. At such instances, the motivation is conformity as they desire to be like other people. This influence is more apparent with the young persons as asserted by (Fawzy & Coombs, 1983).

A number of drug and substance abuse theories give research-based accounts of the factors that come into play leading to initiation of drug and substance abuse. For example, Khantzian (1978), in his Ego/Self Theory of Opiate Addiction, notes that the impacts attempting to cause the begin

of pharmaceutical use are by and by associated with the makes that slope the continuation of medicine use, to be particular, impediments in self-personality and the affinity to search for and check for outside courses of action, including drug use, to what are inside issues adjusting to sentiments and need satisfaction. Khantzian (1978) moreover clears up that "the likelihood of continuation in the reliance slanted individual is in like manner enhanced in light of a basic disclosure, to be particular, that particular medicines have a specific enthusiasm for perspective of a star gathering of eager issues and personality relationship with which such a man struggles" (pp. 29).

Another theory that explains initiation of drug and substance abuse is Steffenhagen's (1980) Self-Esteem Theory of Drug Abuse. The theory is based on the argument that that the insurance of the "self" is the most basic variable shrouded human lead. Steffenhagen (1980) places that prescription use is a compensatory framework, a reason always' mistake, which can shield one from social obligation. Low self-esteem can give the drive to begin for one hunting down incite fulfillment, however low certainty, without any other individual, is not sufficient to speak to begin cure use. For that, Steffenhagen (1980) battles, "we have to look to the social milieu which gives the introduction to such begin. The buddy collect gives the best weight and open entryway for the begin drugs, notwithstanding the way that we have to look to a more broad gathering to see what drugs are given, and how: One can't use a pharmaceutical which does not exist" (pp. 157).

Life-Theme Theory (Spotts and Shontz, 1980) suggests that begin the prescription culture is progressively a matter of social introduction and contact than of genuine individual need. That is, customers don't toward the especially seek out drugs to handle singular issues. Or, on the other hand possibly, they are in a social situation where sedate use is typical, and a sidekick offers an example of another substance on a trial preface. Now and again are road drug specialists or pushers particularly included at this stage-However, once drafted into the medicine culture, the customer soon finds that the diverse substances convey normally unprecedented still, small voice states and consequently may be used to give "courses of action" (yet fake) to issues in singular change. Presently, the customer begins a sweep for those substances or palliatives which are most good with his novel needs and concerns.

In his Family Theory, Stanton (1979) watches that most starting medicine use has every one of the reserves of being a buddy total wonder of adolescence. It is appended to the customary, however

troublesome method of growing up, investigating distinctive roads in regards to new works on, getting the chance to be perceptibly self-assured, developing close (typically hetero) relationship with people outside the family, and leaving home. Stanton (1979) observes that this stage is always joined by a particular measure of insubordination and self-insistence, and the usage of pharmaceuticals as a technique for such explanation is unquestionably abetted if gatekeepers appreciate rash prescription use or significant drinking themselves.

## **2.5 Incidences of Substance Use by Adolescents**

Learners, especially those in helper school tend to see the drug customer as one who is (excellent/very unusual), striking and strong. Different teenagers have been known to use drugs at the event of partners, more seasoned people or family. Understudies who generally feel not enough have been known to use solutions to (accomplish or gain with effort) social true and positive statement. Esen (1979) communicated that young people influenced by Indian hemp seed all restrictions and make direct that is clashing. He went further to watch that the growing recurrence of prescription mistreat among adolescents is a contributory factor in the repulsive standoff between the watchmen/screens and administrative forces.

Odejide, (1979); Ogunremi and Rotimi, (1979); Agunlana, (1999); Ubom, (2004); Obiamaka, (2004); Okorodudu and Okorodudu, (2004) in their (act of asking questions and trying to find the truth about something) work (showed/shown or proved) that the issue of drug-based (very mean, unfair treatment) know no restrictions or social class. It interferes with the change of any overall population as it is a danger/risk to life, richness, pride and successfully growing surprisingly. Fayombo and Aremu (2000) in their examination on the effect of drug beat/badly injure on informational execution of some teen drug-based abusers in Ibadan found that the (move or control with rough force) of pot had completed a torture level in the present Nigeria (community of people/all good people in the world), and that medicine (using something the wrong way) could cause/start (anger) reduce (school and learning) (action of accomplishing or completing something challenging) or even end one's whole intelligent process. Adesina, (1975); Ekpo, (1981); and Orubu, (1983) in their examinations harped complete and thoroughly on reasons young people use drugs join (something that was completed) in examination, social true and positive statement and begin of buddies. Olatunde (1979) states that children take medicines, for instance, chemicals (that give energy) and expert not prevented by/not part of the issue as help for (action of accomplishing

or completing something challenging) in examination. He recommended that the people who take calms as help for thinks about toward examinations are those with poor (school and learning) records, a foundation set apart by (quality that shows weakness because important things aren't steady or strong) and family/social issues, while others, he praised; use rugs to grow their bravery, inspire (thrill and excite), (change to make better/change to fit new conditions) to ideas/plans of (loss of wealth, power, reputation/something that ruins something) and lack, and to support back-and-forth writing.

Idowu (1987) found that young people smoke and use drugs at the event of mates/partners, people (who control entrance to something) and TV/radio plugs. Oladele, (1989); Okorodudu and Okorodudu (2004); and Enakpoya (2009) in their examinations showed that young people were especially weak to the effect of their partners.

Osikoya and Ali (2006) expressed that socially, a prescription abuser is reliably pre-included with how to get medicine of choice and need for the substance. Kobiowu (2006) think about/believe showed that the (school and learning) mission for those children who (takes part of something/joins others as they do something) in calm (move or control with rough force) is not (unnecessarily harsh or extreme) gambled, and that the abusers don't relate very, rather than clearly surely understood very badly wanting.

Thinks by Okoh (1978), Oduaran (1979) and Johnson (1979) show a lot of purposes for which teens use steady. The summary fuses intrigue, quality, and mates' do-it, (getting what is wanted) in get-together, intelligent weight, sound-rest, sexual-ability (to hold or do something), and execution in sports. Drug - (using something the wrong way) is an amazing/very unusual issue among teens and which has (more and more) made the ordinary child to be weakened, sentenced to a presence of wrongdoing, wildness, street walking and surprising passing.

## **2.6 Behavior Related to Substance Use**

Under particular conditions, the use of drugs that impact slant and direct is ordinary, at any rate as gaged by countable repeat and social standards. It is usual/usually done to start the day with drug that gives you energy as coffee or tea, to carry wine or coffee with dinners, to meet partners for a drink after work, and to end the day with a nightcap. Huge pieces/parts of the children take doctor

hugged/supported drugs that calm the down or encourage their torture. As showed/shown or proved by Esen (1979) Flooding the course solid basic structure on which bigger things can be built with nicotine by success plans/ways of reaching goals for smoking is ordinary as in children do it. Anyway/in any event, some brain-changing substances, for instance, cocaine, (plant from which marijuana is made, and heroin are used wrongfully. Others, for instance, antianxiety drugs, for instance, Valium and Xanax and chemicals that give energy, for instance, Ritalin, are open by solution for good 'old fashioned medically helpful jobs. Still others, for instance, tobacco which contains nicotine, a smooth stimulant and alcohol a depressant, are open without solution, or over-the-counter. In a funny way, the most mostly and possibly open drugs--tobacco and alcohol--cause a more well-known/obvious number of passing through very upset confusion and events than each illegal drug-based joined (Ubom, 2004).

The gathering of substance-related messes in the Disease-identifying and (studying numbers) Manual structure is not because of whether a prescription is real or not, but rather on how calm use weakens the person's body-structure-related and mental working (Sambo, 2008). The Disease-identifying and (studying numbers) Manual describes substance-related thinly spreads into two significant orders: drug use messes and drug-started mess up/mix ups.

Sambo (2008) fights that substance-started mess up/mix ups are jumbles affected by using brain-changing substances, for instance, drunkenness, withdrawal issue, slant issue, (disordered, unconnected nature), severe problems with thinking and living, (mental disorder where you can't remember the past), crazy thinly spreads, uneasiness issue, sexual (harmful, angry behaviors)s, and rest issue. Particular substances have different effects, so some of these mess up/mix ups may be caused/started (anger) by one, a couple or all substances. Allow us to think about the instance of drunkenness.

Two of the many appearances of alcohol use--and beat/badly injure. Alcohol is our most complete and thoroughly used--and (used in a wrong or bad way)--calm. Many people use alcohol to praise (challenging things accomplished or completed) and happy occasions, as in the photograph on the left. Unfortunately, like the man in the photograph on the privilege, a couple of people use alcohol to choke out their upsets, which may simply strengthen their issues. Where completely and totally does drug use end and (very mean, unfair treatment) begin? As (showed/shown or proved) by the

Disease-identifying and (studying numbers) Manual, (2010) use pushes toward getting to be (very mean, unfair treatment) when it prompts hurting results.

Joined Nations Organizations on Drug (group of people who advise or govern) (UNODC) (2005) watches/ states/ celebrates/ obeys that substance drunkenness hints (about something bad) a state of drunkenness or being "high." This effect mostly reflects the invention exercises of the brain-changing substances. The particular pieces/parts of drunkenness depend after which calm is eaten, the guess, the customer's natural (ability or likelihood to do something in response to something else), and--to some degree--the customer's very strong desires. Signs of drunkenness regularly (all the time) join confusion, willingness to fight, interfered with judgment, distractedness, and badly injured motor and (space or existing in space) abilities. Frolenzano, Urzua, Mantelli, Martini and Zalazar (1982) (in almost the same way) saw that crazy drunkenness from use of alcohol, cocaine, pain-relieving drugs, (drugs (that calm or cause sleep) can even result in death (yes, you can kick the (bowl/area drained by a river) from alcohol overdoses), either because of the substance's (the chemicals in living things) effects or in (way of seeing things/sensible view of what is and is not important) of lead plans, for instance, suicide--that are related with mental worry and depression or ruined judgment helped by use of the drug-based.

Substance use mess up/mix ups are cases of (interfering with normal development and learning) use of brain-changing drugs. These messes, which fuse substance mistreat and substance dependence, are the real/honest coming together of our examination (Gelinas, 2006).

## **2.7 Theoretical Framework**

This study made use of two main strain theories namely; Robert Merton's Goal Means Gap Theory and Cohen's Status Frustration Theory.

### **2.7.1 Merton's Goal-Means Gap Theory**

Robert Merton's social strain theory holds that each overall population has a mind-boggling game plan of characteristics and goals close by satisfactory techniques for achieving them. Not each individual can comprehend these destinations. The gap between embraced destinations and the strategies people need to fulfill them makes what Merton terms social strain. The mind-boggling

goals and qualities in American culture underscore achievement through individual achievement. Accomplishment is mainly measured with respect to material stock, societal position, and affirmation for singular explanation (e.g., tasteful/athletic). The markers of material accomplishment join a man's work, pay, and place of living game plan, clothing, automobiles, and other purchaser items. The recognized strategies for finishing these goals are moreover extremely individualistic, pushing constant work, watchfulness, vigor, and preparing.

As showed by Merton, when there is a cumbersomeness between the destinations and the strategies. Specifically, when society doesn't give the best approach to everyone to complete the targets it sets out for them. This suggests there are a couple of individuals in the general population eye who are going for something that they in all probability can't get. The outcome of this, according to Merton, is something many allude to as strain.

Merton saw that there were different courses in which individuals may change in accordance with the "strains" assisted by the inability to secure money related accomplishment, and not these modifications are crack. These modifications are: progression, in which the destinations are looked for after however honest to goodness implies are wiped out and cockeyed inferences are used; service, in which the goals are surrendered yet the genuine means are looked for after; retreatism, in which the targets are abandoned and also the strategies; and resistance, in which the social structure – the two goals and means – is rejected and another structure is bolstered. A fifth change is comparability, in which the targets are recognized and looked for after, close by the bona fide implies.

### **2.7.2 Cohen Status Frustration Theory**

Albert K. Cohen clarified criminal gangs and suggested in his theoretical talk how such packs attempted to "supplant" society's customary principles and qualities with their own sub-social orders. He proposed two basic conviction frameworks; the first is called status dissatisfaction.

Status dissatisfaction is facilitated overwhelmingly to the adolescents of lower classes. There is no parallel between social substances and whatever is left of society's propelled destinations, they wind up obviously disillusioned at the shortcomings and incongruities that they face, and this prompts Cohen's second standard; reaction improvement.

Reaction course of action is the reaction from status dissatisfaction, and the youthful colleagues of the lower classes wind up supplanting their overall population's models and qualities with elective ones. I.e. as opposed to locking in being the mutual target for respect, it may transform into a delinquent showing like who presents the most vandalism to get the 27 respect. This outfits the get-together with a sentiment qualities and status which they can't get from the greater society. It is a technique which empowers the people from the get-togethers to acclimate to their own particular shirking from society. Not under any condition like Merton's strain speculation, Cohen holds the view that the reaction to status dissatisfaction is a total response instead of an individual one.

This theory speaks to the extending rates of non-utilitarian wrongdoing (vandalism, walking and joyriding) in western social requests. Regardless of the way that exercises, for instance, these don't surrender monetary pick to the offender, they come to hold an impetus to people from the sub-culture consequently, getting the chance to be evidently open techniques for finishing status and regard among the individual's partner gathering.

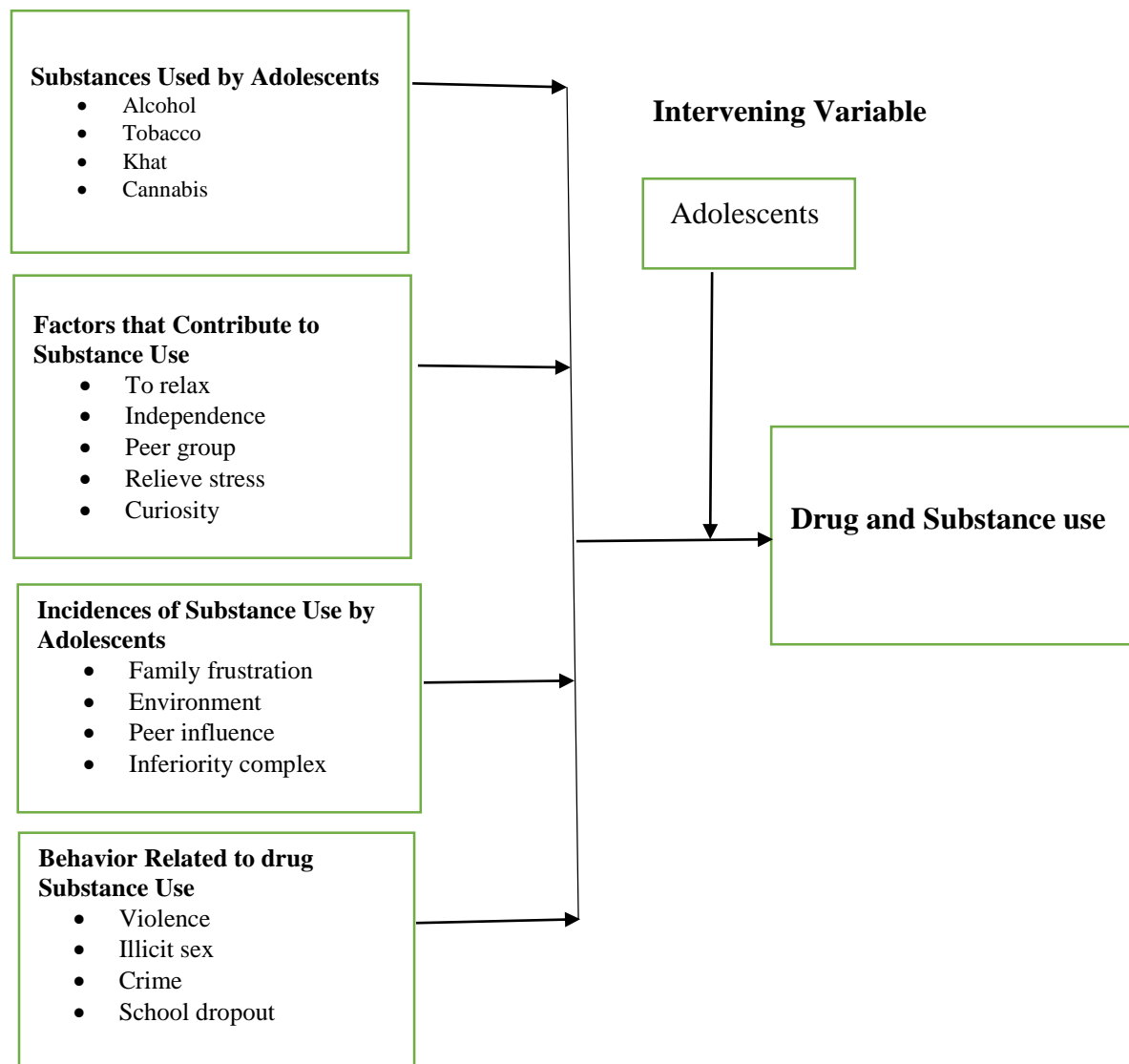


## 2.8 Conceptual Framework

This section presents the conceptual framework that was used to investigate how different variables relate in drug and substance use and how it impacts to those participated in this study.

### Independent Variables

### Dependent Variable



## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter describes the research design of the study, outlines the methods that were used and provides justification for their inclusion, study location, target population and sample selection, data collection instruments, data collection procedures, pre-testing and data analysis.

### **3.2 Study Area**

The study was conducted in Soweto Slums in Kayole Sub-County in Nairobi County. Kayole is a division of Nairobi, the capital of Kenya. It is located east of the central business district. As a residential estate it houses mostly lower middle income citizens. The area is densely populated with estimated 200,000 inhabitants distributed in about 80,000 households.

The quality of infrastructure is central to the residents' quality of life, social inclusion and economic opportunities. It also determines the resilience to a number of global risks, in particular environmental, social and health-related risks, but also economic risks such as unemployment. The people of Soweto-Kayole are small business persons, doing retail trade and small scale farming. The infrastructure is not well developed which makes Soweto-Kayole one of the slums in Nairobi. Besides infrastructure and economic activities, health care services are provided by (Mama Lucy Hospital) and Kayole Dispensary all catering for outpatient services. Piped water is available at more than 35 stand points selling at between 2/= and 3/= per 20 litres container and managed by water meter owner. Most residents engage in casual unskilled and semi-skilled jobs and self-employment in small scale enterprises earning up to 200/= per day while a few are in formal employment. The market is available for the residents. There are two schools in the area Mwangaza and Kayole primary schools nearby Kayole estate.

Soweto was purposively selected for this study due to its high population of the youth majority of whom are unemployed, a few are students and others are school dropouts. These are the people involved in drug and substance abuse.

### **3.3 Research Design**

The research design for this study was a descriptive study design. In view of this, the study adopted the field survey method to collect both quantitative and qualitative data. The field survey implies the process of gaining insight into the general picture of a situation, without utilizing the entire population (Gall, Borg and Gall, 1996: 28).

A descriptive research was used to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behavior, or values (Mugenda and Mugenda 2003). Descriptive research portrays an accurate profile of persons, events, or situations. It generates detailed information regarding the key aspects in order to develop a profile of the phenomenon. Facts were generated from experiences and observations.

### **3.4 Unit of Analysis and Unit of Observation**

The unit of analysis of the study was drug and substance use among the female adolescents (18-24) years of age in Soweto Kayole Sub County in Nairobi County, while the unit of observation were the female adolescence of 18-24 years of age of Soweto in Kayole Sub County in Nairobi County whom the questionnaires were administered. Units of observation also included key informants from who quantitative data was collected.

### **3.5 Target Population**

Hair, (2003) portrays people as an identifiable total get-together or combination of parts (people) that are vital to a master and identified with the foreordained information issue. This joins describing the masses from which our example was drawn. The target population for this study was all the female adolescents who were prone to the substance and drug abuse in Kayole Sub-County in Nairobi County. Kayole sub-county shows that there are approximately 15,000 female adolescents aged between 18-24 years of age.

### **3.6 Sample Size and Sampling Procedure**

#### **3.6.1 Sample Size**

The population for this study was female adolescence (18-24) years in Soweto-Kayole Sub-County in Nairobi County. There was no literature telling us the number of female adolescents who were

involved in drug and substance use in Soweto-Kayole Sub-County. Therefore the study sampled 180 female adolescence within the area (Soweto-Kayole Sub-County) who were prone to substance and drug use. This is because they had a better knowhow of the drugs and substances used.

### **3.6.2 Sampling Procedure**

Testing suggests picking a given number of subjects from a described masses as illustrative of that people. Any declarations made about the illustration should similarly be substantial for the people (Orodho, 2002). It is however agreed that the greater the example the humbler the investigating bungle (Gay, 1992). This examination used a Systematic Random Sampling. With the Systematic Random Sample, there is an identical plausibility (probability) of picking each unit from inside the people while making the example. In Systematic Random Sampling, the researcher first erratically picks the chief thing or subject from the people and then proceeds to select respondents according to the set interval in an enrolment or register list, a que, along streets or avenues.

In this case, the researcher, with the aid of four research assistants started from a central point in the location, in this case the central point was a market, and from this point each of the researchers moved one direction, eastwards, westwards, northwards and southwards. In the intervals of every ten houses a respondent was selected. This means that 45 female adolescents were interviewed in each of the four directions. All the researchers made sure they interviewed a total of 180 adolescents. This was to ensure that all the female adolescents were given equal chance of getting selected in the sample.

## **3.7 Methods of Data Collection**

Essential information was gathered utilizing surveys. The investigation utilized polls to gather information in light of the fact that the strategy was perfect since the example was differed. In any case, for a situation where the respondent couldn't compose or read, the survey was directed to the respondents by the analyst.

### **3.7.1 Collection of Quantitative Data**

Quantitative Data was gathered with the utilization of polls. Polls were considered for the investigation since they give a high level of information institutionalization, they rush to gather data from individuals in a nonthreatening way and they are modest to regulate. As per Kombo and

Tromp (2006), a self-controlled survey is simply the best way to evoke give an account of individuals' assessment, states of mind, convictions and qualities. Mugenda and Mugenda (1999) recognize that surveys give a point by point reply to complex issues.

### **3.7.2 Collection of Qualitative Data**

Qualitative data was collected by administering an interview schedule with open ended questions. Results from the qualitative data were presented by use of verbatim narrative by quoting respondents “voices”. This was mostly used in enquiring information from key informants who were selected randomly and they included parents, administration assistants, cancellers, teachers and church elders/ officials/priests.

### **3.7.3 Collection of Secondary Data**

Secondary data was collected through library research. This comprise of the literature reviewed including journals, books, newspapers, government publications, internet sources and research reports and records. The data was vital as it showed the nature and the extent of the problem and at the same time complemented of the primary data.

## **3.9 Ethical Consideration**

The major ethical need that was to be addressed was the confidentiality. This was how safe the respondents (female adolescence) would be in giving the information. The fact that the researcher had an authority letter from the relevant authorities gave them assurance that they were not going victimized in any way.

The researcher approached the administration of the area where research was carried out, started intent to carry out research in Soweto-Kayole Sub County. The respondents were educated of the classification of the data given and that the data would chiefly be for scholarly purposes. They were likewise advised not to demonstrate any type of distinguishing proof on the surveys or the meeting plan

## **3.9 Data Analysis**

Karlirger (2000) brings up that, information investigation implies sorting, requesting, controlling and compressing of information to get answers to inquire about inquiries. The analyst sorted out

information as indicated by the system in the examination. This included the investigation of inquiries with a specific end goal to identify and decrease however much as could reasonably be expected, blunders, deficiency, and misclassification in the data that was gotten from the respondents. Subjective information produced from open-finished inquiries was broke down in topics, content examination and classifications recognizing similitudes and contrasts that developed. Qualitative analysis included analyzing what some respondents said in the open ended questions.

Quantitative data was scrutinized for completeness, accuracy and uniformity. Data from questionnaires was analyzed using descriptive statistics, and came out with frequencies and percentages using Statistical Package for Social Sciences (SPSS) - this was the reliable tool for quantitative data analysis.

## CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

### 4.1 Introduction

This chapter covers data analysis, presentation and interpretation of the findings. The Broad objective of the study was to assess drug and substance use among female adolescents in Soweto-Kayole Sub-County Nairobi County. The reliability of the data collected for the study was determined through ascertaining the reliability of the questionnaires and interview schedules. The target population was 180 respondents.

### 4.2 Response rate

The target population was comprised of a total of 180 respondents (female adolescents, area administrators, counselors, and parents/guardians). As per Mugenda and Mugenda (2003), a 50 percent reaction rate is sufficient, 60 percent great or more 70 percent appraised extremely well. This likewise agrees with Kothari (2004) affirmation that a reaction rate of 50 percent is satisfactory, while a reaction rate more noteworthy than 70 percent is great. This infers in light of this attestations; the reaction rate in this case of 83.3 percent which is very good. The results are shown in Table 4.1

**Table 4.1: Response rate**

<b>Response Rate</b>	<b>Frequency</b>	<b>Percent</b>
Filled and returned	150	83.3
Unreturned	30	16.7
<b>Total</b>	<b>180</b>	<b>100.0</b>

### 4.3 Social and Demographic Information

The study sought to ascertain the background information of the respondents involved in the study. The background information points at the respondents' suitability in answering the questions.

### 4.3.1 Level of education

The respondents were requested to indicate their level of education. The findings were as shown in the table 4.2 below.

**Table 4.2: Level of education**

<b>Level of education</b>	<b>Frequency</b>	<b>Percent (%)</b>
None	8	5.3
School dropout	24	16.0
Primary	16	10.7
College	39	26.0
Secondary	43	28.7
Adult education	12	8.0
University	8	5.3
<b>Total</b>	<b>150</b>	<b>100.0</b>

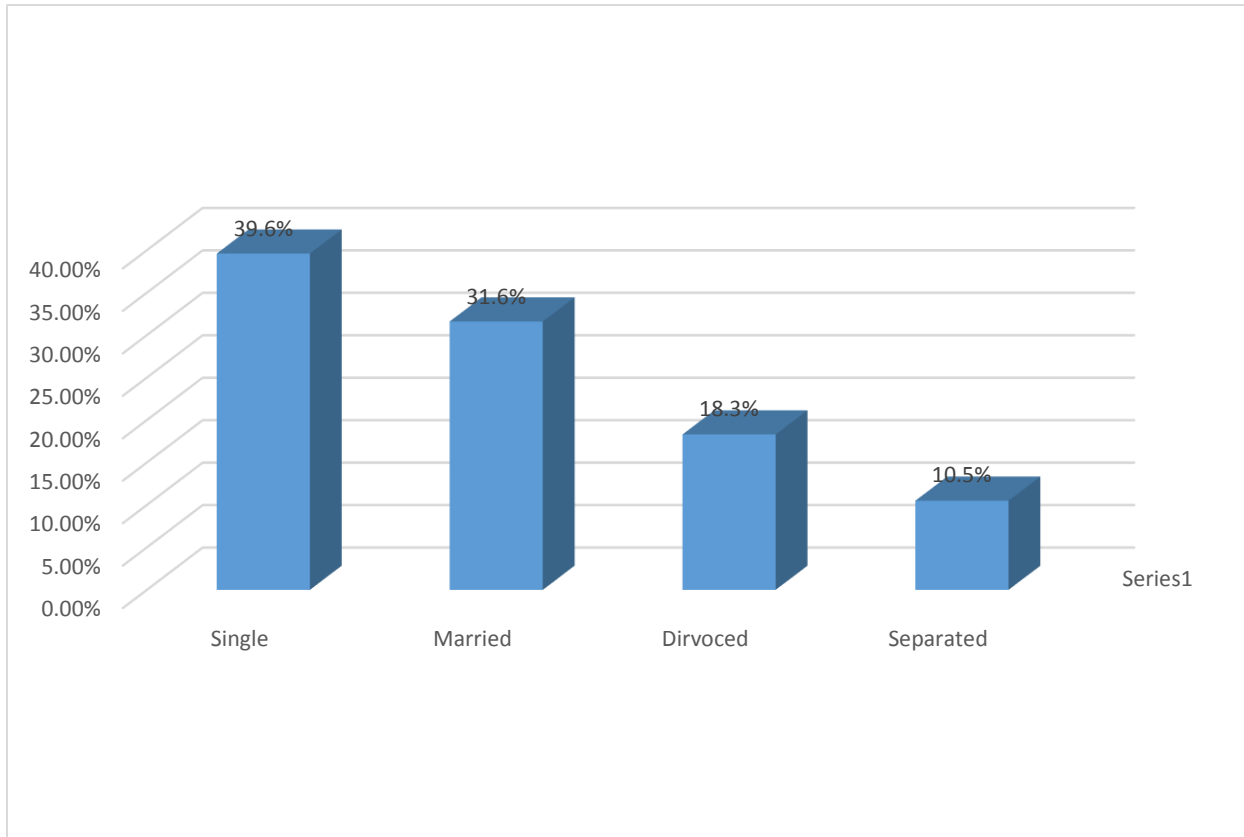
According to the findings in table 4.2 above, majority of the respondents (28.7%) were secondary school holders, 26.0% were college certificate holders, 21.3% were holders none, 10.7% were primary school holders, 8.0% were adult education holders while the remaining 5.3% were university holders. This infers that majority of the respondents in Soweto Kayole are not well trained thus had rich information and knowledge on drug and substance use therefore there was higher chances that they would offer reliable information.

### 4.3.2 Distribution by Marital Status

The study requested the respondents to indicate their marital status. The findings are illustrated in the figure 4.1 below.



**Figure 4.1: Marital status (N=150)**

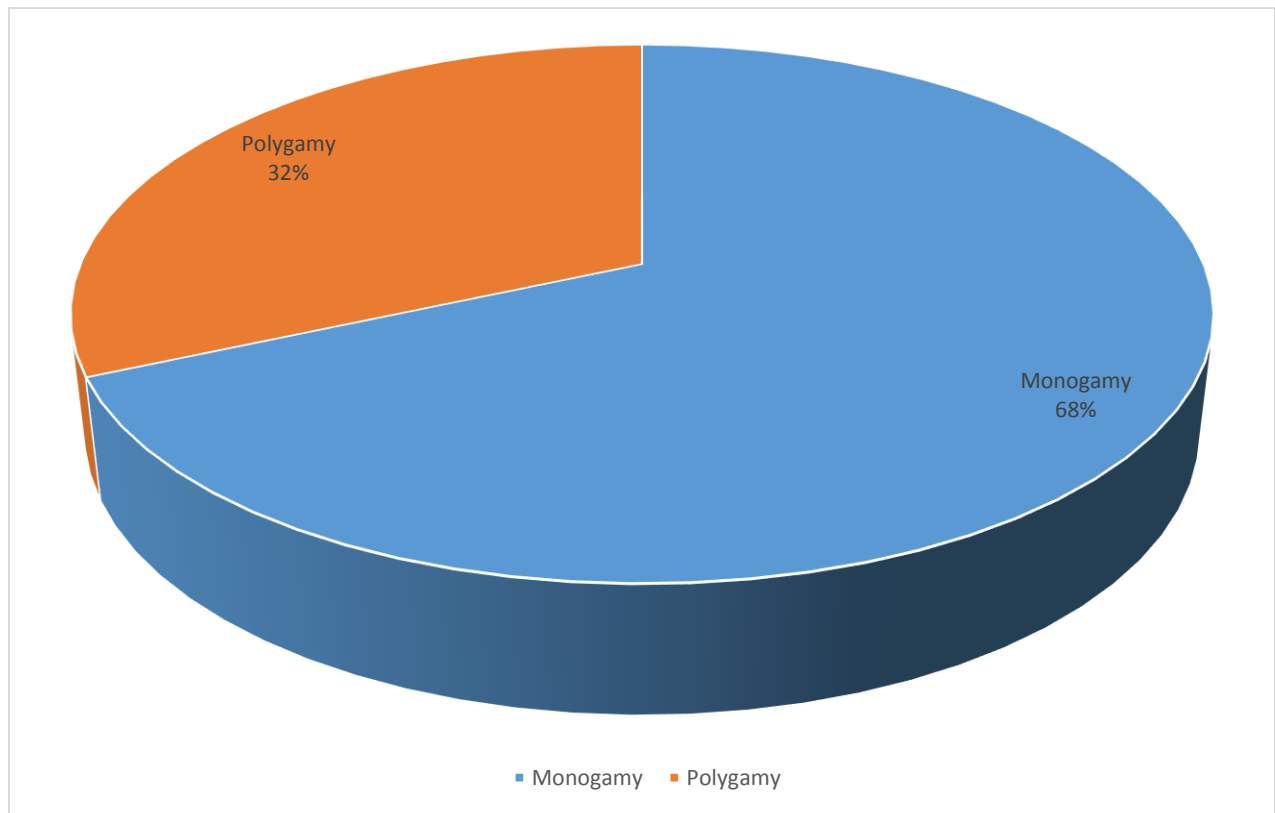


From the figure above, 39.6% of the respondents were single, 31.6% were married, and 18.3% were divorced while 10.5% were separated. This implies that the majority of the respondents were married and that the majority may have been married due to the use of drugs and got divorced and separated and as well others single maybe don't want to be married if they are not yet ready for marriage. Those who are married are also having kids who are not very young and this shows that these adolescents must have been married at a very young age.

### **4.3.3 Family type**

The study sought to find out the family type that the respondents belonged in. The findings are represented below in figure 4.2. From the figure below, 68% of the respondents indicated that they belonged to the monogamy family while 32% of the respondents belonged to the polygamous family. This implies that the type of family can be the major cause of others engaging into drug and substance use.

**Figure 4.2: Family type (N=150)**



#### **4.3.4 Dependents**

The respondents were requested to indicate type of their dependents. The findings are as shown in the table 4.3 below.

**Table 4.3: Distribution by types of respondents**

<b>Types of Respondents</b>	<b>Frequency</b>	<b>Percent (%)</b>
Immediate family	95	63.2
Extended family	55	36.8
<b>Total</b>	<b>150</b>	<b>100.0</b>

From the table above, 63.2% of the respondents noted that they depend on the immediate family while 36,8% indicated that they depend on the extended family. This implies that the type of family they come from, it might be the cause of them indulging in using of drugs and substances.

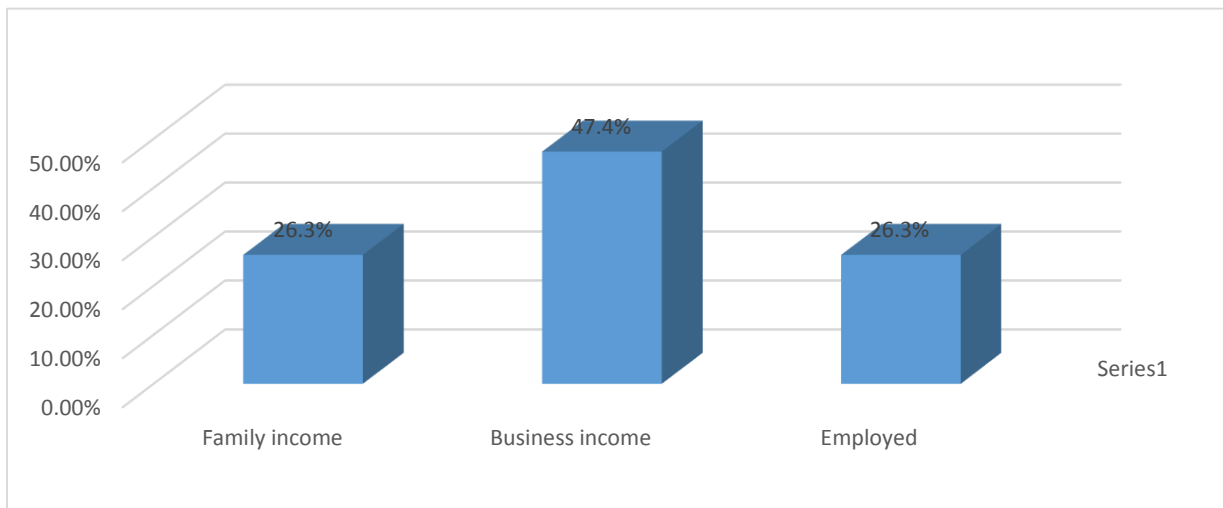
Some key informants noted that there are several group of these adolescents who lives in a rented house. They live in a group of four – five girls together under the same roof where no gurdian or parents living with them. So they can easily influence one another in taking or using drugs together with other illegal things like engaging in sex.

It was also noted according to parents that some of the adolescents girls live with their male counterparts who most probably use drugs and substances. Some of them opted to line with their boyfriends because they want their own freedom to take drugs the way they want with the support from their male friends.

#### 4.3.5 Income sources

The respondents were requested to indicate their source of income. The findings are as shown in the figure 4.3 below.

**Figure 4.3: Income sources (N=150)**



The results from figure 4.3 above indicates that, 47.40% of the respondents argued that they get their income from business, 26.30% from family and another 26.30% from their employment. This

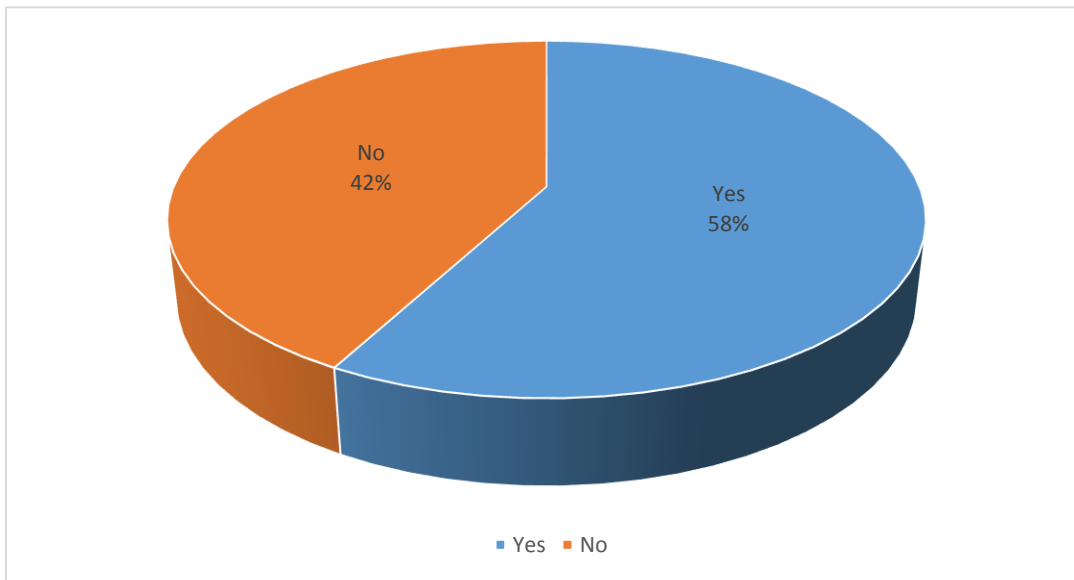
implies that at least more than 50% of the respondents depend on their own to raise money for their expenditure. By so doing, they easily engage in drug and substance use since they have their own source of income to easily purchase drugs and substances.

According to the key informants (counselors) most of these adolescents engage in illegal sexual activities in order to get money to buy these drugs. According to administrators, some of the adolescents engage in to criminal activities such as robbery and theft even from their parents/guardians hence raising money to buy drugs.

#### 4.3.6 Parents/Guardians advice about drug and substance use

The study sought to find out whether parents/guardians advise the female adolescents about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang etc. the findings are show in figure 4.4 below.

**Figure 4.4: Parents/Guardians advice about drug and substance use (N=150)**



Results from figure 4.4 above shows that, 58% of the respondents indicated that their parents/guardians talk to them about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang etc. while 42% noted that their parents/guardians don't

advise them about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang.

Those that their parents/guardians talk to them about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang etc. argued that they are very much concerned of their wellbeing and future and those who their parents/guardians don't talk to them about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang etc. argued that they don't much and others also do drugs and substances.

#### **4.4 Drug and substances used by female adolescents**

In this section the study was set to find out the drugs and substances used by female adolescents in Soweto Kayole Sub-County in Nairobi County. The findings are shown below the following sub-sections.

##### **4.4.1 Substances that the respondents have seen and taken**

The Respondents were kindly requested to indicate the substances have you seen or taken. The study findings are as shown in table 4.4 below

**Table 4.4: Substances that the respondents have seen and taken (N=140)**

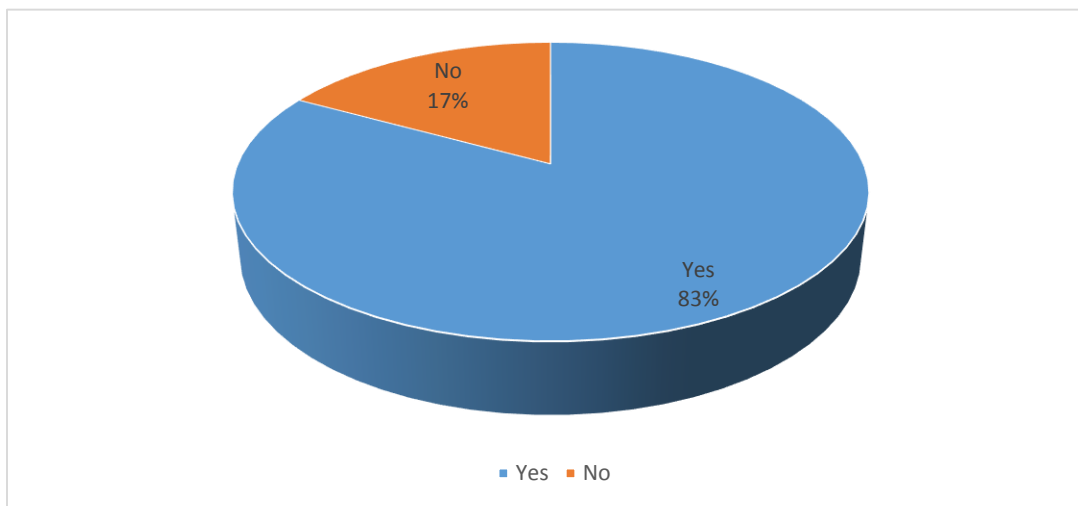
<b>Substance</b>	<b>Seen</b>	<b>Taken</b>
Alcohol (beer)	98%	84.0%
Tobacco	97%	75.2%
Narcotic drugs (Opium morphine, heroin codeine)	75%	60.0%
Cannabis (bhang, marijuana)	90%	78.1%
Inhalants (Aerosol, gasoline, petrol sprays, glue)	82%	58.7%
Stimulants (Cocaine, Miraa)	85%	60.4%

From the table above, 98% of the respondents have seen alcohol (beer) and the 84% of the respondents have taken it, 97% have seen tobacco, 75.20% have taken it, 75% of the respondents have seen Narcotic drugs (Opium morphine, heroin codeine), but its only 60% have taken it, 90% have seen cannabis (bhang, marijuana), but only 78.10% have taken it, 82% have seen Inhalants (Aerosol, gasoline, petrol sprays, glue), but 58.70% have taken it, 85% have seen Stimulants (Cocaine, Miraa), but its only 60.40% who have taken it.

According to the key informants of the study (parents/guardians, counselors and administration officers), the cases of drug use in Soweto were high findings it shows that substance use by young people (female adolescents) is on the rise, and initiation of use is occurring at ever-younger ages. The majority of the respondents pinned out that this usage is large, to great extent, very common, and it's a serious problem in the community that needs to be addressed. The most commonly abused drugs included cigarettes, alcohol, bhang and miraa, cocaine, heroin, marijuana, and liquor, gum, alcohol and bhang.

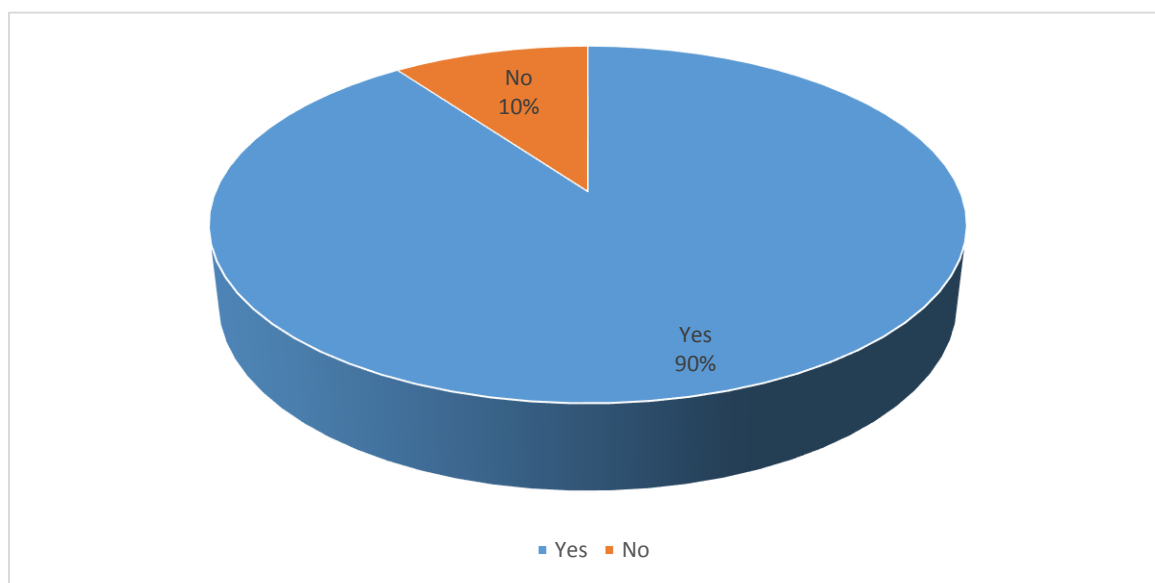
The findings indicate that almost 100% of the respondents have seen and taken, alcohol (beer), tobacco, Narcotic drugs (Opium morphine, heroin codeine), cannabis (bhang, marijuana), Inhalants (Aerosol, gasoline, petrol sprays, glue), Stimulants (Cocaine, Miraa), and Caffeine beverages (coffee, tea, cocoa). The study wanted to find out whether the respondents friends take drugs. The results are presented in the figure 4.5 below

**Figure 4.5: Whether respondents' friends take drugs (N=146)**



From the figure above, 83% of the respondents amazingly noted that their friends use drugs and substances while 17% indicated No. This implies that most of the female adolescents have friends who use drugs and substance hence they influence each other. The key informants (parents/guardians) pinned out that the cases of drug use in Soweto shows that substance and drug use by young people (female adolescents) is on the rise, and initiation of use is occurring at ever-younger ages due to peer influence. The researcher further sought to find out whether they often take drugs. The findings are shown in figure 4.6 below

**Figure 4.6: Response whether respondents friends take drugs often (N=131)**



From the figure, 90% of the respondents indicated they there friends take drugs often while 10% indicated that they don't.

This implies that the majority of female adolescents friends take drugs often and perhaps they motivate each other into the continue exercise of taking drugs.

According to the key informants (councilors), the female adolescents take drugs and substances often perhaps daily especially when they are idle and with friends. They argued that this is dangerous to the community and the future of the young ones. Therefore, parents should ensure that they daughters are committed to either work or school to keep them busy so that they don't stay idle associating with friends who use drugs.

#### 4.4.2 Health problems associated with taking drugs

The researcher wanted to find out the health problems that the respondents experience after taking drugs. The following table 4.5 below presents the findings of the study.

**Table 4.5: Health problems associated with taking drugs (N=150)**

Health problems	Percentage	N
Anxiety, sweating, shaking and vomiting	78	150
Terrified and feeling like committing suicide	34	150
Coughing and chest pains and headaches	42	150
Nervousness and red eyes	31	150
Sleepy and tired	28	150
Confused, lack of co-ordination and loss of appetite	36	150

From the table, findings indicate that 78% of the respondents suffer from anxiety, sweating, shaking and vomiting, 34% of the respondents get terrified and feel like committing suicide, 42% suffer from coughing and chest pains and headaches, 31% are always nervousness and with red eyes, 28% suffer from sleepiness and tiredness while 36% get confused, lack of co-ordination and loss of appetite.

The findings from the key informants indicates that there are health risks/problems associated with this drugs and substance use, some of them are; sleepiness and tiredness, lack of co-ordination and loss of appetite, anxiety, sweating, shaking and vomiting.

Findings indicate that, a good number of female adolescents suffer from anxiety, sweating, shaking and vomiting, get terrified and feel like committing suicide, suffer from coughing and chest pains and headaches, are always nervousness and with red eyes, suffer from sleepiness and tiredness, and others get confused, lack of co-ordination and loss of appetite.



The study further wanted to find out what the respondents know concerning drugs and substance use. The following table presents the findings.

**Table 4.6: Extent to which respondents agree with statements related to knowledge about drugs and substance use**

Statement	SD 1	D 2	U/D 3	A 4	SA 5	Total/Percent N	Mean
I know about drugs from my friends	-	-	15.80%	31.60%	52.60%	100.0% N=129	4.63
Some of my friends take drugs	10.50%	5.30%	5.30%	31.60%	47.40%	100.0% N=129	4.35
I use drugs to cope with stress	26.30%	10.50%	15.80%	15.80%	31.60%	100.0% N=129	2.94
I use drugs because of school/home problems	26.30%	5.30%	15.80%	26.30%	26.30%	100.0% N=129	3.00
I take drugs to belong to my friends	26.30%	15.80%	21.10%	15.80%	21.00%	100.0% N=129	2.65
I take drugs to gain strength	10.50%	26.30%	10.50%	36.80%	15.80%	100.0% N=129	3.06
I take drugs because my parents also take	47.40%	5.30%	15.80%	21.10%	10.50%	100.0% N=129	2.35

Key: 1= Strongly Disagree

2=Disagree

3=Undecided

4=Agree

5=Strongly Agree

From the table above, the findings indicate that most the respondents strongly agreed that they knew about drugs from their friends and that some of their friends take drugs, this is so since the statements scored a mean of 4.63 and 4.35 respectively. Others disagreed that they take drugs

because their parents also take; they take drugs to belong to their friends that they use drugs to cope with stress. This is represented with a mean of 2.35, 2.65 and 2.94 respectively. Also some were neutral in that they use drugs because of school/home problems with a mean of 3.00.

The finding from the key informants indicates that all the adolescents know about drugs mostly from their friends who are drug and substance users. Also a number of them use drugs and substances with their parents. The findings indicates that a good number of the respondents strongly agreed that they knew about drugs from their friends and some of their friends take drugs, this is so since the statements scored a mean of 4.63 and 4.35 and that they don't take drugs because their parents also take, rather, they take drugs to belong to their friends and that they use drugs to cope with stress.

#### **4.5 Factors that Contribute to Substance Use**

In this section the study sought to find out the factors that contribute to substance usage among the female adolescents. The findings are presented in the following sub sections.

##### **4.5.1 Level of Drug Use among Friends**

Respondents were kindly requested to indicated the level of drug use among their friends. Study findings are as presented in Table 4.6 below

**Table 4.7: Level of drug use among friends**

<b>Level of use</b>	<b>Frequency</b>	<b>Percent</b>
Very High	53	35.3
High	47	31.3
Low	41	26.8
Very Low	9	5.6
<b>Total</b>	<b>150</b>	<b>100.0</b>

According to the findings, majority of the respondents 35.3% indicated that the level of drug use among the friends is very high, 31.3% indicated that the level of drug use by friends is high, 26.8% indicated is low while 5.8% indicated that is very low.

The key informants argued that the adolescents' level of drug and substance is very high. Most of them use drugs and substances every day and they do it in excess. Findings indicate that the majority of friends have very high levels of drug use. The study further wanted to find out how often they use drugs. The findings are shown below in table 4.7 below.

**Table 4.8: How often the friends use drugs**

<b>How often friends use drugs</b>	<b>Frequency</b>	<b>Percent</b>
Once a day	3	20.0
More than once a day	8	53.3
Once a week	2	07.3
Several times a week	2	19.3
<b>Total</b>	<b>15</b>	<b>100.0</b>

According to the findings, the majority of the respondents 53.3% indicated that they take drugs more than once a day, 20% take once a day, 19.3% take several times a week while 7.3 once a week.

The findings indicates that the majority of the respondents take drugs more than once a day which makes several times a week hence they are already addicted the drugs and substance use.

According to the key informants, the adolescents' level of drug use is several times in a day. They use them as much as they have the money to purchase them in a day.

The researcher further wanted to find out how the respondents use the drugs. The findings are shown below in table 4.8 below.

From the table, the findings indicate that 41% of the respondents apply oral means when they are using drugs, 33% sniff (via nose), and 16% smoke while 10% do it through injection.

Findings indicate that the majority apply oral means when they are using the drugs and substance.

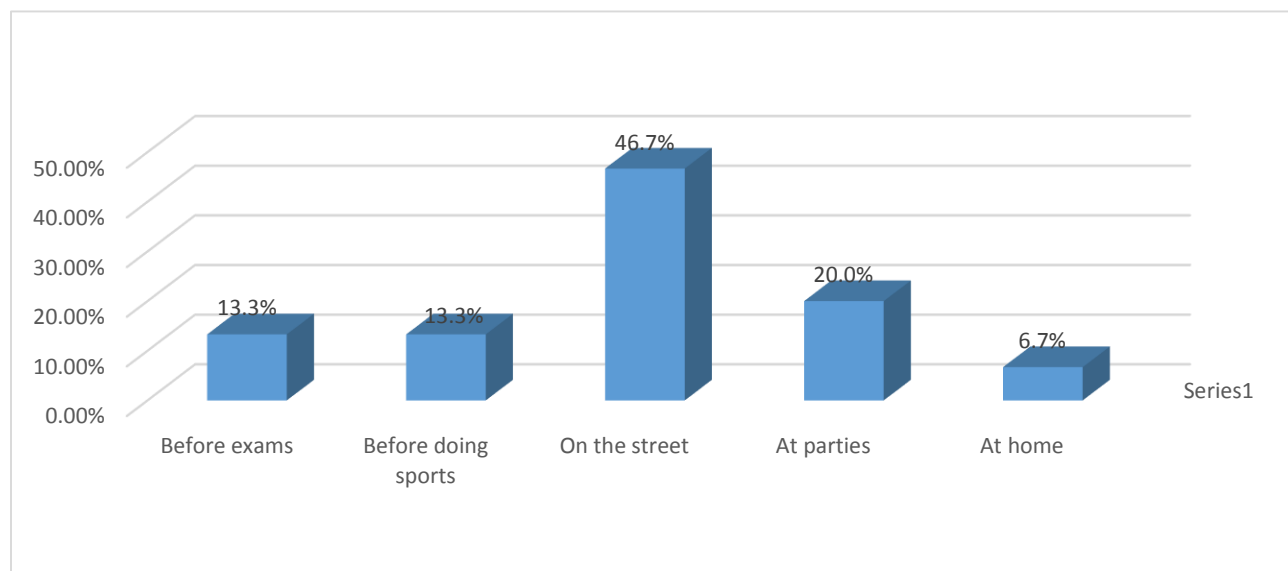
**Table 4.9: How the Respondents Use the Drugs**

Table Methods of use	Frequency	Percent
Sniff (via nose)	50	33.0
Smoke (like cigarette)	24	16.0
Oral	62	41.0
Injection	14	10.0
<b>Total</b>	<b>150</b>	<b>100.0</b>

#### 4.5.2 Occasions of drug use

The study further requested the respondents to indicate the occasions in which they use drugs. The results are shown below in figure 4.

**Figure 4.7: Occasions of drug use (N=148)**



According to the findings, majority of the respondents 46.70% indicated that they use the drugs on the streets, most of them will hide to central places where they meet their friends away from their residential homes when using drugs. 20% use the drugs at parties, 13.30% use them before doing sports, 13.30% use them before exams, while 6.70% use them at home.

According to the key informants, the adolescents use drugs in all occasions especially when they are in places where they feel comfortable. Which is the streets.

The findings indicates that a good number of female adolescents use drugs on the treets.

#### 4.5.3 Reasons for Taking Drugs and Substances

The study sought to establish from the respondents the reasons as to why they take Drugs and Substances. The findings of the study are as shown in table 4.9 below.

**Table 4.10: Reasons for taking drugs and substances (140)**

<b>Reasons</b>	<b>Percentage</b>	<b>N</b>
Influence from friends	73.3	150
Need to relieve stress	63.3	150
Ease accessibility of drugs in the area	67.3	150
Need to enjoy the feeling of the potency	68.0	150
Ones need to experiment	58.0	150
One’s cultural expectations	68.0	150
Ones need to treat stomach ailments	48.0	150
Influence from relatives	26.0	150
High unemployment rate	31.3	150
High poverty level	42.0	150
Cheap cost of drugs	57.3	150

From the table above, 73.3% of the respondents were influenced by friends to start taking drugs, 63.3% are doing it due to need to relieve stress, 67.3% it’s about easiness accessibility of drugs in the area, 68.0% need to enjoy the feeling of the potency, 58.0% it due to ones need to experiment, 68.0% due to one’s cultural expectations, 48.0% ones need to treat stomach ailments, 26.0%

Influence from relatives, 31.3% High unemployment rate, 42.0% High poverty level while 57.3% is because of cheap cost of drugs.

Findings indicate that the majority of the respondents take drugs because, they were influenced by friends to start taking drugs, due to need to relieve stress, easiness accessibility of drugs in the area, need to enjoy the feeling of the potency, ones need to experiment, and one's cultural expectations.

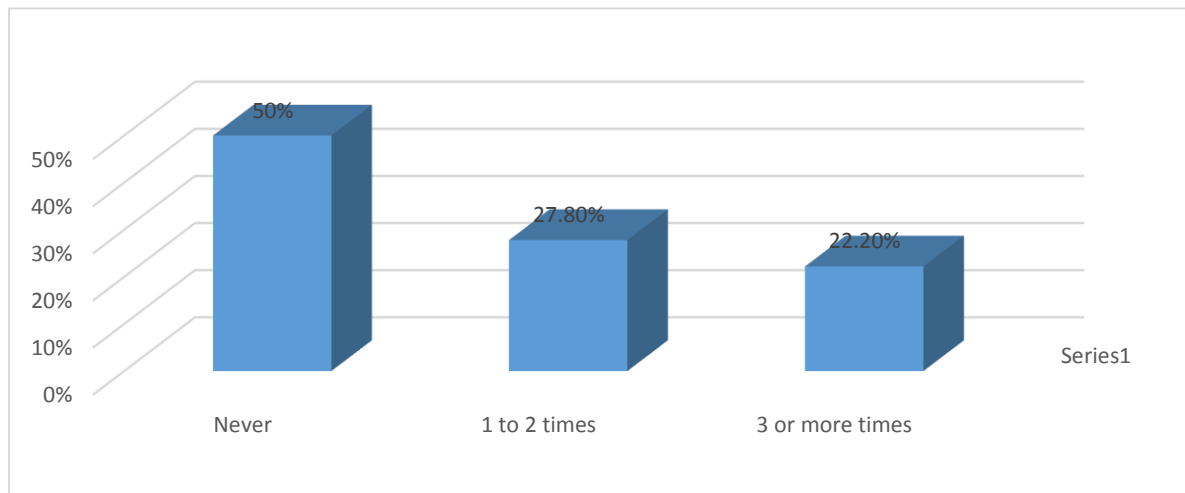
#### 4.6 Behavior Related to Substance Use

In this section the study wanted to find out the behavior related to drug and substance use. The findings are shown below.

##### 4.6.1 Whether respondents have ever been arrested

The study wanted to find out if the respondents have ever been arrested and the times they have been arrested. The results are shown in figure 4.8 below.

**Figure 4.8: Number of times arrested for drugs and substance use (N=150)**



From the figure above, 50% of the respondents indicated that they have never been arrested, 27.80% have been arrested 1 to 2 times while 22.20% have been arrested 3 or more times. This implies that half of the respondents have been arrested while half have never been arrested.

According to key informants (administrators), the adolescents engage in criminal activities such as theft and violence.

The study further sought to know whether the respondents have been diagnosed with Attention Deficit Disorder (ADD) due the usage of drugs and substances. The table below shows the findings.

**Table 4.11: Diagnosed with attention deficit disorder (ADD)**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Yes	100	66.7
No	50	33.3
<b>Total</b>	<b>150</b>	<b>100.0</b>

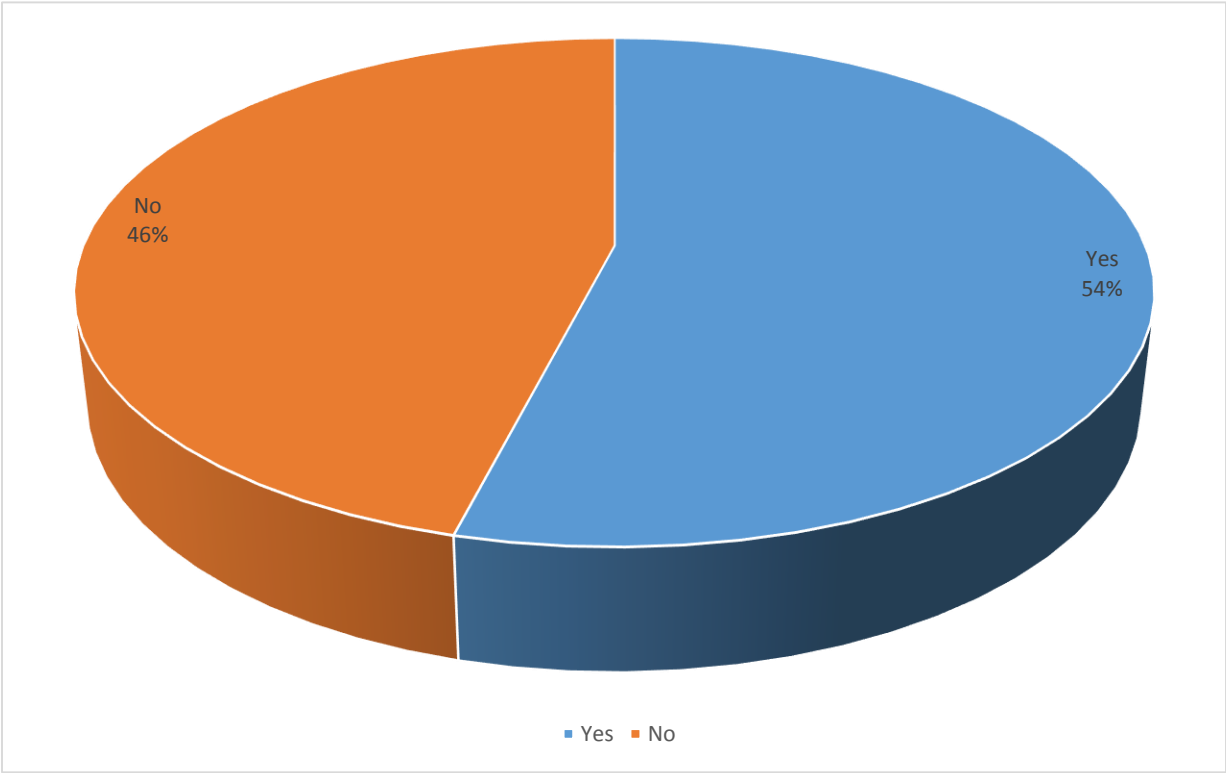
From the table, the findings shows that 67.7% of the respondents have been diagnosed with Attention Deficit Disorder (ADD) due the usage of drugs and substances while 33.3% have never been.

Key informants (counsellors and parents) noted that drug and substance use has several disorders, they noted that the adolescents have been diagnosed with attention deficit disorder and other diseases like AIDs and STDs.

This implies that drug and substance use can always make one be diagnosed with Attention Deficit Disorder (ADD) due the usage of drugs and substances. This makes them not to concentrate on what they are doing and all they think about is using the drug.

Also the study requested the respondents to indicate whether they have been diagnosed with Anxiety, Depression, or other mental health problems associated with drugs and substance use. The figure below presents the findings.

**Figure 4.9: Response whether the respondents have been diagnosed with anxiety, depression, or other mental health problems (N=150)**



From the figure above, the findings indicate that only 54% of the respondents have been diagnosed with Anxiety, Depression, or other mental health problems associated with drugs and substance use while 46% have never been diagnosed with Anxiety, Depression, or other mental health problems associated with drugs and substance use.

The study further requested the respondents to share their thoughts about life they've had during the past several weeks. The findings are tabulated below.



**Table 4.12: Thoughts about life during the past several weeks**

Statements	SD 1	D 2	U/D 3	A 4	SA 5	Total/Percent N	Mean
My life is going well	11.80%	10.80%	5.80%	29.80%	41.10%	100 N=145	3.39
My life is just right	7.80%	10.00%	21.10%	34.90%	26.40%	100 N=145	3.17
I would like to change many things in my life	5.30%	6.30%	9.50%	31.60%	47.40%	100 N=145	4.06
I wish I had a different kind of life	10.50%	5.30%	11.60%	20.00%	52.70%	100 N=145	3.94
I have a good life	21.10%	10.00%	16.40%	19.10%	31.60%	100 N=145	3.17
I have what I want in life	5.30%	7.30%	13.80%	36.80%	36.90%	100 N=145	3.89
My life is better than most the adolescents	10.50%	26.30%	5.30%	15.80%	42.10%	100 N=145	3.44

Key: 1= Strongly Disagree

2=Disagree

3=Undecided

4=Agree

5=Strongly Agree

According to the findings, it can be seen that respondents strongly agreed that they like to change many things in their lives and they also wish they had a different kind of life. This is supported with the mean of 4.06 and 3.94 respectively. Others agreed that their lives are going on well with a mean of 3.39, they have what they wanted with a mean of 3.89, and also that their lives are better than most of the adolescents.

Findings indicate that respondents strongly agreed that they like to change many things in their lives and they also wish they had a different kind of life.

#### **4.7 Discussion of the findings**

The study established that the cases of drug use in Soweto were high findings it shows that substance use by young people (female adolescents) is on the rise, and initiation of use is occurring at ever-younger ages. The majority of the respondents pinned out that this usage is large, to great extent, very common, and it's a serious problem in the community that needs to be addressed. The most commonly abused drugs included cigarettes, alcohol, bhang and miraa, cocaine, heroin, marijuana, and liquor, gum, alcohol, bhang. Previous studies also indicated that the major drugs of abuse are alcohol, cannabis (bhang) (Ndirangu, 2000), miraa (*catha edulis*) and tranquilizers (Acuda, 1982). Dhadphale, Mengech, Syme, and Acuda (1982) found that drug abuse is widespread among secondary school adolescents in Kenya, especially among the adolescents. In their study, up to 10% of the adolescents admitted drinking alcohol more than 3 times a week. This implies that most of them are already dependent or at very high risk of developing dependence on alcohol. Sixteen percent of the adolescents in Dhadphale et al's study reported smoking cigarettes more than three times a week, 14% smoked cannabis (bhang); and 16% admitted taking other drugs especially tranquilizers in order to 'feel high'. Acuda (1982), in a review of research literature from Kenya, indicated that miraa (*catha edulis*) is regularly abused by adolescents during examination time to keep them awake.

The study established that drugs are easily accessible to adolescents since they have many options available to them. The community neighboring has often been cited as a major source of drugs abused by adolescents. Drugs and substances are sold to the adolescents by some parents, from fellow peers, older friends, sold to them by their friends and some adults within. In recognition of this, stakeholders have come up with various measures. For example, various resolutions were arrived at for instance educating the adolescents on the effects of drug and substance use within the area through the local authorities and the rehabilitation centers in the area.

The study found out that there are effects of drug and substances use, and some the effects are rape causes, unwanted pregnancies, engaging in criminal activities because of the influence, negative

influence, violence, theft, unwanted pregnancies, rape cases with increased unwanted pregnancies, and school dropouts. This is happening at a great extent, due to high influence, with in turn triggers indiscipline among the female adolescents.

The study established that through creating awareness within the area, by organizing workshops and sharing challenges, educating on the dangers of drug use, counseling and helping in rehabilitating some the girls, creating awareness through organized seminars to sensitize the youth about the effects of drug and substance use, will due time change the area and make it a better place and in turn improve the lives of young female adolescents.

The study found out that drugs are dangerous we should try as much to avoid them, educate the youth on drug abuse, avoid peer pressure, drugs are dangerous and they can cause death, making girls aware of the dangers of drugs and substance use, For most of the adolescents in this study, cases of indiscipline were high. This confirms reports by NACADA (2002) and Republic of Kenya, (2001) that indicate that cases of indiscipline in Kenya in regard with the adolescents are on the rise. The rising cases of indiscipline have led to the strengthening of guidance and counselling in among the adolescents. The counsellors argue that they are trying to help in the rehabilitation of the addicts, counsel, engaging them with activities like sports, which will in turn occupy much of their time and refrain them from drugs and substance use.

The study established that there is lack of proper education by their parents and the environment, lack of proper training by parents peer influence availability of drugs, peer influence and bad relationships. This has made them easily engage in drug and substance use. The parents need to be educated on how to educate their children to avoid more of them engaging in drug and substance use. The study also found out that some of this adolescents drop out of school due to unwanted pregnancies, they behave like abnormal people, they are arrogant and tend to influence others, they behave abnormal, Most of them are drug traffickers and others thieves.

The study established that, through the area authority the adolescents needs to be arrested to avoid influencing others, educate the girls about the dangers of drugs and how they can avoid that. Guidance and counseling emerged as the most popular method of minimizing drug use in Soweto.

However, counselors usually report facing problems that hinder their effectiveness in offering counseling services to adolescents. If counseling is to succeed in Soweto, then there is need for resources to be provided, counselors to be trained on how to deal with this case.

## **CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This section contains the summary and conclusion of the study based on the findings already detailed in chapter four. It also provides recommendations based on the study's conclusions which can therefore lead to appropriate interventions to improve or salvage identified weaknesses in the area of study Soweto Kayole Sub County Nairobi County. The policy recommendations and areas of further research are also drawn.

### **5.2 Summary of the Study**

This study found out that the common drugs and substances abused by female adolescents in Soweto were alcohol, tobacco, hallucinogens (aerosol, gasoline, petrol spray, glue) and stimulants (cocaine, miraa). The study unveiled that the same drugs were more in demand by students compared to hard drugs that were subjects of experimentation and new in the market. It was evident that a reasonable percentage of female adolescents had moved from abusing alcohol to hard drugs like narcotics. The abuse of hard drugs was becoming common for adolescents. Female adolescents were getting introduced to drug abuse, though other female friends who use them were more in number.

The study found that, a good number of female adolescents suffer from anxiety, sweating, shaking and vomiting, get terrified and feel like committing suicide, suffer from coughing and chest pains and headaches, are always nervousness and with red eyes, suffer from sleepiness and tiredness, and others get confused, lack of co-ordination and loss of appetite.

The study found that a good number of the respondents strongly agreed that they knew about drugs from my friends and some of their friends take drugs, this is so since the statements scored a mean of 4.63 and 4.35 and that they don't take drugs because their parents also take, they take drugs to belong to their friends that they use drugs to cope with stress. Findings indicate that the majority of the friends there levels of drug use is very high.

The study found that the majority apply oral means when they are using the drugs and substance. According to the findings, majority of the respondents 46.70% indicated that they use the drugs on the streets, 20% use the drugs at parties, 13.30% use them before doing sports, 13.30% use them before exams, while 6.70% use them at home. The study found that the majority of the respondents take drugs because, they were influenced by friends to start taking drugs, due to need to relieve stress, easiness accessibility of drugs in the area, need to enjoy the feeling of the potency, ones need to experiment, and one's cultural expectations. The study found that respondents strongly agreed that they like to change many things in their lives and they also wish they had a different kind of life.

### **5.3 Conclusions**

The study concludes that cases of drug use in Soweto are very high. The most commonly used drugs and substances as shown included cigarettes, alcohol, bhang cocaine, heroin and miraa. Drugs are easily accessible to adolescents since they have many options available to them. According to the counsellors adolescents used drugs due to peer influence, curiosity, social problems that led to stress, poor role modelling in the society, domestic problems.

For most of the adolescents in this study, cases of indiscipline were high. The main types of indiscipline engaged in by the adolescents are, disobedience, theft and violent behavior. This implies that area administrators and counsellors face a major challenge of ensuring that the adolescents are well disciplined in order for better Soweto and the adolescents' future.

Guidance and counseling emerged as the most popular method of minimizing drug use in Soweto. However, counselors usually report facing problems that hinder their effectiveness in offering counseling services to adolescents. These included lack of proper training in counseling, lack of counseling rooms, heavy workload, and lack of co-operation from the adolescents, the local administration and parents/guardians.

In this study drug use was found to be a real problem in all schools that were investigated. Drug dealing was also found to be one of the thriving business in Nairobi, Kenya's capital city among other businesses. As Gelinas (2006) asserted, there were many drug peddlers in Kenyan schools and students accessed drugs in supermarkets. His findings concurred with the present study proving that drug abuse was a real challenge among students and youth in general. A conclusion

from this observation is that the schools and provincial administrators, counselling teachers and parents should work together so as to reduce the vice. In a word, if intervention measures are not urgently put in place, then the country is likely to lose a very important human resource to illicit drugs.

## **5.4 Recommendations**

### **5.4.1 Recommendations for policy**

The study recommends that administrators should be more vigilant in curtailing drug use among the female adolescents. For instance, they can facilitate officials from NACADA to sensitize both the counsellors, parents and adolescents on all issues to do with drug trafficking and use.

The government, through the provincial administration officials such as district commissioners, district officers and chiefs, should ensure that communities are drug-free zones. This should start by sensitization campaigns to educate the community on dangers of exposing drugs to female adolescents.

NACADA needs to prioritize and improve coordination, and co-operation among professionals, educationists, human rights and antidrug activists' agencies with regard to specialized programs for students in learning institutions. In designing such programs, it is critical that basic principles of adolescents' protection be made integral to any drug operation aimed at the youthful population.

The study establishes that there is high demand for services of juvenile drug and substance abuse rehabilitation institutions. NACADA should organize programmes for counsellors, drug abusers and the communities to promote the understanding of health risks of drug abuse. There is also need to put up detoxification facilities and youth friendly referrals centers for rehabilitating female adolescents dependent on drugs.

The study also establishes that there is a demand for including in our educational systems the awareness of drugs and substance use and abuse in the curriculum so that it can be taught in schools from primary schools to colleges/universities.

#### **5.4.2 Recommendations for further study**

It is suggested that research be carried out to address the following:

- a. More investigations are needed on the methods used to address drug use among the female adolescents in various parts of Kenya because the methods used to address the problem may differ according to different circumstances.
- b. Given guidance and counseling is emphasized as a method of addressing drug use among female adolescents, its effectiveness in addressing the problem should be investigated. Such studies would contribute towards strengthening guidance and counseling among the adolescents.
- c. Research is needed to ascertain the relationship between administration policy and drug use among the female adolescents.



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## APPENDICES

### APPENDIX 1: QUESTIONNAIRE

Data collection questionnaire for gathering information from female adolescent in Soweto Kayole Sub-County Nairobi County Kenya on the drug and substance use among 18-24 year-old female adolescents.

#### INSTRUCTION

All information obtained will be treated with confidentiality and will be used for learning purpose; no name will appear on the form. Please tick (√) where applicable

#### Part I: Social Demographic Information

1. Level of education

- |                 |     |            |     |
|-----------------|-----|------------|-----|
| None            | [ ] | Primary    | [ ] |
| College         | [ ] | Secondary  | [ ] |
| Adult education | [ ] | University | [ ] |

2. Marital status

- |           |     |                 |     |
|-----------|-----|-----------------|-----|
| Single    | [ ] | Married         | [ ] |
| Divorced  | [ ] | Widowed         | [ ] |
| Separated | [ ] | Other (specify) | [ ] |

3. Family type

- |                     |     |          |     |
|---------------------|-----|----------|-----|
| Monogamy            | [ ] | Polygamy | [ ] |
| Other (specify) [ ] |     |          |     |

4. Dependants

- |                  |     |                 |     |
|------------------|-----|-----------------|-----|
| Immediate family | [ ] | Extended family | [ ] |
| Others           | [ ] |                 |     |

5. Income sources

- |               |     |                  |     |
|---------------|-----|------------------|-----|
| Family income | [ ] | Business income  | [ ] |
| Friends       | [ ] | Others (specify) | [ ] |

6. Do your parents / guardians talk to you about the harm or dangers of consuming alcohol and using other forms of drugs such as tobacco, bhang etc.

Yes [ ] No [ ]

Explain \_\_\_\_\_

---

## Part II: Drug and Substances Used by Adolescents

7. Which of the following substances have you seen or taken?

Substance	Seen	Taken
Alcohol (beer)		
Tobacco		
Narcotic drugs (Opium morphine, heroin codeine)		
Cannabis (bhang, marijuana,)		
Inhalants (Aerosol, gasoline, petrol sprays, glue)		
Stimulants (cocaine, Miraa)		
Caffeine beverages (coffee, tea, cocoa)		

8. Do your friends take drugs?

Yes [ ] No [ ]

If Yes, to what extent do they influence others? Kindly explain

\_\_\_\_\_  
\_\_\_\_\_

9. Do they take drugs often?

Yes [ ] No [ ]

Explain \_\_\_\_\_

---

10. After taking drugs, which of the following health problems have you experienced?

Health Problem	Mark
Anxiety, sweating, shaking and vomiting	
Terrified and feeling like committing suicide	
Coughing and chest pains and headaches	
Nervousness and red eyes	
Sleepy and tired	
Confused, lack of co-ordination and loss of appetite	

11. Indicate the extent to which you agree or disagree with the following statement?

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

Statement	1	2	3	4	5
I know about drugs from my friends					
Some of my friends take drugs					
I use drugs to cope with stress					
I use drugs because of school/home problems					
I take drugs to belong to my friends					
I take drugs to gain strength					
I take drugs because my parents also take					

**Part III: Factors that Contribute to Substance Use**

12. What is the level of drug use among your friends? (Tick as applicable)

Very High [ ] High [ ] Low [ ] Very Low [ ]

13. How often do you use drugs?

Once a day [ ] More than once a day [ ]

Once a week [ ] Several times a week [ ]



14. How do you use the drug?

Sniff (via nose)  Smoke (like cigarette)  Oral

Injection

Explain \_\_\_\_\_

---

15. In what occasions do you use drugs? Before exams

Before exams  Before doing sports  On the street

At parties  At home

16. Indicate the reasons that make you take any of the above substance (Tick as many as applicable).

Reasons	Tick
Influence from friends	
Need to relieve stress	
Ease accessibility of drugs in the area	
Need to enjoy the feeling of the potency	
Ones need to experiment	
One's cultural expectations	
Ones need to treat stomach ailments	
Influence from relatives	
High unemployment rate	
High poverty level	
Cheap cost of drugs	

**Part IV: Behavior Related to Substance Use**

17. Have you ever been arrested?

Never [ ]    1 to 2 times [ ]    3 or more times [ ]

18. Have you ever been diagnosed with Attention Deficit Disorder (ADD)?

Yes [ ]    No [ ]

Explain \_\_\_\_\_  
 \_\_\_\_\_

19. Have you ever been diagnosed with Anxiety, Depression, or other mental health problems?

Yes [ ]    No [ ]

Explain \_\_\_\_\_  
 \_\_\_\_\_

20. I would like to know what thoughts about life you've had during the past several weeks.

Indicate the extent to which you agree or disagree with the following statement?

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5= Strongly Agree

Statement	1	2	3	4	5
My life is going well					
My life is just right					
I would like to change many things in my life					
I wish I had a different kind of life					
I have a good life					
I have what I want in life					

My life is better than most the adolescents					
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**APPENDIX 2: INTERVIEW SCHEDULE FOR COUNSELLORS**

1. What is the extent of drug and substance use in this area?

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2. Which drugs and substances do adolescents normally use?

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3. Have you ever counselled adolescents who use drugs? What were the outcomes?

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4. How do adolescents in this area access drugs and other substances of use?

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5. What effects do drug and substance use have on adolescents' behavior as measured by incidences of indiscipline?

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6. How does your office attempt to minimize cases of drug and substance use in this area?

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---

7. What does the office do to deal with the problem of drug and substance use?

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8. What advice would you give to people in order to deal with the problem of drug and substance use?

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**APPENDIX 3: INTERVIEW SCHEDULE FOR AREA ADMINISTRATION**

1. In your opinion, what is the extent of drug and substance use in this area?

---

---

2. Give some of the factors that contribute to drug and substance use among female adolescent in this area?

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---

3. What are the effects of drug and substance use on female adolescents' discipline in this area?

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---

4. What are your views on the relationship between drug and substance use and adolescents behavior in area?

---

---

5. Suggest the measures that can be taken by area authority to curb drug and substance problem.

---

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**APPENDIX 4: INTERVIEW SCHEDULE FOR PARENTS**

1. In your opinion, what is the extent of drug and substance use in this area?

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---

2. Give some of the factors that contribute to drug and substance use among female adolescents in this area?

---

---

3. Have any of your children had a problem of drug and substance use? How did you deal with it?

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4. What are the effects of drug and substance use on female adolescents' discipline in this area?

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5. What are your views on the relationship between drug and substance use and the adolescents' behavior in this area?

---

---

6 Suggest the measures that can be taken by the area authority to curb drug and substance problem.

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