

**ABUSE OF CANNABIS (BHANG) AMONG SECONDARY SCHOOL
STUDENTS IN GICHUGU DIVISION, KIRINYAGA DISTRICT**

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**A Thesis Submitted to the Institute of African Studies in Partial Fulfilment
for the Requirement of the Degree of Masters of Arts in Anthropology,
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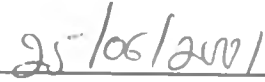
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DECLARATION

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



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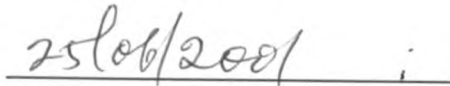


Date

This Thesis has been submitted for examination with my approval as University Supervisor



Dr. W. K. Omoka
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Date

DEDICATION

This thesis is dedicated to my father Ephantus Munene Miano and my late mother Justa Wandandi, who never lived to see her dream for their inspiration.

And

To little Jacqueline, Chiru and Karimi - keep away from drugs as you grow up.

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Acronyms

FGD	Focus Group Discussion
GOK	Government of Kenya
LSD	D-Lysergic acid Diethylamide
NCKK	National Council of Churches of Kenya
THC	Tetrahydrocannabinol Content
UN	United Nations
UNDCP	United Nations Drug Control Programme
WHO	World Health Organisation

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ABSTRACT

Drug abuse is one of the most serious problems of our times. The problems related to drugs are on the increase in most developing countries and Kenya is no exception. Cannabis is currently the most widely abused illicit drug in Kenya. Its popularity is not limited to any single group of people. It encompasses the wealthy, middle class and lower income families. It affects students in suburban, urban and the rural areas and includes high achievers and average students. This is despite the fact that cannabis consumed today is far more potent than it ever was in the 1960s and 1970s.

The research was conducted for a period of one month, to investigate the role of basic socialisation units (the family, the school and the peers) in abuse of cannabis by secondary school students. To identify the kind of knowledge, information and attitudes that secondary school student has acquired from these institutions on cannabis, their influence, and effects on students. To achieve this, a psychosocial theoretical model that postulates that deviant behaviours result from socialisation institutions guided the study.

Quantitative and qualitative research methods that is, the questionnaire and focus group discussions were used to collect the data. A total of 180 respondents were interviewed and six opinion leaders. The data was analysed using both qualitative and quantitative methods. Quantitative analysis involved calculation of chi-square while qualitative analysis involved a description of students' behaviour in relation to the hypothesised variables.

The results of the study showed that the basic socialisation units play a role in abuse of cannabis among secondary school students. They do not adequately inform the students about the consequences of abusing cannabis. Peer influence was found to be very strong in leading students to abuse drugs. The family members unlike the teachers in school were not playing their role adequately to alleviate the problem of cannabis abuse.

The study therefore, recommended strengthening of basic socialisation units by equipping them with information about drugs in order to reduce or to stem out the problem from schools.

CHAPTER ONE

INTRODUCTION AND RESEARCH PROBLEM

1.1 Introduction

Drug abuse has escalated dramatically in recent years leaving no nation immune from its devastating consequences: crime, violence, and corruption; the destruction of individuals, families, and communities; loss of human resource, financial and other resources and lately, the high risk of spreading the killer disease HIV/Aids (Boutros-Ghali, 1992). It has invaded the home, the school and the workplace, affecting individuals of all ages and classes (UNDCP, 1992). According to Namwonja (1993), more than a quarter of Kenya's secondary school and university students abuse drugs.

In 1994 UNDCP conducted research on the extent of drug abuse in Nairobi and Mombasa and concluded that this had increased tremendously (Mwenesi, 1995). In another research carried out by the Ministry of Education it was revealed that fifty percent of all boys in secondary schools in Central Province start abusing drugs before getting to form four (*Daily Nation*, Monday, July 12, 1999).

The drugs causing concern to society, according to UNDCP (1998a), can be grouped into depressants, stimulants, and hallucinogens. Depressants slow down the nervous system and, in small doses, make one feel relaxed and "nice". However, with increasing doses, vomiting and death could follow. Examples of these drugs include benzodiazepines, rohypnol, barbiturates, cannabis, and heroin. They impair concentration, particularly when combined with alcohol. Stimulants increase the heart beat rate, blood pressure and

body temperature and increase alertness and reduce feeling of tiredness and heighten feeling of pressure. Examples include amphetamines (speed) and cocaine (Madden, 1984:193). In large doses, they cause anxiety and panic. They are associated with sudden death as body temperatures and the fluid regulatory mechanism go out of control. Hallucinogens affect perception. People who take these may hear or see things that are not there. Others see things in a distorted fashion, leading to fear, panic and anxiety. Sudden panic based on paranoia could lead to aggressive behaviour by drug abusers. These drugs include D-lysergic acid Diethylamide (LSD) and cannabis (which is also a depressant). LSD is a semi-synthetic drug derived from lysergic acid, an alkaloid found in *Claviceps purpurea*, a fungus that grows on rye and other grains. It is a colourless, tasteless, odourless, crystalline substance that is soluble in water and alcohol (UNDCP, 1998a).

The drug of concern in this study is cannabis, which is a natural substance that, when taken into a living organism, may modify its perception, mood, cognition, behaviour or motor function (WHO, 1993a). It is a drug of abuse because its consumption deviates from the approved medical or social patterns within a given culture (WHO, 1969). The continued abuse of cannabis leads to its dependency. This is an emotional (psychic) and, sometimes, physical need experienced by the drug abuser. It is characterised by behavioural and other responses that always include a compulsion to take the drug on a continuous or regular basis in order to experience its effects, and to avoid the discomfort of its absence. Tolerance, the experience in which the drug abuser requires increased amounts of drug to obtain the same effects as one has been experiencing before, may or

may not be present (Martin, 1995; Mwaluko, 1996). Some people may be dependent on cannabis and another drug (Mbatia, 1996).

Researches conducted in Kenya reveal that cannabis (bhang) is the most common illicit drug abused by the youths (Kaigwa, 1998; Mwenesi, 1995; Namwonja, 1993; University of Nairobi, 1997; Yambo and Acuda, 1983). Statistics for Kenya by the Anti-Narcotic, Police Unit show that abuse of cannabis is on increase. In the years 1992 to 1999 about 94,101,254 Kg of bhang and its products (hashish/cannabis resin and cannabis oil) worth over 94 billion shillings was seized. Table 1.1 below shows amount of bhang seized in Kenya between 1992 and 1999. Between 1997 and 1999 about 8,786 suspects were arrested for cultivation, trafficking or consumption of bhang and between 1992-1999 636 acres of cannabis had been destroyed after discovery.

Table 1.1: Cannabis (Bhang) Seizure Statistics in Kenya

Year	1992	1993	1994	1995	1996	1997	1998	1999
Amount (Kg)	3,729	2,678	4,146	3,243	8,605	11,250	2,375	8,767

(Source: Kenya Police, Criminal Investigations Department, Anti Narcotic Unit, 2000)

This phenomenon has intensified and has become a school problem even in rural areas where cannabis is one of the most abused drugs by secondary school students. Dr. Abdool of UNDCP points out that there is an increase in the user age bracket, 'while the previous category was in the 17-25 age group the base level has expanded to include 14 year-olds (*Sunday Nation*, March 14, 1999). The problem is, therefore, not only confined to secondary schools and colleges only but is also in primary schools.

1.2 Statement of the Problem

The abuse of cannabis is a social problem as highlighted by numerous newspaper reports. It touches on all of us in one way or another. In school it undermines a student's academic ability and performance leading to poor academic performance, expulsion or dropping out of school.

Abuse of cannabis frequently disrupts schools. Reports indicate that there is a strong link between cannabis abuse and violence. In America, the Parent Resource Institute for Drug Education (PRIDE) has studied the correlation between violence behaviour and drug abuse and found that 66 per cent of high school students who carried guns to school used cannabis (Brown, 1995). In Kenya abuse of cannabis has been blamed for the increasing indiscipline cases in secondary schools, leading to destruction of property and even deaths. Too, when many students in a school abuse the drug, the pressure is increased on those innocent students, who do not abuse it, to take up the behaviour, thereby putting their bright future at stake. In addition, abuse of bhang brings to the school environment the illegal activities connected with its abuse: theft, prostitution, selling of drugs to other students, and destruction of school and individual property, common phenomenon in secondary schools in Gichugu Division of Kirinyaga District.

Students' resort to drugs bhang, included due to feelings of disaffection for the home and the school. They react and reject the accepted values, goals and institutions, a characteristic of adolescents as they attempt to find self-identity (Haralombos and Head,

1995). These feelings, according to Downess and Rock (1996), resort to dissatisfaction, and unhappiness with programmes in school, teachers, parents, and social conditions. This leads to unrest and rebellion a day today feature in most secondary schools not only in Gichugu Division, but also in the whole country. This interferes with the process of socialisation required by the student to successfully pass into responsible adulthood.

This problem facing the students calls for great attention, as this category of people represents a problematic period in life (Perry, 1984:213). Adolescence is a time when enormous changes take place in the process of normal development. It is a time for developing a person's sense of self-identity, a process that involves separating from parental attachments, values and establishing new social ties, values and ideals. In separating from parents, youth need to form other meaningful relationships (UNDCP, 1996). Unfortunately, sometimes the socialisation process through which the growing youth undergoes influences one to adopt drugs as part of their behaviour as they strive to establish new relationships. However, the drug may not enhance social relationships and self-identity. Rather, the drug may cause the growing girl or boy to face health, social, psychological and emotional problems. Consequently, a lot of effort should be geared towards understanding the role of basic socialisation units in this practice and the means of controlling its spread. This work therefore, strove to answer the following question:

- What is the role of primary socialisation institutions in abuse of cannabis among secondary school students in Gichugu Division of Kirinyaga District?

1.3 Objectives

1.3.1 Main Objective

To investigate what role is played by primary socialisation units in the abuse of cannabis among secondary school students in Gichugu Division, Kirinyaga District.

1.3.2 Specific Objectives

1. To identify the kind of information on cannabis that secondary school students have acquired from socialisation units.
2. To find out the attitude of secondary school students towards cannabis and its users.
3. To investigate the role-played by peer groups in the abuse of cannabis by secondary school students.
4. To investigate the role of teachers in the abuse of cannabis among secondary school students.
5. To investigate whether parents provide guidance and counselling to secondary school students on drug abuse.

1.4 Rationale

Increasing drug consumption among students is one of the greatest concerns for parents teachers, policy makers and the society in general. However, there is very little data on why this behaviour has continued to take root in our schools. Much of what is available on the issue has been written for and about other cultures. Yet, as Ndonga (1987), observed each culture has its own peculiarities in terms of how it is shaped to fit in its environment. This study could, therefore, give some insights on thjs grave situation and

shed some light on how to curb its spread further, before it wrecks more havoc in the society.

The findings from this study should be of help to the schools administrators and teachers, parents, policy makers and local leaders, UNDCP, other NGOs, and individuals in their effort to plan, design and implement effective measures to either prevent, control, reduce, rehabilitate or cure the already affected individuals and most important, prevent non-users from adopting the behaviour.

1.5 Scope and Limitations of the Study

This study was carried out in selected secondary school in Gichugu Division, Kirinyaga District. The respondents were students from form ones, twos and threes, teachers, parents and school administrators.

There are two limitations in this study. In trying to understand why students abuse cannabis, the study used students already in schools. This could have been more adequately achieved if the students who have dropped out of school or expelled for drug abuse related cases were interviewed. This was not possible because of time and finance.

It would have been appropriate if a similar study was conducted in urban secondary schools and high cost private schools to compare whether the same reasons holds for abuse of bhang in these schools. However, this was not possible because of limited time, personnel and finance.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Cannabis sativa is a weedy annual plant that grows in tropical and temperate zones of the world. It is the sole species containing the psychoactive substance *cannabinoids*. There are three main varieties of the cannabis plant: the drug type, the fibre type and the intermediate type. The drug type is the most potent and is most commonly processed into cannabis or *marijuana*. It is found in Mexico, Colombia and Jamaica. The intermediate type, found in Middle East is less potent and is commonly processed into hashish and hashish oil. The fibre type is found in Asia and is mainly used for making coarse fabrics and rope (US Department of Justice, 1969). The intermediate type is the one produced in Kenya (Kenya Police, 2000).

The plant exists in both male and female forms. Usually, the resin - covered flowering tops of the female plant and their adjacent leaves are considered to have the highest concentration of *cannabinoids* and remain the most typical component of cannabis, although the material from female and male plants have been shown to have essentially equivalent psychoactive potency. In India, the resinous mass from the small leaves and backs of inflorescent of the flowering top is called *ganja*. The dried leaves containing less psychoactive substances are called *kif* in North Africa, *dagga* in South Africa, *bhang* in India and the Middle East, and *machna* in parts of South America. The other names used to refer to this drug are: mbanje, grass, weed, pot, dope, reefer, jive and hemp. Rolled in a cigarette paper it is called a joint, reefer, an ace, or a stick (Amayo, 1995).

Hashish, the Arabic word for “dryness”, usually refers to the resinous cannabis extract that is considerably richer in psychoactive substances than *marijuana*.

In the U.S. *marijuana* refers to any part of the hemp plant (*Cannabis sativa*) or extracts, which produces psychic and somatic changes in humans. The word *marijuana* may be simply a variant of the Spanish equivalent of *Mary Jane*, which is a Mexican slang word for cheap tobacco. By the end of the 19th century, it referred to a cannabis extract only. As the flowers and seed heads of the hemp plant ripen, a liquid that oozes out is collected. In this pure state, the liquid is known as hashish. Hashish also describes the resinous material extracted from cannabis when the plant is soaked in a solvent such as alcohol (Canadian Commission of Inquiry, 1973).

2.1.1 Origin

Cannabis sativa originated in the 8th century BC in Northern Syria, and spread to India, the Middle East, North Africa, Latin America and the Caribbean and, finally, to North America in the 19th century. In France, the returning soldiers and scientists of Napoleons army aroused the interest in *Cannabis sativa*, shortly after the invasion of Egypt. In the US, similar interests in cannabis occurred after the Korean War and have intensified since the Vietnam War (Canadian Commission of Inquiry, 1973).

According to Musoke (1997:13), the non-traditional use of bhang in East Africa has its roots during the period immediately following World War II when soldiers returning home came with new tastes, including the use of cannabis for recreation purposes or to

escape from unpleasant feelings and memories. The abuse, however, remained amongst criminal elements and marginalized individuals. It gained momentum during the 1960s, especially among the youth in the Western World where it was an important aspect of the hippy sub-culture that was seen as part of modernisation and, occasionally, the Kenyan youths began picking it up. However, it remained a preserve of very few people, especially school dropouts. In the 1970s and 1980s there was an increased use of bhang, which has continued to flourish to this day. Its name hashish is derived from the Hashzshin, leader of the assassins who were a Muslim group of fanatics who used the hemp to prepare themselves for the killing of Christian intruders (Clifford, 1974).

2.1.2 Physical Characteristics

Many of the morphological characteristics of the individual cannabis plant are greatly influenced by environmental factors such as room for growth, amount of light, nutrients and water. Most plants grow to a height of 1-3 metres in four to six months. However, some strains produce plants, which are rarely more than 1 metre in height (United Nations, 1987).

The plant is erect and the side branches are opposite on the main stem. The compound leaves vary in size according to the overall size of the plant. Each has a slender stalk of up to 6 cm in length. Normally, each leaf contains five to nine leaflets, all having saw-like tooth edges. The leaflets of a single leaf are uneven in size, the largest being up to 15 cm. They are covered with glandular hairs (trichomes) on the upper surface and by more profuse and longer hairs on the underside as shown in Figure 2. 1(United Nations, 1987).



Key

1. Flowering shoot
2. Male inflorescence
3. Male flower
4. Female inflorescence
5. Female flower
6. Fruit
7. Seed

Fig.1: Physical Characteristics of a *Cannabis sativa* Plant

(Source: United Nations, 1987)

The flowers are very abundant and are either male (staminate) or female (pitillate). These plants are either dioecious or monoecious, that is, bearing male or female flowers or bearing both male and female flowers, respectively. Female plants are very leafy up to the top, whereas male plants have the leaves on the inflorescence fewer and much further apart (United Nations, 1987).

2.1.3 Production of Cannabis

Cannabis is grown all over the world including Africa (Mbatia, 1996). In his study Mwenesi (1995), found out that most of the bhang abused in Kenya originated from Western Kenya. In Nyanza Province, Kisii, Nyamira, Kuria, Migori and Homa Bay districts were identified as the main sources of bhang. While in Western Province, Kakamega, Vihiga and Busia districts lead. Large amounts of bhang were also found to originate from Uganda. At the border points between Kenya and Uganda, bhang was openly sold into the local markets, drug traffickers purchasing it in large quantities for distribution.

In Coast Province bhang is grown in large quantities along the Athi and Sabaki rivers near Malindi. This is supplemented by suppliers from Taita Taveta and from across the Tanzania border. Mwenesi, (1995), identified the urban demand for bhang as the factor that has led to the commercial production of the drug in large quantities in rural areas. The rural population, who in the past never regarded bhang as a commercial commodity, consider it a major source of income today. This is the reason why cultivation is taking place in uninhabited government forests, such as the Mount Kenya forest in Kirinyaga

District, and the surrounding districts of Nyeri, Embu and Meru. It also takes place in game reserves and hilly terrains, riverbanks or trust lands. These are areas far away from settled lands and not easily accessible, hence the anti-narcotic police may never know about the drug until it is harvested and marketed. Little cultivation in Kirinyaga district and in neighbouring districts is in planted among regular crops in plantations of coffee, cane, tobacco, maize, etc. (University of Nairobi, 1997). The local people, including secondary school students, are hired to look after the maturing crop harvest and sometimes traffic, making them more vulnerable to its abuse.

2.1.4 Historical Use of Cannabis

Cannabis sativa, or hemp, has been an important source of folk medicine in many cultures. It has also been used for recreational, ritualistic and therapeutic purposes. In 2737 BC a Chinese emperor wrote a book on drugs and their medical values. In this book he described the hemp plant (*Cannabis sativa*) and prescribed the substance hashish for a variety of complaints, including malaria, absent-mindedness, beriberi, constipation, “female weakness” and gout (Safertein, 1977). The Chinese also used hemp as a major source of fibre for the production of ropes. In India, the plant was used as an intoxicant, for religious purposes concerned with freeing the mind of the user from worldly distractions and connecting one with the Supreme Being (Dutta and Padhan, 1977).

In traditional African societies drugs were used in celebrations and cultural rituals. According to Wansi *et al.* (1996), cannabis had several uses: It was mixed with palm wine to enhance the fermentation process and the effect of the alcohol. Traditional

doctors used it to treat human diseases, for example, filariasis and other illnesses, and to evoke spirits. They washed patients with mixtures containing cannabis to drive away evil spirits, added it to body lotions and used to embalm corpses. Women used it as a pessary in order to keep their vaginas dry during sexual intercourse so as to increase their partners' pleasure and mixed it with oil to stimulate hair growth. On the farm it was used by farmers as fertiliser and as a treatment for cocoa pod disease while some hunters in Mbalmayu, Cameroon, used it in hunting; animals that fed on it were easy prey (Wansi, *et al.*, 1996).

In some societies in Tanzania, such as Wahehe, Sukuma, Kinga and Bora, the leaves of the Cannabis plant were used as vegetables while very few people smoked it. The rate was so low that it posed no serious health/physical, social, and psychological problems, compared to what we are experiencing today (Kilonzo, 1992; Kilonzo and Masselle, 1986). This is because the drug was only taken to serve specific social, cultural and ritualistic functions and specific social rules, traditional norms and procedures governed this use. Hence, there were no bhang-related problems as those experienced nowadays, especially among the youth.

2.1.5 Consumption of Cannabis

The consumed drug is obtained from the flowering tops and leaves of dried plants, and frequently contains seeds and stems. In this form it is greyish green to greenish brown (Abdool *et al.*, 1998). It can be prepared as a fine powder or coarse material like a tea mixture of crushed dried leaves, flower twigs and seeds (Amayo, 1995). The drug may be

consumed in a variety of ways. The most common method with secondary school students is smoking it in the form of cigarette. It can either be alone or combined with tobacco. Smoking may be done using normal pipes (Amayo, 1995:39). The plant is also swallowed with cooked food, or taken with drinks or baked into sweet meats, but the effect is less rapid (Kilonzo, 1996).

The technique for smoking cannabis is the same as that of cigarette. However, the smoker will take deep puffs, hold the smoke in his lungs for as long as possible, and exhale slowly. This is an efficient way of getting the drug into the bloodstream. The effect of the drug will be felt within minutes of smoking. In 10 or 15 minutes, the user will be 'high'. This will last for several hours, but by four hours or thereabouts, the smoker will no longer be under the influence of the drug (Canadian Commission of Inquiry, 1973).

2.1.6.0 Effects of Cannabis

As noted earlier cannabis is a hallucinogenic and a depressant drug. Its effects depend on the amount taken, the experience and the expectations of the student and the social environment in which it is taken. Its potency is due to the concentration of trans-delta-9-tetrahydrocannabinol (THC), which varies widely among different batches or samples and different forms of *Cannabis sativa* (Martin, 1995).

2.1.6.1 Short Term Effects

The effects produced by a single dose or a short period of continuous administration of bhang will disappear after the passage of several hours. The student may feel "high" and

euphoric, that is, the individual feels happy for no reason and feels to be in better position than he actually is. He may talk and laugh more than usual as it often happens during mild alcoholic intoxication (Martin, 1995; Kilonzo, 1996). Other effects include increase in pulse rates, and reddening of the eyes. One may also, progress to a quiet or sleepy state.

When larger doses are taken, perception of sound, colour, time and other sensations may be sharpened or distorted and thinking becomes slow and confused (UNDCP, 1998). Students' attention and ability to process information may be affected. Logical thinking and short-term memory are impaired as well as physical co-ordination involving activities such as driving, balance and stability when standing and hand steadiness. Slight hand tremor and diminished muscle strength may accompany these even though one may think that one is stronger (Kilonzo, 1986). Other effects include increase in appetite or feeling of satisfaction before meals, dry mouth, and dry throat (Canadian Commission of Inquiry, 1973). According to Kilonzo (1996), when very large doses are taken cannabis can cause confusion, restlessness or excitement. The student may experience synaesthesia, that is, bizarre distortion of sensory modalities like seeing music and hearing colours.

2.1.6.2 Long Term Effects

These are effects resulting from the frequent, repeated use or prolonged continuous use of cannabis and include loss of energy and drive. The individual is satisfied by very poor conditions while believing that he/she is successful and is living in very desirable conditions. This condition leads to apathy and a motivational syndrome in which the

student is not motivated to do much in improving his/her conditions of life (Houser, 1969; Kilonzo, 1996). This phenomenon is also accompanied by loss of libido, that is, sexual energy and interest diminishes. This is associated with decreased production of testosterone, a hormone that influences sexual energy and interest. Among women, cannabis abuse leads to menstrual dysfunction (UNDCP, 1994:11; WHO, 1993b: 14). Chromosomes, that is, the inheritance factors in the male and female seeds may be damaged and lead to mental retardation in children or other bio-chemical or congenital malformation (Kilonzo, 1996). Its abuse during pregnancy may lead to retardation in foetal growth. The growing infant experiences retarded postnatal growth and behaviour disturbances. Cannabis smoke contains 50 percent tar more than smoke from a high-tar cigarette. With regular use, risk of lung cancer, chronic bronchitis, and other lung diseases increases among the users (UNDCP, 1998b).

Cannabis and some of its components influence the immune system and affect the body's ability to resist microbes, including viruses, bacteria, fungi, and protozoa, and decrease the body's antitumour activities (Cabral, 1995; Kilonzo, 1996). THC, the major psychoactive component of cannabis, is also the major component that targets the immune system of the youth. THC alters the activities of a variety of cells and cell functioning because it tends to accumulate in the fatty tissues of the body (Cabral, 1995; UNDCP, 1992). The immune system plays a great role in the protection against infection and cancer. It is a system with built-in backup mechanisms so that if one component is suppressed, others come into play to limit or control infection or tumor development. Cannabis has the potential to alter the backup safeguards of the immune system because

it affects the diverse types of cells in the body. This could compromise the immune system's ability to screen out cancer cells and eliminate infection (Cabral, 1995). However, recent research in Europe and America indicates that cannabis may be useful as a painkiller, anti-emetic substance against nausea, vomiting and to stimulate appetite in cancer and Aids patients to counter 'wasting' (Abdool *et al.*, 1998; UNDCP, 1998b).

2.1.6.3 Cannabis Dependency

This occurs with cannabis when the individual experiences psychological dependence with craving and compulsion to continue abusing the drug. When the individual cannot get sufficient cannabis or is deprived of the drug for about seven days, he experiences withdrawal symptoms such as sleep disturbance, anxiety, irritability, restlessness, sweating, loss of appetite, weight and stomach upsets (Martin, 1995; Kilonzo, 1996).

The person dependent on cannabis is unable to lead his life without using the substance (Mahenge, 1996). Some users may take the drug once or twice a week, in a social context similar to that in which alcohol is normally consumed, and readily abstain for weeks or months with no ill effects (Matheson, 1972). However, there is a group of people who smoke it daily and whose regular routine and sense of well being is disrupted if they are unable to obtain the drug. They apparently find the drug pleasant and desirable, and often go out of their way to acquire it even at the risk of criminal penalty. Drug dependency has consequences for the dependent person, his family and 'the community he lives in. It gives rise to health problems and reduces the ability and motivation of the dependent persons (Mahenge, 1990).

2.1.7 Cannabis and Other Drugs

There is a relationship between the abuse of cannabis and the use of other drugs as they occur concurrently and developmentally. According to Du Toit (1991), cannabis is often the first drug (other than tobacco and alcohol) taken by the youthful multi-drug users. The greater the involvement with cannabis the more likely it is a student will use multiple illegal drugs now and during his/her lifetime (Kandel, 1995). For example, according to the United States Task Force Report (1967), heroin users have some prior experience with cannabis. This does not mean that one leads to the other in the sense that cannabis *has* an intrinsic quality that creates a heroin liability. Probably, the most reasonable hypothesis is that some people who are predisposed to cannabis are also predisposed to heroin use or through the cannabis a person forms the personal associations that later expose him to heroin. However, the actual role of cannabis in the 'progression' to other drugs is yet to be documented.

Risk factors that can predict movement from one stage to the next include the age of onset of drug abuse and degree of involvement with a specific drug. The earlier a student begins to use legal drugs, the higher the probability the student will progress to experiment with illegal drugs (UNDCP, 1992; Kandel, 1995).

2.1.8.0 Socialisation and Abuse of Drugs

Most of the literature reviewed in the immediate section was acquired from areas of study such as medicine, pharmacology, psychology, psychiatry, sociology, agriculture and

botany, all had looked at this problem differently. It was important, therefore, to focus on the same issue from an anthropological perspective for better understanding. Abuse of drugs in society is a social phenomenon that could be directly or indirectly related to the environment in which societies operate from. For example, among other reasons, students turn to drugs because of the way they are socialised by the primary socialisation institutions (Oetting, 1992).

Socialisation of children begins at the time of birth and ends with death (Kenyatta, 1938). The traditional African extended family had the responsibility of seeing to it that the children are well versed and adopt the required societal norms as they matured. Today, however, social change and disintegration of the African extended family has modified the extended family to nuclear family and brought in new socialisation units such as schools. The school's manifest function is to formally impart formal education to children but is also charged with the responsibility of looking after and ensuring that children develop including their moral and intellectual well-being as the society expects of them (Ochieng', 1997). It is, therefore, a primary socialisation unit. In the traditional African society, age sets and age groups socialised members into the expectation of the society. They applied both positive and negative sanctions to encourage and discourage deviance in society. The socio-economic changes experienced today have, however, dealt a major blow to this vital socialisation unit what we have today are peer groups that lack organisations and focus. But by virtue of fact that youths spend a lot of time amongst their peers and learn a lot from them peer groups have become a primary socialisation unit.

Through these primary units, the youth acquire behaviours directly linked to them or indirect from activities associated with them. Where these institutions play their role as expected the child should develop properly and not otherwise. The object of this study is to investigate the role of these units in abuse of cannabis among the students.

2.1.8.1 The Family

The family is the basic socialisation unit charged with the responsibility of moulding the child's personality and behaviour. It is the basic source of strength, providing nurturance and support for its individual members and ensuring stability and continuity for the community and culture (Kenyatta, 1938). This noble role of the family is however, affected by the fast-paced social, economic and technological changes in the community. These changes, may under certain circumstances, weaken the sense of family in meeting its basic obligations. However, it is not clear how this is related to abuse of bhang.

Childs upbringing is related to abuse of drugs. According to Kilima (1996), a study conducted in Kenya showed that one of the reasons students smoked cigarettes was bad parenthood. The parental personality traits and parents' use of illegal drugs lead to difficulty in the parent-child relationship. This is supposed to relate to abuse of bhang as it leads to a drug -prone personality in the child.

Children from a poor socio-economic background are known to indulge in the world of drugs due to poverty (Amayo, 1995; Mwenesi, 1995; University of Nairobi, 1997). Such

children lack material support, role models to follow, live in poor environments, go to poor schools, etc. Their drug involvement is, therefore, linked to their background. However, the hypothesis that only children from poor family background abuse drugs does not hold. Children of well to-do people too abuse drugs. This is attributed to lack of adequate parental control as their parents either spend a lot of time on official business or are over concerned with material goals.

Families have a powerful influence on shaping the attitudes, values and behaviours of children, but it is uncertain how they compare with peers in terms of influence on bhang taking. The influence of peers, however, may be stronger than that of parents in some cases. Kandel (1974), found out that friends are more similar in their use of marijuana than in any other activity or attitude. Peers may therefore, exert a greater influence than the attitudes of parents. It is observed that parents' and peers' influences are related to one another with the highest rates of marijuana use being observed among adolescents whose parents were drug users. Other investigations revealed that peers have a high degree of influence only when parents abdicated their traditional supervisory roles (UNDCP, 1996). Hence, parents exercising traditional family roles may be able to limit peer influence on their children's attitudes towards drug use and, therefore, have a crucial influence on children's behaviour. Of paramount importance in this study was to find out the role of parents and other family members in the abuse of cannabis among the students.

2.1.8.2 Peer Groups

Although peer clusters provide the primary source of socialisation, the students' peers in general are a secondary source of socialisation (Oetting 1992). If, for example drug abuse is tolerated and accepted by a large proportion of the students in a particular school, that general norm increases the chances that peer clusters will engage in drug abuse.

The effects of peers cluster, peer lifestyle groups and peer in general, can involve complex interactions. Close friends isolate themselves from the rest of the people and may build attitudes and engage in behaviours that differ from those of the rest of the group, including abuse of drugs. When there is a high potential for deviance in the peer cluster, the deviant behaviours may become extreme because of general intolerance of those behaviours by the peer group as a whole. Those few students who are involved in drugs, for example, may form peer clusters that are isolated and rejected by other students. Their response may be to take pride in and exaggerate their drug abuse behaviour.

Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviours can also push a susceptible individual to indulge in deviant acts (UNDCP, 1992). Deviants seek approval for their behaviours from their peers; they often try to convince others to join in their habits as a way of seeking acceptance.

On the other hand, children require a sense of belonging, be it to a family or a peer group. An individual who feels isolated will usually find a group to belong to (UNDCP, 1996). Too often the receptive group is composed of other people who feel similarly isolated and who have turned to drugs as an escape. Feeling welcome in this group, where drug use is acceptable, may encourage one to use drugs.

2.1.8.3 The Community

The most influential secondary socialisation force is the community. This is because it provides the broad social environment, the context in which all socialisation interactions take place (Oetting, 1992). As such, it has a pervasive influence on nearly everything that happens. The effects on the students are generally related to the immediate environment and the neighbourhood. These effects include physical, emotional and social health.

The community provides opportunities for formal peer associations, such as recreational opportunities for the children it has direct and powerful effects on the family and the schools and, through them, it affects the student. One of the most important influences is economic opportunity for the family. If the family cannot work or cannot meet financial needs, it is hard for it to provide a stable, supportive environment for the children. The school that lacks financial or social support from the community is also unable to meet the students' needs and could have an influence on students' use of bhang.

2.1.8.4 Religion

Religious institutions teach beliefs that tend to counter deviance and also provide other activities and learning experiences. Religious commitment and activity are associated with reduced deviance (Turner and Wills, 1984). It is, however, necessary to note that, although religions attempt to teach values and appropriate behaviours, they are unlikely to have much effect unless there is a strong family religious orientation to support that teaching, that is, religious activities that involve that act to counter deviance. Such activities not only involve expressions of values that counter deviance but also provide opportunity for formal peer associations. These activities counter informal peer associations that may encourage deviance.

2.1.8.5 The Media

Written materials, books, papers, texts, comics, signs, posters and advertisements surround the student. Together with art and music, they form a secondary socialisation process to the student. They put the student in touch with cultural concepts and ideas that are not directly related to their primary social context (Oetting, 1992). Reading is the most potent form of media in terms of communicating attitudes and ideas that can promote deviance. Students comprehend reading within the context of their own experiences, attitudes, and beliefs. They generally do not have the ability to translate meaning very much beyond their cognitive frameworks (Oetting, 1992; UNDCP, 1992). They are likely to interpret what they read within the context of their existing ideas without changing those ideas much.

Art and music are also a source of deviant attitudes. Art and music could include messages about deviance but, like reading, the major effects occur when the messages are translated through peer clusters (Oetting, 1992). For example, a peer cluster may become obsessed with an idea such as abuse of drugs, then members find music, art or reading materials that provide support for these ideas and go further to use the media to support their ideas and beliefs. Deviant attitudes included in movies and television is also incorporated into attitudes and behaviours.

These socialisation processes have brought about other factors that may directly or indirectly contribute to abuse of bhang. Cohen and Wills (1985), identified one as stress from poor social relationships, that is, absence of love, acceptance, emotional support, advice and tangible help, which then lead to substance abuse. High levels of stress, for example, poor grades low school achievements and school misconduct, low compatibility with the family and friends, are associated with drug abuse because the individual feels overwhelmed by environmental demands (Brown, 1989, Maddahian *et al.*, 1988; Wills, 1986). It is however, uncertain whether students who are more stressed are more likely to abuse cannabis than those who are not and whether this abuse may serve as a means of escape from the effects of these stressors.

Two, in the process of socialisation a lot is read and said about drugs that many students are tempted to experience them out of curiosity (Hogan, 1996; Nural-Alam 1996; UNDCP, 1994). The abuse of drugs has strong appeal to students who are beginning their struggle for independence as they search and thirst for self-identity. Their innate

curiosity and thirst for new experiences make them particularly susceptible to the “drug experience”. The first taste and its effect on the student greatly influence whether the student continues taking the drug.

Three, according to UNDCP (1992), misinformation about the dangers of illegal drug use through socialisation units has been plentiful for decades. Governments, scientists, teachers, parents and other stakeholders, have had only limited success in communicating accurate information about drugs. Students often begin taking bhang as an experiment, with the belief that the substance is not dangerous. If it provides the effect of the satisfaction the student is seeking, then the abusers lack of knowledge about the health consequences permits its continued abuse.

Theoretical Model

2.2 The Psychosocial Model

A psychosocial model based on peer cluster theory was used to guide this study. According to Oetting (1992), the fundamental theorem that underlies the model is that deviant attitudes and behaviours are psychosocial in origin, a product of the interaction of psychological, social and cultural characteristics. Figure 2.2 below presents a general model for encouraging or preventing deviant behaviour. It shows that the major influences on a youth that can encourage or prevent deviance are the family, the school, and peer clusters

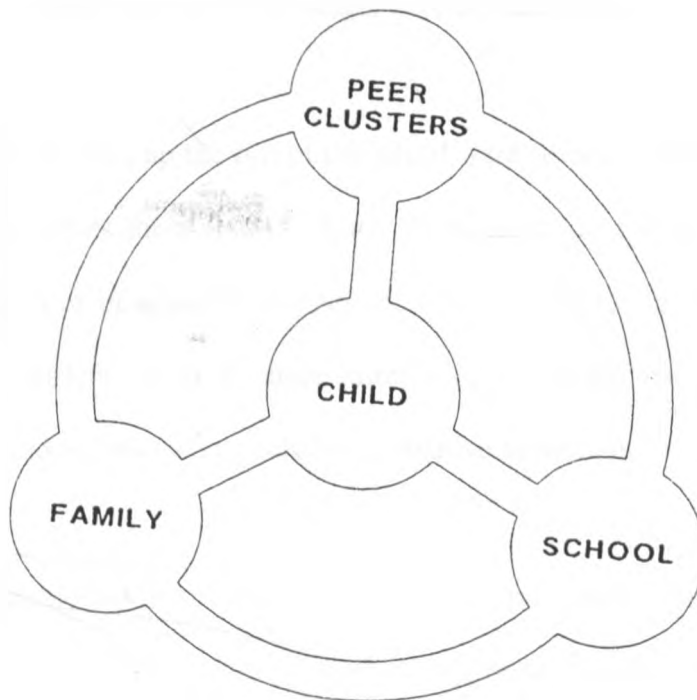


Figure 2.2 The Psycho-social Model that encourages or discourages deviant behaviour

(Source: Oetting, 1992)

The model is purposely constructed as a wheel. The wheel was selected because its visual analogy is direct; a wheel is a strong visual and tactile image in our culture. The child is at the centre or the hub, surrounded, protected, influenced, and moved by family, school, and peers.

There are strong spokes that connect the hub to the rim, that link the child directly to the family, to the school, and to peer clusters. The bonds between these groups then form the rim of the wheel. If all of these bonds are intact – the spokes and rim-the wheel is a firm structure, and the child is likely to be strong and successful. If any bond is weak or broken, the entire wheel is endangered; other bonds are placed under additional stress and further breakdown is likely. The wheel no longer supports the child.

The three elements that make up the rim of the wheel were selected because they are the primary socialisation forces for a youth. Nearly all of the child's social learning takes place in these contexts or in activities that are closely associated with either the family, the school or peer clusters. It is in these primary relationships that the child learns language, attitudes, and beliefs, and establishes normative behaviours.

There is a considerable body of literature that links problems with these primary socialisation forces to deviance. The family has long been known to be an important factor in the development of the child. The dysfunctional family creates a strong potential for deviance, including drug use (Oetting, 1992). Poor school adjustment is the proximal cause of dropout or expulsion. It is also related to drug use and other forms of

deviance. Many studies have found peers encourage deviance (Namwonja, 1993; Haji, 1985; Kaigwa, 1998).

Values, beliefs, attitudes, and behaviours are learnt through interactions with people and with other social aspects of the environment, and the model points out that the largest part of that socialisation take place within three contexts: the family, the school, and peer clusters. Nevertheless, there are characteristics of families that prevent adequate bonding. A dysfunctional family cannot form healthy bonds, and family discord, aggression and hostility have been related to the child's deviant behaviour (Ndonga, 1987). A bad school system or even a single inadequate teacher can prevent formation of good bonds with the school. A child may become deviant in school simply because the personalities of the child and teacher do not line well.

Strong bonds between the child and one or more socialisation units do not always assure appropriate bonding with other units. Children who are basically healthy and with strong family bonds are less likely to associate with drug using peers, but some of them do. There are always children who come from "good" families, who still somehow get involved with drugs during adolescent rebellion.

Strong bonds are however, only part of the equation. It is also essential that the socialisation links formed by these bonds communicate non-deviant attitudes and that they do not reinforce deviant behaviours. These attitudes and behaviour norms are critical; the youth may, for example, have strong bonds with the family, but if the family

uses drugs, then the bonds will actually encourage drug use. There are children who live with parents who abuse alcohol and drugs and who do not discourage the child's use. When that happens, the child will go on to form relationships with other youths who have a high potential for deviance.

The peer cluster theory of which the psychosocial model is a part of states that deviant norms emerge primarily from the links between the youth and close friends (Oetting 1992). With some exceptions, strong family and school bonds tend to reduce the chance of deviance. Strong peer bonds, in contrast, may be as likely to encourage as to discouraging deviance. When family, school and peers are all bonded together, the peers involved are likely to be non-deviant. If the family has strong association with the child's close friends, those friends are likely to share in the family's values and beliefs and are not likely to behave in ways that are disapproved of by the family. When a child's close friends are bonded strongly to the school, they are likely to incorporate the attitudes and values promulgated by school. The peer clusters, in these cases, are not likely to be a source of deviant norms.

A breakdown in the bonds with the family or school greatly increases the chances that the child will bond with peers who have a potential for device (Oetting and Beauviois 1987 as cited by Oetting, 1992). With the school and the family out of the picture, peer relationships then become the major source for norms; and when that happens, the chances that those peer clusters will be a source of deviant norms and that the child will engage in deviant behaviours are greatly increased.

There are, however, situations where children/students do not form peer relationships outside the family group. They do not establish peer clusters, they have no best friends, nor do they have a group of close friends. It is possible that among these students there are a few who are simply different, who are developing in their own way, self-assured and self-motivated. If so, they are rare. Most students who fail to develop peer clusters in our society are isolated, lonely and shy or are not experiencing developmental tasks that help them to develop social skills and independence. They are likely to have problems, both in adolescence and later in life. Because their personal and social needs are not met, they may engage in deviant behaviours in a desperate attempt to meet those needs. If, however, their relation to the parents and to the school are strong and involve communication of non-deviant norms, these students without close friends are not likely to develop deviant behaviours because there are no peer clusters to transmit deviant norms.

The model is applicable in this study because it centres on the family, the school and peers who socialise the children in our culture. In our society children are born in a family in most cases made up of the father, mother and children who play the role of educating that child up to maturity. At a certain age children are taken to school where they meet and interact with other children from different backgrounds. The teacher is bestowed by the society the responsibility of ensuring that children adhere to the necessary societal norms. Thus, the teacher, to some extent, is more recognised as an agent of child socialisation than even the child's parents. In contemporary Kenyan communities there is freedom of association, peer groups cut across all social and

economic boundaries, sex, race and age. These peer interactions are independent of family and school activities; hence they play a vital role in shaping the attitudes and behaviour of individual students.

2.3 Hypotheses

This study tested the following hypotheses.

1. Lack of awareness that cannabis is dangerous to health leads to its abuse by students.
2. Student favourable attitude on cannabis and its users influences them to abuse the drug.
3. Peer group pressure influence secondary school students to abuse cannabis.
4. Teachers play a major role in guiding and counselling students on drug abuse.
5. Lack of parents' guidance and counselling encourage students to abuse cannabis.

2.4 Operationalisation

Dependent Variable

- **Abuse of cannabis /drug:** According to WHO use of drug implies that the individual is in control, not compromising physical or damaging family life, activities or work abilities. Abuse on the other hand refers to unreasonable pattern of use causing impairment in social or occupational functioning. In this study, any use of cannabis was regarded to as abuse.

Independent Variables

- **Adequate knowledge:** This refers to knowledge of dangers that accompany the use of cannabis. In this case it refers to physical (health) or social problem (damaging family life, activities or work abilities).
- **Attitudes:** The secondary school student's perception towards cannabis and the people who abuse it.
- **Peer Group:** close intimates group whose members share a common status or a set of characteristics. In this study, it refers to close friends who our respondents interact with.
- **Teachers' counselling on drug abuse:** In this study it referred to the process of assisting the students to cope with drug abuse by providing objective information. That is, factual information about cannabis, the effects on health, and the economic and social consequences of abuse and advice while at school.
- **Parental guidance and counselling on drug abuse.** This is the process of discussion between parents with their adolescents /secondary school students aimed at assisting them to cope with drug abuse problems.

CHAPTER THREE

METHODOLOGY

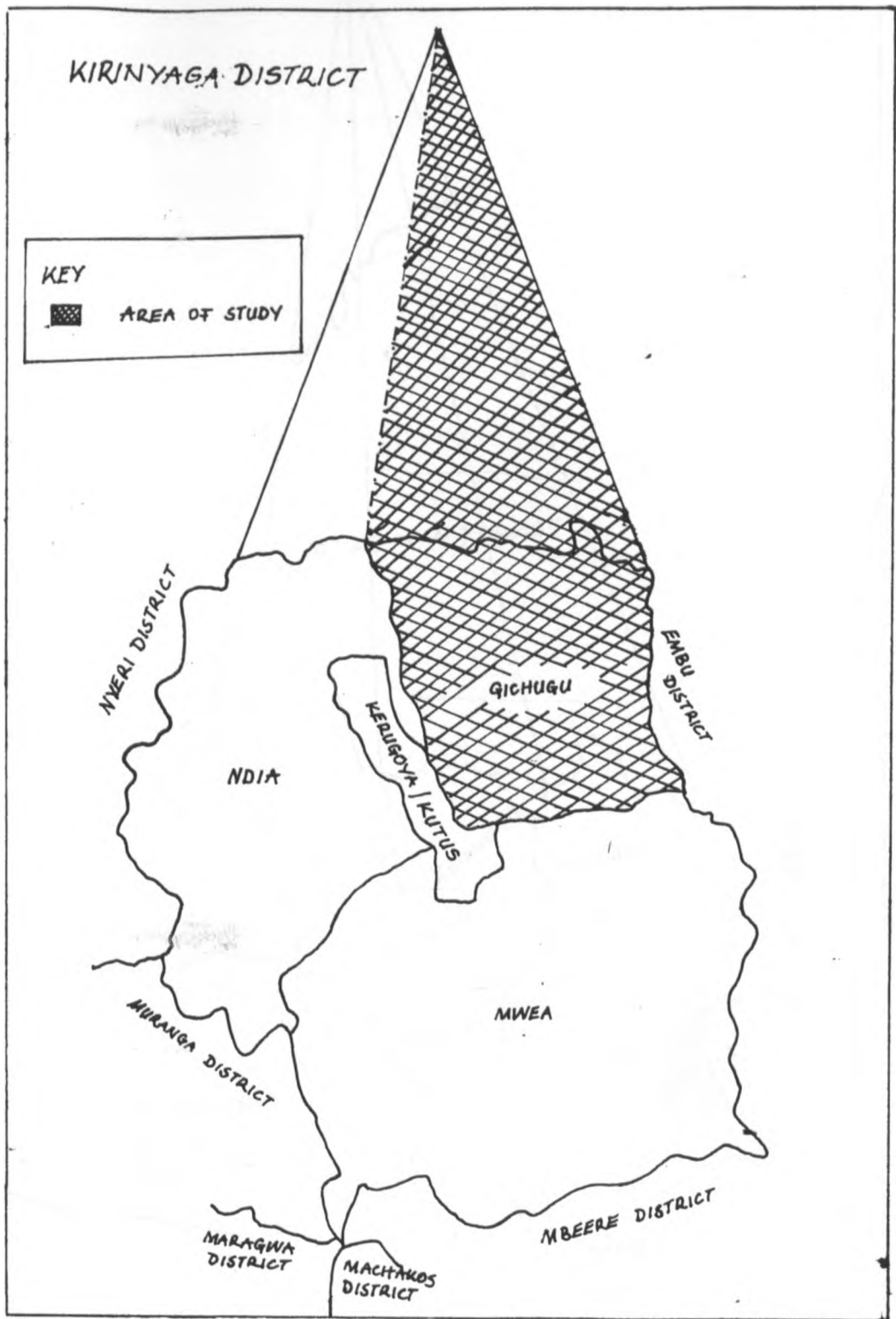
3.0 Introduction

This chapter describes the research site, population, sampling techniques and methods of data collection and analysis.

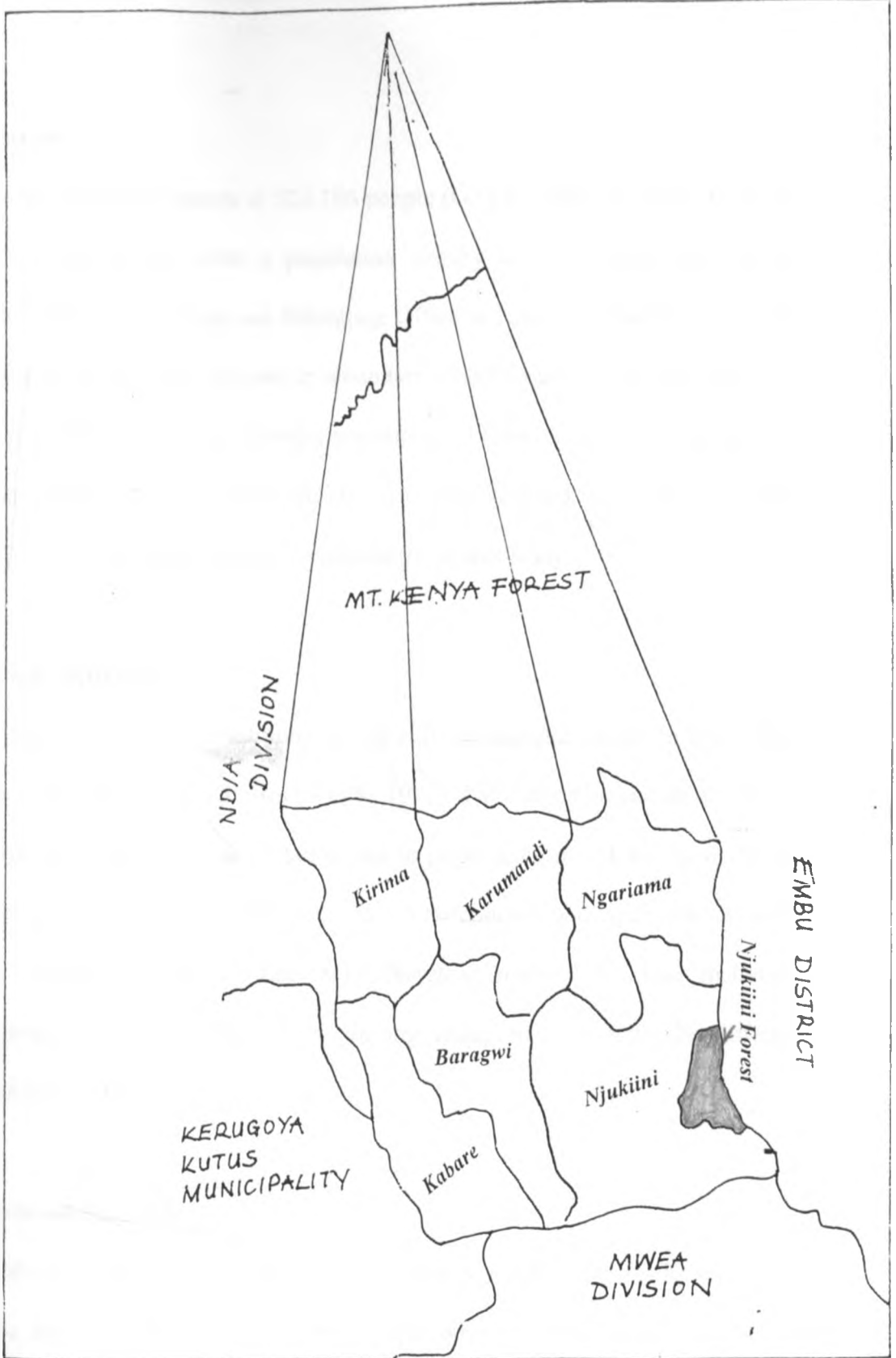
3.1 Research site

Kirinyaga District is one of the seven districts in Central Province as shown in Map 1 below. The other districts are Kiambu, Thika, Murang'a, Maragwa, Nyeri and Nyandarua. Kirinyaga District is the smallest and covers about 10.9 percent of the Province and 0.3 percent of Kenya's total area. It borders Nyeri, Muranga and Maragwa to the West, Mbeere to the South and Embu to the East as shown in Map.2 below (G.O.K, 1997).

The District covers an area of 1437 square kilometres. Mount Kenya Forest, which is located to the northern side of the district, occupies about 21 percent of the total area of the district. The district has four Divisions, namely, Gichugu, Ndia, Mwea, and Kerugoya Kutus. This research was conducted in Gichugu Division, (see Map.3 below) which covers an area of 214 square kilometres. It is situated on the slopes of Mount Kenya and borders Kerugoya Kutus Municipality and Ndia Division to the west, Mwea Division to the south, Embu District to the east and Mount Kenya to the north. The division is divided into six locations, Kirma, Kabare, Karumandi, Baragwi, Ngariama and Njukiini. Gikuyu people of Gichugu dialect inhabit the division.



MAP 2: MAP OF KIRINYAGA DISTRICT SHOWING GICHUGU DIVISION



MAP 3: MAP OF GICHUGU DIVISION

3.1.2 Population

Kirinyaga District population stands at 522,166 people (G.O.K, 1989). Of these, Gichugu Division has 143,863 people with a population density of 672 persons per square kilometer. According to the Divisional Education Office at Kianyaga, Gichugu Division had a population of about 5,809 students in secondary schools, out of these 2266 are boys and 2543 are girls. This population includes students aged between 13 and 19 years. One third of the secondary schools in Gichugu Division were selected, with a total student population of 1,077. This figure formed the population of this study.

3.1.3 Economic Activities

The Division has good climatic conditions for agricultural activities, with tea and coffee farming as the major economic activities (G.O.K, 1997). The current economic decline in the country and increased land fragmentation due to population growth has lowered the earnings of farmers. Some are not able to educate their children and equip schools with the necessary facilities. The local people have, therefore, resorted to crime, including cultivation, production, and trafficking or abusing bhang to cope with the difficult economic hardships in the area.

3.1.4 Educational Facilities

According to the Division Educational Office in Kianyaga, the division has 17 secondary schools. There are five girls' boarding schools, five boys boarding schools and seven mixed day schools. The schools are staffed with qualified teachers and are well equipped by parents and local leaders through the spirit of Harambee. However, due to student

unrest, most of them, especially boys, are under-utilized. Education standards in the Division have, therefore, continued to decline and lead to poor performance in national examinations, drop out or expulsion from the school.

3.2 Sampling

Simple random sampling was used in this study. The secondary schools were classified into 3 categories, namely, boys boarding, girls boarding, and mixed day schools. Schools in the first category were written down on small pieces of paper, folded up and put in a small box. The box was shaken, one paper picked, shaken again and the second paper picked. This process was repeated for the other two school categories. As a result 6 schools were selected, 2 boys boarding, 2 girls boarding and 2 mixed day schools.

To have a representative sample from each school, thirty students were selected, ten each from form one, two, and three, as form fours were busy doing their Kenya Certificate of Secondary Education (KCSE) examination. In case of mixed schools, 5 boys and 5 girls were selected from each class. Where the school had more than one stream, one stream was purposively selected to represent the others. This was necessary to save time.

The students in each of the sampled schools were then requested to number themselves (say 1 to 30) depending on the size of the class. The researcher then chose ten random numbers (say 4, 9, 11...29) and the students who corresponded to those numbers were picked. This exercise was repeated in the other classes. The selected 30 students per

school were put in an empty class or the dining hall to respond to the questionnaires. A total of 180 students were picked for the whole exercise.

3.3 Research Technique and Data Collection

A visit was paid to each of the sampled schools to seek for permission to carry out the study. This involved presenting a letter of introduction and the research permit to the school principal, deputy principal or the teacher on duty. The letter detailed the purpose of the visit, and the procedure of the study. It was also used to make appointment for an appropriate date and time for the study. It was agreed that the students would not be informed about the study prior to its commencement and that the teachers and prefects would play a very minimal role in the process.

Each class was paid a surprise visit and after being briefly introduced to the students, the teacher left and the researcher explained to the students the purpose of the study. To ensure the students participated in the study freely, they were assured that the information would be treated in strict confidence not even the teacher would have access to it, nor would the identity of the school from whom the information was obtained. This was necessary to alleviate fears about victimization, especially where answering sensitive questions touching on their private lives. By a show of hands the students would give their consent to participate in the study.

3.3.1 Research Instrument

A self-administered questionnaire was used. According to Bernard (1988), a self-

administered questionnaire is an important tool used by respondents willingly and accurately to report socially undesirable behaviour and traits. The questionnaire contained questions developed by the World Health Organisation in collaboration with the United Nation Drug Control Programme and from attitudinal and behaviour studies. However, modifications were made to suit the local needs and to meet the research objective, by rewording certain question and by re-organizing the format.

To secure confidentiality the respondents were instructed not to write their names, school admission numbers or anything else that would betray their identity. To ensure individual work, respondents were instructed not to discuss or copy from one another. They were, therefore, encouraged to sit at a distance from each other. The researcher did clarification of questions where necessary to ensure that the respondents understood the questionnaire. Ample time was allowed to ensure students did not rush through the questions and that all questions were answered.

3.3.2 Focus Group Discussions (FGDs)

Focus group discussion is a group that gathers together people from similar backgrounds or experiences to discuss a specific topic of interest to the researcher (Bernard, 1988). A total of six FGDs were conducted, one per selected school. Each FGD comprised 10 participants drawn from form threes for the purpose of comparison. In mixed schools 5 boys and 5 girls were selected. Two students acted as note takers of issues discussed, while the researcher moderated and facilitated the group discussions. FGDs were aimed at exploring the issue of drug abuse in schools. Issues that emerged from open-ended

questions were explored. It is from these that student' views, messages communicated and other issues were gathered.

3.3.3 Key Informants

The nature of the study required the application of purposive sampling in selecting the key informants. Interviews were made with 6 opinion leaders, 1 principal, 2 deputy principals, 2 teachers and 1 PTA Chairman and a B.O.G. member and who were all parents in order to cut on time and expenditure. Interviews with these people was necessary to clarify on issues raised by the students in the questionnaire and during FGDs that touched on them and to hear their own views on the role of parents, teachers and school administrators in field of drug abuse.

3.4 Methods of Data Analysis

Most of the data collected were at nominal or ordinal scale levels that is, by and large qualitative in nature. Nevertheless, they were subjected to both qualitative and quantitative analysis in the course of hypothesis test. The qualitative aspect of the analysis is in the form of cell percentages and marginal of the contingency tables. The quantitative aspect appears, with respect to each table, in the form of the chi-square and its interpretation. Findings in this study were, therefore, tested by setting a level of statistical significance of 0.01. The calculated Value of chi-square was compared with the table value, of chi-square for given degrees of freedom. If the calculated value of chi-square was greater than the table value, the difference between expected and observed was considered to be significant, that is, it could not have occurred by chance. On the

other hand if the calculated value of chi-square was less than table values, the difference between expected and observed was considered insignificant, that is it could have occurred by chance.

Data collected through qualitative methods (FGDs and key interviews) were coded then used to describe students' behaviour in relation to hypothesised variables. The methods used to analyse this information included content analysis, direct quotations and selected views from the respondents.

3.5 Problems Encountered in the Field and Solutions

The researcher faced a few problems while in the field. Schools in Gichugu Division were intended to be divided into six categories, according to the nature of the school, boys boarding, girls boarding, mixed boarding, mixed day, boys day and girls day schools. But on obtaining the list of schools in Gichugu Division it was realized such categorisation could not work, since some categories did not exist as they had been transformed due to student unrest. Mixed boarding schools had been converted into either girls only or boys' only secondary schools or reversed into mixed day schools. It was then resolved to work with three categories, boys boarding, girls boarding and mixed day schools.

In one of the sampled boys' boarding school, the researcher found it had both boarding and day scholars, although in the list provided it is a provincial boys boarding school. The explanation provided was that the students became so undisciplined that they were

given the option to either board or be day scholars. To solve this problem the researcher decided to pick half boarders and half-day scholars.

In a sampled mixed day school, it was found that there were no form one boys as the school is in the process of phasing out male students and make it a girls school only. The reason-advanced boys are the source of much trouble in school. In that school only the required number of form one girls was interviewed, boys were compensated in the next sampled mixed day school fifteen extra form one boys were selected to take up places of the other form one boys.

One principal of a selected school was not very comfortable with the study being conducted in his school. He expressed fears that we could have been sent to spy on his school. He could only agree to the research on condition that he could have access to the responded questionnaires before we could leave with them. He however, called off the idea after informing him that it is the responsibility of any social researcher to protect the identity of his/her respondents and to keep in confidence any information provided for such an exercise. On further inquiry, there were reports that some teachers in that school could be users of the stuff.

Soon after concluding the exercise in one of the schools, a group of form four students, fresh from an examination room, stormed our room and demanded to know our identity. They feared we could be from the police department laying the foundation for our 'colleagues' to come with sniff dogs and search for bhang as it happened in one of the

local schools. However, on telling them who we were and our mission, they left us to continue with our work.

3.6 Ethical Considerations

In any research involving human subjects, it is important to observe basic ethical considerations. This is particularly relevant when the topic of research involves the use of drugs that are illegal and /or socially disapproved. Individuals who provide such information about their drug using behaviour may put themselves at risk for legal action by authorities and social ostracism by those in their home, workplace, school or community (United Nations, 1999).

The researcher ensured that basic right of the student to participate in the study was completely voluntary and not obtained by means of coercion. Before obtaining this consent for participation, respondents were informed about the procedure of the research, benefits (to self, community and science) of participation and how confidentiality of information would be maintained. The researcher acknowledged the rights of the student to withhold consent at any stage of the research.

CHAPTER FOUR

ABUSE OF CANNABIS IN GICHUGU DIVISION

4.0 Introduction

This chapter presents and analyses data, that is, it subjects hypotheses to empirical testing. The analysis' themselves are knowledge, abuse and effects of abuse of bhang on the part of students.

4.1 Knowledge and Abuse of Cannabis

The study found out that students are aware of bhang. Over 80% of the respondents said they had heard of, if not come across the drug. They said that it is cultivated in the areas around the school and inside the nearby Mount Kenya forest. Cannabis growers take various measures to keep their crops concealed because the cultivation of cannabis is illegal not only in Kenya but also throughout the world. The plants are, therefore, planted deep inside the forest and on the sides of steep slopes accessible only by foot. The crop is also regularly planted in the midst of other crops such as coffee and maize. Growers of the crop sometimes locate their fields far away from their homes so that they can, more easily, deny ownership if the fields are discovered. The crop takes about six months to mature.

These findings were in line with numerous newspaper reports that *Cannabis sativa* is largely cultivated and used in this region. This was further confirmed by a question put to the respondents whether there is any use of cannabis in their school. About 85.0% of the respondents answered in the affirmative, with 8.3% saying it was used by very many

school mates, while 15.6% said many used it. Those who felt that it is only a few who used it were 47.2%, but 28.9% could not tell.

Most (73.4%) of the students that formed the study sample tended not to use cannabis but 84.8% knew of friends who used it. About twenty eight percent knew of friends who were using it daily, while 35.6% knew of friends using it a few times in a week, 16.1% once in a week and 6.3% once in a month. Nevertheless, 16.5% could not tell how often their friends used the drug. At the time of this study, 26.7% of the respondents had used the drug at least once in their lifetime. It was also found out that of those 26.7% who had ever used cannabis, 30.8% of them had used it in the last one-year. Those who had used it in the last one month were 25.0%, a few times in a week were 5.8% and daily users were 9.6%. Consumers of the drug once in a month were 13.5%.

Of those who had ever used cannabis, 76.9% used the drug for the first time when they were aged 15 to 20 years, 19.2% were age 11 to 14 years old while 3.8% were below 10 years, a further increase in the user-age bracket from 14 years to include 10 years and below. Previously, Abdool of UNDCP was quoted by Sunday Nation, March 14, 1999 that age bracket of drug users had increased from 17 – 25 age category to include 14 year olds.

The problem of drug abuse is, therefore, not confined to secondary schools and institutions of higher learning only but it is also a reality in upper and lower primary schools. No wonder 52.8% of the respondents believed that the use of bhang was wide in

schools of all types. Over 31.0% believed that bhang is moderately used in schools while only 14.4% thought there is only a minimal use of the drug.

When asked about what they knew of the drug, they were found to be inadequately informed of its negative health consequences on the individual abusing it, his/her family, the local community and the whole nation. This response supports Kaigwa's finding in her study of students' knowledge, attitudes and practices at two Universities in Nairobi, Kenya, where she found out that student did not know that drug taking had dangerous effects on their health (Kaigwa, 1998). Both male and female students revealed that they have parents, brothers, sisters, relatives and friends affected by this drug. However, this finding contradicts Kaigwa's (1998), observation that female students did not know the effect of drugs because they lacked contacts with drug users.

According to this study, the information the students have on cannabis had been largely acquired from or in activities closely linked with the primary socialisation units. Consequently, this discussion forthwith is in line with the guiding psychosocial model, which recognises the family, the school and peers as socialisation agents. Nearly all of a student's learning takes place in these contexts or in activities that are closely associated with either of them.

At the family level, as shown by Table 4.2, the study found that 69.8% of the discussions touching on drugs were centred on health hazards caused by the drug, 8.4% on the legal consequences of using or trafficking the drug, while 5.0% were on dangers posed to the

human reproductive system. Over 16.8% of the respondents at the family level held no discussions on drugs.

Table 4.2: Students smoking bhang by matters discussed with family members

MATTERS DISCUSSED WITH FAMILY MEMBERS					
<i>Smoking bhang</i>	ILLEGAL	HEALTH HAZARD	HARM REPRODUCTION SYSTEM	NONE	TOTAL
Yes	8.4% (15)	60.9% (109)	4.5% (8)	11.2% (20)	84.9% (152)
No	.0% (0)	8.9% (16)	0.6% (1)	5.6% (10)	15.1% (27)
Total	8.4% (15)	69.8% (125)	5.0% (9)	16.8% (30)	100.0% (179)

$$\chi^2 = 1.61073$$

$$DF = 3$$

$$Sig = 0.66$$

$$C = 0.0944$$

At 0.01 probability level, Table 4.2 shows that there is a significant relationship on matters discussed at the family level and the use of bhang. About 73.8% of the students felt their colleagues used bhang despite holding discussions with family members. Despite 60.9% receiving information that the drug is harmful, the statistics of the table show a significant relationship between these discussions and the abuse of the drug.

From the Focus Group Discussions (FGDs), it emerged that mothers pass the message that the drug is harmful to the body. However, such information is only pointed out when the mother notices the son or the daughter is indulging in or is in the company of bhang users. It is during this period that mothers give examples of other people's experiences

with drugs. Though very useful, such information from the mothers came a little bit too late, as the majority were likely to have already experimented with the substance. FGDs revealed, however, that mothers are not well informed about the actual dangers of the drug. They told their children matters they had heard from other sources, which are not necessarily correct.

Fathers, on their part, were said to be more informed about the drug than the mothers. At least they explain to the children about the likelihood of damaging their brains through use of bhang. However, they do not specify what amount is likely to lead to this or after how long. They were nevertheless, well informed about the legal consequences of using the drug. They pass on the information that when convicted, one is put behind bars for at least ten years. However, most students said that fathers are rarely at home; the current economic situation has forced them to work away from their home hence leaving the children with the mother. They often return home late in the evening too tired to sit and chat with their children, while those working long distances from their homes, especially in the urban areas, return only over the weekends, or at the end of the month. They have very little time with their families such that they end up knowing very little about their own children; they often rely on what mothers tell them about the behaviour of so and so in the family. As heads of the families they are feared and so the children do not benefit maximally from their knowledge.

Regarding the other family members and close relatives, siblings are more informed than the parents. This could be attributed to education and to keeping abreast with current information from the media. Discussions with this group of people go beyond what the

parents talk about, the extent to which the drug is dangerous to the body. A male participant in FGDs told the group that he learnt from his elder brother that one puff of cannabis stays longer in the brain than does alcohol. He could not, however, tell why this is so, an indication that the public has clues of the dangers of the drug but have not been subjected to real facts and explanations that could possibly sway their attitudes and behaviour.

The study found that discussions with teachers are skewed to behavioural consequences of using the drug (Table 4.3).

Table 4.3: Students smoking bhang by matters discussed with teachers

ISSUES DISCUSSED WITH TEACHERS					
<i>Students smoke</i>	HEALTH	RISKY BEHAVIOURS	MONEY WASTAGE	NONE	TOTAL
Yes	11.9% (21)	40.7% (72)	0.6% (1)	31.6% (56)	84.7% (150)
No	2.3% (4)	9.0% (16)	.0% (0)	4.0% (7)	15.3% (27)
Total	14.1% (25)	49.7% (88)	0.6% (1)	35.6% (63)	100.0 (177)

$$\chi^2 = 1.61073$$

$$DF = 3$$

$$Sig = 0.657$$

$$C = 0.0950$$

Table 4.3 shows that there is a relationship between issues discussed with teachers and the use of bhang in schools, an indication that abuse of bhang is a school problem that cannot be ignored. In all the schools that we visited teachers openly admitted that the use of bhang is a big problem especially among boys schools. Teachers have, therefore,

started a spirited campaign to combat the problem.

As shown by Table 4.3, teachers are more preoccupied with the behaviour that results from the use of bhang, probably due to the fact that this has direct consequences on their work. They, therefore, send messages that drug (bhang) use will lead to risky behaviours such as indiscipline.

This information was confirmed during interviews with teachers who attributed the escalation of cases of indiscipline in schools to use of the bhang by the students. The users of this drug, according to the teachers, are unruly, emotional and sometimes violent. In addition, the academic performance of such students usually drops because the drug interferes with their level of concentration. The drug may make a student to mess up in school. While “high” the student is more likely to make mistakes and its continued use make a student to lose energy and interest in his/her physical appearance and schoolwork. Teachers also attributed the use of bhang by students to the stress brought about by heavy academic workload, which leaves no room for recreational activities. This is worsened by the fact that most students come from difficult economic backgrounds and are not able to pay their fees in time hence there is a tendency to be sent home occasionally.

Teachers hardly talk of the health consequences of the drug. A majority were said to be not well versed with health implications. They rely on the scanty literature available in school, which they said is inadequate to equip them with the ‘real’ facts. They, therefore, leave the issue of health implications to social ethics teachers who are equally unequipped due to a very limited syllabus. It is, therefore, likely that students do not learn about the health implications of the drug from their teachers. Although no prior arrangements are made for visitors to talk on such matters, only a few looked at it from

this angle as shown by Table 4.4 which shows the information brought in school by visitors/guests.

Table 4.4: Number of times a friend uses bhang by matters discussed with school visitors/guests.

MATTERS DISCUSSED WITH SCHOOL VISITORS					
<i>No. of times</i>	HEALTH	COUNSELLING	LEGAL IMPLICATIONS	NONE	TOTAL
Daily	4.5% (8)	5.7% (10)	30.9% (17)	8.0% (14)	27.8% (49)
Few times a week	2.3% (4)	10.8% (19)	12.5% (22)	8.5% (15)	34.1% (60)
Once in a week	1.7% (3)	1.7% (3)	3.4% (6)	8.5% (15)	15.3% (27)
Once in a month	0.6% (1)	1.7% (3)	2.8% (5)	1.1% (2)	6.3% (11)
N/A	1.1% (2)	4.0% (7)	2.8% (5)	8.5% (15)	16.5% (29)
Total	10.2% (18)	23.9% (42)	31.3% (55)	34.7% (61)	100.0% (176)

$$\chi^2 = 19.36963$$

$$DF = 12$$

$$Sig = 0.0800$$

$$C = 0.3149$$

Table 4.4 shows that 34.7% of the school visitors invited to address the students without prior notice do not talk on issues touching on drugs. The remaining percentage gives different ranges of information with 31.3% talking about the legal implications of using the substance, while 23.9% do counselling and advice while only 10.2% talk on health.

This is further confirmed by the statistics results of Table 4.4, which with 12 degrees of freedom were exceeded by table figures' hence, the relationship was significant lending

support to the hypothesis under test. Data from FGDs revealed that visitors to schools such as provincial administrators, education officials, BOG members, P.T.A. members, parents and old boys or girls, whenever they address the students, generally dwell on the legal implications of using the drug, being incarcerated and expulsion from the school.

Religious persons who visit the school under the auspices of the Christian Union and the Catholic Action normally dwell on advice and counselling. Their messages, according to the students, are based on the biblical teachings and moral behaviour. These messages are given in the form of sermons and bible studies and, in most cases the speakers are so emotional that one cannot digest the information properly. The message they have continued to harper home was based on the bible that “the students’ bodies are temples of God and should not be polluted by use of drugs”. They condemn drug users as sinners. Nonetheless, some of these preachers attempt to link the drug to health but the respondents found this information not convincing enough.

Formal discussions on the health implications of bhang smoking are a recent development. The schools have started to formally invite health and community workers to talk to the students on the dangers of drugs. This was attributed to the ugly incident that happened in Nyeri High School in 1999 where 4 prefects were set ablaze by fellow students. Within the area of study, students from Kianyaga High School emulated their Nyeri High School counterparts and attempted to burn their prefects. These and other cases of indiscipline that rocked schools in Central Province were all attributed to the use of bhang and other drugs.

Participants in FGDs pointed out that teachers and school administrators have realised that the previous methods they used to deal with the problem could no longer be applicable, that is, the policy of expelling drug abusers from school had resulted in worsening the situation. This was confirmed by one principal who remarked, “expulsions or even jail sentences are not likely to solve this problem. Probably information on dangers the drug pose to health could help”.

This finding was in line with a phrase that was constantly used by former US President, Richard Nixon: “give them the facts and scare the hell out of them” (Cornacchia, 1978:18). However, in the US, “scare the hell out of them” tactics did not significantly dissuade alcohol or drug abuse. In some cases, reports indicate that it did the opposite by stimulating teenage curiosity and experimentation (Maritim, 1984:11).

It is, therefore, paramount to develop new approaches in the areas of parental effectiveness training, peer counselling clubs, training teachers and anti drug campaigns.

Table 4.5 below shows that despite the chi-square value with 2 degrees of freedom being significantly low, the variables (smoking bhang and effect on health) have a significant relationship with probability level of 0.01. However, it has a low contingency coefficient of 0.0708 but nevertheless, it upholds the hypothesis that lack of adequate information on health hazards of bhang encourage students to use it.

Table 4.5 shows that most respondents (83.4%) were of the opinion that the drug would damage the brain. According to the respondents, this damage is brought about by chronic

use of the drug.

Table 4.5: Students smoke bhang by effect on health

EFFECT ON HEALTH				
<i>Smoke bhang</i>	BRAIN DAMAGE	SEXUAL DRIVE	CANCER	TOTAL
Yes	71.0% (103)	8.3% (12)	6.9% (10)	86.2% (125)
No	12.4% (18)	0.7% (1)	0.7% (1)	13.8% (20)
Total	83.4% (121)	9.0% (13)	7.6% (11)	100.0% (145)

$\chi^2 = 0.73081$

DF = 2

Sig. = 0.6939

C = 0.0708

FGDs further, revealed of persons whose brains do not function well due to bhang use. It was further affirmed that bhang users do not act normally; they have the tendency of forgetting what they are doing or saying. These observations by the students were in line with Kilonzo's (1996), finding that the drug affects one's ability to process information and to think logically. Such users were reported to be confused; they keep contradicting themselves and they are not consistent in their speech and actions. FGDs ascertained that despite 71.0% holding the opinion that bhang damages the brain, lack of logical explanation was evident. The potency of bhang according to Martin (1995), is due to the concentration of tetrahydrocannabinol THC content that varies with different samples and different forms of *Cannabis sativa*. This THC disrupts the nerve cells in that part of the

brain where memories are stored. If this continues for years, the mental function is ruined.

There were mixed feelings as to whether the use of bhang is likely to affect the sexual activity of the user. One group was of the opinion that the drug improves one's sexual urge, for example, commercial sex workers (CSWs) use it to perfect their performance. Other studies have, however; found out that the drug is used by these CSWs to enable them to cope with the difficult environment of their work (Mwenesi, 1995; Wansi, 1996; WHO, 1993c). Beyond our verification but, of importance to this study, one student talked of a neighbour who has lost sexual urge as a result of this drug. This phenomenon, according to Houser (1969), and Kilonzo (1996), is as a result of apathy and motivational syndrome which is accompanied by loss of libido, that is, the sexual drive and sexual interest diminishes. This is associated with decreased production of testosterone, a hormone that influences sexual drive and interest.

Asked whether the drug has any danger to the menstrual cycle, a majority of both male and female students answered negatively. However, according to UNDCP (1994: 11) and WHO (1993b: 14), heavy use of bhang can affect both male and female hormones. In teenage boys THC effects could delay puberty, while in teenage girls it disturbs their monthly cycle.

A majority of the students too did not know that the use of bhang is dangerous to the developing foetus. It emerged during FGDs that a majority of the participants did not

know that chronic use of bhang by parents, especially the expectant mother, affects the growing foetus. In addition, Kilonzo (1996) says cannabis (bhang) damages chromosomes, that is, the inheritance factors in male and female gametes. This is likely to lead to mental retardation in children or other bio-chemical or congenital malformation. Accordingly, the growing infant experiences retarded postnatal growth and behavioural disturbances.

Some respondents too felt that chronic use of bhang do suppress the immune system. Asked how during FGDs, none could give a satisfactory account. Studies have, however shown bhang has adverse effect on the immune system of the body. These studies found that Tetra-hydrocannabinol (delta-9-THC), which is the major psychoactive component of bhang, targets the immune system (Cabral, 1995; UNDCP, 1992). This THC alters the activities of cells and cell functioning because it tends to accumulate in fatty tissues of the body. Cannabis, according to Cabral (1995), is so dangerous that it is capable of destroying the backup safeguards of the immune system. This is so because it affects a wide range of body cells, thereby interfering with the immune systems ability to screen out cancer cells and eliminate infection. These findings enabled us to conclude that students have little or no information on dangers of this drug to health. This little information they have on cannabis is not based on facts and is inaccurate or insufficient for its acquired in wrong forums hence it is not sufficient to have positive impact on behaviour.

However, information by itself and knowledge alone are not sufficient to change or affect student behaviour. Facts are singularly ineffective in changing opinions of students who are emotionally committed to their own ways of looking at issues. This is especially so if the students using bhang feel they are more sophisticated than the person disseminating the information. Factual data are, however, a prerequisite to intelligent action if such information is accurate, if it is acquired within a context that provides proper motivation and if the student understands the facts to be meaningful, applicable and useful in the environment in which he/she lives (Cornnachie, 1978).

4.2 Students' Attitudes towards Cannabis

This discussion is in accordance with the guiding psychosocial model that recognizes that the student's social learning takes place in three primary socialisation institutions – the family, the school and the peer clusters. From these institutions, the student acquires attitudes and beliefs and establishes normative behaviours (Oetting, 1992). These attitudes and beliefs are part of the way a person experiences and reacts to his/her world (Macdonald and Petterson, 1991).

The study found that more than a half of the students (55.0%) do not approve of the use of bhang. More females disapprove of the use of bhang than males. This is probably because in the African culture use of drugs, bhang included, is more accepted among the males than for females. However, the difference is slight, an indication that more females could have become more tolerant to its use or have taken up the habit. Table 4.6 shows that the numbers of students who approved and disapproved the use of bhang were 41.7% and 56.7% respectively, an indicator that the use of bhang is becoming more rampant in

the community. We would have expected a larger percentage of the respondents to disapprove of its use and non-use of the drug by those who disapprove.

Table 4.6: Know of a student using bhang by the friend's view of the drug

FRIENDS VIEW OF THE DRUG				
<i>Know of a student</i>	APPROVES	DISAPPROVES	NO STAND	TOTAL
Yes	38.9% (70)	41.1% (74)	1.7% (3)	81.7% (147)
No	2.8% (5)	15.6% (28)	0% (0)	18.3% (33)
Total	41.7% (75)	56.7% (102)	1.7% (3)	100.0% (180)

$$\chi^2 = 17.92503$$

$$DF = 2$$

$$Sig. = 0.056$$

$$C = 0.3009$$

The calculated chi-square in Table 4.6 compared to the table' values was not significant, therefore, the results of the table uphold the null hypothesis that students have negative attitude towards cannabis. The drug, according to the study, influences its users to engage in undesirable activities hence different people view it differently. Table 4.7 below shows the results of cross-classifying variables schoolmates using bhang by friends' view of behaviour.

Table 4.7 below shows that 70.0% of the respondents do not like their schoolmate's behaviour of using bhang. The reasons advanced during FGDs were that bhang-using students are feared by their classmates. "They are potentially dangerous, are likely to harass you or even force you to use the drug". A class prefect said he lives in constant fear, but cannot report the bhang users to the school authority for fear that once they know they are likely to revenge.

Table 4.7: School Mates Using Bhang by their Friends View of the Behaviour

FRIENDS VIEW OF BEHAVIOUR				
<i>School mates using the drug</i>	DO LIKE IT	DO NOT CARE	DO NOT LIKE IT	TOTAL
Very many	1.1% (2)	3.9% (7)	3.3% (6)	8.3% (15)
Many	1.1% (2)	7.2% (13)	7.2% (13)	15.6% (28)
A few	3.3% (6)	10.6% (19)	33.3% (60)	47.2% (85)
None	0.6% (1)	2.2% (4)	27.2% (47)	28.9% (52)
Total	6.1% (11)	23.9% (43)	70.0% (126)	100.0% (180)

$\chi^2 = 26.04361$

DF = 6

Sig. = 0.00103

C = .03555

According to the study, bhang users are difficult to work with. They do not cooperate with fellow classmates in-group work. They feel uneasy while in groups and shy away from discussions. However, when 'high' these fellows talk a lot compared to when they have not taken the drug. At such a time, they are very difficult to convince, although what they normally say is not necessarily correct. Teachers reported that bhang-using students have low levels of concentration compared to other students, a finding that was also found true in Mwenesi's (1995) research. This is the reason why drug users instigate most of the strikes in schools to have 'false' breaks during the term.

The drug, according to this study, is disliked by the students because of its addictive properties. The respondents have addicted relatives and friends who cannot do without the drug. They find it pleasant and desirable, thereby forcing them to go out of their way to obtain it under all costs. Consequently, respondents' had parents, brothers, sisters, relatives, friends and neighbours who at one time or another have, been convicted or

jailed for been found in possession or for using this drug. Female students in FGDs expressed the fear that male friends using the substance are unlikely to control themselves while 'high'. "They are potentially very dangerous. They can force you to take the drug or, worse, rape you". Males believed that taking cannabis made them irresistible to females and in most rape cases the rapist had a history of drug abuse (Wansi, 1996). These sentiments are supported by the statistical values of Table 4.7, which show that there is no relationship between schoolmates using bhang and their friends' view of using the drug. The table's chi-square value reaches a significance of 0.00103, which is less than the probability level of 0.01 hence the null hypothesis that students have a negative attitude towards bhang abusers stands.

Students disliked the drug for causing a myriad of problems in homes of its users and the community in general. This is shown by the cross-tabulation of the variables spread of bhang smoking in society by the effects it has on the family (Table 4.8).

Table 4.8: Spread of bhang smoking in society by the effects it has on the family

EFFECTS IT HAS ON FAMILY MEMBERS				
<i>Spread</i>	CONFLICTS	SEPARATION/ DIVORCE	DEPRESSION	TOTAL
Wide	34.9% (44)	12.7% (16)	7.1% (9)	54.8% (69)
Moderate	17.5% (22)	8.7% (11)	4.0% (5)	30.2% (88)
A little	10.3% (13)	1.6% (2)	3.2% (4)	15.1% (19)
Total	62.7% (79)	23.0% (29)	14.3% (18)	100.0% (126)

$$\chi^2 = 2.83856$$

$$DF = 4$$

$$\text{Sig.} = 0.58519$$

$$C = 0.1484$$

Table 4.8 shows that at the 0.01 probability level, there is greater than chance relationship between spread of bhang smoking in society and the effects it has on the family. This is so because the chi-square value of 2.83856 with 4 degrees of freedom reaches a significance of 0.58519. The 0.1484 degree of the relationship is fair considering the fact that the contingency coefficient never reaches a maximum of 1.0 even when the relationship is perfect: There is, therefore, a relationship between the spread of bhang smoking and its effects on the family.

From the table, 62.7% of the respondents hold the opinion that the use of bhang by family member(s) is likely to breed conflicts at home. Male users of the drug-father, son or brother largely bring about the following miseries and emotional stress to the family members. It was further revealed that where the father uses the drug, the family, especially the mother, suffers most. She may be afraid to talk about the problem or to seek help from other sources so as to avoid further violence. Such husbands quarrel with their wives, as they demand for food, water and even sex. Where the sons are the victim of the drug, the whole family suffers, but more so the mother. Students in FGDs revealed that mothers bear the sins of their sons as fathers accuse them of giving birth to drug users, as if they (fathers) did not participate in this exercise. They are further accused, especially where the girl child is involved, of not bringing up the children well.

Separation or divorce, according to the study, arises from the partner's negligence and failure to meet the basic needs of the family. Lack or failure to satisfy one another (man and wife), economic negligence, and constant conflicts, were cited as examples of factors

leading to separation or divorce. Chronic drug users are generally satisfied by very simple or poor conditions but believe that they are successful and living in comfort. They are not motivated to do much to improve their lives (Houser, 1969; Kilonzo, 1996). Such people are a burden to the family, since they rarely contribute economically to the well being of their families. In fact, instead the family to maintain and rehabilitate them spends a lot of money.

This study would be incomplete if we did not explore the reason why some of the students have a favourable attitude towards bhang, that is, approves its use. Table 4.9 shows the relationship between smoking bhang and the reasons why students favour the behaviour.

Table 4.9: Students smoking bhang by reason for approval

<i>Student smoke bhang</i>	REASON FOR APPROVAL				TOTAL
	STIMULATE MIND	COURAGE	MEDIA	CAN'T TELL	
Yes	13.9% (24)	6.4% (11)	56.1% (97)	9.2% (16)	85.5% (148)
No	1.7% (3)	0.6% (1)	9.8% (17)	2.3% (4)	14.5% (25)
Total	15.6% (27)	6.9% (12)	65.9% (114)	11.6% (20)	100.0% (173)

$$\chi^2 = 1.12466$$

$$DF = 3$$

$$Sig. = 0.77$$

$$C = .0804$$

Table 4.9 shows that the major factor that creates the impression that use of bhang is good is the media (65.9%). According to the study, the advanced level of technology has

caught up with the rural areas, although the media is more influential in urban areas. In the rural areas, the mushrooming of video joints has influenced the attitudes and, subsequently, the behaviour of students. The most popular video shows are those associated with reggae music popular with the Rastafarian movement. This movement is said to have direct influence on the use of bhang. This is through the beliefs it advances that their God allows the smoking of bhang. Bhang is a 'holly herb' taken to reach 'Jah'. Respondents went further to name popular members of the movement whom they adore as their role models. This finding is in line with Oetting's (1992), that when peer clusters become obsessed with drug abuse, they go to the media to seek support for their ideas and beliefs. This study, for instance, found that some students, through videos, movies and television, have developed favourable attitude towards long dreadlocks. Were it not for school regulations they would sport the dreadlocks.

Art and music were reported to play a major role in students' behaviour. Through art, drawings, posters and paintings directly linked with personalities associated with bhang, students have acquired a favourable attitude to bhang. These include painting of T-shirts and posters showing popular reggae personalities plus their music. Such posters, according to the respondents, show these heroes smoking bhang thereby, arousing students curiosity as they admire to be like them. Their music is classic it has clips showing the artist smoking bhang. And as noted in the literature review, students are not able to translate such meaning beyond their cognitive frameworks and so envy such individuals.

The study further found out that like in olden days, the drug is also used for recreational purposes. With the heavy academic workload on their shoulders and crowded syllabus, the students hardly have enough time for recreational activities. As a result, they use bhang hoping that it will enable them to relax. Others held the belief that the drug is a source of energy and courage to face difficult times.

In South Africa, the drug was given to miners in order to enable them to work for long hours in mine holes (Du Toit, 1991). The drug was also said to provide the needed courage. This revelation on courage was confirmed by guidance and counselling teacher who said students using bhang are fearless, they are instigators of most strikes in schools. These sentiments are further supported by Table 4.9 that has a chi-square value of 1.12466, which, with 3 degrees of freedom, reaches a significance of 0.77 that is well above the probability level of 0.01. Thus, the relationship between the tables' variables is significant and supportive of the hypothesis under test.

4.3 Peer Group Influence and Use of Bhang

Peers, like parents and family members, have been identified as an important reference group for adolescents and play a major role in the socialisation process of the individual (Oetting, 1992; Ochieng, 1997). In childhood, parents constitute the most influential persons in the life of an individual. But at adolescence, the individual's social world widens to include other adults and peers. For the adolescent moving into secondary school in Kenya, that is, into boarding school, it means being away from parental contact

Table 4.10 has a chi-square of 10.36964 that reaches a significance of 0.58 with 4 degrees of freedom. This chi-square's significance is greater than the probability level of 0.01. There is, therefore, an association between calculated values and the tables' values. The degree of association is indicated by the contingency coefficient of 0.2404. The quantitative values of the table therefore, do support the hypothesis that peer group pressure influence secondary school students' use of cannabis (bhang).

The table shows that friends/peers are the main source of information on bhang (47.3%) followed by the media (29.0%). It emerged from FGDs that friends play a great role in influencing and introducing one another to the media and information about drugs. Over a half of the participants were introduced to video shows and cinemas, to literature books, magazines, and posters by friends. Consequently, the kind of information from the media is directly related to the peer environments.

The data from FGDs revealed that parents, teachers and other adults are not always in good terms with the adolescents. Adolescents are often accused by their parents, teachers and other adults of aping western values and attitudes blindly, especially in dressing, leisure and morality. But adults fail to realise that the media has on advertising techniques that associate these values with the kind of people that adolescents would like to be. They, for example, show alcohol being consumed by rich, successful, attractive and healthy people. A male student reported that his parents are not happy with him for putting on T-shirts showing reggae stars Bob Marley, Peter Tosh and the rest. Posters he had pinned on the wall featuring the same individuals were plucked out and burnt by his

father. Such pictures, according to the respondent's parents, inculcated 'wrong' information, as the student is likely to ape their lifestyle – taking bhang. The media does not show the misery and the problems caused by drugs.

The students felt that their parents do not understand their (students') social world. They do not take into consideration the modern changes. Consequently, the solutions and advice they give cannot hold in modern times. This finding support Lauthan (1992:34), who noted that, 'adolescents are living in a world of high technology and sophisticated mass communication, where rapid change undermines the security of familiar things. Parents who have not kept pace with these changes may complain about the behaviour and lifestyles of their children ... they fail to appreciate the fact that (parents) did not grow up in the same psycho-social environment ... were not exposed to millions of images that are penetrating our homes today, often glamorising the drug-subculture of Western countries. Pop music, videos, pornographic magazines and other cheap publications have saturated the market and invaded our public places. It is hardly possible to ignore their presence'.

A student therefore, prefers associating with his/her peers for they have so much in common and understands one another better. The vulnerability to peer influence to indulge in drugs is very high; they know and associate with drug using friends, as shown by Table 4.11 below.

The table (4.11) presents the results of cross-tabulating variables smoking bhang by

smoking on increase. The table has a chi-square of 1.93061 that, with 5 degrees of freedom, reaches a significance of 0.85866. This (0.85866) is greater than the probability level of 0.01. There is, therefore, association between the calculated figures and the table's variables. The degree of association is indicated by the contingency coefficient of 0.1033.

Table 4.11: Know a friend using bhang by why its use is on increase

SMOKING ON INCREASE							
<i>Students smoke</i>	POOR PARENT SUPERVISION	POOR SUPERVISION BY TEACHERS	ACADEMIC WORK LOAD	FRIENDS /PEERS	NOT AWARE DANGERS TO HEALTH	OTHER	TOTAL
Yes	8.9% (16)	3.9% (7)	8.9% (16)	53.1% (95)	8.4% (15)	1.7% (3)	84.9% (152)
No	1.7% (3)	0.6% (1)	2.8% (5)	8.4% (15)	1.1% (2)	0.6% (1)	15.1% (27)
Total	10.6% (19)	4.5% (8)	11.7% (21)	61.5% (110)	9.5% (17)	2.3% (4)	100.0% (179)

$$\chi^2 = 1.93061 \quad DF = 5 \quad \text{Sig.} = 0.85866 \quad C = 0.1033$$

According to Table 4.11, 61.5% of the students reported that the smoking of bhang in schools is on the increase due to peer influence. This was supported by the data from FGDs that drug users are likely to have many drug-using close friends (peer clusters) while non-drug users are likely to have fewer or non-using friends. Table 4.12 below shows that 38.6% of the students started using bhang in order to be accepted by friends/peers whom they associated with and used the drug with.

A student who has many drug using friends, is in a situation that is favourable towards drug use. For a student who had not started using bhang, this situation is likely to enhance his/her initiation to the use of bhang. This finding is in line with Haji's (1985), suggestion that easy unrestrained association between Khat users and non-users promotes its widespread acceptance and use. Namwonja also echoes these sentiments "an association with drug users of any type promotes its acceptance and use too" (Namwonja, 1993). To further assess the strength of factor peer influence in leading to students' use of bhang, variables smoking bhang and circumstances of first attempt were cross-classified.

This cross-tabulation had 4 degrees of freedom and yielded a chi-square of 2.74002 that reached a significance of 0.84070. This chi-square significance is greater than the probability level of 0.01. There is, therefore, an association between the tables' variables and the calculated figures. The degree of association is indicated by the contingency coefficient of 0.1294.

Table 4.12: Friend smoking bhang by circumstances of first attempt

CIRCUMSTANCES OF FIRST ATTEMPT						
<i>Students smoke</i>	TRICKED/ CHEATED	FORCED	TO BE ACCEPTED	CURIOSITY	OTHER	TOTAL
Yes	5.0% (8)	3.1% (5)	38.6% (62)	31.1% (50)	8.7% (14)	86.3% (139)
No	0.6% (1)	0.6% (1)	5.6% (9)	5.0% (8)	1.9% (3)	13.7% (22)
Total	5.6% (9)	3.7% (6)	44.2% (71)	36.1% (58)	10.6% (17)	100.0% (161)

$\chi^2 = 2.74002$

DF = 4

Sig. = 0.84070

C = 0.1294

The table shows that 38.6% of the students used bhang for the first time in order to be like their friends/peers. Also, 31.1% said that their first time to use the drug is out of curiosity, from the FGDs, this curiosity is largely built on what their friends/peers say about the drug. Consequently, a large percentage of the students reporting curiosity are likely to be referring to peer influence indirectly.

Students picked the habit of using bhang so as to be accepted by their friends/peers, that is, in order to fit in a peer group. FGDs revealed that bhang users were introduced to the drug by their fellow friends. A male respondent said, “a friend would request them to just try the drug, and since it is difficult to turn down a request from a friend one could try the drug”. Another, male student said, “It is better to do what a friend/peer does so that we remain bestes,” that is, a friend with whom one shares confidential information. The drug is often mixed with food or drinks and fed to unknowing friends.

The study found that curiosity was a major factor in influencing the students to use the drug. What people said about the drug was imminent in forcing the students to go out and experiment with the drug to confirm whether that was true.

Table 4.13 below presents the results of cross tabulating variables smoking bhang and what friends say about the drug. The table has a chi-square of 3.54133, which reaches a significance of 0.5171. With 5 degrees of freedom this chi-square significance is greater than the probability level of 0.01. Therefore, there is an association between the table's

variables and the calculated values, the degree of association of which is indicated by the contingency coefficient of 0.1389. These quantitative values of the table support the hypothesis.

Table 4.13: Friend smoking bhang by what their friends say about the drug.

FRIENDS SAY ABOUT THE DRUG							
<i>Friend smoking</i>	Provide energy/power	Socialise	Relax	Forget Problems	Courage	N/A	Total
Yes	8.9% (16)	2.8% (5)	46.1% (83)	15.6% (28)	8.9% (16)	2.8% (5)	85.0% (153)
No	2.8% (5)	0.6% (1)	6.1% (11)	2.2% (4)	2.8% (5)	0.6% (1)	15.0% (27)
Total	11.7% (21)	3.3% (6)	52.2% (94)	17.8% (32)	11.7% (21)	8.3% (6)	100.0% (180)

$\chi^2 = 3.54133$

DF = 5

Sig. = 0.6171

C = 0.1389

The table shows that 46.1% of the respondents said that their friends used bhang for relaxation /enjoy. According to FGDs, more males than females take the drug for the purpose of enjoyment. Male students are able to visit places like video shows, discos and merry-making joints where people tend to increase their excitement with the help of bhang more easily than female students. Female students have such occasions while going home during half terms and closing days and also during school trips especially Agricultural Society of Kenya shows, which provides opportunities to socialise with friends from other schools and to attend discos.

The data from FGDs pointed out that students take bhang when they are exhausted, that is, after classes; however, this could be the only time they are free. A common feature in almost all the schools we visited was the presence of places popular with the drug users. Such places are the bushy regions in the school compounds or within the neighbourhood, deep inside coffee plantations, in toilets or unutilised buildings within the school. These places are nicknamed California, Siberia, the Jungle, Jamaica, etc. Students normally say they go to such places to breathe 'fresh air'. They sneak out of school to look for bhang. This happens over the weekends and at night when they go to collect fresh supplies from the local suppliers.

FGDs affirmed that peer's influence their friends into believing that using the drug make one feel relaxed, forget problems, provide energy/courage, etc. To provide courage, bhang is usually sneaked into the kitchen and put into boiling porridge or tea for everybody to consume. While high, the students are likely to participate in a strike. Female students said their counterparts who have dropped out of school and become commercial sex workers (CSW) use the drug to provide them with the required courage and strength to face their male customers. These customers request them to do things that are not possible to deliver while sober.

Students from poor backgrounds and troubled homes took the drug in order to forget their problems. This is due to frustration brought about by poverty, while students from well up families are likely to take bhang for the purpose of enjoyment, which has a lot to do

with peer influence although some do it out of frustrations. Selassie (1996) recorded similar findings in a rapid assessment of drug use in Ethiopia. Cannabis was used in order to get courage for criminal activities such as robbery, and theft, while commercial sex workers abused the drug to withstand the difficulties of their occupation, while the unemployed used the substance as a pastime and to release feelings of frustrations. The wells to do in the society were found to indulge in bhang as a means of recreation.

4.4 Teachers' Guidance and Counselling

Since independence, Kenya has had massive expansion of secondary school education. A big majority of adolescent girls and boys are spending a large portion of their years in school. When students are admitted into secondary school, they come along with a diverse values and cultural influences. The school becomes a forum in which experiences are shared and members are exposed to new sets of values (Ochieng, 1997). This discussion is, therefore, guided by the psychosocial model, which recognises the school as a primary socialisation unit that can encourage or prevent deviance (drug use). While in school the student learns language, attitudes, and beliefs and establishes normative behaviours (Oetting, 1992).

Most of the students in the study sample (87.8%), said that their teachers had talked to them about bhang. Of the students interviewed, 91.1% value education very highly. This is probably due to education being considered as a vehicle to prosperity in Kenya, or the opinion could have been formed due to pressure from parents and peers. The study found that 90.6% of the students interviewed said they relate well with teachers and another

majority (84.4%) discuss their problems freely with them.

Teachers and school administrations have created forum for drug abuse discussions. In these forums, they invite individuals and organisations to come and talk about problems of the youth. These individuals include religious leaders, administrators, community health workers and parents. The hypothesis under investigation states that teacher's guide and counsel student on drug abuse. The variables prevalence of cannabis and whether student relates well with teachers were cross-classified as shown in Table 4.14 below.

Table 4.14 has a chi-square value of 3.0518 with 1 degree of freedom, which reaches a significance of 0.08033. The table shows that the students likely to use bhang may not relate well with their teachers. The most probable reason for this is that the teacher is recognised by the society as a socialisation agent. He/she is, bestowed with the responsibility of instilling discipline into the student while in school.

Table 4.14 Bhang smoking by whether students relate well with teachers

RELATE WELL WITH TEACHER			
<i>Students smoking bhang</i>	YES	NO	TOTAL
Yes	78.3% (141)	6.7% (12)	85.0% (153)
No	12.2% (22)	2.8% (5)	15.0% (27)
Total	90.6% (163)	9.4% (17)	100.0% (180)

$\chi^2 = 3.05814$

DF = 1

Sig. = 0.08033

C = 0.12925

In Table 4.15, cross-tabulation of variables students smoking cannabis and approximate number of times disciplined by teacher produced a significant relationship.

Table 4.15: Students smoke bhang by approximate number of times disciplined by teacher

DISCIPLINED BY TEACHER					
<i>Student smoke</i>	VERY MANY	MANY	A FEW	NONE	TOTAL
Yes	21.1% (38)	21.1% (38)	30.0% (54)	12.8% (23)	85.0% (153)
No	3.9% (7)	6.1% (11)	2.2% (4)	2.8% (5)	15.0% (27)
Total	25.0% (45)	27.2% (49)	32.2% (58)	15.6% (25)	100.0% (180)

$$\chi^2 = 5.30977$$

$$DF = 3$$

$$Sig. = 0.15047$$

$$C = 0.1693$$

Reports from the students pointed out that teachers heavily disciplined those found in possession of drug and also their close associates. This discipline was in the form of physical punishment (digging out a stump of a tree), corporal punishment or expulsion from school. Such students are likely to view the teacher as a potential enemy. It was found that when teachers act on cases of indiscipline in school, there was tendency by the student and sometimes the parents to feel that the punishment meted is harsh, especially when the student is expelled. Teachers attributed indiscipline in most schools to parents who protect their children whenever they are implicated in cases of indiscipline. "There

are cases where parents literally storm schools and beat up teachers, thereby discouraging them from performing their duties”. Powerful and rich parents impose on the school their spoilt children who have no respect for authority. According to FGDs these affluent parents give huge sums of pocket money to their children thus enabling them to purchase alcohol, bhang and even other drugs such as heroine and cocaine. These students are also involved in peddling drugs at cheap prices.

Data from FGDs revealed that despite employing these measures in good faith, they are counter-productive and usually result in the adolescents becoming even more resentful and rebellious. The situation is worsened when the school administration calls upon the police force to harass, intimidate and threaten the students for using bhang. The forces bring with them sniffer-dogs hoping they will be able to trace the hidden rolls of bhang.

“This is an exercise in futility, students are clever and will definitely devise safer methods of storing the drug,” remarked one student. Asked what should be done to alleviate the problem, a deputy school principal said, “Teachers and school administration should come up with a more effective approach to explain the hazards of bhang use to the students and to clearly outline the school’s attitude towards their behaviour. It is important that we (teachers and students) create an atmosphere of complete trust and understanding to be able to root out the problem”.

On their part, the students said they would prefer opportunities to receive expert counselling instead of being exposed to further violence. They are of the opinion that

counselling should take place in the school and coordinated by a teacher. Parents and other authorities should only be involved when the student fail to cooperate. Reporting bhang users to their family exposes the victim to violence and negligence, especially when they are expelled from school most parents do not know what to do with the student. They are not informed about counseling and rehabilitation services and where it is available the costs of such services are too high for parents to bear. In such a situation the student is left at mercy of God. Most of them continue abusing the stuff and influence other non-using bhang students. Where such students are from around the school they traffic the drug to former colleagues for they know the school compound and are able to sneak in without being noticed.

Teachers play a major role in talking about drugs with the hope to alleviate the problem (Table 4.16). By criterion of the significance reached by the chi-square statistic of Table 4.16 there is a significant relation between variable ever smoked and variable teacher talk about bhang.

Table 4.16: Ever smoked by teacher talk about bhang

TEACHER TALK ABOUT BHANG			
<i>Ever smoked</i>	YES	NO	TOTAL
Yes	23.0% (39)	3.5% (6)	26.5% (45)
No	64.7% (110)	8.8% (15)	73.5% (125)
Total	87.6% (149)	12.4% (21)	100.0% (170)

$\chi^2 = 3.14400$ DF = 1 Sig. = 0.534 C = 0.135

In line with the peer cluster theory, teachers in school play a major role in a student's life, because they often spend more time with the student than his/her parents do. Data from FGDs and from teachers and parents interviewed point out that many students might have problems which, initially at least, are not related to drugs. Such students can easily be influenced or are vulnerable to drug abuse. Teachers are capable of identifying such cases and offer correct guidance. However, this skill, according to the students, is lacking among the fresh graduates posted to their schools whom, they said to be rough and un-understanding. Credit was given to old teachers with the experience of bringing up children. This went to both male and female teachers, although female teachers were reported to be more motherly. In two of the schools that we conducted the study, we came across one female teacher referred to by the students as 'mother' because of the motherly advise she offers to them.

According to a deputy principal of a girl's boarding school, it is the responsibility of the teachers to explain the consequences of using the drug to their students in a calm and informative way for the student to understand and probably amend his/her ways. This is a very difficult task for teachers, for they lose hope when the results are not forthcoming

Based on the information the teachers give, the students felt that their teachers are not well informed on the topic of drugs. The information they provide is more or less, the same as they get from other sources. It lacks real facts and explanations thereby leaving the students in suspense and curious, which tempts them to experiment with the drug. Perhaps real facts about the drug would help change the students' behaviour. The study,

however, found that teachers are not always able to attend to students' problems. Table 4.17 cross-tabulates smoking bhang by reason teacher doesn't talk about drugs.

Table 4.17: Students smoking bhang by reason teacher don't talk about the drug

REASON TEACHER DON'T TALK ABOUT BHANG						
<i>Smoke bhang</i>	NOT IN SYLLABUS	NOT DUTY	LACK OF TIME	OTHER	CAN'T TELL	TOTAL
Yes	8.9% (16)	10.6% (19)	17.3% (31)	23.5% (42)	24.6% (44)	84.9% (152)
No	2.2% (4)	0.6% (1)	3.9% (7)	4.5% (8)	3.9% (7)	15.1% (27)
Total	11.2% (20)	11.2% (20)	21.2% (50)	27.9% (50)	28.5% (51)	100.0% (179)

$$\chi^2 = 2.40177$$

$$DF = 4$$

$$Sig. = 0.66$$

$$C = 0.1151$$

The statistical values of Table 4.17 show that the students' smoking bhang is significantly contingent upon reasons why teachers do not talk about the drug. The chi-square statistic reaches a significance of 0.66, which is greater than 0.01 probability level. The results of the table lend support to the hypothesis in question.

As seen from the table, about a third of the respondents (28.5%) cannot tell why their teachers have not advised them on drug matters. Also notable, there is no one major reason that prevents these discussions from taking place. About 21.0% of the respondents reported that their teachers lack sufficient time to do this. This was expounded during FGDs where the wide school syllabus was said to take most of the time. "There is hardly time for games and other recreational activities, leave alone for discussing our personal problems with teachers".

Other teachers, according to the students, assume the responsibility of handling such matters falls squarely on the principal, deputy principal and, probably, social ethics teachers. Social ethics teachers were in particular mentioned as best placed for this responsibility but as one of them put it, “the topic (drug abuse in Social Ethics) is not detailed enough and its not a compulsory subject not all students benefit from it”. However, despite these hindrances, FGDs indicated that teachers are doing a good job of guiding and counselling them. Parents were reported to have neglected their roles of socialising adolescents, and leaving the task to teachers. But when their children are disciplined or expelled from school for drug related cases, some parents were said to confront the teachers and threaten them.

4.5 Parent’s Guidance and Counselling

The family is the basic socialisation unit with the responsibility of moulding the student’s personality and behaviour (Nural-Alam, 1996). Parents are an important reference group for adolescents and play a significant role in the individuals’ social development.

Most of the students constituting the sample 92.2% were from married families. Those from single families comprised 3.3%, while those from separated /divorced families were 1.7% and from widowed families were 2.8%. The students were drawn from day schools and usually 79.4% stayed with both parents, 10.6% with mother, 3.3% with father, 2.8% with other relatives and 2.8%with friends. This was also reflected in school holidays where a majority of the respondents (77.8%) stayed with parents, mother (9.4%), father

(5.0%), other relatives (5.0%) and with friends (2.8%). The study indicated that 79.4% of the respondents discussed youth problems at the family level, with 40.0% discussing with their parents, 23.4% with siblings and 16.1% with other family members. When asked about their source of information on drugs, the family scored 21.1%, behind friends/peers (36.7%) and the media (27.2%).

The hypothesis states that lack of parents' and family members' guidance and counseling encourage secondary school students to use cannabis (bhang). Accordingly, variables smoking bhang and family member talked to were cross-classified. Table 4.18 below presents the results of the cross tabulation.

Table 4.18: Discussions at Family Level

FAMILY MEMBERS TALKED TO					
<i>Smoking bhang</i>	Parent	Sibling	Others	None	Total
Yes	34.6% (62)	20.7% (37)	15.1% (27)	14.5% (26)	84.9% (152)
No	5.6% (10)	2.8% (5)	1.1% (2)	5.6% (10)	15.1% (27)
Total	40.2% (72)	23.5% (42)	16.2% (29)	20.1% (36)	100.0% (179)

$$\chi^2 = 8.82313$$

$$DF = 3$$

$$Sig. = .58279$$

$$C = .2167$$

The table has a chi-square of 8.82313, which reaches a significance of .58279 with 3 degrees of freedom. This chi-square's significance is greater than the probability level of 0.01; there is therefore, an association between this chi-square and the tables' variables.

The degree of association is indicated by the contingency coefficient of .2167. The quantitative values of the table lend support to the hypothesis.

Information obtained from FGDs provides what the parents communicate with the adolescents. It was reported that boys are told about drugs easily and girls about sex, an indication that parents consider boys as more vulnerable to the use of drugs while girls are vulnerable to the dangers of teenage pregnancies. However, where parents address the issue of drugs, it was said that mothers caution more, for example, “do not use drugs”, “be careful with drug using friends”, “avoid drug dealers”, etc. Unfortunately, parents do not give sufficient reasons as to why children should not be involved in drugs. It was also noted that mothers use examples from other people’s experiences to warn about the consequences of using illegal drugs. This information from mothers to their adolescents was, however, not adequate. Fathers, on their part, were considered to be harsh, inconsiderate, rough and emotional to the extent of sending someone away from his homestead if he is suspected of using drugs. They are rarely in a sober mood to discuss with their adolescent children about drugs.

The above finding concurs with Searll’s (1995), that parents do not openly discuss drugs at home with their children. They shy away from the problem, thereby making the children curious. Out of this curiosity the youth go and experiment with drugs. These observations are given more weight in Table 4.19 where we cross-tabulate prevalence of bhang smoking in schools and the reasons advanced by the students for not seeking advice from the family members.

Parents also fail to create an atmosphere in which their children can confide in them, no matter how much trouble they may be in or how bad their problem may seem. Poor child-parent relationship was also cited as a major hindrance for not seeking advice from parents. The students reported that poor parent – child relationship results in lack of love, acceptance, emotional support advice and tangible help. The student ventures into the world of drugs in search of these needs that the family has failed to provide. Other studies that found poor relationship between the child and the parent include Cohen and Wills (1985), Hoffman (1995), Maddahian *et al* (1988), and WHO (1993a).

The respondents' parents and elder siblings are poor role models. According to the data from the FGDs, the majority of social drugs (alcohol, tobacco, khat, etc.) are considered 'normal'. These drugs are taken as a social activity despite the negative effect that these habit have on users' health and the well being of their families. Drug use is, therefore, part of the family culture. Using the drugs openly in front of their children or younger siblings indicates to their children and siblings that it is okay to use the drug.

It was also revealed by the FGDs that some parents and elder siblings use the drug in secret, but they still place their children at risk. It was said that sooner or later the children are bound to find out about their parents' use of the drug (bhang) and they will have no reason for believing anything their parents tell them. They lose respect for their parents hence they cannot seek any advice from them. This finding is in line with an earlier study by Mwiti (1989), who found that students from families where parents used drugs had a low opinion of them and tended to use various substances more than those with non-using family members and relatives.

However, it emerged during the FGDs that it is not entirely that the students from broken or unhappy homes are more likely to use drugs than those from stable homes. Some participants confessed as coming from drug using homes but they have withered the storm and are currently 'good' Christians. But they agreed that a child who feels insecure, threatened or troubled is certainly more vulnerable to drugs. This finding supports Hirschi (1969:243), who concluded that there is not much difference in behaviour between children from broken homes and those from intact/stable homes. Both may or may not produce deviant cases. Based on this conclusion, Ndonga (1987) observed that in total population, there are more intact families than broken homes but astonishingly children from these intact/stable families do engage in delinquent behaviour.

Table 4.20 below shows that there is a relationship between the monitoring of the students movement and the use of bhang. With 3 degrees of freedom the chi-square reaches a significance of 0.54957, which is greater than the 0.01 probability level. The contingency coefficient of .1077 is not a chance occurrence. Probably, this should tell us the seriousness the students have when they say they do not take their parents and other family members seriously.

From Table 4.20 it is suggested that parents are not good role models. Probed further in FGDs, students said parents advise their children against "doing what they do" (preaching water while taking wine secretly). This is further confirmed by Searll, "the reason parents no longer lead their children in the right directions is because the parents aren't going that way themselves" (Searll, 1995:133).

Table 4.20: Smoking of Bhang by Family Members Monitoring the Student Movement

MOVEMENT MONITORED					
<i>Smoking bhang</i>	Always	Sometimes	Occasionally	No	Total
Yes	42.8% (77)	20.6% (37)	8.9% (16)	12.8% (23)	85.0% (153)
No	6.1% (11)	3.3% (6)	1.7% (3)	3.9% (7)	15.0% (27)
Total	48.9% (88)	23.9% (43)	10.6% (19)	16.7% (30)	100.0% (180)

$\chi^2 = 2.11153$

DF=3

Sig. = .54957

C=0.1077

FGDs revealed that it is often very difficult for the parent to explain to a child that there are some things in life (sex, alcohol, drugs) that are appropriate for parents (adults) but not appropriate for the children. The quality of control exercised today is very low, and not sufficient enough to ensure family members' cohesion and conformity to social norms. The chairman of a PTA and a member of a BOG in a mixed secondary school who was interviewed supported these sentiments.

He said that, traditionally, Africans used to live together in extended families. Grandparents, uncles and aunts played a major role in supervising the adolescents as they developed. The African family was, however, disrupted by the coming of the colonial rule. The close-knit social communities were torn apart by economic policies which emphasized individual well being rather than the well being of the community. This disruption has left the children solely in the hands of the parents and a few family members who are already overwhelmed by the need to achieve at their place of work and

the difficult economic situations. However much they attempt to monitor their movement, they are not effective because, unlike in the traditional set up where the whole community played the roll of supervising the adolescents, they fail due to lack of contact with the child all the time. The P.T.A. chairman and a BOG member stated that they could not discipline any child who misbehaves in their presence, lest he be accused of witch hunting, thereby causing a rift between him and the student's family. "Even in our capacity as BOG members we sometimes make decisions that do not go well with some parents they have instead, express feelings that we are against their children".

Unlike the traditional institutions, the extended family, age groups, religion and the whole community in general, modern institutions, the nuclear family, religious organisations, and the school, are not sufficient and effective enough in ensuring that the adolescent mature into a responsible adulthood. Kilonzo and Kaaya (1994) in a similar study in Tanzania also found modern socialisation institutions wanting. Parents do not play their roles effectively.

Lack of confidence in the basic institution of socialisation (the family) make the student resort to his friends/peers for advice. This is shown in Table 4.21 where variables smoking bhang by the person approached for advice are cross-tabulated. The results shows that there is a significant relationship between variables person easily approached for advice and the smoking of bhang. The chi-square value, with 4 degrees of freedom, is slightly significant. The contingency is low but significant by virtue of the fact that the probability level is about 0.01. It has produced almost similar results with a similar study

conducted in Tanzania regarding sexuality.

Table 4.21: Smoking of Bhang by the Person Approached for Advice/Information

PERSON APPROACHED FOR ADVICE						
<i>Smoking bhang</i>	Parent	Sibling	Fried/peas	Teacher	None	Total
Yes	13.4% (24)	5.6% (10)	33.0% (59)	4.5% (8)	28.5% (51)	84.9% (152)
No	1.7% (3)	17% (2)	5.0% (9)	.6% (1)	6.7% (12)	15.1% (27)
Total	15.1% (27)	6.7% (12)	38.0% (68)	5.9% (9)	35.2% (63)	100.0% (179)

$$\chi^2 = 1.70307$$

$$DF = 4$$

$$Sig. = 0.94488$$

$$C = .0971$$

In this study the youths approached peers (40.0%), parents (25.0%), teachers (15.0%), the media (15.0%) and religious community leaders (7.0%). The table shows that a majority of the respondents are free with their friends/peers from whom they collect information on bhang. This was explored further in the previous hypothesis dealing with peer group influence. But it should be noted that 35.2% of the respondents approach nobody. This is probably an indication that this group of students is not developing well. They are likely not to have close friends or close relatives, a sign of possible emotional disturbance.

According to peer cluster theory, this category of individuals may be experiencing some difficulties in identifying with their relatives and friends. They have no one to share their experiences, problems and emotions with. They could, therefore, indulge in drugs as a mechanism of coping with the harsh environment. From these findings we conclude that

parents and family members do not offer adequate guidance and counselling on drug matters to their secondary school students. The reason advanced by this scenario ranged from the problems of modern economic conditions, parents' ignorance, shyness, and lack of information to the failure to understand the adolescent world. That is, they have poor parenting skills.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

The study results supported the hypothesis that lack of awareness that cannabis is dangerous to health encourages students to abuse it. The study nonetheless proved students are aware of cannabis. They, had heard of it, seen it or even used in one time or another. The plants are planted deep inside the nearby Mount Kenya Forest and on the sides of steep slopes and riverbanks reachable only by foot. It is also grown in the midst of other crops, especially coffee and maize. Its cultivation is illegal hence the tendency to grow the crop in areas far away from one's locality so as to conceal identity in case the authorities come to know about it.

The students were able to link bhang with domestic problems such as broken homes when family members abuse the drug and neglect their families, or when a family member is arrested and sentenced to jail. Where it involves a student a lot of resources go into waste, being expelled from school because of drug abuse force parents to spend more money to search for school that can re-admit him/her. Sometimes the problem deteriorates and such a student eventually fails to complete his schooling and becomes a wasted human resource.

The results of the study however, proved students are not adequately informed of the negative health consequence the drug has on the users, one's family, the local community and the whole nation. Lack of this information is directly linked to socialisation process

that the students undergo through. Oetting (1992) says the three-socialisation institutions, which he identified as the family; the school and the peer cluster play a major role in disseminating information to the students. Where there is proper socialisation the student acquire knowledge and information from these institutions or in activities closely related with them. These institutions have the role of moulding the student into a responsible adult.

This study, however, found out that these units are not adequately prepared to handle drug abuse among the young. The information students received do not sufficiently address the dangers of cannabis to health. It was found that parents, teachers, friends and the general public were not informed, about cannabis. The information they have on cannabis is not based on actual facts; rather it is a collection of hearsay, rumours, imaginations and other unscientific theories about the drug.

Searl (1995) points out that for parents to be able to handle the problem of drug abuse among their children, there is need for them to be armed with real facts so that they can be able to explain sufficiently to their children about the drug. Failure to give a satisfactory explanation leaves the children curious and may go out to experiment with the drug, or fail to pay any attention to them. Most of the parents talked about health consequences of the drug to their children, but do not explain the actual dangers posed by the drug. Information on dangers brought about by the drug is not easily available to parents and to the general public. Much of the information talked about dwells on the

legal consequences of abusing the drug. Parents are, therefore, not in a position to provide health information to their children.

Parents assume their children learn about drugs in schools. Consequently, even those in a position to handle the problem, assume the teacher in school will do it. The teacher on his part is handicapped since the school curriculum does not adequately cover the issue of drugs. In the current secondary school syllabus, there is only a small portion in form three social ethic textbooks, which is not adequate to cover the topic. More over social ethics is an optional subject, not all students benefit from that little portion. The problem is further compounded by fact that teachers are not trained to handle drug abuse, nor are they exposed to literature on drugs. School libraries lack books on drugs hence teachers and students, therefore, do not get sufficient information on drugs.

Schools bring together children from different backgrounds, possessing diverse values and interest (Ochieng', 1997). Peer groups that are eventually formed by students cut across socio economic status, religion and ethnic backgrounds. Such students bring along with them their social and cultural attitudes about the drug and impart that to their group members. The information previously acquired from parents and other adults, teachers and from the available literature and media is scrutinised, discussed and is either adopted or rejected depending with how meaningful they find it to be. Where it is considered not meaningful, it is outletly rejected and they devise new theories about the drug. The research found out students for example, believe smoking bhang would make them more intelligent, courage to approach girls and improve sexual performance. However, where

the peers acknowledge that information is fact, they are motivated to search for more of it and enjoy the pride of disseminating it to fellow peers. The peer group thus becomes an educative group that may be explained to address the problem.

Generally, consumption of bhang is not considered a health problem. In most communities its consumption is tolerated as long as the person concerned does not show 'bad behaviours' (Mwenesi, 1995). Its use is usually a problem from a legal point of view, consequently to most of the people, a mere mention of the word 'bhang' they only imagine of legal implications of its possession or trafficking. A majority of the people whom the students interacted with saw the problems from a legal perspective and not as a health hazard.

Facts alone about bhang are insufficient basis for learning or changing behaviour because they have relevance only in the context of human experience. We, therefore, examine students' attitudes on cannabis. The hypothesis that secondary school students' favourable attitude to cannabis encourages its use was not supported by the research findings.

Students acquire attitudes through exposure to a variety of meaningful experiences and through interaction with the environment. Therefore, the sources of their attitudes are parents and other family members, adults, peer culture, the media, the school and the whole community.

The decisions students make about their behaviour are dependent upon the values or goals that they have acquired in the process of socialisation, which give direction to life and determine behaviour. Such goals have particular reference to use of cannabis in the affective or attitudinal domain, and in the experimental realm (Cornacchia, 1978).

In this study, 41.1% of the respondents did not approve of their friends use of bhang. However, the margin between those who approved (38.9%) and those who did not (41.1%) is minimal an indication, more students may have adopted use or have become tolerant to its use. The traditional African socialisation process instilled values that drug taking was for adults. However, these results seem to suggest that the situation is changing fast. Unlike in the traditional set-up, the youths today have a wider source of values, which eventually shape their attitudes and behaviours.

Information technology has made the world a global village; consequently, the media plays a great role in shaping students attitude and behaviours. Constant scenes of youths using drugs on the television may have positively influenced more youths to use drugs. Moreover, the media shows people with whom the youth aspire to emulate. Such people could be musicians or successful people with a history of drug abuse who the students may think succeeded due to use of drugs. Most students are fans of reggae music popularly associated with Jamaican musicians, with Bob Marley being one of the most popular musicians with the students. Bob advocated for social, recreation and religious justification in the use of bhang. 'Bhang culture' of pop music and movies is, therefore, a powerful tool in influencing the students' attitudes and the subsequent behaviour. They think use of cannabis would enhance their success in field of academia, sports, music and

other areas where such individuals have excelled; they are their role models.

Visual art and music play a major role in shaping the students attitudes. Through drawings, posters and paintings directly linked to personalities associated with drugs, students acquire positive attitudes to drugs. In this study students closely identified with posters and drawings showing bhang and other drug users, some had clothes such as T-shirts, caps, jeans, and admired *matatus* and buses painted or/with posters of such individuals. Music associated with reggae personalities is classic and dearly loved by students. Such music, however, has clips that show the artist using bhang. Students ape such acts literally, for they are not able to translate such meanings beyond their cognitive framework (Oetting, 1992).

Nevertheless, students disliked use of bhang. Its users are considered potentially dangerous individuals who could harass and even force you to use the drug. The users of the drug were the cause of violence and riots in school and of conflicts in homes. Bhang users brought miseries and emotional stress to family members as they struggle to cope up with the behaviour. Where it involves the males in the household, especially the father, female especially the mother suffers silently for they cannot seek for solutions from outside to avoid further violence. The drug brings about negligence of the part of the parent who fails to provide his family with required basic needs, resulting to constant conflicts, which lead to divorce or separation. It is these kind of attitude that close family members do not want to disclose or expose their loved ones abusing drugs that perpetuates the behaviours (UNDCP, 1994).

Peer group pressure plays a major role in influencing students' life-styles. Peers influenced one another on the kind of people associated with; activities indulge in, information and subsequent behaviour. In this study, 61.1% of the respondents said use of bhang in schools was on increase due to peer pressure. Students associate with peers/friends with whom they have much in common and understand each other better. In most instances including this study adolescents are not understood by the adults they interact with. A lot of demands and expectations are made out of these adolescents that they are not able to cope with. Such students seek solace from their fellow friends whom they consider as equal and have much in common.

The study found that 84.9% of the respondents knew and associated with friends who used cannabis. A student who has many and closely associates with friends using bhang and other drugs is more likely to start abusing drugs. This situation of having many drug using friends is likely to enhance his/her initiation the use of drugs. In her study on the Social-Economic Factors related to Khat Use and Abuse in Garissa, Kenya, Haji (1985), found out that easy unrestrained association between khat users and non-users promoted its widespread acceptance and use. Namwonja (1993) echoed similar sentiments; an association with drug users of any type promotes its acceptance and use. However, it is not entirely true that a person who associates with drug using friends will eventually adopt that behaviour, although he/she remains most vulnerable to such influence. Adolescents adopt certain behaviours in order to be like their close friends or in some instances, to be accepted in the peer group.

Consumption of bhang in Kenya and many other parts of the world is illegal; consequently, its users remain as secretive as possible to avoid trouble from the authorities. A bhang-smoking group is therefore, more like a secret group that has rules and information is only shared with the members. It is therefore, paramount that all members of the group undergo all the necessary rituals such as sharing a 'stick' of bhang together. "It is better to do what a friend does so that we remain bestes", that is, a friend with whom one shares confidential information.

Peers influenced their friends into believing that using bhang would make one feel relaxed, forget problems, study for long hours and improve ones intellectual capacity, provides energy to work and courage, etc. Such sentiments and what have been written tempts the students to experience them out of curiosity. The first taste and its effect on the student greatly determines whether the student continues taking the drug or not (Hogen, 1996; Nurul-Alam, 1996;UNDCP, 1994). While the Chinese saying goes, "the dragon is the first feeling you get, you will never get to feel that again, so you keep craving for the drug."

The coming of the colonial rulers in Africa changed the context in which children were socialised in African communities. Traditionally, children were socialised within the extended family and the age groups (Kenyatta, 1938). With the introduction of formal education children moved away from the family and now spend most of their time in school under the supervision of the teacher. The school has therefore, became a major socialisation institution with the responsibility of imparting societal values on the

developing youth. Children who join secondary school come from different backgrounds with a diversity of values and behavioural differences.

Schools, therefore, became 'culture melting points' or provide a forum in which experiences are shared and members exposed to new sets of values (Ochieng', 1997). It happens that a student from a background of drug users would introduce the drug to fellow students in school; an individual who has never come across bhang may come into contact with it for the first time in school.

The responsibility of socialising the youth while in school is solely for the teachers. Most parents abandon their children and do not even bother to check how they are progressing as long as they have paid school fees and provided the necessary requirements for their children to remain in school. However, these children may bring with them a myriad of problems that they may be unable to cope with. These include difficult family background, or may be generally undisciplined. In such situations such students become very vulnerable to peer pressure and are easily swayed to indulge in drug culture.

In this kind of situation no proper learning can take place, nor can the youths involved develop into responsible adults, as the society would expect of them. Consequently, the teacher is charged with the responsibility of alleviating this problem from the school. This study found out that teachers are working hard to eliminate the problems from school. It, therefore, supported our hypothesis that secondary school teacher's guide and counsel students on drug abuse matters.

A poor schooling system may be directly linked to some form of deviance, such as abuse of drugs, and eventually expulsion from the school. Also, a single inadequate teacher can prevent the children from adjusting properly in school simply because the personalities of child and teacher do not line well (Oetting, 1992).

In most instances teacher student relationship deteriorate when the teacher performs his duty as an agent of socialisation. It was found out that teachers disciplined students on the wrong. However, such children report such incidents to their parents who side with their children irrespective of whether the latter were on the wrong or not. Some of these parents literally storm into the school and beat up teachers, thereby demoralising them from performing their duties.

On the other hand we have teachers who are not very friendly to students. They do not understand the students properly and therefore tend to take emotional steps whenever they come across such elements on the receiving ends. Students were comfortable to discuss and seek for solutions to their problems from teachers who have children of their own age. Such teachers are looked upon not only as teachers but also as parents able to guide and counsel the youth on real life problems. Such teachers take the issue of drug abuse in school seriously for it has not spared their own children. Their efforts are, however, hampered by the 'congested schooling system, whose curriculum leaves very limited time to handle the youth's problems. Moreover, it does not address the problem of drug abuse with the seriousness it deserves. Teachers, for example, are not trained while in colleges to handle the problem of drugs in schools, nor have they been taken for

in service training to prepare them on the same issue. Schools are not well equipped with books and other information on drugs.

Be it as it may, the problems of drug abuse in schools is worsened by the fact that parents and other members of the family do not counsel and guide their children on drugs.

The changes that were introduced in our communities through colonialism changed the African society greatly. Regarding the socialisation of adolescents, it shifted from the extended family to the current nuclear family. Where biological parents of the adolescents are so pre-occupied with the economic problems that they have very little time for their children.

The study found out that most of the students lived in nuclear families where parents are engaged full time employment away from the family location, thereby returning home late in the evening on a daily basis, over the weekends while others only appeared at month ends. In situations like this parents have very little contact with their children to appreciate one another, as it is required. On the contrary, today's parents are strangers to their own children, nor the company they associate with. In this study many parents (40.2%) talked to their children about drugs, but this discussion did not address the root cause of the problem. Discussion about drugs and information are not enough to change behaviour.

There is need to dig deep into the problem and understand the factors that are leading one to turn to drugs. This is however, not possible because most parents and children are strangers, there is no free atmosphere that would enable children to open up their

problems or confide what they term 'confidential' in their parents (Searll, 1995). Instead, such children keep their problems to themselves, suffer more, and may engage in drugs more. Where the children are completely free and feel loved and love their parents, there is the likelihood of such children pouring out all their problems to their parents. Also, they are likely to introduce their friends to their parents, thereby giving parents the opportunity to judge whether they are in the right company or not.

Although Ndonga (1987) found that it is not necessarily true that a child from a stable family background will not indulge in deviance activities, there are situations where they do for many other reasons. But in most cases a child who is well supervised is less likely to indulge in drugs than the one who has received no supervision at all (Hirschi, 1969).

It, therefore, goes without saying that failure by the institution of the family to perform its cardinal duty has contributed to abuse of drugs in schools. Students learn about social drugs like alcohol, khat, cigarettes, etc at the family level and in the process of using these drugs they fall in the trap of using bhang, which has been found to be a stepping stone before graduating to use of other hard drugs like heroine and cocaine (Amayo, 1995; Kaigwa, 1998; Musoke, 1997; Mwenesi, 1995; Namwonja, 1993; Yambo and Acuda, 1983).

5.2 Conclusion

This study sought to investigate the role of basic socialisation units in abuse of cannabis by secondary schools students. To achieve this we came up with five hypotheses, which

were tested with the data, collected from the field. Four of these hypotheses were accepted and only one was rejected. The current system of socialising children was therefore, found wanting, it has failed to sufficiently inform students on health problems associated with bhang abuse. The three primary socialising units (the family the school and peer cluster) and through which students get in touch with secondary socialising agents were all found to be ill-equipped with information on dangers of using cannabis. Consequently, students are not supplied early in life with drug information, which could determine the trend of drug abuse in future.

The second hypothesis, that students have positive attitude towards cannabis and its users was rejected after testing the data collected from the field. The little information and some life experiences that students have with the drug have made them to develop a negative attitude towards the drug. Use of drug is viewed as a threat to achieve their life-term aspiration and goals that they have set out to achieve. It is, therefore, necessary to impart values and goals on students to deter use of drugs for it is much easier to influence attitudes than to influence behaviour.

Peer groups among students are very powerful and influential because they provide many psychosocial needs not forthcoming from other socialisation institutions. These needs include acceptance, a sense of belonging, immediate gratification and risk-taking among others. It is important, therefore, to reinforce positive peer groups to influence their members against drug use.

Teachers were found to play a major role to alleviate use of bhang and other drugs in school. They discipline students engaging in deviant acts and provide guidance and

counselling under difficult conditions. Most parents abandon their children to schools to be taken care of by teachers, but the duties of the teacher hardly leave any room for proper guidance and counselling. Where the teacher in certain instances imputes measures that the student and parent may perceive to be harsh, the very parent who has abandoned his child quarrels the teacher. Despite this and the facts that teachers are not properly trained and informed about drugs and the school curriculum does not leave enough room to handle the subject, teachers strive to guide and counsel their students on drugs. This is in the hope that the students will change their behaviour and do the teacher proud by succeeding in life, the joy of every teacher.

This effort by teachers is nevertheless dealt a big blow by parents and other family members who in the current socio-economic set up are not able to supervise their children as required. The modern economic status has adversely affected the family as parents have been forced to work far away from their homes and those able to return home are normally tired to spend some of their time with their children, while others rarely have any time with their children. They prefer to send them to boarding schools and be taken care of by the teacher who may never be as effective as the parent in handling the child.

Children in this situation mature not interacting freely with their parents. Lack of this freedom hinders open and frank discussions at family level, especially on issues that are perceived to be confidential such as drug abuse. Parents who are very busy at their places of work have no time to know the kind of company his/her child indulges in consequently, a child who was initially good may get involved in bad company and

develop deviant acts. Also, parents have substituted money with love, they assume as long as they have managed to secure a good school for their children, paid schools fees, clothed, fed and provided sufficient pocket money to them, they think everything is alright with their children. On the contrary, this is not all; children want love, acceptance, emotional support, advice and tangible help. They venture into the world of drugs in search of those needs that parents have failed to provide.

5.3 Recommendations

1. Supplying students early in life with drug abuse information could determine the trend of drug abuse in future. It has been found out that, it is much easier to influence attitudes than to influence behaviour. Consequently, school curriculum developers should consider introducing the subject of drug education in school to be undertaken by qualified teachers, instead of the current situation where it is a small topic in social ethics, a subject not compulsory to all students.
2. Education workshops and seminars should be introduced for parents, teachers, community leaders and public in general to equip them with information and knowledge on cannabis and other drugs. For it is said 'knowledge is strength' hence, the only way parents, teachers and other stakeholder can stem out abuse of bhang and other drugs among the youth is arming themselves with information and pass this information to the target groups. Therefore, drugs literature, in form of books, magazines, pamphlets, posters and videocassettes should be supplied.

3. The use of peer groups in educating the students should be explored and used. While in school and after school youth should be encouraged to form peer group organisations to provide advice and counselling to their counterparts, to train peer counsellors and to supervise and co-ordinate youth activities dealing with drug abuse. This is important because the peer influence among secondary school students was found to be a major source of influence.
4. The school should work to protect students from substance abuse by bringing together parents teachers, B.O.G members and local leaders to set up guidelines, rules and regulations explaining clearly the school position on abuse of drugs. This would avoid ugly incidents brought about by parents when their children are disciplined for indulging in drugs.
5. The Ministry of education should organise in-service courses, seminars and workshops with the support of health care persons, NGOs dealing with demand reduction, treatment and rehabilitation, counsellors; police officers and social workers to equip the teachers with techniques of drug abuse prevention in schools. These professionals may also be invited as guest speakers to complement the work of the teacher on certain areas related to abuse of drugs. Police officers could for instance give talks on the importance of rules, discipline, law regarding the production, processing, trafficking, possession and consumption of illegal drugs rather than coming only to schools to search, intimidate and arrest victims of drug abuse.

6. Parents should exercise good parenting skills. They should not be merely contented with paying school fees, feeding and clothing their children and leaving them to grow up without supervision or guidance. It is their duty to protect their children from negative influences such as peer pressure by encouraging them to bring their friends home. This would enable parents to understand their children's friends, interests and dislikes in order to be able to shape their attitudes and behaviour. They should also create good rapport with their children that would provide a conducive environment and encourage children to open up their problems however bad they may be.

7. The media, rather than been reactive and reporting only when something news worth has happened; should strive to make the public conscious of the problem of drug abuse and the need for the action by supporting and supplementing the efforts of government, NGOs, individuals and other interested parties to reduce the demand for drugs.

8. There is a need to establish a resource centre for drugs of abuse in rural areas to be undertaking, research, provide information on drugs – books, magazines, pamphlets and videocassettes to the rural population. Such a centre would also provide counselling and treatment services not easily available in rural areas.

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Appendix 1: Questionnaire

A postgraduate student from the University of Nairobi is carrying out this research for academic purposes. All your views will be treated in confidence, and you should not write your name on the questionnaire. Please answer the questions honestly and as simply as possible. Your participation will be highly appreciated. Thank you.

1. Sex of the respondent
 - (a) Male
 - (b) Female
2. What is your age now? _____
3. In what class are you now? _____
4. What is the type of your school?
 - (a) Day
 - (b) Boarding
 - (c) Mixed day
 - (d) Mixed boarding
5. What is your religion or denomination?
 - (a) Protestant
 - (b) Catholic
 - (c) Islam
 - (d) Other (specify) _____
6. What is your parents' marital status?
 - (a) Single
 - (b) Married
 - (c) Separated/Divorced
 - (d) Widowed
7. Whom do you usually stay with while attending school? (For those in day schools)
 - (a) Mother
 - (b) Father
 - (c) Both mother and father
 - (d) Other relative (specify) _____

(e) Other (specify) _____

8. Whom do you usually stay with during school holidays?

(a) Mother

(b) Father

(c) Both mother and father

(c) Other relatives (specify)-----

(e) Friend

9. Does your father work away from home? /

(a) Yes

(b) No

10. How frequent does your father come at home? ,

(a) Daily

(b) Over weekends

(c) One weekend once a month

11. Amongst the following family members who has ever discussed with you about drug abuse?

(a) Mother

(b) Father

(c) Brother

(d) Sister

(e) Other (specify) _____

(f) None

12. For the person chosen above, what matters did you discuss on cannabis (Bhang)?

13. Whom have you ever approached for information on cannabis (Bhang)?

(a) Mother

(b) Father

(c) Brother /Sister

(d) Friend / Peers

(e) Other (specify) _____

(f) None (If answer is 'none' go to question 15)

14. Why has it been easier for you to approach that person for information on cannabis (Bhang)? _____

15. For the person who has not approached any of the above explain why you have decided not to approach them _____

16. Amongst the following family members whom do you think your friend discuss with about drugs?

- (a) Parent
- (c) Brother/Sister
- (d) Others
- (d) Do not know

17. In your opinion what do you think hinders discussions on drugs among family members? _____

18. Does the person you stay with normally monitor your movements?

- (a) Yes, always
- (b) Sometimes
- (c) Occasionally
- (d) No

19. What matters do you discuss with your friends about cannabis (Bhang)? _____

20. How do your friends/ classmates view smoking of cannabis (Bhang)?

- (a) Do like it
- (b) Do not care
- (c) Do not like it

21. In your opinion do you think secondary school students smoke /use cannabis (Bhang)?

- (a) Yes

(b) No

22. How widespread is the smoking of cannabis (Bhang)?

(a) Widely smoked

(b) Moderately smoked

(c) Little smoked

23. Considering your schoolmates in school, about how many smoke / use cannabis (Bhang)?

(a) Very many

(b) Many

(c) A few

(d) None

24. Have you ever used / smoked cannabis (Bhang)?

(a) Yes

(b) No (If NO go to question 27) ✕

25. How old were you?

(a) Less than 10 years

(b) 11- 14 years

(c) 15 – 20 years

26. Have you smoked cannabis (Bhang) in the last 1 year?

(a) Yes

(b) No

27. Have you smoked / used cannabis in the last one month?

(a) Yes

(b) No

28. How many times did you smoke/ use cannabis in the last one month?

(a) Daily

(b) Few times a week

(c) Once in a week

(d) Once in a month

29. In your class, do you know of a bhang user?

(a) Yes

(b) No

30. At what age do you think he/she started smoking or using cannabis/Bhang?

(a) Less than 10 years

(b) 11-14 years

(c) 15-19 years

31. How many times do you think he/she smokes cannabis/Bhang?

(a) Daily

(b) Few times a week

(c) Once in a week

(d) Once in a month

28. What have your friends said they feel after smoking/ using cannabis (Bhang)?

(a) Very pleasant

(b) Pleasant

(c) Nothing

(d) Unpleasant

29. What were the circumstances of your first attempt to smoke cannabis (Bhang)?

(a) To be accepted by the group (friends/ peers)

(b) To know how it feels/ tastes

(c) Forced

(d) Cheated

(e) Other (Specify) _____

30. What do your friends say about the drug (cannabis/bhang)? _____

31. Considering your best friends how much do you enjoy their company?

(a) Very much

(b) Much

(c) Average

(d) A little

32. How useful do you find your friends advice?

(a) Very useful

- (b) Useful
- (c) Slightly useful
- (d) Not useful

33. Do your friends approve smoking / using cannabis (Bhang)?

- (a) Approves
- (b) Disapproves
- (b) No stand

34. What are your friends reasons for approving or disapproving any member of their group smoking/using cannabis (Bhang)? _____

35. What do you do when your friends refuse to pay attention to your views?

- (a) Go by their wishes
- (b) Go by my own decision
- (c) Nothing

36. How do you value education?

- (a) Very important
- (b) Important
- (c) Not important
- (d) Other (specify) _____

37. Do you relate well with your teachers?

- (a) Yes
- (b) No

Have your teachers ever talked to you about cannabis (Bhang)?

- (a) Yes
- (b) No

39. What have they told you?

40. How often does your teacher discipline drug users?

- (a) Very many times
- (b) Many times
- (c) A few times
- (d) None

41. Why do you think your teachers have not talked to you about cannabis (Bhang)?
- (a) It is out the school syllabus
 - (b) Not part of their duty
 - (c) Lack of time
 - (d) Other (specify) _____
42. At the moment in your school are there any meetings or teachings where you discuss drug abuse related problems?
- (a) Yes
 - (b) No
43. What matters do you discuss? _____
44. In your opinion why is cannabis (Bhang) smoking on increase in secondary schools?
- (a) Poor parental guidance
 - (b) Lack of supervision by teachers
 - (c) Heavy academic workload
 - (d) Friends / peer influence
 - (e) Lack of knowledge on its health hazards
 - (f) Other (specify) _____
45. Do you have people coming to your school to discuss with you on matters of drugs?
- (a) Yes
 - (b) No
46. What kind of people? _____
47. What matters do you discuss? _____
48. In your church, do you have occasions when you discuss drug abuse?
- (a) Yes
 - (b) No
49. In your own opinion where do secondary school students get information about drugs?
- (a) Family
 - (b) Friends/Peers
 - (c) Media
 - (d) Teachers
 - (e) Other (Specify) _____
50. What times do secondary school students smoke cannabis/Bhang? _____
-
51. Which kind of leisure do you like?
- (a) Films
 - (b) Discos
 - (c) Watching football and other games
 - (c) Other (specify) _____
52. Do your parents consume alcohol?
- (a) Yes

(b) No

53. Which members of your family smoke /use cannabis (Bhang) during the past one year? _____

54. As far as you know, how difficult is it to obtain cannabis (Bhang)?

(a) Probably impossible

(b) Very difficult

(c) Fairly difficult

(d) Fairly easy

(e) Very easy

55. Can you describe some of the major side effects of smoking cannabis (Bhang) on

(i) Health of the user _____

(ii) Families and relatives of the Bhang smoker _____

56. How would you rate your community concern on cannabis abuse by the youths?

(a) Very high

(b) High

(c) Low

(d) Very low

(e) Can't tell

Appendix 2: Guidelines for Focus Group Discussions (FGDs) for Students

1. Is there drug abuse problem in secondary schools? **Find out** how widespread cannabis abuse is in secondary schools.
2. What is the student's perception on cannabis (Bhang)? **Probe** on their views on cannabis users.
3. What are the main factors accounting for drug abuse among the secondary school students? **Probe** on reasons that force the students to abuse cannabis (Bhang).
4. What is the role of friends in abuse of drugs? **Probe** on friends' influence.
5. Is there any communication between teachers and secondary school students or other members of the community about drugs? If yes, what **messages** are passed? If no, find out **why**?
6. In your family do you hold discussions with your parents and other family members? Find out if they discuss drug abuse problems. If no, **probe** what hinders such communication among family members.
7. Find out the effects of smoking cannabis on
 - (i) Health
 - (ii) Society in general
8. Find out the student's **views** on how to **cope** with or reduce drug abuse problems in schools.
9. Find out **who** could be useful in communicating to the students about drugs.