

**"COMMUNICATION, SOCIO-ECONOMIC AND
CULTURAL FACTORS INFLUENCING
CAMPAIGNS AGAINST DRUGS AND SUBSTANCE
ABUSE AMONG YOUTHS IN KENYA: A CASE
STUDY OF HIGH SCHOOL STUDENTS IN
NAIROBI"**

By

KENNEDY P. BUHERE

A Research Project Report Submitted in Partial Fulfilment of the
degree of Master of Arts in Communication Studies

SCHOOL OF JOURNALISM AND MASS COMMUNICATION

UNIVERSITY OF NAIROBI

2007

University of NAIROBI Library




0479264 4

DEDICATION

I dedicate this research project to my late grandmother, Koko Lucia Amayoka Tovesi who passed on in May 1993. She instilled in me the art of communication through the man Folktales she regaled us while as grandchildren, we used to sleep in her house in the mid 1970s. It was the first encounter with a coherent piece of human communication that inculcated into me the inclination to tell stories, stories that provide education, information and education. It is from her that I trace the first seeds of the skills of communication that my teachers, books, newspapers and accomplished speakers in the English language have continued.

DECLARATION AND APPROVAL

I do hereby make a declaration that this research project is my original work and
Has not been submitted in part or any other form for a degree award in any other

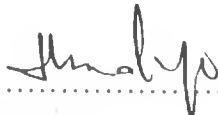
Signed  university Date

Kennedy P. Buhere

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Approval

This project report has been submitted with my approval as university Supervisor

Signature 
Dr. Joseph Mbindyo Date 8/11/07

ACKNOWLEDGEMENTS

I wish to express my gratitude to the University of Nairobi's School of Journalism and Communication for the excellent learning experience I have had during the two-year period I have sojourned there. I now leave the school thoroughly conversant with the significant influence communication plays in human life. I hope to practice journalism and communication with more circumspective now than I have done in the past. In particular I would like to thank Mr. Peter Oriare, Mr. Edwin Nyutho, Mr. Haroun Mwangi and Mr. Martin Munguti for: the insights I drew from the respective courses they taught will stand me in good state in my subsequent work as a public communicator.

I'm also grateful to the Ministry of Information and Communications for sponsoring me to undertake this course. In particular, I thank the former Acting Director of the Department of Information, M/S Zarina Kasu who greatly appreciated my work, and advised me to think about undertaking further studies if only to strengthen by skills.

Friends and colleagues have also been decisive in making a decision to undertake the course and also throughout the period I studied here. In particular, I thank Mr. Peter Simon Owaka, Mr. Thomas Okinda, and M/S Gladys Kemunto for the moral support they gave me particularly during moments when my will seemed to flag. Special appreciation goes to Mr. Moses Araya who suggested reading materials (not in the reading list) that greatly helped me during the course work. And the Librarian, Rachel Nyambura's contribution—searching for books and suggesting others not in the ACCE library—was exceedingly invaluable. Her assistance was symptomatic of the ideal librarian that most library institutions badly need.

My sincere gratitude goes to my Supervisor, Dr. Joseph Mbindyo for his assistance and guidance throughout the project. I gained valuable insights into dynamics of research that will be handy in my work in future.

Special thanks to my wife Night Khaoma, sons Jay, Tovesi, daughters Amayoka and Nella for the moral support they gave me during the study period. Their support added

lustre to the studies particularly when Tovesi, my third born son asked me whether teachers *that school of yours* punish learners when they report late!

Tables

Table 1 Prevention of Drug and Substance Abuse in Kenya).....	14
Table 2: Age Distribution.....	41
Table 3: Gender Distribution of Students.....	41
Table 4 Religious Affiliation of Respondents.....	42
Table 5: Level of Father’s Education.....	43
Table 6: Level of Mother’s Education.....	44
Table 7: Type of employment of respondents’ parents.....	44
Table 8: Type of employment of respondents’ mothers.....	44
Table 9: Media Exposure.....	45
Table 10: Opinion on effect of drug promoting information.....	48
Table 11: Seriousness of drug abuse to health.....	49
Table 12: Prevalence of drugs in the environment.....	50
Table 13: Opinion on whether drug problem being addressed.....	51
Table 14: Effects of drugs.....	53
Table 15 Students having drug problem.....	55
Table 16: Types of drugs students have been pressurized to use.....	56
Table 17 Proportion of students who think smokers can stop anytime...	56
Table 18: Proportion of students who mind friends smoking near them...	57
Table 19: Proportion of students aware of smoking related diseases.....	57
Table 20: Proportion of students who have drunk alcohol in the past.....	58
Table 21: When respondents last drank alcohol.....	58
Table 22: Proportion of students aware of the addictive nature of alcohol...	59
Table 23: Awareness of alcohol related diseases.....	59
Table 24 Proportion of students who have a member of the family who drinks alcohol	60
Table 25 Relatives of respondents taking alcohol.....	60
Table 26: Effectiveness of drug information received.....	61
Table 27: Factors influencing drug taking.....	63
Table 28: Factors influencing youth into drugs use/abuse.....	67
Table 29: Comm. channels used to disseminate information on drugs by teachers...	68
Figure 8 Feedback from students.....	69
Figure 9 Proportion of teachers who address other groups of people.....	71
Table 30: Government support of drug education in schools.....	72

FIGURES

Figure 1: Person respondents live with.....	42
Figure 2: Residence of the respondents.....	43
Figure 3 Information source.....	46
Figure 4 Frequency of drug information via mass media.....	49
Figure 5: Students knowledge of friends having drug.....	54
Figure 6: Drug users have sought assistance.....	55
Figure 7: Frequency of teachers talking to students about drugs.....	64

ABSTRACT

This study sought to examine the communication, socio-economic and cultural factors influencing campaigns against drugs and substance abuse with a particular focus on students in high schools in Nairobi. In particular it sought to determine the communication strategies used in the campaigns, what impact communication regarding drugs has had on youth's knowledge, attitudes, beliefs and practices, the communication habits among youth in relation to drug information and the role socio-economic and gender factors play in the risk behaviour associated with drugs.

Some 350 self-administered questionnaires were sent out, and 299 were returned constituting a return rate of 85%. However, data analysis was done on only 252 questionnaires whose respondents duly completed, the rest being spoiled.

Findings of the data show that majority of students actually are aware of the health hazards drug use/abuse certainly cause. Responses indicate majority of the students find drug repulsive. Intriguingly, however, 77% of the respondents know friends who were having a drug related problem, with some seeking help from teachers, friends or simply having apparently resigned to the problem.

While over 70% of the respondents were exposed to Television and over 50% to radio on daily basis, only 15% of the respondents said they got most of their drug information from television while only 4% got theirs from radio. Majority of the respondents said they got most of the drug information they had from the teachers.

The inference that could be made from these findings are that although communication has played a role in creating awareness about the health hazards of drug use/abuse, the awareness so produced has not had any appreciable effect on behaviour. Over half of the students had in fact drunk alcohol in the past one year, while 22 % of the respondents had in fact drunk alcohol within the two weeks prior to the study and 15% within a month prior to the study which was done the first week of third in 2007.

The upshot of all these findings is that the government, Non-governmental organisations, parents and schools are up against a Herculean task: new thinking and strategies is urgently needed in order to save the youth from the ravages of the drug scourge.

TABLE OF CONTENTS

CHAPTER ONE

1.0.	Background.....	1
1.1	Problem statement.....	5
1.2	Overall Objectives.....	7
1.2.1	Specific objectives of the study.....	7
1.3	Research questions.....	7
1.4	Assumptions of the study.....	7
1.5	Justification of the study.....	8
1.6	Scope of the Study.....	9
1.7	Operational Definitions of Terms.....	9

CHAPTER TWO

2.0	LITERATURE REVIEW AND THEORETICAL FRAMEWORK	11
2.1	Introduction.....	11
2.2	Global situation of drug abuse.....	11
2.3.1	Situation of drug abuse in Kenya.....	12
2.3.2	Government policy response to the drug scourge.....	16
2.4	Adolescents and drug abuse.....	17
2.5	Social-economic factors and its influence on drug use.....	19
2.6	Cultural Factors in Drug Abuse.....	21
2.7	Gender Dimension to drug and substance abuse.....	21
2.7.1	Gender aspects on drinking.....	21
2.7.2.	Gender and Smoking.....	22
2.8.	HIV/AIDS and Drugs.....	23
2.9.1.	Drug education and mass media.....	24
2.9.2.	IEC and Theories of Persuasion.....	26
2.10.	Message development.....	29
2.11.0	Theoretical Framework.....	31

2.11.1 Social Learning (Modelling) Theory.....	31
2.11.2 Diffusion of Innovations Theory.....	33
2.11.3 Health Belief Model.....	35

CHAPTER THREE

3.0 RESEARCH METHODOLOGY.....	37
3.1 Unit of Analysis.....	37
3.2 Research Setting.....	37
3.3 Study population.....	37
3.4 Sample design and sampling.....	38
3.5 Data sources and data collection methods.....	38
3.6 Data Analysis and Interpretation.....	38

CHAPTER FOUR

4.0 DATA ANALYSIS AND DISCUSSION OF FINDINGS.....	40
4.1 Introduction.....	40
4.2 Research findings for the Students.....	41
4.1.1 Age distribution.....	41
4.2.2 Gender distribution.....	41
4.2.3 Family background of respondents.....	41
4.2.4 Religious affiliation.....	42
4.2.5 Residence of the respondents.....	42
4.2.6 The level of education of fathers.....	43
4.2.7 The level of education of Mothers.....	43
4.2.8 Type of employment of fathers	44
4.2.9 Type of employment of mothers.....	44
4.2.10 Proportion of the frequency of students exposure to media.....	45
4.2.11 Source of information on drugs abuse.....	45
4.2.12 Drug abuse/users opinion.....	47
4.2.13 Frequency of receiving anti-drugs message from the mass media	48

4.2.14	Students' rating of drugs and substance use in terms of serious to your health.....	49
4.2.15	Students' view of drug the problem of drug abuse in their neighbourhood, schools and country.	49
4.2.16	Proportion of students who think something is being done to address drug problem.....	50
4.2.17	Effects of drug use/abuse	51
4.2.18	Proportion of students who know of a friend or anyone else who has a drug abuse problem.....	54
4.2.19	Proportion of students who have drugs problem.....	55
4.2.20	Proportion of students who are pressurized to take drugs.....	56
4.2.21	Proportion of students who think smokers can stop smoking anytime they wish	56
4.2.22	Proportion of students who mind friends smoking near them.....	57
4.2.23	Proportion of students who know smoking related diseases.....	57
4.2.24	Proportion of students who have drunk alcohol within the past one year.....	58
4.2.25	Proportion of students who think one could stop drinking alcohol anytime	59
4.2.26	Awareness of alcohol related disease.....	59
4.2.27	Proportion of students who know somebody in their family that drinks alcohol	60
4.2.28	Proportion of students who think the drug information they have been exposed to have prevented them against the drugs.....	60
4.2.29	Rating of factors in terms of its power to influence youth into taking drugs	61
4.3	RESPONSES FROM TEACHERS	63
4.3.1	The frequency of talking to students about drugs.....	64
4.3.2	Rating of factors influencing students' inclination to take drugs.....	65
4.3.3	Communication channels used to disseminate information.....	67

4.3.4	Reception of feedback from the students.....	68
4.3.5	Communication problems do you face taking to students about drugs	69
4.3.6	Other groups of people addressed concerning drugs and substance.....	70
4.3.7	Government support in addressing drugs and substance among students	71

CHAPTER FIVE

5.0	SUMMARY, CONCLUSION AND RECOMMENDATIONS...	73
5.1	SUMMARY OF THE FINDINGS AND CONCLUSION.....	73
5.2	RECOMMENDATIONS.....	75

BIBLIOGRAPHY.....	78
APPENDIX A.....	79
APPENDIX B.....	86
APPENDIX C.....	88

CHAPTER ONE

1.0 Background

Drug and substance abuse is one of the greatest problems facing the world imposing a heavy burden on world governments and Intergovernmental Organisations (INGO). There is hardly any country in which it has not taken place. It has imposed unprecedented burdens on many societies, in some cases posing a threat to the stability and well-being of those societies where its prevalence had reached alarming proportions.

Besides the health implications drug abuse pose, it has also catalyzed the spread of HIV/Aids scourge, apart from spawning critical health and social economic problems on the world's peoples, Kenya included.

Modern civilization has rendered traditional system which used to regulate the use of these substances inoperative, thus giving way to a more problematic patterns of use, a pattern that is associated with many social and health problems (*New People*, No. 87 November-December 2003).

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Drug abuse is "the sporadic or persistent excessive use of any substance for any other reason than its accepted medical use" (NACADA). The particular uses to which the drugs are put are normally unacceptable to the society, dangerous to the individual as well as society.

The world, through international institutions such as the UN system, has evolved frameworks to combat the scourge, with individual countries establishing structures to fight it at the local levels. Resources worthy millions of shillings have consequently been expended and continue to be expended to address the problem at the global, regional and national.

The World Health Organisation (WHO) estimated in its 2005 report that about 1 billion men and 250 million women smoke cigarettes, with the highest rates of current smokers found in low and middle-income countries. The vast majority of the smokers in 1995

lived in low-income and middle income countries where cigarette consumption has risen in recent decades, while overall consumption in high-income countries have progressively declined (World Bank, 2000).

Tobacco has been implicated in estimated deaths of 4million people deaths annually by the year 2000 and a projected rise to about 8.4million deaths by the year 2020 (WHO, 2003). For the 20th century, the cumulative number of tobacco deaths is estimated to have been about 100million, with about 60% of these in high-income countries and the former socialist countries. Over the 21st century, as a whole, about 1billion tobacco deaths are projected. Much of the projected mortality increase over the next 50 years could be avoided if adults quit smoking. (World Bank, 2003).

If the current patterns of smoking continue, about 0.5billion of the world's population alive today will be killed by smoking, half of them in middle age, according a World Bank Report.

Alcohol is another psychoactive substance that similarly poses critical health and social economic problems. It is estimated that there are about 2billion people worldwide who consume alcoholic beverages and 763 million with diagnosable alcohol use disorders (WHO, 2004). It is estimated that alcohol is responsible for 1.8 million deaths world wide, and in 2002, accounted for 4% of deaths and disability.

At present, AIDS is a leading cause of death in Sub-Saharan Africa, and the fourth biggest killer globally. Sexual risk behaviour accounts for a large proportion of HIV transmission and alcohol has been shown to increase such behaviour. Alcohol use and abuse is a significant catalyst of irresponsible sexual behaviour, thus helping to spread the infection. Injecting drugs has also been implicated in the spread of HIV as those who inject use same syringes or contaminated ones.

Drug menace—cannabis, cocaine, heroine, and other opiates, and amphetamine-type stimulants—are also widely used in many parts of the world.

According to estimates from the United Nations Office on Drugs and Crime (UNODC), the annual prevalence of illicit drug use is 3% of the global population or 185million people, and 4.7% of people aged 15-64 years (UNODC World Drug Report, 2004).

The main problems at the global level continue to be opiates (notably heroine) followed by cocaine. For Europe and Asia, opiates are the main problem drug, accounting for 62% of all treatment demand in 2003. In South Africa, drug related treatment demand was linked to the abuse of cocaine (59% of all treatment demand). In Africa, the bulk of all treatment demand is linked to cannabis (64%) [World Drug Report, 2005].

Whereas there is evidence regarding the serious health and social problems the drug scourge causes, people, particularly young people either continue to abuse it and/or they get sucked into abusing them oblivious of the health consequences of the behaviour. This causes a serious health burden on the society.

It is because of this that world governments have made various interventions to contain it. High-income countries have made tremendous strides in educating its people about the debilitating effect of drugs abuse. This campaign has led to progressive declines in the consumption and abuse of drugs and substance (World Bank, 1999). However, Low-income and Middle-income still continue to abuse it because their knowledge base about its harmful effects is either lacking or not strong enough to dissuade individuals from abusing the drugs.

Various governments have in the past intervened to contain the problem through legislation. However, many countries have recognized that the most potent tool in reducing the number of smokers, users of alcohol and the number of those who abuse hard drugs is through education (*East African Standard*, 14, November 2006). Creation of awareness about the health and social-economic consequences of drug abuse, it is held, would create psychological and emotional discomfort in the drug and substance abuser. This knowledge about the health implications of drug use is presumed to induce the drug

user to either quit abusing it altogether or fortify the abstinences of those who have not started abusing them.

The bulk of campaign against drugs and substance abuse has particularly been aimed at the youth whom research show either that they have virtually no knowledge about the health and socio-economic implications of drug abuse or have a grossly distorted knowledge about the implications.

According to a World Bank Report (2000), health information can reduce aggregate tobacco demand in four ways:

- It discourages non-users from starting to smoke
- It encourages current users to cut down on smoking
- It encourages current users to quit smoking
- It discourages relapse (re-starting) among smokers.

Health education in regard to alcohol uptake and use of hard drugs such as Cannabis, Cocaine, and heroine has similarly dissuasive effects if well crafted and targeted to relevant audience. This is a strategy most governments have adopted and have used it to target the youthful members of the society.

Drug education is founded on the fact that too often adolescents do not see the link between their actions today and the consequences later in life. They feel they are indestructible and immune to the problems that others experience.¹

Drug is compulsive to youth because of a number of reasons. Karechio (1996) identifies several reasons that make the youth well disposed to drugs. These reasons include curiosity, boredom peer influence, family breakdown, spiritual hunger, ignorance, ready availability of drugs and pure greed.

¹ <http://www.teendrugabuse.us/>

1.1 Problem Statement

Awareness of the implications drug use has on the health of individuals, and ultimately the society, is either lacking and/or distorted notwithstanding society efforts to disseminate information about the clear and present danger associated with drug abuse. The global community has, through the UNODC, and individual governments, invested resources, worthy millions of shillings to curb drug abuse, yet many people, particularly the youth, continue to be hooked on them.

The global retail market for illicit drugs, for instance, is estimated at US\$320billion (UNODC, 2005). About 2billion people in the world consume alcohol with 763 diagnosable alcohol use disorders (WHO, 2004) while 1.1billion people world wide are smokers, putting at risk millions of people who are described as second-hand smokers, i.e. those who inhale the smoke from being near those who smoke.

Policy makers the world over believe that the answer to drugs lies more in solving the demand side of the equation than it does on the supply side. Former US president, George Herbert Bush Sr. in addressing the spectre of drug abuse in his country in 1989 noted that educational efforts mounted by the Federal and State governments, and the private sector and the schools would be involved to make the war on drugs effective.

However, what is worrying about these statistics is that a critical number of drug users are adolescent and the year that they start taking drugs is becoming smaller. Determined efforts to sensitize people in the developed countries has evidently led to a steady decline of drug use on one hand, while drug use in Low Income and Middle income countries, particularly among the youth, is on the increase.

The youth continue to abuse the drugs oblivious of the health and social implications on their lives: they take them believing that the drugs have "little or no harm" to their health.

This is notwithstanding the Behaviour Communication Change (BCC) promotion among the youth aimed at persuading them against drug use. The youth appear to have ignored

the “information shock” regarding the depilating effects drug abuse has on those who use them and/or have not been sufficiently exposed to the “information shock”, thereby inducing them to abstain from using them.

At any rate, the youth do not have the capacity to appreciate the harmful effects of the drugs partly because of the long gestation period between the onset of drug use and its debilitating effect on their physical and psychological health, and also because of the delusive belief that they are inscrutable.

A country’s youth is the greatest treasure or resource that country or any nation has. Youth’s continued vulnerability to the drugs and substance for whatever reason spells doom for the continued existence of that country. Drugs results in fatal diseases to its users, disrupts the aspirations an individual may have had prior to addiction, disrupts relationship and often leads to rejection.

The envisaged study consequently derives from the concern over the worrying prevalence of drug abuse among adolescence in Kenya in spite of the government efforts to control its demand. This is because studies show that the overwhelming majority of alcohol and tobacco users began the habit while in their youth. Adolescence is defined by WHO as the age between 15-24 years. The US Centres for Disease Control (CDC) defines it as 13-19 years, while the American Academy of Pediatrics and Society for Adolescent Medicine defines it as 13-31 years (Nduati *et al*, 1996).

Based on the problem stated, the study examines the role of communication in influencing campaigns against drugs and substance abuse among youth in Kenya. The research will also examine the social-economic and cultural factors that influence drug habits among youth, with particular reference to high school students in Nairobi. It will also examine the influence communication and socio-economic and cultural factors have had on the youth Knowledge, Attitudes, beliefs and practices on regard to drug use.

1.2 Overall Objective of the Study

In general the objective of the study is to examine the role communication, and socio-economic and cultural factors play in influencing campaigns against drug and substance abuse among youth.

1.2.1 Specific Objectives of the Study

- 1) To evaluate the communication strategies used in the campaigns against drug abuse.
- 2) To examine how the youth's knowledge, attitudes, beliefs and practices have been influenced by the communication campaign against drug abuse.
- 3) To examine the communication habits among youth in relation to drug use information.
- 4) To determine the role-played by socio-economic and cultural factors in influencing adolescent disposition towards drug use.
- 5) To recommend ways on how communications campaigns against drug abuse among the youth can be strengthened.

1.3 Research Questions

- 1) What communication strategies have been used in the campaigns against drug abuse among the youth?
- 2) What has been the impact of these campaigns on knowledge, attitudes and practices of the youths?
- 3) How do the youth utilize messages that relate to drug use information?
- 4) What role do socio-economic and cultural factors play in influencing the disposition of adolescents towards drug abuse?

1.4 Assumptions of the Study

The study is founded on the assumptions that the Information, Education and Communication (IEC) efforts NACADA and other stakeholders have undertaken against drug use/abuse has:

- Created awareness about the dangers inherent in drug use/abuse
- Dispelled some of the myth that is associated with drug use

- Engendered sufficient dissonance among the youth exposed as to either stop abusing drugs and/or thinking about quitting abusing drugs

1.5 Justification of the Study

Last year the government unveiled an ambitious development goal, dubbed the Vision 2030 in which the country should by then be an industrial giant, resolving, the poverty levels that afflict the majority of Kenyan peoples. The immediate former Chief Executive Officer (CEO) of the Nation Media Group (NMG), Mr. Wilfred Kiboro observed during the launch of the ambitious programme, that the realization of that vision might be impaired by the country's failure to decisively address the problem of drug abuse among the youth.

Kiboro noted that it is today's youth who will actualize that vision. They (the youth) needed to be shielded from the debilitating effect of drug abuse to have the energy and capacity to facilitate the realization of the visions.

Early at independence, Government in *Sessional Paper No. 10* committed itself to fighting disease, poverty and ignorance. Drug use heavily undermines government efforts to improve the health status of the citizens' particularly young people thus undermining government efforts to establish and maintain the health of its.

The study is justified because the findings could benefit the government and society in establishing whether current efforts to prevent youth from sliding into drug abuse are effective or not. It will also contribute in determining the levels of awareness, attitudinal and behavioural dispositions towards drug use and formulate appropriate policies to combat it, thereby protect the youth from the hazards of drug abuse.

The study will help determine the place of communication in the campaigns against drug and substance abuse. Policy makers could use these insights the research will unravel to devise appropriate means of dealing with the drug phenomenon.

1.6 Scope of the Study

Although youth out of school are equally vulnerable to drug use/abuse, my scope will be limited to teenagers in public High schools.

1.7 Operational Definitions of Terms

For the purposes of this study, the following terminologies will be used as defined below:

Adolescence—WHO defines adolescence as the period of life between 10 and 19 years of age. For our purposes, it is the period of life between 12 and 24.

Communication—the sharing of information and ideas between two or more individuals.

Channel—the means by which messages get from one individual to another.

Mass Communication—the process through which persuasion messages is presented via media such as the newspaper, radio, Television, posters, billboards etc.

Drugs—any chemical substance which when introduced into a living organism modifies one or more of its functions. This includes alcohol, cannabis, cigarettes, heroin, Miraa (khat) and pharmaceutical drugs.

Drug Abuse—a condition whereby drugs are taken for other motives other than the intended ones e.g. to produce unnatural feeling which in turn causes damage to the health of the individual.

Drug Addiction—Refers to compelling need to take a drug often in increasing amounts. If the person is dependent on the physical and emotional effects that the drug produces, then he said to be suffering from addiction.

Tolerance—this is the ability of a person to take a large amount of drug by reason of diminishing effect that occurs with use. A person who has been taking drug for so long may develop tolerance to it, by demanding for more additional doses to affect the desired feeling.

Drug Education—is the attempt to deliver information about drugs including cigarette, alcohol and their medical and non-medical use and the bad consequences of their abuse, a group of audience with the objectives of helping them refrain from the dangerous ones and make wise use of medical ones.

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter reviews the literature on drug abuse with specific reference to adolescents who are most affected by the scourge. The review will include academic, policy and legal literature on drug abuse. It will look at the global status of drug abuse, patterns of drug use among the population, the efforts governments and international organisations have made in combating the scourge. It will finally focus on Kenya's efforts to counteract it through Behaviourial Change Communication (BCC).

2.2. The global situation of drug abuse

Drug abuse has become a global problem. According to the World Drug Report 2000, there is hardly any country that has not been affected. At least 134 countries and territories were faced with a drug abuse problem in the 1990s.

The United Nations Office for Drugs Control and Crime Prevention (UNODCCP) notes drugs destroy lives and communities, and undermine sustainable development and generate crime.

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Drugs are a grave threat to the health and well-being of all mankind, the independence of states, democracy, and the stability of nations (UNODCCP). The drugs in question include tobacco, alcohol, bhang, cocaine, heroine and pharmaceutical drugs.

An estimated 1billion men and 250million women smoke bhang with the vast majority living in low-income and middle-income countries (World Bank 2000). It kills an estimated 4million by the end of 2000 and is projected to kill 8.4million deaths by the year 2020(WHO 2000.)

While some 1.1billion people globally smoke cigarettes, an estimated 2billion people worldwide consume alcoholic beverages of whom 763million have diagnosable alcohol use disorders (WHO 2004). Just like Tobacco use, alcohol consumption has serious

health and social consequences occasioned mainly through intoxication, alcohol dependence, and other biomedical effects of the substance.

Tobacco and Alcohol are not the only drugs that threaten the well-being of mankind. Cannabis, Cocaine, bhang, heroine, khat (*miraa*) and other licit drugs are similarly abused. According to the United Nations Office of Drugs and Crime world report 2005, some 200million or 5% of the world's population aged 15-64 have used drugs at least once in 12months. This is 15million people higher than 2004.

The report notes that some 160million people or 4% of the world's population aged 15-64 use Cannabis. Estimates of the number of ATS users are 26million using amphetamines and 8million using ecstasy.

The global retail market of illicit drugs is estimated at US\$320billion, a sum that is larger than individual Gross Domestic Products (GDP) of nearly 90 per cent of the countries of the world. The financial muscle this represents can cause political instability in weak economies.

Drugs would not have caused international community and individual governments and other stakeholders to worry so much had it not been for its negative social-economic and health effects on the society.

2.3.1. Situation of Drug Abuse in Kenya

Kenya has not been spared the burden of drug abuse—being situated in Sub-Saharan Africa, a region tobacco manufacturer find safe haven given the weak laws regarding tobacco control.

Contributing to the Drugs and Substance Abuse Control Authority Bill in parliament, Nobel laureate Prof. Wangari Mathai lamented that drug abuse was a tragedy that the country has not fully appreciated (*Daily Nation April 19, 2007.*) The tragedy that Prof. Mathai refers to is taking its toll on the lives of Kenyans despite existing legislations and

Information, Education and Communication (IEC) initiatives the government and Non-Governmental Organisations have made in combating the social problem.

Estimated 6 billion cigarettes are consumed every year in Kenya, according to Tobacco Vs Health, an undated publication by the National Tobacco-Free Initiative Committee, Kenya. According to the Director of Medical Services, Dr. James Nyikal, some 8,000 Kenyan smokers die every year, while some 4,000 are killed by the secondary effects of tobacco smoke.²

And about 13 % (400,000) schoolchildren in Kenya smoke cigarettes, a habit which some of them start as early as seven years old, according to the *Global Tobacco Youth Survey-Kenya Report*, 2001. Disturbingly, of the 400,000, 160,000 were girls.

The study, conducted by the ministries of Health and Education, with the support of the WHO, showed that up to 80% of boys and girls had seen messages promoting the use of tobacco in newspapers and magazines, and that 50% of smokers and 20% of the newer smokers, had objects such as T-shirts, caps and pens, with cigarette logo. The study also showed that 25% of the smokers thought that boys and girls who smoke looked more attractive than nonsmokers.

According to the chairman of the National Agency for the Campaign Against Drug Abuse (NACADA), Dr. Frank Njenga, there are an estimated 500,000 Kenyans who are addicted to alcohol (*Sunday Nation*, March, 18, 2007). He estimates that there are a million people who are problem drinkers or functional alcoholics.

A study conducted by the Kenya Medical Research Institute (KEMRI) established that alcohol abuse affects 70% of all families in Kenya.

A survey by NACADA established that Western, Rift Valley and Central provinces all have alcohol abuse prevalence of over 80%. North Eastern had a prevalence rate of 10%,

² Daily Nation, May 22, 2006

attributable to the influence of Islamic religion, which stresses abstinence (NACADA—A handbook, 2002.).

The pattern of alcohol in the provinces is replicated among adolescents—students and non-students alike. According to a Survey conducted by NACADA in conjunction with the ministry of Health, there is alcohol prevalence rate of 27.7% among students in Kenya, compared to 77.6% among non-students.

The table below shows the overall prevalence in substance current use by the youth in Kenya.

Table 1(Source: A Handbook on Prevention of Drug and Substance Abuse in Kenya)

Substance	Ever use (long term use)		Current Use(Use in the last 30 days)	
	Students	Non-students	students	Non-students
Alcohol	27.7	77.1	8.6	60.1
Tobacco	8.3	65.7	3.1	58
Bhang	2.8	34.9	0.6	21.1
Miraa	9.1	55.1	2.1	20.8
Inhalants	3.3	12.5	1.6	7.2

Launching the UN Drug Report, Internal Security Minister Mr. John Michuki said that 70% of young Kenya would abuse drugs (*Sunday Nation*, August 20, 2006). He said heroin cases rose from 39 in 2004 to 132 in 2005, noting that there was a significant abuse of cocaine and bhang.

The drug situation in Kenya is compounded by the fact that the country has not established rehabilitation centres to help those who are drug dependent. The only rehabilitation centres in the country are privately owned—Asumbi in Nyanza that opened

in 1988, and Red Cross Hill Crescent in 2002. The only government funded rehabilitation centre is Mathare Hospital that has the capacity to house only 15 patients.³

It is not only the active smokers who bear the burden of the health hazards drug and substance use cause; non-smokers exposed to smoking also suffer from it. Research shows that women who smoke during pregnancy are more likely to lose their fetus through spontaneous abortion. Babies born to smoking mothers are more likely than babies of nonsmokers to have a low birth weight and up to 35% more likely to die in infancy (World Bank publication, 1999). Adults physically close to smokers also face many hazards. These include children of smokers, spouses of smokers and workmates.

Tobacco smoke irritates the eyes, throat, lungs and cause headaches to nonsmokers besides posing real risk of lung cancer and higher risks of cardiovascular diseases (Meek, & Heit, 1999).

It is the health risks that passive smoking cause to non smokers that many countries have banned smoking in public including work places. It is the same reasons that have induced Kenya to push for legislation outlawing smoking in public places vide the Tobacco Control (No. 2 Bill 2006).

Among the objectives the envisaged law has are:

- Inform, educate and communicate to the public the debilitating effects of growing, handling and use of tobacco.
- Protect the health of Kenyans in light of the conclusive evidence implicating tobacco growing, handling and use in the incidence of debilitating and fatal disease
- Protect the health of persons under the age of 18 years by restricting their access to tobacco.

³ *Sunday Nation*, August 20, 2006

Vested interests in the industry have frustrated government efforts to effect the legislation. Nakuru Municipal Council is the first local authority to make bylaws that bans smoking in public places.

2.3.2 Government policy response to the drugs scourge

The alarming prevalence of drug abuse in the community and among the youth in particular has continued unabated despite the existing legislation and its enforcement by the authorities.

The government made legislations to deal with drugs—to control access of certain categories of people to the drugs and to out rightly outlaw the use of others. Some of the laws in the statute books that specifically are aimed at controlling drug use include the Chang'aa prohibition Act Cap 70, Traditional Liquor Act cap 122, chiefs Authority Act, Police Administration and the Penal Code. The Dangerous Drugs Act (Cap.245), the Pharmacy and Poisons Act (Cap 244).

The dangerous Drugs Act was designed to control the cultivation, extraction, manufacture, trading and consumption of dangerous and habit forming compounds,, such as raw opium, Indian hemp, cocaine, morphine, and other drugs as stipulated.

Many pharmaceutical drugs are very powerful poisons and some have dangerous habit-forming properties. The pharmacy and Poisons Act carefully protect the manufacture, distribution and care of a number of such drugs

The government enacted the Liquor Licensing Act in 1986 to among others regulate the consumption of alcohol. The law prohibited bar operators to sell alcohol to school going children. In 1994, the Narcotics Drugs and Psychotropic Substances (Control) Act was enacted laying heavy penalties on drug traffickers.

To strengthen the war against drugs, the government established the National Agency against Drugs and Substance Abuse (NACADA) in 2001. Its terms of reference included:

- To conduct public education campaigns
- To curb drug abuse among youth
- To initiate treatment and rehabilitation programme for adults.

The latest initiative is the Tobacco Products Control (No.2) Bill whose objectives include the following:

- Inform, educate and communicate to the public the debilitating effects of growing, handling and use of tobacco.
- Protect the purchasers or consumers of tobacco from misleading and deceptive instruments to use tobacco and the consequent dependence on them.
- Protect the health of Kenyans in the light of evidence implicating tobacco growing, handling and use in the incidence of the debilitating and fatal diseases.
- Protect the health of persons under the age the age of 18 years by restricting their access to tobacco.

2.4 Adolescents and Drug abuse

Drugs would not have been a health and social problem it is now had youth had the ability to appreciate its hazards. Indeed evidence abounds that those who avoid partaking licit or illicit drugs in adolescence or young adulthood will not use or abuse drugs in their adulthood—be they legal or illicit drugs (World Bank, 1999.)

Modernization and the concomitant erosion of traditional values have led adolescents to take to drug use. Western ideals and values have supplanted traditional systems, associating drinking and tobacco with cosmopolitanism, and young people who do not drink or smoke for any reason with primitivism (Room, 2002).

Generally peoples' knowledge about the health risks of tobacco, alcohol and other hard drugs such as bhang, miraa appears to be limited. According to World Bank Report 1999, most people start abusing drugs, including smoking, alcohol consumption early in life, as they know less about the health effects of these drugs.

In the US where young people are expected—by dint of the high literacy levels in that country and the aggressive anti-drugs campaign—to have received more information, almost half of 13-year olds surveyed thought that smoking a pack of cigars a day would not cause them any harm.

The distorted perception of the harm Tobacco has is so gross that in China, a study showed that 61% of adult smokers surveyed in 1996 believed that cigars did them “little or no harm.”

In Poland in a 1996 researchers asked adults to rate “the most important facts influencing human health” the facts most frequently chosen was “the environment” followed by dietary habits and stress or hectic lifestyles, smoking trailed 4th place and was mentioned by only 27% of the adults questioned. The reality is that smoking accounts for 1/3 of the risk of premature death in middle-aged men in Poland, far more than any other risk.

The widespread distorted perception of the health implications of tobacco among adults creates an enabling environment for young people to abuse drugs. Young people generally underestimate the risk of becoming addicted to nicotine; hence grossly underestimating the cost the addiction would have on their future.

Karechio (1996) argues that people, particularly young people abuse drugs because of curiosity, boredom, pressures from friends, family breakdown and alienation, spiritual hunger, ignorance, ready availability of the drugs.

Meeks & Heit (1999) list other risk factors as the need to appear mature, coping with stress, need to have a good image, having difficult relationships, having negative self-esteem.

In a study conducted in Ghana, it was found that youth resorted to drinking because they see their elders drinking. Akyaepong (2002) views drinking in this sense as a desire to appear as an adult:

In Ghana the role of a father is privileged. Children perceive the privileges of adulthood and remain ignorant of its responsibilities. They yearn to be adults. Youthful drinking reflects, in away, a premature striving for adulthood.⁴

Bursman (1995) argues that young people need guidance in learning to solve problems of adolescence much more than they need drug information and drug education. Drug education and information be of more use to parents, education, teachers and other key persons in contact with young people, than for the adolescents themselves.

Preventive education against drug abuse is important and developing the personality of young people because it seeks to inspire life goals, a challenge which endows it with much broader implications than the prevention of health problem.

2.5 SOCIO-ECONOMIC FACTORS AND THEIR LINK TO PERCEPTION OF RISKS RELATING TO DRUG USE

Slovic (2000) says studies by anthropologists and sociologists show that risk perception and the acceptance of a risk have their roots in cultural and social factors. It has been argued that friends, family, colleagues are among the social influences transmit the response to a hazard, and respected public officials.

Social deprivation has been particularly implicated in drug use. In a study conducted in Ghana, Akyeampong (2002) it was shown that youth drink as a relief to soothe the indignities of poverty, unemployment, underemployment and insecurity. The structural adjustment programmes that the World Bank and IMF imposed on third world countries involved major reforms in the social economic system. This aggravated the already widespread unemployment and underemployment already rife on the areas, particularly in Sub-Saharan Africa.

⁴ In Bryceson, F. (Ed.), *Alcohol in Africa*, Heinemann Portsmouth, Nit 2002

Akyeampong (2002) says people in Ghana resorted to heavy drinking following the social and economic dislocation accompanied withdrawal of subsidies in education, health, retrenchment in the civil service:

Patrons came around 6.00a.m on their way to work and about 6.00pm as they returned from work. For many, drink fortified them for jobs they disliked, and then prepared their re-entry into tense domestic situations.

In a study conducted in Guangdong province in China shows that drug use more common among unemployed and unstable employment. 56.6% of the addicts were awaiting jobs, 4.4% were occasional workers and 25.5% self-employed.

Smoking rates among men in low-income and middle income countries are higher than in high income countries. Bobak *etal* say (2000) the overall smoking prevalence among men in 1995 was 49% in low-income and middle income countries, while it was 38% in high-income countries. The authors argue that smoking prevalence rates between poor and rich groups are greater in low-income countries than those in high-income countries. They attribute this to the rich people's ability to use health-related information than the poor.

Among the reasons the authors give for the high smoking prevalence rates among the poor include:

- Lack of awareness of the health hazards of smoking thus more likely to adopt this harmful practice.
- Self-medication used to regulate mood, manage stress, and to cope with the strains of material deprivation
- Smoking and alcoholism may be a replacement reward, as smoking is said to be one of the few things a poor person can do for himself.

In the US, people from higher social status are less prone to taking to drugs and substances compared to the poor.

Some of the factors that push adolescents into drugs include the personality disposition of the individual, family, individual personality, the environment, the school community, and peer network.

Bennet W (1994) argues that few people buy drugs for the first time from a stranger. He argues that it is usually a friend who gives that person drugs for the first time.⁵ It is that first attempt, through mainly peer influence that in time culminates into drug addiction.

2.5.1 Cultural Factors in Drug Abuse

In many cultures, drinking alcohol is accorded a major role in rituals and other festivals. Alcohol consumption is approved and encouraged and drinking opportunities are frequently in festive as well as daily social life. Alcohol is used as a means of establishing a collective and social identity and demarcating status (Bryceson, 2002):

During the festive environment, people drink for a number reason. According to the *Wikipedia* an Internet encyclopedia, people drink to quench thirst, to get drunk, to enjoy social setting, to enjoy the taste of alcohol and for religious, traditional or reasons.

In many African societies, beer drinking—whether licit or illicit—is the norm. Beer is brewed and drank during funeral and circumcision ceremonies among many Kenyan communities. Uncontrolled drinking and revelry is in fact condoned. This leads to risk sexual behaviour during funeral and ritual circumcision.

2.7 Gender Dimension to Drugs and Substance Abuse

2.7.1 Gender aspects to Drinking

Although alcohol has been predominantly a male preserve, traditional societies did not particularly bar women from drinking beer or alcohol. Women participated in drinking illicit beer during circumcision and funeral ceremonies as well.

This notwithstanding, society generally frowned against women who drink. The social standards expected of women are higher. Modernization has, however, broken down barriers that prevented women from drinking with the result that those who are either comparatively highly educated or urbanized are the ones who take alcohol. Modern advertising has helped change attitudes and depicts drinking as a socially desirable pastime.

⁵ Bennet W. 1994 *The De-valuing of America: The Fight for Our Culture and Our Children, Focus on the Family Publishing.*

Alcohol Concern, A national agency on Alcohol Misuse in England revealed that women take to alcohol because of a variety of reasons. They include:

- A means of coping with stress
- Low self-esteem, particularly young women who may have experienced sexual or physical abuse, may act as a trigger to heavy drinking
- Positive expectations about the effects of alcohol which include improved confidence and ease of making friends
- The heavy marketing of alcohol which subtly targets women.

Advertising projects women drinking being strong, and as having a stronger sexual appeal than those who do not drink.

Despite all these, research show that alcohol has a more detrimental effect on women than men. They become alcohol dependent more quickly than men and it impairs their cognitive functioning. Women drinkers are more vulnerable to sex abuse than women who do not drink. Drunken women receive unwanted sexual advances, unplanned and unprotected sex, besides facing the risk of liver, brain, heart disease and cancer from heavy drinking.⁶

2.7.2 Gender and Smoking.

Unlike alcohol uptake, cigarette smoking among women has been rare in most cultures. It only became prevalent in the closing decades of 20th century. It was in the early 20th century a social taboo for women to smoke (Center & Walsh, 1996)

According to Center and Walsh, advertising greatly influenced women to start cigarette smoking when it depicted it as glamorous and even healthful.

Indeed, it was Edward Bernays who was the first to consciously devise a strategy to induce women to smoke. He caused ten young debutants to light "Torches of Freedom" in the parade as a symbolic protest against women's inequality. Within 24 hours after they stately walked across smoking, women smoking in public places and the streets of US cities became common. In 2004, 21.5million (18.5%) of women smoked in the US

⁶ <http://www.athealth.com/Consumer/disorders/womenalcohol.html>

Although fewer women than men smoke, the percentage differences between the two has continued to decrease, as more and more women seem to be taking to cigarette smoking.

Although the gap between men and women smoking is still huge, the increasing number of women who are taking to smoking, influenced by shift in societal values and glamorization of smoking, is narrowing the gap. This is despite the much larger burden women who smoke bear compared to the burden borne by men who smoke.

In a 2001 US Surgeon General's report on the health consequences of women smoking, cigarette smoking has killed many women since the 1980 Surgeon General's report on the peculiar health hazards women who smoke incur from the practice. Some three million women have prematurely died of smoking related diseases. Throughout the 1990s, about 2.1million years of potential life of US women were lost prematurely due to smoking related diseases. The disease range from lung cancer, cardiovascular disease, menstrual malfunction and others.⁷

2.8 HIV/AIDS AND DRUGS

The world is currently fighting the HIV/AIDS scourge which has claimed millions of lives. At present, AIDS is the leading cause of deaths in Sub-Saharan Africa, and the fourth-biggest killer globally. According to current UNAIDS, estimates more than 60million people have been infected with the virus, with 58% of adults infections occurring in Sub-Saharan, 20% in Europe. At the end of 2002, an estimated 38.6million adult was living with HIV infections of whom almost a half were women and with the majority of new infections occurring in young adults. Sexual risk behaviour accounts for a large proportion of HIV transmissions and alcohol has been shown to increase such sexual risk.

AIDS transmission via injection drug has been partly responsible for AIDS transmission. According to UNESCO 2001, 114 countries had reported the occurrence of infection

⁷ http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/highlight_consequences.htm

among their drug communities. Injection drug was either the main mode of transmission in many countries in Asia, Latin America, Europe and Northern America. Although the great bulk of HIV transmission in Sub-Saharan Africa was through sex, injecting drug was also a source of risk.

In a study, Ndetei (2004) says that that in 1999, out of 134 countries in which drug injecting had been confirmed, 114 of them reported a relationship with HIV/AIDS. He further noted that in 1995, an estimated 5-10% of all HIV/AIDS cases worldwide were due to injecting drugs of abuse through use and sharing of contaminated needles and syringes.

Clearly, drug injection is a major factor for HIV infection in many parts of the world. If not addressed, it will halt the valiant efforts governments, Nongovernmental Organisations have made in halting its spread. Wango, G. (2001) corroborates this saying that drug use was associated with high incidence of sexual activity among adolescents. While more males than females engage in drug use, and abuse, females were lured into it. Indeed, Kiragu, K. (1991), whom Wango quotes, noted a correlation between sexual behaviour among school adolescents with drugs.

UNIVERSITY OF NAIROBI
EASTAFRICANA COLLECTION

In a study conducted for his PhD thesis, Kiragu showed that females in primary, secondary and vocational schools were four times more likely to engage in sexual activity if they used drugs while males twice as likely to do so.

A Rapid Situation Assessment conducted by the University of Nairobi, Kenya in 2004 revealed that the prevalence of HIV among a limited sample of injecting drug users (IDUs) was between 68% and 88%. This clearly shows the nexus that exist between drug addiction and HIV/AIDS.

2.9.1 Drug Education and Mass Media

Dominick (1993) says the media play a major role in forming perception, attitudes and beliefs. Although the early 20th century conception of the audience as passive is no longer

in vogue, mass media nevertheless has the potential to stimulate and/or reinforce certain attitudes, beliefs and behaviour in a social system.

This view was enunciated by Klapper (1960) who encapsulated the minimal effect of mass media saying:

Mass communication does not serve as a necessary s of mediating factors and influences.⁸

Research on knowledge, attitudes, beliefs and practices cite such factors as the family, personality, peer influence environment and the school as some of the responsible for them.

The idea that the media can exert influence on consumption of drugs is based on two hypotheses (Cavalcanti L. 1994).

- Increased knowledge leads to transformation of attitudes, which leads to behavioural change
- Recourse to mass media is, in itself, an efficient means by which to influence the knowledge-attitude-behaviour chain.⁹

The basic foundation of Information, education and Communication is that knowledge has ability of altering knowledge, attitude and consequently change behaviour.

Public campaigns are in based on the assumptions that information can and do play a significant role in Behaviour change communication.

According to Rice and Atkin (1989) public communication campaigns are aimed at creating awareness and knowledge, changing beliefs or raising salience in order to affect attitude and behaviour. Besides creating awareness, the authors also argue that mass mediated communication stimulates interpersonal communication, and recruits many

⁸ Klapper J. T. (1960) *The Effects of Mass Communication* New York: Free Press

⁹ Calvacanti L. *Prevention of Drug Abuse Through Education and Information*, UNESCO 1994

others to join the discussion of the issue—in line with the Agenda setting function of the mass media.

Indeed, mass media can have powerful effects by setting the agenda for the communities by stressing certain behaviour. In this capacity, media can either increase what Noella—Neumann, 1972) called the “spirit of silence” regarding a given health issue or serve as a positive behaviour. If for example, it shows that majority of adolescence do no abuse drugs teenagers who do not abuse drugs can be encouraged to speak out against out against drug abuse, thus break the “spiral of silence.

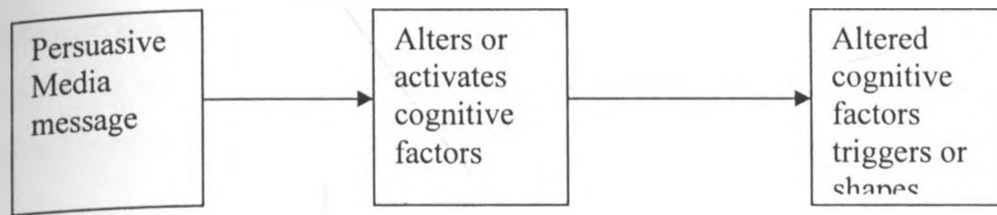
2.9.2 IEC and Theories of Persuasion

The evolution of theoretical perspectives on how mass communicated messages influence audiences has led to widespread efforts to use the mass media as a tool of social engineering aimed at deliberately manipulating human behaviour. Although no clear theoretical connections can be established between mass mediated communication and attitude formation or change, the basic principle is that mass communication can and do in fact influence the thinking and conduct of the target audience.

Two general strategies of persuasion can be identified that may be said to form the theoretical bases of IEC: this are the Psychodynamic and social expectations approaches (DeFleur and Ball-Rokeach, 1989).

There is The Psychodynamic Strategy—typified by S-O-R, that is Stimulus-Organism and Response. Under this, messages are designed and disseminated via the mass media and other communication channels. The persuasive messages are aimed at altering or activating the cognitive factors in the target audiences, which in tern alter it and trigger overt behaviour in the audiences. It is assumed that human behavior occurs in response to stimuli in the social environment. The responses are prompted by psychological states of individuals whose behaviours are affected by the intervening biological, social and cognitive factors unique to them. This strategy aims at manipulating either the emotional or cognitive factors such as drives, needs, interests and anxieties.

The psychodynamic model of Persuasion Strategy process may be graphically presented as follows:



Source: DeFluer M., Ball-Rockeach, S., (1989), *Theories of Mass Communications*, 5th edition

In his **Cognitive dissonance** theory, Festinger (1957) observe that since humans have a basic need for consistency in their world, any inconsistency of beliefs, attitudes or behaviour will bring about cognitive dissonance which those affected will promptly try to correct through changes in behavior, belief or attitudes.

It is this potential of the media that has made companies dealing in Tobacco and alcohol products to use advertising to induce people to either smoke, or drink alcohol. This is notwithstanding the advertisers and marketing professionals claim to the effect that advertising aims at promoting brand loyalty or brand switching.

In a survey on effect of advertising on teenage drinking, Atkin etal showed that advertising does in fact influence adolescents drinking habits. The evidence from the field survey indicates that advertising has an influence on drinking behaviour during the adolescent years.¹⁰ Advertising may contribute to the conception that tobacco smoking and drinking alcohol is a legitimate and normal activity in the society. The ads appeal to adolescents because the messages stress the values and goals they desire: health, fun, sex, social acceptance and adventure.

¹⁰ . Atkin etal, *Teenage Drinking: Does Advertising Make a Difference?* Journal of Communication, spring 1984 Vol.34, No.2

Indeed, Bandura social learning approach, it is inferred that the mere observation of mediated drinking may increase the observer's tendency to enact that activity.¹¹ It is the modeling effect tobacco and alcohol advertising have on teenagers that has induced many countries to ban alcohol and tobacco advertising on TV, billboards and other mass media outlets. It is the same reason that has induced the government of Kenya, through NACADA, to propose a ban to alcohol advertising on TV and billboards.

The mass media and other channels of communication, however, remain the only tool by which the youth can be successfully prevented from starting to take drugs or prevented from continuing with the habit.

Kiesler gives the rationale behind reliance on communication in the campaign against drug abuse among youth. When exposed to the recommended opinion and individual is assumed to react at least two distinct responses. He thinks of his own answer to the question, and also the answer suggested by the communicator...A major effect of the persuasion communication lies in stimulating the individual to think both of his initial opinion and the new opinion recommended in the communication.¹²

A second strategy that DeFleur and Ball-Rokeach (1989) identify as relevant in persuasions campaigns is the social expectations approaches or sociocultural strategy of persuasion. It assumes that social and cultural factors provide important bases for behaviour.

An effective sociocultural strategy requires that persuasion messages define for the individual the rules for social behaviour or the cultural requirement for action that will govern activities of the communicator.

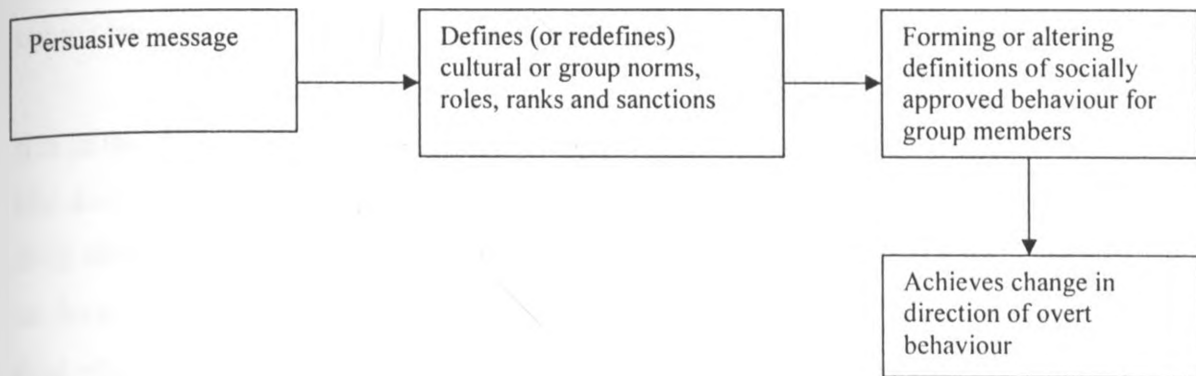
Strategies using this model of persuasion aim at providing definitions of culturally approved conduct with emphasis on culturally approved non-drinking and non-smoking

¹¹ Bandura, A. *Social Learning Theory*. New York: General learning Press, 1971.

¹² Kiesler A.C, Collins E.B, Miller N. 1969 *Attitude Change, A critical Analysis of Theoretical Approaches*, John Wiley & Sons, Inc.

behaviour. Health experts involved in campaigns against drug abuse use the mass media to try to cultivate (in the terminology of George Garbner, new meanings of health lifestyle that keeps drug use at bay).

The Social-cultural Persuasion Strategy



Source: DeFleur, M. & Ball-Rokeach, S. (1989), *Theories of Mass Communications*, 5th edition

Heads of Kenya Secondary Heads Association look to information and education as a viable strategy in combating drug and substance abuse in secondary schools—something that they attribute riots in schools.

The answer to the war on drug abuse is education and awareness raising.¹³

2.10 MESSAGE DEVELOPMENT

The same devices that Tobacco and alcohol companies use in persuading audiences to start or continue using their respective products are. Given that those who abuse drugs and substance do so unaware of the risks to their health, campaign efforts against drug use center on providing information that will make audiences, particularly the young to make informed decisions.

¹³ Kenya Secondary Schools Heads Association, A Report on Solving the Problems of Drugs and Substances of Abuse in Educational Institutions, 2004 Edition.

The whole structure of BCC is based on persuasion, in influencing the behaviour of the audiences, in this case, the youth through providing knowledge—knowledge that is assumed to change the cognitive structures of the youth and, based on that, alter their attitude and beliefs about drugs and substance abuse. Messages are developed that reinforce the benefits of not smoking. Majority of smokers attempt to quit smoking, but are unable. Dissemination of supportive information to the effect that not smoking has unique benefits could have a favourable health impact.¹⁴

It is in the light of this assumption that Kenya Cancer Association has designed messages like *Avoid Smoking Reduce Cancer Risk* with NACADA designing a *Cigarette Smoker's Body* showing an array of diseases that cigarette smoking is associated with. Studies done on the role of drug education has yielded contradictory results. Some studies indicate that drug education reduce risk behaviour among audiences whereas others indicate that the change is either nil or negligible.

Nevertheless, the entire gamut of the studies into the drug education programmes show that even short term programmes on drugs designed to prevent drug abuse do affect the receivers level of knowledge about drugs, its negative effects. Studies show that knowledge which has no links with affective and behaviour is easy to change:

The simple disseminations of objective knowledge, it has been found, is not sufficient to modify attitude and behaviour.¹⁵

Gonzales in two studies indicated that knowledge-attitude-behaviour model can serve as a basis for prevention of alcohol abuse, on condition that the target audience is exposed over a long period of time to persuasion information and is actively involved in education programmes.

The paradox of drug education programmes however, is that it arouses youthful curiosity about drugs—the youth who previously had scanty or no knowledge about drugs develop

¹⁴ William L. Burke Chauncey *Journal of Communication* Autumn 1986.36. No.4

¹⁵ UNESCO *Prevention of Drug Abuse Through education and Information, An interdisciplinary Responsibility within the context of human development*, 1994

an urge to experiment. This should, however, not justify ceasing to inform young people about drugs. According to UNESCO (1994) failure to conduct drug education among the youth would be hiding from youth the serious consequences of drugs, whereas they are often exposed to partial or inadequate information from informal sources.

Indeed, various studies on impact of drug information and education does have an effect on attitude and behaviour. An evaluation of drug prevention in the Netherlands “what everybody ought to know about drugs” campaign quoted by Bursman, (1995) indicated that 50% of the respondents reported they had become more interested in the problem of drug use, about 75% had developed better attitudes towards open communication on drug use, and another 35% indicated that they had changed their behaviour and discussed problems with friends or family members.

2.11 THEORETICAL FRAMEWORK

Social Scientists have evolved a range of theories of how communication can influence human behaviour. The theories and models provide communication or anybody involved in Behaviour Change Communication (BCC) with pointers of what influences behaviour and offer foundations or strategies for planning, executing and evaluating communication programmes.

The theoretical basis of this study will be anchored in certain theories that have been found relevant in health communication such as drug education. The theories include Social learning (Modeling) theory, Diffusion of Innovation Theory, Two-Step Flow theory, and Theory of Reasoned Act and Health Belief Model.

2.11.1 Social Learning (Modeling) Theory

Theory is based on Albert Bandura’s Social Learning Theory which focuses on the idea that behaviour is the result of positive or negative influences. Individuals in the social environment, like parents and peers, and, principally, exposure to the media often serve as impact models, providing examples of adequate or inadequate behaviour.

The theory holds that behaviour cannot only be learnt through direct experience (Operant learning) with reinforcements or punishments but also through observation of the behaviours of others people.

Social Learning or Modeling suggests that through observation of others—especially those we hold in high esteem—people can learn at a cognitive level how to imitate the observed behaviour.

This kind of learning can also take place through the mass media. The media are readily available and attractive sources of models. They provide symbolic modeling of almost every conceivable form of behaviour. A person can learn and in fact re-enact the mediated behaviour he/she might have observed in the mass media.

According to DeFluer (1989), the modeling process consists of several stages. They include

- 1) An individual member of an audience observes or reads about a person (model) engaging in a particular pattern of action in the media content.
- 2) The observer identifies with the model and yearns to be like the model, particularly when he sees the model as attractive and worthy of imitation.
- 3) The observer consciously realizes—or unconsciously reaches the conclusion—that the observed behaviour will be useful. The observer comes to realize that the behaviour will bring about some desired result if it is imitated in a similar situation or context.
- 4) The individual remembers the actions of the model when confronted with relevant circumstances (stimulus) and reproduces the behaviour as a means of responding to that situation.
- 5) Performing the reproduced activity in the relevant stimulus situation brings the individual some relief, reward, or satisfaction, thereby causing the link between those stimuli and the modeled response is reinforced.
- 6) Positive reinforcement increases the probability that the individual will use the reproduced activity repeatedly as a means of responding to similar situations.

Under this theory, models are used to express displeasure regarding drug abuse (negative reinforcement) or highlight attitudes and values that oppose drugs as an acceptable alternative or an escape route to boredom.

Media coverage of drugs as a menace to society is negatively impacts on the adolescents' inclination for drugs.

2.9.2 Diffusion of Innovations theory

Diffusion is the process by which an innovation is communicated through certain channels over time among the members of the social system. Diffusion of Innovations therefore refers to the study of the social process of how innovations—new ideas, practices, objects—become known and are spread throughout the social system or community.

Given that decisions are not authoritative or collective, each member of the social system faces his/her own innovation-decision that, according to Rogers and Shoemaker (1973) follows certain distinct steps in the innovation diffusion process.

- 1) Knowledge—the person becomes aware of an innovation and has some idea of how it functions.
- 2) Persuasion—person forms a favourable or unfavorable attitude toward the innovation.
- 3) Decision—person engages in activities that lead to a choice to adopt or reject the innovation.
- 4) Implementation—person puts an innovation into use
- 5) Confirmation—person evaluates the results of an innovation-decision already made—he may reverse his previous decision if exposed to conflicting messages about the innovation.

The most important feature of diffusion theory is that, for most members of a social system, the innovation-decision depends heavily on the innovation-decisions of the other members of the system. It is for this reason that Rogers (1995) specifies five adopter

categories, classifying individuals or other decision-making units in their rate of adoption of an innovation.

The five categories of adopter types are:

1. Innovators—these are venturesome, eager to try new ideas and are more gregarious in their personalities.
2. Early adopters—respectable localities, they are the elite opinion leaders in a social system.
3. Early majority—they interact frequently with their peers but seldom hold leadership positions.
4. Late majority—they are skeptical and often adopt an innovation because of economic necessity or increasing network pressure.
5. Laggards—these are conservative elements in the social system, and many could be introverted individuals who lead isolated lives.

The successful spread of the innovation follows an S-shaped curve. According to Rogers, there is, after 10-25% of system members adopt an innovation. relatively rapid adoption by the remaining members and then a period in which the holdouts, the laggards, finally adopt the innovation.

Other factors also affect the rate or disposition to adopt or not to adopt a given innovation. Rogers observe that innovations that are perceived by receivers as having greater relative advantage, compatibility, triability, observability and less complex will be adopted more rapidly than other innovations.

Generally the audience must perceive that the innovation may yield some relative advantage to the idea it supersedes.

Communication channels involved in the diffusion of innovation may either be interpersonal or mass media in nature or may originate from either within the social system or outside it. The great advantage with mass media channels is that that they reach large audiences quickly and spread information and could readily change weakly-held

attitudes. Interpersonal communication channels provide a two-way exchange of information. According to DeFleur¹⁶ they are more effective than the mass media in dealing with resistance or apathy on the part of the receiver.

The theory is of interest in Drug Education because the idea of tectotaler among receivers who drink or adoption of a non-smoking habit to habitual and/or occasional smokers is a new idea or practice. Even for the adolescents who have never used drugs, the hidden health hazards relating to drug use is still an innovation, the communication of which, through among the members of a social system oblivious of its dangers is diffusion of innovation *par excellence*.

2.9.3 Health Belief Model

The model examines the role that knowledge and perception play in personal responsibility of a person's conduct or behaviour.

Developed by Rosenstock (1966) is based on six constructs:

1. Perceived susceptibility (an individual's assessment of their risk of getting the condition.
2. Perceived severity (an individual's assessment of the seriousness of the condition, and its potential consequences)
3. Perceived barriers (an individual's assessment of the influences that facilitate or discourage adoption of the promoted behaviour).
4. Perceived benefits (an individual's assessment of the positive consequences of the adopting the behaviour.
5. Perceived efficacy (an individual's self assessment of ability to successfully adopt the desired behaviour)
6. Cues to action (external influences promoting the desired behaviour).¹⁷

¹⁶ DeFleur Melvin L, Ball-Rokeach Sandra J, 1989, *Theories of Mass Communication* 5th Edition, Longman,

¹⁷ http://en.wikipedia.org/wiki/Health_Belief_Model

2.9.3 Two-Step Flow Theory of Communication

The theory holds that messages from the media first reach opinion leaders, who then pass on what they read or hear to associates or followers who look to them as influentials. According to McQuail & Windahl (1981) mass media do not operate in a social vacuum but have an input into a very complex web of social relationships and compete with other sources of idea, knowledge and power.

The theory postulates that information from the media moves in two distinct stages:

- First, individuals/opinion leaders who pay attention to the mass media and its messages receive information and in turn,
- Pass on the interpretations in addition to the actual media content.

The opinion leaders intervene between the message and the receivers, and whatever attitude and behaviour the receivers adopt is based on the personal influence of the opinion leaders who interpret information emanating from the media for the receivers.

The theory is particularly relevant to the drug education programme because, ultimately it is the opinion leaders who are active in receiving and passing on ideas from the media, that are relied upon for guidance on a host of many issues, drug education issues being one among many.

The theory appears to hold that drug education should be directed at opinion leaders--- social and political leaders—who shape attitudes and influence behavior through their interpretation of issues.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

This chapter presents the research approaches and methods that were used to conduct the study in order to meet the objectives as set in chapter one. Included in the study is the unit of analysis, research setting, sample and sampling design, data collection instrument and data analysis techniques.

3.2 Units of Analysis

According to Babbie (1983) units of analysis are things (objects or events) which researchers observe in order to create summary descriptions and explain differences among them. For this study therefore, youth in high schools are the units of analysis.

3.2 The Research Setting

The study will was carried out in public high schools in Nairobi City. High school students in Nairobi were ideal for this study because the highly urbanized nature of the city invariably disposes the youth to drug use.

Urban sub-culture has virtually destroyed traditional norms that either prevented youth from early exposure to drug use or delayed it. A study on Information, Education and Communication on drug use on urban youth would best establish whether the IEC programmes have had the desired objective of providing knowledge whose aim is to have effect on attitudes, beliefs and behaviour of the youth regarding drug use/abuse.

Secondly, youth in Nairobi hail from diverse backgrounds all over from Kenya. The findings of the study were likely to typify the impact campaign efforts against drug abuse has in the rest of the country.

3.3 Study Population

According to Mugenda (2003) population refers to entire group of individuals, events or objects having common observable characteristics. The study targeted students in High

schools in Nairobi. The estimated study population constituted over 100,000 students. The study had a sample of 350 students.

3.4 Sample Design and Sampling

The study envisaged a population of 150,000 students in public high schools in Nairobi. A selection of some 350 students was made from four high schools in the study using stratified and systematic sampling design sampling designs. It categorized students into male and female. Thus Starehe boys, Ofafa Jericho, High Way Secondary school was chosen to yield the boys' category and Alliance Girls' High School and Kenya High for the Girls category. This was aimed at ensuring that the sample population is representative of gender. All the students in the schools had an equal chance of being selected for interview.

3.5 Data Sources and Data Collection Methods

The study used primary data collected using self-administered questionnaires that was issued to the students. The study used close-ended (structured) and open-ended (unstructured) questions.

The questionnaire (**Appendix A**) of questions aimed at finding the impact communication about drug use/abuse has had on the knowledge, attitudes, beliefs and practices of youth in respect to drugs.

A set of questions also sought to establish the role social, economic, cultural and gender factors have played in risk perception of the respondents.

Another set of self-administered questionnaires(**Appendix B**) were given to high school teachers who actually interact and have been constrained, by virtue of the high prevalence rate of drug abuse among youth and also for enforcing discipline—the basis of effective learning—to provide information on drugs to students with the aim of preventing them from indulging in drug abuse.

A key informant schedule (**Appendix C**) was designed for an official of NACADA to respond to find out the communication strategies they have used, and the experience they had in drug education campaign.

3.6 Data Analysis and Interpretation

Once the questionnaires were collected, the mass of raw data were coded in a manner that facilitated analysis. Data was analyzed through the use of the Statistical Package for Social Sciences (SPSS) version 10 according to the objectives of the study.

CHAPTER FOUR

4.0 DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the results of the survey conducted among High school students in Nairobi, high school teachers and an official of the NACADA to assess the impact communication has had on drug use/abuse among youth. Included in the results are the communication habits of students, the channels through which the youth have been exposed to drug Information, Communication and Education (IEC), the knowledge, attitudes, beliefs and practices the Drug IEC has had on them. The report also presents views of Key Informants Interviews (which gleaned from structured questions) who included teachers and an official of NACADA.

The chapter examines the communication strategies that have been employed by the various stakeholders to create awareness and hence influence the youth to adapt behaviour that will minimize their attraction drugs has on them. The study examines the strategies that are applied; those that the youth prefer and that they think are used but are not appropriate are used but are not appropriate for disseminating information concerning drug abuse. The chapter also looks at change in attitude, belief and behaviour that communication of drug information has had on the youth.

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Some 350 self administered questionnaires were distributed to students in the schools mentioned during the first week of Third Term. Only 299 questionnaires were returned constituting a return rate of 85%. Of the 299 questionnaires returned, 47 of them were virtually spoiled as respondents had either not answered crucial questions or some of them returned them not answered at all instead writing rude comments on the questionnaires. As a result only 252 questionnaires were deemed useful and the responses were coded and subjected to the SPSS whose results are contained below.

4.2 RESEARCH FINDINGS FOR THE STUDENTS

4.2.1 Age Distribution

Some 86.9 % of the respondents were between ages 15-17, while 9.1% of the respondents were between ages 18-20 while 4.0% were between ages 12-14. The table below shows the distribution of the ages.

Table 2: Age Distribution

Age Bracket (Yrs)	Frequency	Percent
12-14	10	4.0
15-17	219	86.9
18-20	23	9.1
Total	252	100.0

4.2.2 Gender Distribution

The study attempted to establish gender distribution of the respondents, given that drug abuse is a problem, which affects youth regardless of sex. Of the 252 interviewed, 69.8% were boys while 30.2% were girls.

Table 3: Gender Distribution of Students

Gender	Frequency	Percent
Boy	176	69.8
Girl	76	30.2
Total	252	100.0

4.2.3 Family background of respondents

The study attempted to establish the family structures of the respondents, cognizant of the fact that the family has capacity to shield or push young people to drugs. Of the respondents interviewed, 65% of the respondents live with their father and mother, meaning that most children hail from a conventional family of father and mother. Figure 1 shows the distribution.

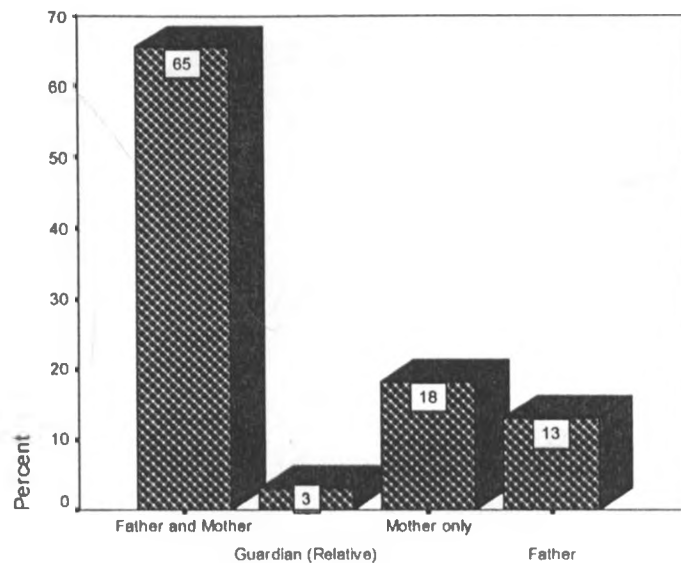


Figure 1: Person respondents live with

4.2.4 Religious affiliation

The study strove to establish religious affiliation of the respondents, given that religion is has great influence on people's behaviour. Of the respondents interviewed, 83.7% were Christians, while 16.3% were Muslims. We had zero respondents from Sikh and traditional religions. Table 4 below shows the distribution.

Table 4 Religious Affiliation of Respondents

Religion	Frequency	Percent
Christian	211	83.7
Traditional	0	0.0
Sikhism	0	0.0
Islam	41	16.3
Total	252	100.0

4.2.5 Residence of the Respondents

The study also attempted to establish the residence of the respondents—whether they reside in urban or rural areas. This was relevant because urbanisation has been cited as a factor in influencing people to drug use. Some 88% of the respondents said they reside in urban towns, while 12% reside in rural areas. The bar graph below shows the distribution of students according to the place of residence.

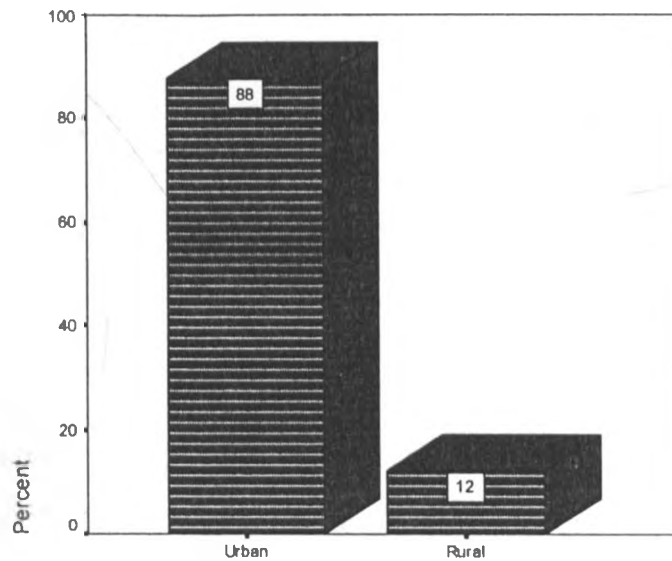


Figure 2: Residence of the respondents

4.2.6 The level of education of fathers

The study attempted to establish the educational levels of the parents/guardians. This was important because, the level of education of parents have a bearing on the ability to guide the youth to learn about the dangers of drug abuse. 39.3% of the fathers have had a college education while 38.9% have had a university education. 6.3% had a secondary education. The findings reveal that respondents hail that the respondents hail from middle and high social status social backgrounds given that more than 78% have a minimum of their fathers have college/tertiary education, while 6% have had a secondary education.

Table 5: Level of Father's Education

Education Level	Frequency	Percent
Secondary	16	6.3
College/tertiary	99	39.3
University	98	38.9
No Response	39	15.5
Total	252	100.0

4.2.7 The level of education of Mothers

The table below shows that 38.5% mothers of the students interviewed had college education while 36.9% had university education. 9.1% had primary education and 3.2% had secondary

education. This still reinforce the conclusion reached at for fathers. Below is the distribution of the elements.

Table 6: Level of Mother's Education

Education Level	Frequency	Percent
Primary	23	9.1
Secondary	8	3.2
College/tertiary	97	38.5
University	93	36.9
No Response	31	12.3
Total	252	100.0

4.2.8 Type of Employment of Fathers

The table below shows that a majority of fathers of the students are in salaried employment, representing 48.8% while those in self-employment constitute 41.7% percent. Casual workers constitute 3.2% while those who could fail to make responses to any of the categories given constituted 6.3%.

Table 7: Type of employment of respondents' parents

Type of Employment	Frequency	Percent
Salaried Employment	123	48.8
Self Employed	105	41.7
Casual Worker	8	3.2
No Response	16	6.3
Total	252	100.0

4.2.9 Type of Employment of Mothers

The study also included a question on the type of employment of mothers. The results show that 67.5% of mothers are in salaried employment while 25.4% were self-employed. Some 25.4% of the students failed to indicate the employment status of their mothers. The results are contained in the table below.

Table 8: Type of employment of respondents' mothers

Type of Employment	Frequency	Percent
Salaried Employment	170	67.5
Self Employed	18	7.1
No Response	64	25.4
Total	252	100.0

4.2.10 Proportion of the Frequency of Students Exposure to Media

One of the objectives of this study was to determine the communication habits of students in relation to drug use/abuse and education. An attempt was made to determine how often students get exposed to the various communication channels available in the community. Response shows that more than 75.4% of the students watch television daily, while 24% watch it once a week.

Some 51.2% of the students listen to radio daily while 21.4% do it once a week while some 19.3% never listen to the radio on any of the specified categories. In the newspaper category, 46.4% read newspapers daily while 37.3% do it once a week. Some 3.2% read a newspaper once in a month, while 13.1% never read. In the video category, more than a half (51.2%) watch video once in a week while 36.5% watch it in a week. Some 3.2% watch it once in a month while 9.1% never watch it within the given time frame. The responses imply that of the Television and radio is the media outlets that are most attended to by the students under the study. The results show that students are exposed to television and radio most, attending to it on daily basis compared to other channels of communications.

Table 9: Media Exposure

Channel	Daily		Once in a week		Once in a Month		Never	
	F	%	F	%	F	%	F	%
Television	190	75.4	62	24.6				
Radio	129	51.2	54	21.4	23	9.1	46	18.3
Newspaper	117	46.4	94	37.3	8	3.2	33	13.1
Video	92	36.5	129	51.2	8	3.2	23	9.1

4.2.11 Sources of information on drugs abuse

The study sought to determine sources of information from which the students get information on drugs. Responses show that the main source of information about drugs among the students interviewed has been teachers with 50% of students saying they got most of their information about drugs from teachers. Some 15% of the students said Television

was the information source that they got most of the information regarding the drug scourge while 9% of the students got their information from friends. A similar percentage got the information parents. Only 4% got the information from the radio. Other students named Islamic teachings, guiding and counseling as other sources of information from which they got information on drugs. Below is a graph showing the sources of information students are most exposed to.

The programme officer of NACADA, Mr. James Sosio said NACADA viewed teachers, as the most effective vehicles of communication of drug use/abuse information to students. This is in fact vindicated by the fact that half of the respondents got most of their drug use/abuse information from teachers. Other sources of information NACADA consider as effective in disseminating information on drugs include television, radio, newspapers(which the respondents also indicated they had got most of their information on drugs), pastors/imams, friends, music, drama, T-shirts with anti-drug messages, brochures. NACADA, however consider

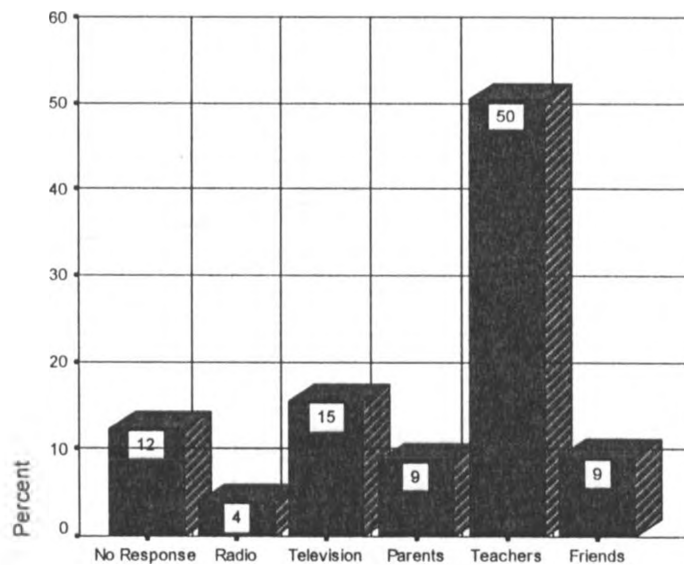


Figure 3: Information source regarding drugs

4.2.12 Drug abuse/users opinion

The study sought to determine the impact messages about drugs from the mass media could have on the attitudes of students. One question sought to find out whether or not the students

agreed with the statement that television programmes/movies portray drug and substance as harmless. Response shows that far more than half of the respondents (64.3%) agreed that TV programmes /Movies portrayed drug and substance abuse as harmless. Some 3.2% of the respondents were undecided.

On the statement whether Television/movie programmes could induce one to start smoking or drinking alcohol and cigarettes, 75% agreed, while 11.9% disagreed with 13.1 being undecided. On whether campaign in mass media was adequate to educate the youth on the dangers of drug abuse, 42.8% agreed, while 26.6% were undecided while 30.6% disagreed. This means that 57.2% of the students are not sure whether the campaign in mass media against drug abuse is adequate.

A question was posed to find out whether movie stars who smoke, take alcohol are admirable or not, some 40.5% agreed, saying movie stars known to be cigarette smokers or drink alcohol are admirable, while some 47.65 disagreed. Some 11.9% were undecided over the statement. The response show that students are ambivalent about the subtle but sure influence the life style of movie stars has on them. Below is a table showing their opinion on the same.

Table 10: Opinion on effect of drug promoting information

	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
TV Programmes/movies portray drug and substance as harmless	62	24.6	100	39.7	8	3.2	46	18.3	36	14.3
TV Programmes/ Movies can induce one to start smoking/drinking alcohol	74	29.4	115	45.6	33	13.1	22	8.7	8	3.2
Campaign in mass media on drug abuse are adequate to educate youth on the dangers of drugs and substance abuse	59	23.4	49	19.4	67	26.6	77	30.6		
Movie stars who smoke, take alcohol or bhang or other hard drugs are admirable	56	22.2	46	18.3	30	11.9	18	7.1	102	40.5

4.2.13 The frequency of receiving anti-drugs message from the mass media

The study attempted to determine how frequent the students were exposed to anti-drug messages from the mass media. Responses show that 44.8%, rarely received anti drug messages from the mass media while 34.1% said they received anti-drug information from the media almost daily. 21.4% said they received anti-drug once a week.

This appears to show that students are not consistently exposed to anti-drug messages from the mass media despite the reliance on it by anti-drug abuse organisations to reach the youth.

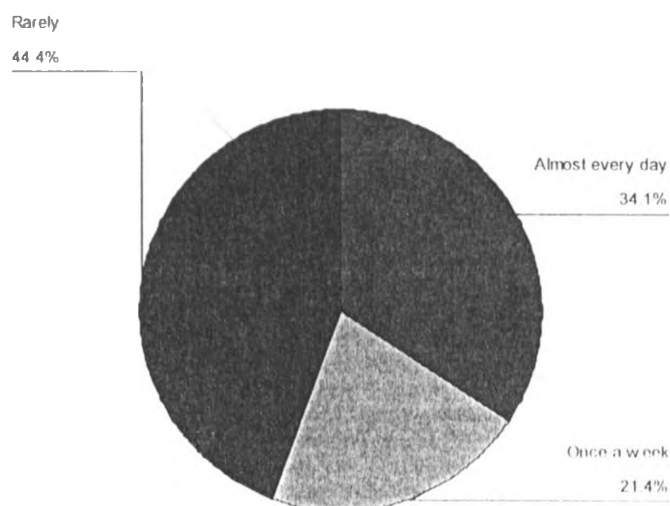


Figure 4 Frequency of drug information via mass media

4.2.14 Students' rating of drugs and substance use in terms of seriousness to health

The illustration below show that nearly all the students interviewed appreciate the seriousness of drugs to their health with 99.9% saying it poses serious threat to their health. The results show that the students are very much aware of the dangers drug abuse pose to human health.

Table 11: Seriousness of drug abuse to health

Rate	Frequency	Percent
Very serious	229	90.9
Serious	23	9.1
Total	252	100.0

4.2.15 Students' view of problem of drug abuse in their neighbourhood, schools and country

The table below shows illustrates students' perceptions of the extent of seriousness of drug scourge in their neighbourhood, schools and country. A half of the students (50.4%) do not view drug problem . This is in contrast with 21.4% of the respondents who view the problem in their neighbourhood as very high and 24.2% view it as moderate. Some 4% of the respondents stated that they never viewed the drug scourge as a problem in their neighbourhood.

With regard to schools they attend, again, more than half of the students (53.5%) stated that the problem is low while 30.6% stated that it is moderate. Only 7.1% stated that the drug abuse problem is high in schools. A paltry 8.7% stated that the never viewed the drug scourge as a problem in schools.

While most students do not view drug scourge as a serious problem in either their neighborhoods or schools, a whooping 71.4% view the problem as very high in the country and only 4% viewing it is low. However, some 24.6% view the drug problem as moderate in the country.

The very high rating of drug problem in the country is probably attributable to the exposure to the mass media, while the low rating in the neighborhood is because of lack of interpersonal communication concerning the drug abuse. It could be that people are still living in denial, avoiding to openly talking about it at interpersonal level.

The students' perception of the very high levels of the drug scourge in the country could have been "cultivated" by the mass media which, according to Garbner (1974), reconstructs reality for the audience.

Table 12: Prevalence of drugs in the environment

	Very High		Moderate		Low		Fairly Low		Never	
	F	%	F	%	F	%	F	%	F	%
Neighborhood	54	21.4	61	24.2	33	13.1	94	37.3	10	4.0
School	18	7.1	77	30.6	51	20.2	84	33.3	22	8.7
Country	180	71.4	62	24.6	10	4.0				

4.2.16 Proportion of students who think something is being done to address drug problem

An attempt was made to determine whether the students felt something was being done to address the problem in their respective neighbourhoods, schools and the country as a whole. 21% of the respondents stated that their respective neighbourhoods were addressing the problem. All the respondents stated that the schools were addressing the problem while 71.8% stated that the country was addressing the problem.

Table 13: Opinion on whether drug problem being addressed

	Yes		No		Don't know		No Answer	
	F	%	F	%	F	%	F	%
In your neighborhood	53	21.0	79	31	120	47.6		
In your school	252	100.0						
Country	181	71.8	48	19.0	23	9.1		

4.2.17 Effects of drug use/abuse

An attempt was made to establish students' knowledge about the effect of drug abuse on human health, their social life and the family. Overwhelming majority of the students—81.8%-- agreed that drugs are addictive while only 9.15 disagreed with the statement to the effect that drugs are addictive. On whether alcohol could be harmful to their physical health, 87.7% agreed that it was while 12.3% stated that they were neutral as to whether it was harmful to one's physical health or not. On whether alcohol affects an individual's sense of

judgement, 80.6% of the respondents agreed that it does while 19.5% disagreed with the statement.

On whether alcohol and cigarette are not harmful, 90.9% of the respondents disagreed with the statement, while 9.1% were neutral as to whether it does not cause any harm at all. Asked whether those who are addicted to drugs are bewitched, 77.8% disagreed while 18.2 % of the respondents agreed with the statement. This shows that the respondents view drug addiction as a purely medical problem far from the belief that it is caused by witchcraft. Only 4% of the respondents were neutral to the statement. On whether drinking alcohol is the best way of making friends, 90.9% disagreed while 9.1 respondents were neutral as to whether alcohol uptake is the best way of making friends.

As whether alcohol is the best way of dealing with frustrations, 90.8% disagreed while 9.1% were neutral about the assertion. Asked whether alcohol was a problem to society, 96.9% agreed with the assertion while 3.2% were neutral about the statement. Asked whether consumption of alcohol could lead to risk behaviour resulting into HIV/AIDS, 80.6% of the respondents agreed with the statement while 19.45 of the respondents disagreed with the statement. From the findings, the respondents understand and appreciate that drugs reduces the inhibition against risk sexual behaviour. On whether alcohol can affect students' performance, 83.7% agreed while 16.3% disagreed. An attempt was made to determine whether they agree with the fact that bhang makes one pass mathematics, 56.3% of the students disagreed with the statement while 25.4% agreed with the statement. The respondents see excellent performance in mathematics as being independent of bhang taking. On whether too much alcohol and other drugs make one neglect his/her family, 69% agreed with the assertion while 13.1% disagreed with the statement. 17.9% of the respondents were neutral as to the assertion.

On whether smoking is cool, more than half (58%) disagreed with the assertion while 41.7% agreed with the statement. Although more than half of the students do not think smoking is fashionable, a quarter of the respondents (41.7%) believe that smoking is cool or attractive. That 41.7% of the respondents viewed smoking as cool corroborate an earlier research(Global Tobacco Youth Survey-Kenya Report, 2001) which showed that 25% of smokers

thought boys and girls who smoke looked attractive than nonsmokers. The 41.7% who thought smoking is cool are likely, more than the 58% who disagree that smoking is cool, to try smoking in a mistaken effort to similarly look cool. That majority (58%) do not see smoking as cool shows an appreciable change in attitude towards smoking.

On whether smoking kills, 64.7 % of the respondents agreed with the assertion that smoking kills while 35.3% disagreed with the statement. On whether passive smoking is dangerous, 77.8% agreed with the assertion while 13.1% disagreed. 9.1% was neutral to the question. Clearly, majority of students have come to know, through serious campaigns against smoking that second hand smoking is as dangerous as direct smoking.

Results show students' knowledge about the effects of drug scourge is high. Indeed, NACADA'S programme officer, Mr. James Sosio in fact rates students' knowledge about the effects of drugs as high, but says their attitude and behaviour has not had the radical change such knowledge should have occasioned.

Table 14: Effects of drugs

Effects	Comments	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
		F	%	F	%	F	%	F	%	F	%
Drugs are addictive		23	9.1			23	9.1	8	3.2	198	78.6
Alcohol can be harmful to an individual's health						31	12.3	84	33.3	137	54.4
An individual's sense of judgment is affected by using alcohol		41	16.3	8	3.2			62	24.6	141	56.0
Taking Alcohol, cigarette is not harmful		221	87.7	8	3.2	23	9.1				
Those who are addicted to drugs are bewitched		165	65.5	31	12.3	10	4.0	23	9.1	23	9.1
Drinking alcohol is the best way of making friends		188	74.6	41	16.3	23	9.1				
Drinking alcohol is the best way of dealing with frustrations or anxiety		206	81.7	23	9.1	23	9.1				
Alcohol is a problem to society						8	3.2	78	31.0	166	65.9
Consumption of alcohol and drugs make one indulge in risky sexually behaviour that may result in infection with HIV/AIDS and other sexually transmitted diseases		23	9.1	26	10.3					203	80.6
Taking alcohol can negatively affect a student's academic performance		33	13.1	8	3.2			22	8.7	189	75.0
Taking bhang makes one pass mathematics		142	56.3			46	18.3	23	9.1	41	16.3
Too much alcohol and other substances make one neglect hi/her family		10	4.0	23	9.1	45	17.9	26	10.3	148	58.7
Smoking is cool		124	49.2	23	9.1			8	3.2	97	38.5
Cigarette smoking kills		89	35.3					31	12.3	132	52.4
Second hand smoking (Being near friends or acquaintance who smoke is dangerous)		33	13.1			23	9.1	23	9.1	173	68.7

4.2.18 Proportion of students who know of a friend or anyone else who has a drug abuse problem

Figure 5 below illustrates that overwhelming majority of respondents (76.6%) know a friend or somebody who has a drug problem. Only 23.4% said they did not know anybody who had a drug problem. This implies that the drug addiction has reached alarming proportions among the youth in the country. That drug problem is a present danger to the lives of youth, most of whom are likely to be exposed to the influence of drug users/abusers. It is highly probable that the friends of the respondents having drug related problem, should, like the respondents, be conversant with the seriousness of the drug scourge. A NACADA official (Mr. Sosio) attributes the non-adoption of necessary behaviour to attitude, culture, media influence, and poverty and, perhaps, more importantly, to lack of political will or support.

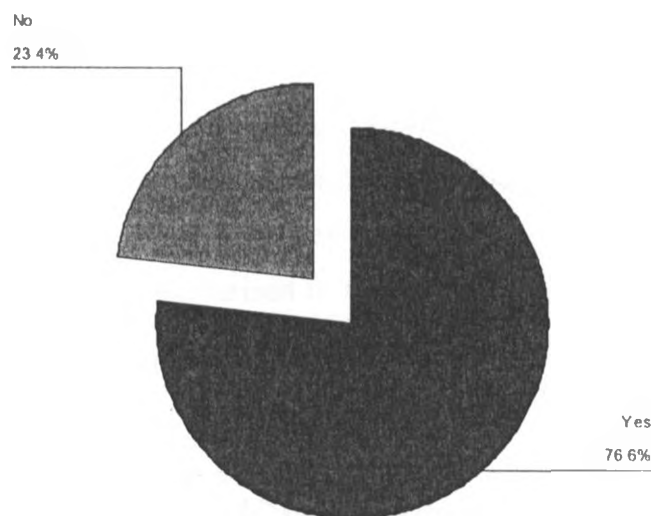


Figure 5: Students knowledge of friends having drug problem

Asked to state whom the friend with the drug problem had gone to for assistance, 37% of the respondents said they had not gone to anybody in particular for assistance, while 27% said they had sought assistance from their parents as shown in Figure 6 below. 12% of the respondents said the friends had sought assistance from parents while a similar percentage had sought assistance from the hospital. This implies that many drug abusers are suffering without having anyone in particular to go for assistance. This could be due to failure of drug

education programmes to go beyond providing preventive drug education, leaving those who are already affected with so solution to their problems.

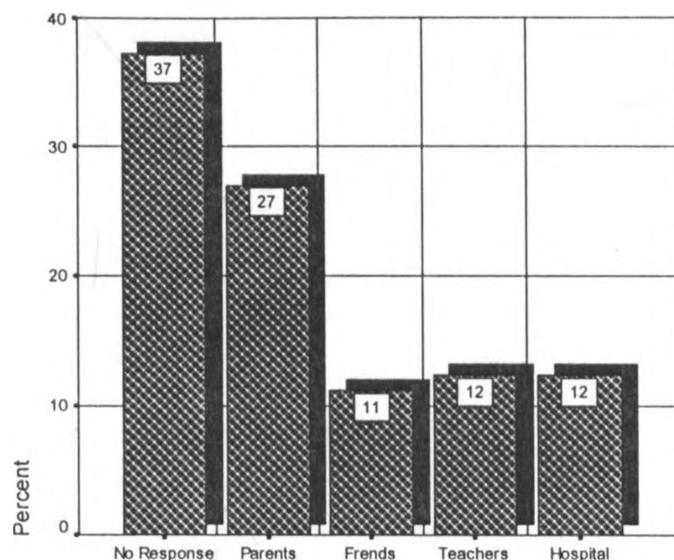


Figure 6: Drug users have sought assistance

4.2.19 Proportion of students who have drugs problem

Asked to state whether they have any drug problem, all the respondents denied having any drug problem. But further asked whether they were sometimes pressurized to take drugs, 34.8% admitted to having been pressurized to take drugs while 46.8% denied having been pressurized to that effect. 18.3% did not respond to the question. That some 34.9% have had some pressure to take drugs simply illustrates how vulnerable the respondents are to the drug phenomenon.

Table 15: Students having drug problem

Response	Frequency	Percent
Yes	88	34.9
No	118	46.8
No answer	46	18.3
Total	252	100.0

4.2.20 Proportion of students who are pressurized to take drugs

Asked to state the drugs they have been pressurized to take, 70.2% of the respondents said they were pressured to take bhang, while 15.5% of the respondents said they had been pressurized to take alcohol. Some 10.3% have been pressurized to take cigarettes while 4% of the respondents have been tempted to take miraa. The table below shows the proportion of

students who have been pressurized to take various types of drugs. The influence friends have on induction into drug use was confirmed by the programme officer Mr. James Sosio who said peer pressure coupled with ignorance played a large part in pushing teenagers into drugs.

Table 16: Types of drugs students have been pressurized to use

Types of Drugs	Frequency	Percent
Alcohol	39	15.5
Cigarettes	26	10.3
Miraa	10	4.0
Bhang	177	70.2
Total	252	100.0

4.2.21 Proportion of students who think smokers can stop smoking anytime they wish

An attempt was made to establish whether they are aware of the addictive nature of cigarette smoking by asking them a smoker could stop smoking anytime they wished. 57.1% of the respondents said yes to the question while 42.9% said no to the question.

This implies that students or the respondents are ignorant about the addictive effect of smoking and are likely to experiment with it oblivious of the potential it has of addicting them. Below is a table showing their beliefs about the ability of smokers to stop smoking as they wish.

Table 17: Proportion of students who think smokers can stop anytime

Response	Frequency	Percent
Yes	144	57.1
No	108	42.9
Total	252	100.0

4.2.22 Proportion of students who mind friends smoking near them

An attempt was made to find out whether they minded their friends smoking near them. 87.7% of the respondents said they minded their friend smoking near them, and many gave the reasons for their reservations as smoking is a killer, and was harmful to the health of a passive smoker than the smoker himself/herself. Others said the smell irritates. It is only 16.3% who said they did not mind friends smoking near them because it did not affect them at all.

Table 18: Proportion of students who mind friends smoking near them

Response	Frequency	Percent
Yes	211	83.7
No	41	16.3
Total	252	100.0

4.2. 23 Proportion of students who know smoking related diseases

An attempt was made to find out whether the respondents know of any disease related to smoking. Overwhelming majority (81.7%) the respondents are aware of diseases that is associated with smoking. Some 18.3% of the respondents are not aware of any disease related to smoking. Those who are aware of the diseases named them as bronchitis, cancer. This implies that the majority of the respondents are actually aware of the dangers smoking has on their health. This shows that the drug education efforts have been effective in creating awareness about the dangers of drug use. Below is a table showing the proportion of respondents who are aware of the diseases caused by smoking and those who are not aware.

Table 19: Proportion of students aware of smoking related diseases

Responses	Frequency	Percent
Yes	206	81.7
No	46	18.3
Total	252	100.0

4.2.24 Proportion of students who have drunk within the past one year

The table below records how sampled students responded to the question as to whether they have ever drunk alcohol in the past.

Over half of the respondents (56.7%) had in fact drunk alcohol in the past while 43.3% had not. Of those who had drunk in the past, 22.2% had had a drink in the two weeks prior to carrying out the research. Given that the research was carried out a week after the August holidays, it is probable that they drank alcohol while on holidays.

Some 15.1% had drunk alcohol a month prior to the research period while 7.1% had partaken in alcohol six month earlier to the research and some 12.3% had drunk a year ago. 43% did not respond to the question as they constitute those who had not drunk any alcohol before.

The responses imply that alcohol is easily available to the students despite legislation against under age drinking and they do not appreciate the obvious dangers they are exposing themselves to when they drink.

Below are two tables showing the proportion of respondents who drink against those who don't drink and another table showing when they last drank alcohol for those who drink.

Table 20: Proportion of students who have drunk alcohol in the past

Responses	Frequency	Percent
Yes	143	56.7
No	109	43.3
Total	252	100.0

Table 21: When respondents last drank alcohol

Period	Frequency	Percent
Two weeks ago	56	22.2
A month ago	38	15.1
Six months ago	18	7.1
A year ago	31	12.3
No Response	109	43.3
Total	252	100.0

4.2.25 Proportion of students who think one could stop drinking alcohol anytime

A question was posed to find out whether the respondents thought one could stop drinking anytime he/she wished. Responses shows that more than half of the respondents (56.3%) of students thought one could stop drinking alcohol anytime he/she wished while 43.7% thought it was not possible. This implies that majority of students are unaware of the potentially addictive effect of alcohol and could therefore easily be tempted to experiment, as some have already admitted to experimenting above, oblivious of the addictive nature of alcohol. This is despite the fact that all the respondents reported to being aware of diseases related to alcohol. It appears the drug information efforts have not brought home to the students the addictive character of alcohol.

Table 22: Proportion of students aware of the addictive nature of alcohol

Responses	Frequency	Percent
Yes	142	56.3
No	110	43.7
Total	252	100.0

4.2.26 Awareness of alcohol related disease

The study sought to establish the respondents' awareness of alcohol related diseases, and the responses show that all the students are aware of alcohol related diseases. This awareness contradicts their belief that one can stop drinking alcohol anytime, implying that the respondents have not linked the addictive character of alcohol and the resulting maladies this causes.

Table 23: Awareness of alcohol related diseases

Responses	Frequency	Percent
Yes	252	100
No	0	0
Total	0	0

4.2.27 Proportion of students who know somebody in their family that drinks alcohol

The study strove to determine if the respondents have anybody in their family who drinks. Responses show that over half of the respondents (58.3%) have someone in their families who drink. Only 41.7% reported saying they did not have anybody in their family who drinks. And among the family members who drink, 47.2% said their fathers drank, 28.6% said it was their uncles who drank while 12.3% said their mothers. Some 3.2% cited their brothers.

This implies that a majority of the respondents hail from a family backgrounds that partake of alcohol and are likely to fall prey to the attraction of alcohol. Since, according to Bandura's social learning theory, respondents risk imitating the adults around them: fathers, mothers, uncles and elder brothers if they take them as models.

Table 24: Proportion of students who have a member of the family who drinks alcohol

Responses	Frequency	Percent
Yes	147	58.3
No	105	41.7
Total	252	100.0

Table 25: Relatives of respondents taking alcohol

Relatives	Frequency	Percent
Mother	31	12.3
Father	119	47.2
Uncle	72	28.6
Brother	8	3.2
No Response	22	8.7
Total	252	100.0

4.2.28 Proportion of students who think the drug information they have been exposed to have prevented them against the drugs

The study also sought to determine whether the drug information they had received from various channels of communication had actually prevented them against drugs. Responses show that 87.7% say it had while 12.3% deny it. Those who agree that the drug information has prevented them against drugs report that the information had made them aware of the harmful health effects of drugs; others say the picture of a human body which has been greatly affected by smoking galvanized them to take stock of the health implications of smoking to their bodies. This implies that vigorous drug education programmes are likely to have a deterrent effect on youth if it is carried out strategically and systematically.

Table 26: Effectiveness of drug information received

Response	Frequency	Percent
Yes	221	87.7
No	31	12.3
Total	252	100.0

4.2.29 Ratings of factors in terms of its power to influence youth into taking drugs

An attempt was made to determine the factors the respondents thought were powerful in influencing them to use drugs. Responses show all the respondents (100%) think friends or

peer influence is powerful in manipulating someone into partaking drugs. Some 50.4% of the respondents thought parental influence is powerful enough to dispose one to drinking while some 42.9% think parents have no such power. 9.1% were undecided. On movie stars, some 91.3% reported that movie stars is a powerful factor in manipulating the respondents into taking drugs while some 8.7% thought they have no such power. Some 42.9% of the respondents thought teachers have no power in influencing students in taking drugs while 19.4% were undecided.

Another factor which the study sought to determine its potential influence on influencing students into drug use was money. Responses show that 68.7% of the respondents thought money is a powerful factor in influencing students to take drugs. 15.9% of the respondents thought it is not powerful while 15.1% were undecided. This implies that too much pocket money in the hands of students could easily tempt them into buying and taking drugs.

Regarding boredom as a factor in drug use/abuse, 78.5% of the respondents thought boredom or was likely to lead youth into taking drugs while 12.7% thought it couldn't. Some 8.7% were undecided as to the relationship between boredom/idleness and drug use/abuse. This confirms the findings of a study Karechio (1996) made which concluded that young people abuse drugs because of boredom, pressures from friends, ignorance and availability of drugs. The fact that a proportion of students reported that they last drank alcohol two weeks previous to the study shows just how easily available drugs, including alcohol was to those who might be minded to venture into taking it.

On the paucity of recreational facilities as a factor in influencing young people to drugs, 73.4% of the respondents stated that it was a powerful factor, tying in with the 78.5% who similarly thought that boredom is a powerful factor. Boredom among youth is intimately related with lack of recreational facilities. An idle mind, the sages have said, is the devil's workshop. Once the devil takes over the minds of young people, as it were, by reason of lack of recreational facilities, they are likely to be attracted to anything including drugs.

Asked their views about whether unstable families could influence students into taking drugs, 90.9% thought unstable family has powerful influence in making one vulnerable to drug

use/abuse. This is in contrast with 9.1% who think it does not. The results are in conformity with Kerechio's (1996) findings that indeed, family breakdown could easily drive one into drug use/abuse. Kerechio (1996) argues that people, particularly young people abuse drugs because of curiosity, boredom, pressures from friends, family breakdown and alienation, spiritual hunger, ignorance, ready availability of the drugs.

On advertisement, some 96% of the respondents thought advertising is a powerful force in influencing youth to partake of drugs. This confirms the fears of health workers and policy makers, which have been embodied in the then Tobacco Products Control (No 2) Bill whose objectives, among others, included, the protection of the health of person under the age of 18 years by restricting their access to tobacco. Restriction includes protecting the youth from "misleading and deceptive instruments to use tobacco and the consequent dependence on them." Students' perception that advertisement is a powerful influencing factor in drug use corroborates a research (Atkin, et al 1984) whose results showed that there was a strong relationship between exposure to ads to alcohol and cigarettes smoking.

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

Table 27: Factors influencing drug taking

	Very Powerful		Powerful		Undecided		Not Powerful	
	F	%	F	%	F	%	F	%
Friends	165	65.5	87	34.5				
Parents	10	4.0	117	46.4	23	9.1	102	40.5
Movie stars	136	54.0	94	37.3			22	8.7
Teachers	18	7.1	77	30.6	49	19.4	108	42.9
Money	135	53.6	38	15.1	39	15.5	40	15.9
Boredom/idleness	182	72.2	16	6.3	22	8.7	32	12.7
Lack of recreational facilities	72	28.6	113	44.8	23	9.1	44	17.5
Unstable families	120	47.6	109	43.3	23	9.1		
Advertising	128	50.8	116	46.0	8	3.2		

4.3 RESPONSES FROM TEACHERS

An attempt was made to find out from the teachers the impact drug Information, Communication and Education (ICE) efforts has had on students and the various communication channels that have been used to avail the information to the students. Also included in the study was an effort to determine what the teachers consider to be the major influencing factors of underlying teenage preference for drugs. This is because; teachers are perhaps the only group of people who spend their time with teenagers and are the ones who have witnessed the baneful effects drug addiction has had on them.

A set of questionnaires (**Appendix B**) was distributed to 10 teachers and six of them were duly filled and returned, constituting a return rate of 60%. None of those returned was spoiled.

4.3.1 The frequency of talking to students about drugs.

An attempt was made to determine how frequent teachers spoke to their students about the phenomenon of drugs. Responses show that 50% of the respondents interviewed spoke to their students about drugs on weekly basis while 17% of the respondents spoke to them on monthly basis. A similar percentage spoke to them once in a term. Given the enormity of the drug situation in the country, it appears that the ministry of education has no clear policy on how often school authorities should address the issue of drugs, as clearly half of the respondents finish a whole week without bringing to the attention of students the clear and present danger of drugs in their environment. Effective drug education depends on reinforcement of messages: frequency of students' exposure to drug education is the best way of preventing youth from drug use/abuse. Figure 7 below shows the frequency of the teachers talking to students.

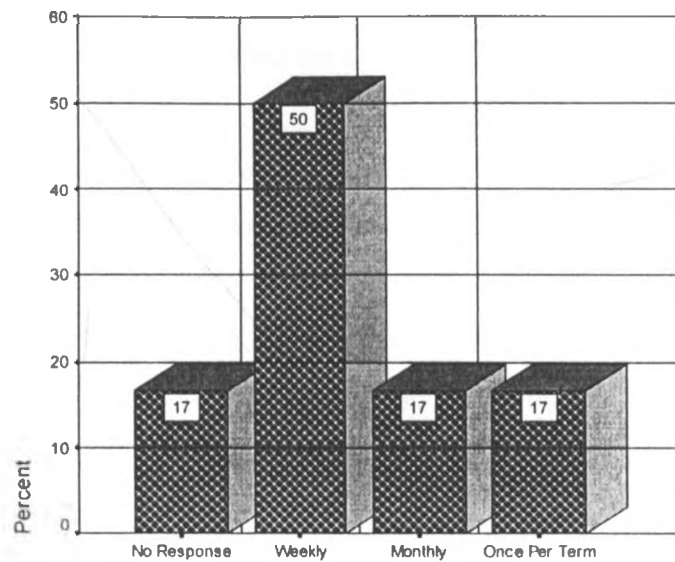


Figure 7: Frequency of teachers talking to students about drugs

4.3.2 Rating of factors influencing students' inclination to take drugs

The study also strove to determine the factors the respondents (teachers) thought had power to influence drug use by students. From the responses it shows that 82.8% of the respondents think friends or peer pressure is a powerful factor influencing students into drug use/abuse. 16.7% thought friends' power to sway students into drug use was low. The results tally with the students' own view of friends as powerfully swaying students.

As indicated above, all the respondents agreed that the influence of friends in influencing others to use/abuse drugs was high or powerful. As to whether parents' influence on their children as far as drug use/abuse is high, more than half (66.7%) though the influence was low or not powerful while a third of the respondents (33.7) thought the influence was high. This contradicts the students' own view, more than half (52.4%) thought parental influence on children's predilection for drugs was high, and while 42.9% thought it was low.

As to whether the influence movie stars could have on teenagers' fondness for drugs was high or not, 67.7% of the respondents actually thought that the influence is high, while 32.3% thought the influence is low. The results tallies with the students' own responses as 91.3% of the respondents actually thought movie stars as powerful or high in engendering a liking for drugs. Both results confirm Bandura (Defluer & Ball-Rockeach, 1989) modeling theory to

the effect that behaviour is modeled in the media, audiences, particularly young impressionable people, will adopt it as their own.

Money was viewed by 83.3% of the respondents as high in influencing students into drug use/abuse. Only 16.7% of the respondents thought its influence was low. These tallies with the students' responses, majority (68.7%) concurring that the influence of money was high. On boredom, 50% of the respondents thought boredom and lack of recreational facilities greatly influences students/teenagers in taking drugs. While half of the respondents thought boredom has little influence in swaying teenagers to take drugs, a similar proportion thought lack of recreational facilities has little influence.

On unstable families as a factor, 66.6% of the respondents thought it has high influence on drug taking tendencies while 33.3% of the respondents stated that its influence was low.

Regarding advertising, 66.6% stated that its influence was high. However, some 33.3% thought its influence was low. Nevertheless the majority view that advertising is influential in manipulating people, particularly young people into drug use/abuse confirms research results which implicate advertising in teenage drug taking habits. Indeed Atkin et al (1984) Teenage Drinking: Does Advertising make a difference? Established in a research on media effect on the young that advertising could contribute to the conception that tobacco smoking and drinking alcohol was a legitimate and normal activity in the society.

Research in the US (Journal of the American Medical Association 1991) established that approving attitudes towards cigarettes ads seemed to persuade actual smoking. Indeed, approving attitudes towards alcohol ads also seem to persuade alcohol uptake as the students and teachers responses advertising as a factor confirm.

Table 28: Factors influencing youth into drugs use/abuse

	Very High		High		Low		Very low	
	F	%	F	%	F	%	F	%
Friends	4	66.7	1	16.7			1	16.7
Parents	2	33.3			1	16.7	3	50.0
Movie Star	1	16.7	3	50.0	2	32.3		
Money	2	33.3	3	50.0	1	16.7		
Boredom/Idleness			3	50.0	3	50.0		
Lack of Recreational Facilities			3	50.0	2	33.3	1	16.7
Unstable Families	2	33.3	2	33.3	2	33.3		
Advertising	1	16.7	3	50.0	2	33.3		

4.3.5 Communication channels used to disseminate information

The study strove to determine what channels of communication teachers used to disseminate information about drugs. Responses to the question show that the parade is the medium through which students got information about drugs. This is because 66.7% of the respondents stated that they used the parade as the avenue to disseminate information about drugs.

Reliance on parade appears to be founded on the dynamics of interpersonal communication which according to Defluer (1989) is more effective than mass mediated media in dealing with resistance and apathy. Indeed, students' responses to the question as the sources of information that they had received drug information the most, 50% of the respondents named teachers. 33% of the respondents said they used classroom discussion and books which had themes depicting drug abuse. Teachers are here seen as either opinion leaders helping

reinterpret the complex issue surrounding the drug phenomenon worldwide, hence vindicating the Two-Step Flow theory of communication under which ideas are said to emanate from the source—in this case, from policy makers, experts—which are received by the teachers who in turn convey the same to the students through sustained and interpersonal communication during parades.

Table 29: Communication channels used to disseminate information on drugs by teachers

Communication Channel	Frequency	Percent
Parade	4	66.7
Others	2	33.3
Total	6	100.0

4.3.6 Reception of feedback from the students

An attempt was made to find out whether the respondents got feedback to the kind of drug education messages they disseminated to students on parade and other avenues. Over half of the respondents (66.7%) stated that they got feedback while 33.3 said they did not. That over half stated that they got feedback attests to the efficacy of interpersonal communication which research has shown that it provides a two-way exchange (Defluer (1989) of information. The respondents in fact said they got feedback through direct communication and write ups in form of notes which they seem to hide from, during counseling sessions, question and answer session among others means.

The pie chart below shows the results.

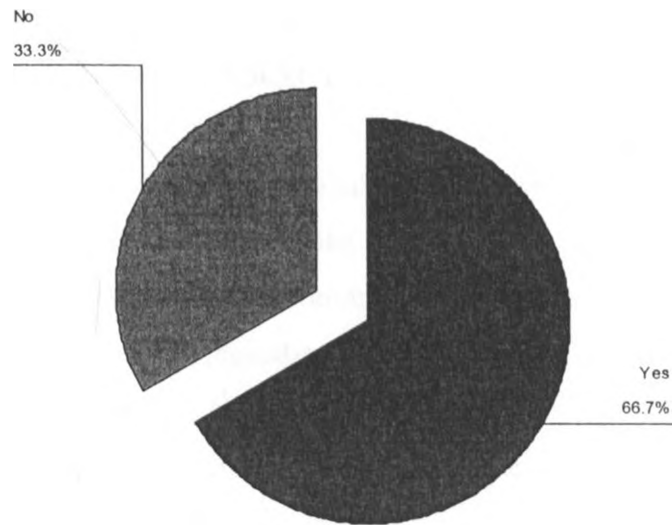


Figure 8: Feedback from students

4.3.7 Communication problems do you face taking to students about drugs?

An unstructured question was posed to determine qualitative information regarding the communication problems the respondents faced trying to get students to shun drug use/abuse. Most of the respondents observed that some students did not take the drug scourge and their vulnerability to it seriously. Others were shy, while fear of victimization prevented others to be frank.

Other communication problems they faced included ignorance by some students on issues related to drugs, implying that the presumed drug education blitz through mass media may not be sufficient to create awareness in the students for them to be conversant with basic issues concerning drugs the hazards it causes to health. Peer educators, they stated did not know enough to sensitise bring home to the students the reality about drugs. Another problem they cited was familiarity: most of them have become too used to the teachers that this has undermined the requisite authority that influence favourable reception of messages.

This confirms studies (Hovland) which show that the credibility and the charisma of the transmitting source is an essential quality from the point of view of the receiver of the message. The more credible the source, the greater the appeal of the source to the receiver.

The young do not accord greater credibility to adults, nor do they always consider them to be important. For this reason, young people would appear to be better than adults at transmitting drug abuse prevention messages (UNESCO, 1994)

4.3.8 Other groups of people teachers have addressed concerning drugs and substance

Given the above communication problems, the study sought to determine what other groups of people the teachers have addressed communicated with other people in an effort to increase their effectiveness in communicating drug messages to students. The pie chart below shows that 67% of the respondents had in fact spoken to other groups with that objective in mind while 17% had not. A similar number did not indicate whether they had communicated with other people with the same objective.

The respondents who said they had addressed other groups in a bid to help them communicate effectively with the students cited former students and parents, other teachers. They also stated they talked to youth out of formal school system or those who are through with school in the neighbourhood. According to the respondents, most of the youth they talked to exhibited a life of idleness due to lack of creative activities and jobs to keep them busy.

On its part, NACADA has taken its campaign to other stakeholders, aside from addressing students whom it considers the most vulnerable segment of the population to drug use/abuse. According to Mr. Sosio, NACADA has had a series of sessions with religious leaders, officials of the provincial administration, political leaders and heads of government departments, artists, media practitioners, women Organisations and officials of trade unions.

He explains that NACADA talks to these various groups of people because they are the custodians of youth, influence policy for mobilization of resources that go into the drug education programmes among teenagers in school and out of school.

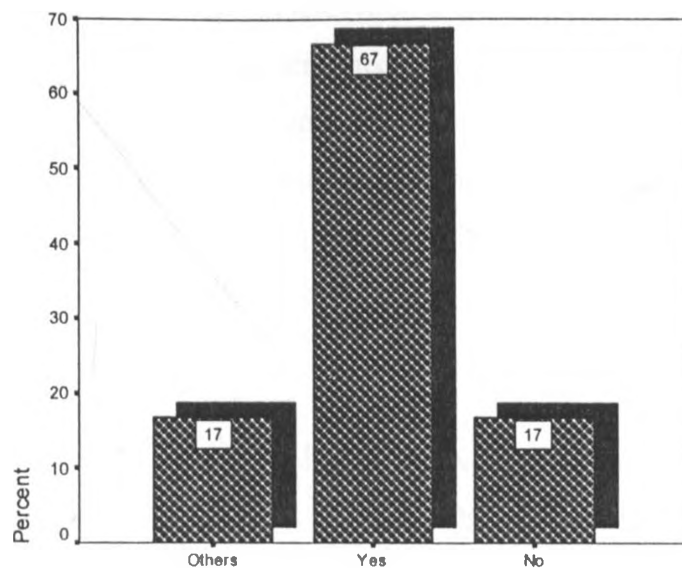


Figure 9: Proportion of teachers who address other groups of people

4.3.9 Government support in addressing drugs and substance among students?

An effort was made to determine whether the respondents think the government provides them with sufficient support in addressing drug use/abuse among the students. 83% of the respondents stated that the government had not provided support while 16.7% stated that it had not.

Those who denied government support stated that the government had treated the issue casually by failing to take deterrent measures as drug peddlers who were known to the authorities were neither arrested nor jailed when charged. They also charged that government anti-drug communications (presumably through NACADA and the ministry of health) did not reach the students implying that the communication channels the government was using was not appropriate. Another factor the respondents cited as vitiating government drug education policies is that parents of children having drug problem were not given assistance to secure rehabilitation services. A Behaviour Change Communication (BCC) without provision of services for rehabilitation of victims of drug abuse, it appears, greatly weakens government crusade against drug abuse.

They also cited advertisement of drugs on television and billboards as a tacit approval of the government for such ads, saying this undermined their efforts in preventing students from drug use. However those who thought the government was providing support cited the public awareness campaigns against drugs, regulation and policy changes against drugs sensitizing teachers and students about drugs and drug abuse workshop and seminars as evidence that the government was indeed providing support for the drug prevention programmes among the youth.

A programme officer with NACADA, Mr. James Sosio, however noted that the government had, indeed, not provided sufficient support in addressing the drug use/abuse phenomenon in the country. He says the institutional setup the government has established to provide drug education is weak in terms of resource endowment and organization structure. NACADA is does not have offices in the districts and allocation to it is limited. The organization does not therefore have the capacity to carry out drug education programmes throughout the country on an ongoing basis. Indeed, the organization is only able to talk to students once week. Given the nationwide nature of the problem, Mr. Sosio expressed fears many teenagers could be falling into the trap because of ignorance, peer pressure, something they would otherwise resist had they been provided with life skills.

Table 30: Government support of drug education in schools

Response	Frequency	Percent
Yes	1	16.7
No	5	83.3
Total	6	100.0

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

The chapter presents the summarized findings of the study and gives conclusions and appropriate recommendations.

5.1 Summary of the findings and conclusion

Arising from the findings and in line with the three objectives of the research:

- To evaluate the communication strategies used in the campaigns against drug abuse.
- To examine how the youth's knowledge, attitudes, beliefs and practices have been influenced by the communication campaign against drug abuse.
- To examine the communication habits among youth in relation to drug use information.
- To determine the role-played by socio-economic and gender factors in influencing adolescent disposition towards drug use.

The study found out that students are aware of the health hazards with over 90.9% of the respondents reporting that drug scourge in the country is serious. However, the students appear not to appreciate its serious within their respective neighborhoods. Their appreciation of drug as a serious problem to society could be attributed to mediated communication of messages regarding it by the mass media.

The students reported to be aware of smoking and alcohol related diseases even though most may not have had a first hand contact with the debilitating effects of the drugs. This lends credence to the diffusion theorists that mass media is a powerful instrument of creating awareness about an innovation or an idea.

The students are similarly aware that drug addiction is a health and social-economic problem and not brought about by bewitchment. Drug addiction has in the past been associated with bewitchment by alleged evil or malignant people who do not wish well people. More than

half of the students disagreed with this myth; they also disagreed with the widespread notion that bhang or drugs in general make one more clever is to make him pass mathematics easily.

The leading channels of information on drugs has been the teachers and the television with half of the students reporting that they got most of the information about drugs from teachers while some 15% reported that they got from the television. The study also established that students in urban centres (Nairobi the study site) were exposed to the television most (75.4%) of them on daily basis while slightly a half of them were exposed to radio daily. Nearly half of the students were exposed to the newspapers on daily basis.

However, it appears that dissemination of drug information is sporadic. It is not in tandem with the gravity of the drug scourge. This is because 45% of the respondents reported that their exposure to drug information from the mass media was rare. It can be stated that the communication campaigns has increased awareness and knowledge about the drug scourge. However, results show that many students still abuse drugs. Three quarters of the students reported to knowing friends having a drug problem. And more than half of them reported more than half (56%) reported to have drank alcohol in the past one year. This confirms previous research into persuasion campaigns that dissemination of information is not sufficient to modify attitude and behaviour (UNESCO 1994.)

The study found that social-cultural and religious have played a part in influencing students' disposition towards drugs. Students reported that peer pressure (the influence of friends) was powerful in influencing students to use/abuse drugs. This implies that majority of teenagers hooked to drugs could have been influenced by friends. Money was also mentioned as a powerful force, implying that affluence is as much likely to induce one to abuse drugs as poverty as evidenced by respondents' belief that idleness and lack of recreational facilities(which is associated with poverty) was a powerful factor in inducing students to use/abuse drugs.

A majority of students similarly identified unstable families as a powerful factor in inducing students to use/abuse drugs. Difficult circumstances which instability in families cause, the

anxiety and guilty make students or teenagers vulnerable to drug use/abuse. However, the students discounted the presumed powerful influence of parents to induce them to use drugs as most said they had little influence. This contradicts research by Akyempong (2002) which found out those children whose parents drug alcohol was induced to similarly partake of the drink to look appear adults.

Although over 80% of the students thought the drug prevention information they got was adequate, their teachers thought the government support towards the drug prevention campaigns among youth was dismal. All in all, however, it is evident that students in high schools in Nairobi have been exposed to drug information campaigns and appreciate the serious implications its indiscriminate use has on health.

Among the communication channels through which the information on drug education has reached them include the television, the radio, newspapers. Besides these, the teachers, counselors, parents, friends and religious leaders have similarly been sources for drug information, mainly at interpersonal levels. The parade, used mainly by teachers has been the most salient sources of information for drug education.

There is evidence that social-economic factors have also have played a part in influencing students' disposition towards drug use/abuse, most students citing friends, parents, and even money as some of the factors that positively or negatively influences their disposition to drugs. Using the Two-Step Flow theory, the parents, teachers, priests act as the primary group, or opinion leaders, who first receive and appreciate the dangers of drugs, and then, pass the information so received to students.

5.2 RECOMMENDATIONS

The success of Information, Communication and Education campaigns against drug abuse among the youth will depend on general attitude and behaviour of the society towards the whole phenomenon of drugs. There is an urgent need to achieve attitude and behaviour change consistent with the level of awareness of the society regarding the inherent dangers of

drug use/abuse to health. Ways and means should be developed and nurtured to nurture a universal knowledge about the health implications of drugs among people:

- There is need to strengthen governments units charged with the health of Kenyans. In particular, the Government needs to equip NACADA so that it can open field offices throughout the provinces. The offices will provide continuous education to all stakeholders regarding the scourge.
- There is need to step up drug communication efforts in the mass media so that messages about drugs be transmitted almost on daily basis like the way HIV/AIDS education messages have been. This could reinforce the efforts teachers, religious leaders and parents are making towards sensitizing the youth about the health hazards posed by drug use/abuse. This is because, despite the “clear and present” danger of drug scourge, most respondents stated that they rarely got exposed to anti-drug information via mass media. Whatever they got from the mass media regarding it appeared to be infrequent at best.
- The government needs to enact policies that will curtail altogether advertisement that is favourable to drugs particularly cigarettes, and alcoholic drinks. Continued advertisement of alcohol and cigarettes on mass media outlets send conflicting to youth who cannot make a distinction between pro-drugs and anti-drugs messages.
- The government and Nongovernmental Organisations (NGOs) need to provide appropriate training to teachers, and peer educators on drugs so that they could effectively disseminate drug education messages to youth. The teachers interviewed said students did not take them seriously—hence the credibility of the teachers would be greatly enhanced if they were given drug education and counselling skills.
- There is also a need for the government to set rehabilitation centres for victims of drug abuse. As policy makers initiate programmes to prevent those youth who have never experimented with drugs, or who are not yet addicted to it, it should also step in to assist those already hooked on to the drugs. This will save lives, besides creating hope in parents who feel helpless seeing their children slowly wasting away their lives on drugs.

- Since there is a close linkage between drug use and HIV/AIDS scourge, there is need to integrate drug education in HIV/AIDS campaigns. Stemming possible drug abuse among youth constitutes the first major step in stemming the spread of HIV/AIDS because drugs have been implicated in the risk behaviour that engenders HIV/AIDS infections.
- There is still so much society is yet to know about the dynamics of drug phenomenon as a social problem and how society can decisively tackle it. Further research is therefore needed to explore the problem with the aim of understanding its configuration and develop appropriate intervention measures to contain it.

BIBLIOGRAPHY:

- Alexander, A. and Hanson, J. (2001). *Mass Media and Society* (6th edition), McGraw-Hill /Dushkin: Guilford, Connecticut
- Baran, S. & Davis, D. K. *Mass Communication, Foundations, Ferment, and the Future* (Fourth Edition). UK: Thompson Wordsworth, 2006
- Bryceson, F. D. (2002). *Mixing Business, Pleasure and Politics in Alcohol in Africa* Heinemann: Portsmouth
- Bursman, W. (1995). *Drug Education: Programmes and Methodologies*, Paris: UNESCO
- Cavalcante T. (2001). *Labeling and Packaging in Brazil*. WHO
- Calvacanti, L. (1994). *Prevention of Drug Abuse through Education and Information*
- Center, A. H., and P. Jackson. (2003). *Public Relations Practices: Managerial Case Studies and Problems* (Sixth Edition), New Delhi: Prentice-Hall Inc.
- Chitanondh, H. (2001). *Thailand: Country Report on Labeling and Packaging*. WHO
Daily Nation, May 22, 2006
Daily Nation, August 18, 2004, "Drug Abuse has been blamed for unrests in schools."
Daily Nation, August 8, 2002, "Give the Drug Czar Teeth."
- Defleur, M. and Ball-Rokeach, S. (1989). *Theories of Mass Communication* (5th edition), New York: David McKay
- Dominick, J. (1993). *The Dynamics of Mass Communication*, New York: McGraw-Hill, Inc.
- Grant, M. (Ed.) *Alcohol Policies*. WHO, 1985
- http://www.alcoholconcern.org.uk/files/20040602_095617_women%20and%20alcohol%20update%202004.pdf
- <http://www.athealth.com/Consumer/disorders/womenalcohol.html>
- http://en.wikipedia.org/wiki/Health_Belief_Model
- Lowery, S. A. and De Fleur, M. L. (1988). *Milestones in Mass Communication Research: Media Effects*, (Second Edition), New York: Longman

Republic of Kenya, *Drug Control Master Plan 2000*

Ndetei David M. (2004). *A study on the assessment of the linkage between Drugs abuse, injecting drugs and HIV/AIDS in Kenya.*

World Bank: *Global Status Report on Alcohol*, 2004

Karechio, B. (1996). *Drugs in Kenya*. Nairobi: Uzima Press

Kenya Secondary School Heads Association. (2004). *A Report on Solving of Problems of drugs and Substances of Abuse in Educational Institutions*

Kiesler, A., Collins E.B. and Miller. (1969). *Attitude Change: A critical Analysis of Theoretical Approaches*, New York: John Wiley & Sons

Kiragu, K. "The Correlates of Sexual and Contraceptive Behaviour Among In-School Adolescents in Kenya Baltimore." Unpublished PhD Thesis presented to John Hopkins University, 1991

Klapper, J.T. (1960). *The Effects of Mass Communication*, New York: New York Press

McQuail, D. & Windahl, S. (1981). *Communication Models For the Study of Mass Communications*. Longman

Obot, I. S. & Sheshar, S. (Eds), (2005). *Substance Use Among Young People in Urban Environment*, WHO

The People Daily, December 29, 2006

"Prevention of Drug Abuse through Education and Information: An Inter-disciplinary Responsibility within the Context of Human Development," UNESCO, 1994

Prabhat, J. and Chaloupka, F. J. (2000). *Tobacco Control in Developing Countries*, Oxford University Press

Price L. & Allen. (2001). *Effective Access to Tobacco Dependence Treatment*, New Zealand: WHO.

"RJR Nabisco's Cartoon Camel promotes Camel cigarettes to Children" from Journal of the American Association, Vol.260 No. 1991)

Room, R. (Eds.), (2002). *Alcohol in Developing Societies: A Public Health Approach*, Helsinki

Tan, A. (1980). *Mass Communication Theories and Research (Second Edition)*, New York: John Wiley & Sons

The Tobacco Control No.20 Bill, 2006

Wango, G. (2001). *The Vulnerability of Girls & Women to HIV/AIDS in Kenya*, Unpublished Paper

United Nations Office for Drug Control, *World Report 1, 2005*

World Bank (2003). *Economic, Social and Health Issues in Tobacco Control*, Report of a WHO International Meeting, December 2001

World Bank (1999). *Curbing the Epidemic: Governments and the Economics of Tobacco Control*

APPENDIX A

QUESTIONNAIRE FOR STUDENTS

Communication, Socio-economic and Cultural Factors Influencing Campaigns against Drugs and Substance Abuse among the Youth in Kenya: A Case Study of High School Students in Nairobi.

This research study is being taken in partial fulfillment of the award of the degree of **Master of Arts (MA) in Communication Studies** at the **School of Journalism, University of Nairobi**.

Instructions

- Please respond to all the questions even if it means getting assistance of your class teacher or a friend. The information you provide will be treated with utmost confidentiality.
- Fill in the blank spaces or indicate your response with a tick where appropriate.

SECTION A: BACKGROUND INFORMATION

1. What is your age in years

- 12 -14 18-20
15-17 21-23
21-23
Over 24

2. Are you a? Boy Girl

3. Indicate the person you live with?

Father and Mother Guardian (relative) Mother only Father

4. What is your Religion? Christian Islam Traditional Sikhism

Any other (Specify): _____

5. Where do you live after school? Urban Rural

SECTION B: PARENTS' EDUCATIONAL BACKGROUND

6. What is the level of education of your parents or guardians? **Tick appropriately.**

Level of education	Father	Mother	Guardian
Primary			
Secondary			
College/tertiary			
University			

7. What is the occupation of your parents or guardians? Tick appropriately

Type of employments	Father	Mother	Guardian
Salaried employment			
Self employment			
Casual worker			

Section C. Mass Media exposure

8. How often do you watch/listen or read the following. Tick in the appropriate box

	Daily	Once in a week	Once in a month	Never
Television				
Radio				
Newspaper				
Video				

9. What has been your main source of information on drug abuse?

Radio Television Parents Church Teachers Politicians
 Friends Others (Please specify) _____

10. The following are some of the statements on drug abuse/users. Give your opinion by ticking the appropriate option as indicated in the table below.

Strongly agree (SA) Agree (A) Undecided (U) Disagree (D) Strongly Disagree (SD)

	Statements on exposure to mass media	SA	A	U	D	SD
1	TV programmes/movies portray drug and substance as harmless					
2	TV programmes/movies can induce one to start smoking/drinking alcohol					
3	Campaign in mass media on drug abuse are adequate to educate youth on the dangers of drugs and substance abuse					
4	Movie stars who smoke, take alcohol or bhang or other hard drugs are admirable					

11. How frequently do you receive anti-drug messages from the mass media?
 Almost every day every day Once a week Rarely

SECTION D. KNOWLEDGE, ATTITUDES, BELIEFS AND PRACTICES REGARDING DRUGS AND SUBSTANCE

12. How would you rate drugs and substance use in terms of seriousness to your health?
 Tick accordingly. (Tick appropriately).
 1 Very serious Serious Undecided Not serious

Tick in your response in the appropriate box.

13. (a) How would you describe the problem of drug abuse in?

	Very high	Moderate	Low	Rarely Fairly low	Never
Neighborhood					
school					
Country					

(b) In your view, is anything being done to address the problem?

	Yes	No	Don't know	No ans wer
In your neighborhood				
In your school				
Country				

14. What in your view, happens when one uses drugs? In the table below, tick the response that best represents your answer based on the given scale:

No	The following are the effects of drugs on users	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Drugs are addictive					
2	Alcohol can be harmful to an individual's physical health					
3	An individual's sense of judgment is affected by using alcohol					
4	Taking alcohol, cigarette is not harmful					
5	Those who are addicted to drugs are bewitched					
6	Drinking alcohol is the best way of making friends					
7	Drinking alcohol is the best way of dealing with frustrations or anxiety					
8	Alcohol is a problem to society					
9	Consumption of alcohol and drugs make one indulge in risky sexual behaviour that may result in infection with HIV/AIDS and other sexually transmitted diseases					
10	Taking alcohol can negatively affect a student's academic performance					
11	Taking bhang makes one pass mathematics					
12	Too much alcohol and other substances make one neglect his/her family					

13	Smoking is cool					
14	Cigarette smoking kills					
15	Second hand smoking(being near friends or acquaintances who smoke) is dangerous to your health					

15. (i) Do you know of a friend or anyone else who has a drug abuse problem?

Yes No

(ii) If yes, whom did he/she go for assistance? Parents Friends Teachers
Priests Hospital Other (specify) _____ -

(iv) Have you had any drug problem? Yes No

(iii) If yes, briefly explain

16. (a) Do you sometimes feel pressurized to take drugs?

Yes No don't know No answer

(b) If yes, which of the drugs have you been particularly pressurized to use? Tick all those which you have been induced to take

- a) Alcohol
- b) Cigarettes
- c) Bhang
- d) Miraa
- e) Glue

Other (Specify) _____

17. (a) Do you think smokers can stop smoking anytime they wish?

Yes No

(b) If you knew that smoking cause health problems, are you likely to quit smoking?

Yes No

18. (a) Do you mind your friends smoking near you?

Yes No

(b) Please explain your answer:

19. (a) Do you know any smoking related disease?

Yes No

(b) If yes, which ones do you know?

20. (b) Have you ever drunk alcohol in the past?

Yes No

(b) If yes, when was that?

Two weeks ago A month ago Six months ago A year ago

21. Do you think one could stop drinking alcohol anytime he/she wanted?

Yes No

22. Are you aware of any alcohol related disease?

Yes No

UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

23. (a) Do you know anybody in your family that drinks alcohol? Yes

No

(b) If yes, then tick appropriately

1=Mother

5) Grand mother

6) Sister

2=Father

8) Child/children

3=Uncle

4=Aunt

11=Other (Specify)

24. Apart from alcohol and cigarette smoking, what other drugs do you know are usually used by people known to you?

1=Glue

2=Petrol

3=Miraa

4=Bhang

5=Cocaine

6=Other (Specify) _____

25. (a) Do you think the drug information you have been exposed to have prevented you against the drugs.

Yes No

(b) Please explain your answer:

26. How would you rate the following factors in terms of its power to influence youth into taking drugs? Tick the response that best represent your answer based on the given scale

Factors	Very powerful	Powerful	Undecided	Not powerful	
Friends					
Parents					
Movie stars					
Teachers					
Money					
Boredom/Idleness					
Lack of recreational facilities					
Unstable families					
Advertising					

Thank you for your cooperation

APPENDIX B

QUESTIONNAIRE FOR TEACHERS

Communication, Socio-economic and Cultural Factors Influencing Campaigns against Drugs and Substance Abuse among the Youth in Kenya: A Case Study of High School Students in Nairobi.

This research study is being taken in partial fulfillment of the award of the degree of **Master of Arts (MA) in Communication Studies** at the **School of Journalism, University of Nairobi**.

Instructions

- Please respond to all the questions even if it means getting assistance of your class teacher or a friend. The information you provide will be treated with utmost confidentiality.
- Fill in the blank spaces or indicate your response with a tick where appropriate.

1) How often do you talk to students about drugs?
Weekly Monthly Once per Term Once a year other (specify)

2) How do you rate the following factors in terms of influencing students' inclination to take drugs?

Factors	Very High	High	Low	Very low
Friends				
Parents				
Movie stars				
Teachers				
Money				
Boredom/Idleness				
Lack of recreational facilities				
Unstable families				
Advertising				

3) Which communication channels do you use to disseminate information about the dangers of drugs to your students?

Mass Media Parade Bill' boards Churches/Mosques

Workshops/seminars Peer education

Others (Specify) : _____

4) (a) Do you get feedback from the students?

Yes No

(b) If yes, how?

(c) And through what channel:

5) What communication problems do you face talking to students about drugs?

6) (a) Other than targeting students are there any other groups of people you have addressed concerning drugs and substance use in an effort to prevent the students from indulging in drug use/abuse?

Yes No

(b) If yes, which ones?

7) a) Do you think the government has given sufficient support in addressing the issue of drugs and substance abuse among students?

Yes No

b) Please explain your answer above:

Thank you for your cooperation.

APPENDIX C

INTERVIEW SCHEDULE FOR OFFICIALS INVOLVED IN PUBLIC EDUCATION ON DRUG USE/ABUSE (NACADA)

This research study is being taken in partial fulfillment of the award of the degree of **Master of Arts (MA) in Communication Studies** at the **School of Journalism, University of Nairobi**.

Instructions

- Please respond to all the questions even if it means getting assistance of your class teacher or a friend. The information you provide will be treated with utmost confidentiality.
- Fill in the blank spaces or indicate your response with a tick where appropriate.

1. How often do you talk to students about drugs?

Weekly Monthly Yearly

Others (specify) _____

2. a) How do you maintain contacts with other stakeholders involved in drug education?
Seminars/workshops School visits Public rallies Mass media

b) What do you consider to be the major cause of drug abuse among youth?

3. Campaign against drug abuse received momentum following the establishment of NACADA. Rate in terms of effectiveness the channels of communication have been used to spread information discouraging people, particularly students against drug? **Tick appropriately.**

	Source	Highly effectiveness	Effective	Ineffective	Highly effective
1	Newspapers				
2	Radio				
3	Television				
4	Teachers				
6	Pastors/imams				
7	Friends/peers				

8	Music				
9	Drama				
10	Poetry				
11	T-shirts with anti-drug message				
12	Brochure/pamphlets				
13	Political leadership				
14	Baraza				

4. How would you rate do youth's response to drug Information and education programmes in terms of :

	Very high	High	Average	Below average
Knowledge				
Attitude				
Behaviour change				

5. What are some of the reasons for non-adoption of anti-drug communication messages?
Rate in terms of most importance.

	Very important	Important	Least important	Not important
Attitude				
Culture				
Poverty				
Myths				
Media				
Lack of political support				

6. (a) Other than targeting the youth in your campaign efforts, do you have other audiences you have addressed concerning drugs and substance use?

Yes No

(b) If yes, ticks against those you have targeted in the campaign

Religious leaders Teachers Provincial Administration

Political leaders

Other (Specify): _____

(c) Why have you found it necessary to target these groups?

7. Do you think the government has given sufficient support in addressing the issue of drugs and substance abuse among youth? Yes No

8. In your opinion, what needs to be done in order to improve education on alcohol and drug abuse in the country and among youth in particular?

Thank you for your cooperation.