

**FACTORS INFLUENCING THE ABUSE OF DRUGS IN KENYAN
SECONDARY SCHOOLS: A CASE STUDY OF MBEERE DISTRICT**

By

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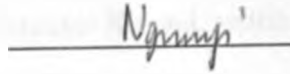
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DECLARATION

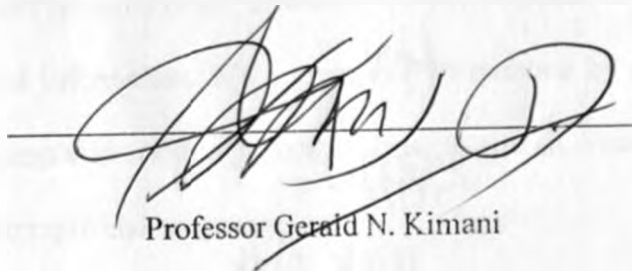
This research project is my original work and has not been presented for a degree in any other university.



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This research project has been submitted for registration with my approval as the University supervisor.



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DEDICATION

I dedicate this work to my parents, husband, brothers and sisters for their insurmountable support that gave me the hope to carry on.

ABSTRACT

This study was carried out to investigate the factors influencing the use and abuse of drugs in Kenyan secondary schools in Mbeere district. Due to the nature of strikes and riots in the schools that may be attributed to drug abuse, a study of this nature was necessary.

This study is therefore expected to contribute information that could be useful in intervention measures that could be undertaken to prevent the use and abuse of drugs and substances in the secondary schools in the district. The researcher chose ex-post facto design whereby the researcher does not have direct control of independent variables because their manifestations have already occurred or because they are not inherently not manipulative.

The research was conducted in Mbeere district whereby 49 secondary schools were used. Simple random sampling was used to select the 364 students and 205 teachers. However, all the head teachers participated in the study. Questionnaires were used for these groups of respondents. The questionnaire return rate was 100%. The data analysis techniques that were employed included use of tables and figures. Percentages and totals were also used to summarize the data while descriptive narrations were given for open-ended questions.

The findings of the study were that the most commonly abused drugs in the district included alcohol, cigarettes, miraa and bhang or marijuana. Other drugs that were abused although to a lesser extent included opium, heroine and cocaine. The study also revealed

that drug abuse was mainly caused by peer pressure and availability of drugs. Other factors that also contributed to drug abuse were stress, parental and societal influence.

The study recommended that there needs to be a control of availability of drugs in the markets and more so around the schools. Parents should be counseled on the adverse effects of drugs. Peer counseling should be encouraged by organizing seminars and workshops. The society at large should take the responsibility of rehabilitating the drug addicts. The researcher recommended for further studies to be carried out in other districts in Kenya in order to come up with a general assessment of the whole country on the factors influencing drug use and abuse. Finally there also needs to be a study on the management of drug abuse in Kenya.

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LIST OF ABBREVIATIONS

AEO- Area Education Officer

BAT-British American Tobacco

BC-Before Christ

BOG-Board of Governors

MOEST-Ministry of Education, Science and Technology

MOEHRD-Ministry of Education and Human Resource Development

NACADA-National Agency for the Campaign Against Drug Abuse

NGO-Non-Governmental Organization

UNDCP-United Nations Drug Control Programme

UON-University of Nairobi

WHO-World Health Organization

CHAPTER I

INTRODUCTION

1.0 Background to the Study

Drugs can be said to be as old as man has lived here on planet earth. Adams (1973) indicated that 5000 years B.C, the Sumerians wrote on clay tablets of the cultivation of a plant to extract its juice. This plant was the opium poppy. In the 10th century, the Arab traders spread it to China where it became a social disease. By 20th century mass addiction had spread to other countries including the United States. Conger and Petersen (1984) reported that the Chinese knew about cannabis sativa since 2737 B.C while the Egyptians knew about opium since 1500 B.C. The Greeks invented alcohol. By 18th century, the use of drugs was very common especially in USA. In 19th century heroin became common. Modern drugs are an integral part of the mid 20th century cosmopolitan culture and civilization. According to Edwards and Arif (1980), Khat is said to have originated from the Southwest of the Arabian Peninsula in A.D 973-1051. Baasher T.A (1980) stated that it was introduced into Yemen from Ethiopia around 15th century where it then spread to Aden, Egypt, Southern Arabia, Kenya, Somalia and other countries along the East African Coast. Ndirangu (2001) stated that in Egypt the earliest breweries date back to 3700 B.C.

World Health Organization (1984) has reported that the most widely used drug in the world are alcohol, tobacco, marijuana, opium and its derivatives, cocaine and hallucinogens, khat-type (miraa), inhalants and volatile substances like glue and petrol. It

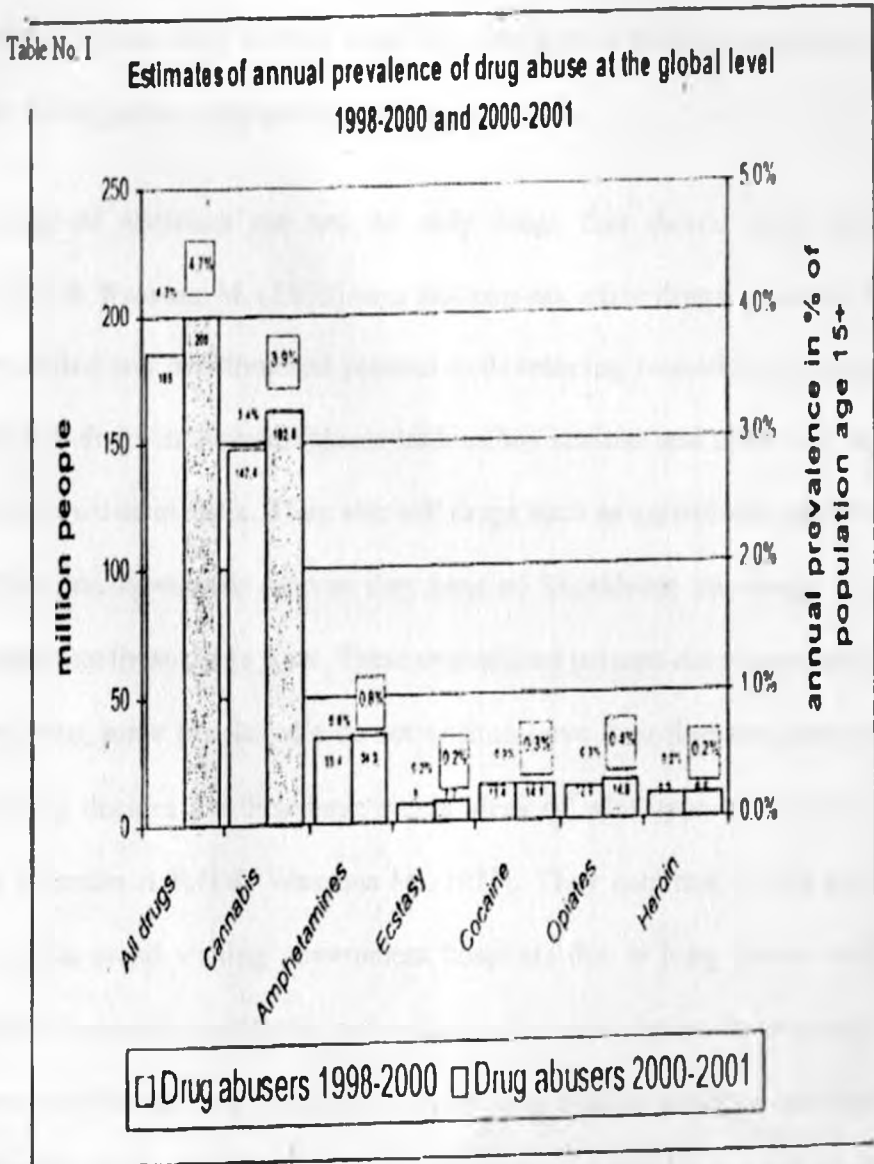
also noted that over-the-counter drugs were being abused even more than reported. Edwards and Arif (1980) attempt to give a general mapping of world problems by drug type. They spelt out that opium is used in the Middle East, South East Asia and the Western Pacific particularly Afghanistan, Burma, Bangladesh, Egypt, Hong Kong, Indonesia, Iran, Macao, Pakistan, Sri Lanka, Thailand and Vietnam. Illicit opium production is done in the 'Golden Triangle' of Thailand, Burma and Lao Peoples Democratic Republic, Pakistan and Afghanistan. They noted that heroin is used in Asia, Europe and USA. Since heroin is a derivative of opium, it is produced in the same places as opium. They also stated that khat is used in few African and Middle Eastern countries mainly Democratic Yemen, Djibouti, Ethiopia, Kenya and Yemen. Cannabis, they added is one of the most commonly used drugs throughout the world while hallucinogens are little used compared with other drugs. On the other hand, inhalants and volatile solvents are very difficult to control owing to their cheapness and availability. They are found in Sudan and Mexico mainly but have now spread to Africa, USA, Latin America and Europe. Cocaine is used mainly in the mountainous areas of Andes in South America comprising Argentina, Bolivia and Peru while amphetamines; barbiturates and minor tranquillizers are mainly spillover from drugs produced in the developed world. These are exported to the developing countries and they are mainly used in Africa and the Middle East. Alcohol and tobacco, they added, are now found in almost all parts of the world.

United Nations Drug Control Programme (1998) report that in Africa, youth and adults, rich and poor, rural and urban people abuse drugs. They add that drug abuse is more common among men than women but the situation is changing rapidly as substance abuse among women is less visible and more private.

Ndirangu (2001) states that it is estimated that drug trade accounts for about 8 % of the international trade worth \$4-6 trillion and therefore the international police (Interpol) spends about 60% of its budget fighting drugs and related crimes. According to UN (1989) the first international conference on drugs was held in Shanghai in 1909. The International Narcotics Control Board (1998) agreed that it is quite difficult to prevent drug abuse in an environment of illicit drug promotion. This is because of factors such as people's attitudes and behavior towards drugs must be changed, as they are the same who increase its production and distribution-the demand and supply. There is a rapid and growing spread of messages in the environment that promote drug abuse e.g. mass media advertisements, popular stars who are celebrities and use drugs etc. The Board says, "While the elimination of all forms of drugs experimentation, use and abuse will never be achieved, it shouldn't be a reason to give up the ultimate aim of all prevention efforts namely a drug -free society." Thus governments all over the world have tried to curb drug use and abuse.

Table number 1.1 illustrates the global extent of drug abuse whereby cannabis is the most widely consumed illegal drug worldwide.

Table No. 1.1 Prevalence of Drug Abuse at the Global Level



Sources: UNODC, Annual Reports Questionnaire data, National Reports, UNODC estimates

Edwards and Arif (1990) state that alcohol abuse in Kenya is quite alarming. Wabala (2005) reported that there was an oversupply of hard drugs in Kenya causing their prices to plummet. He noted that cocaine was the most expensive drug in the country ~ 5000 shillings a gram. Adams (1973) reported that marijuana has become a classic drug of abuse. It was used by ~16-20 % of high school students and in some universities 10-30% of the students have smoked it at least once. He states that in the United States drug users are no longer the organized criminals but the young adult.

However, drugs of addiction are not the only drugs that should raise an eyebrow. Wassuna A.E.O & Wassuna M. (1973) says that non-addictive drugs are being trafficked through unqualified and unauthorized persons in developing countries including Kenya. These people sell drugs in crowded places such as bus stations and open –air markets by moving in the crowd or in stalls. They also sell drugs such as aspirin and suta. Since they are not medical practitioners or doctors they have no knowledge on dosage or even the type of illnesses that these drugs treat. These unqualified persons are supported by factors such as there being some people who do not wish to have their illnesses known to other persons including doctors but they have vague ideas of what type of medicine to take according to Wassuna A.E.O & Wassuna M (1973). They continue to add that there is another group that dread visiting government hospitals due to long queues while some may have visited a private practitioner and were given a prescription for expensive drugs. Therefore they decided to treat themselves by buying similar drugs or similar looking drugs at a cheaper price. There is also a definite weakness of drug control especially in the private sector and even at times the low prices of drugs attract clients.

Kariuki (1989) asks whether drug abuse in Kenya is an old problem that is now being recognized for what it is or it is a relatively new phenomenon Ogot (2004) says that bhang plantations continue to thrive on Mt. Kenya and western regions. At the same time, British American Tobacco (BAT) continues to expand her industry although legislation is still being put into place to curb the production, sale and consumption of tobacco. Miraa is a multi-billion shilling legal drug industry. Prescription drugs are also abused heavily by those who have access to them like doctors, pharmacists and those working in the medical environment.

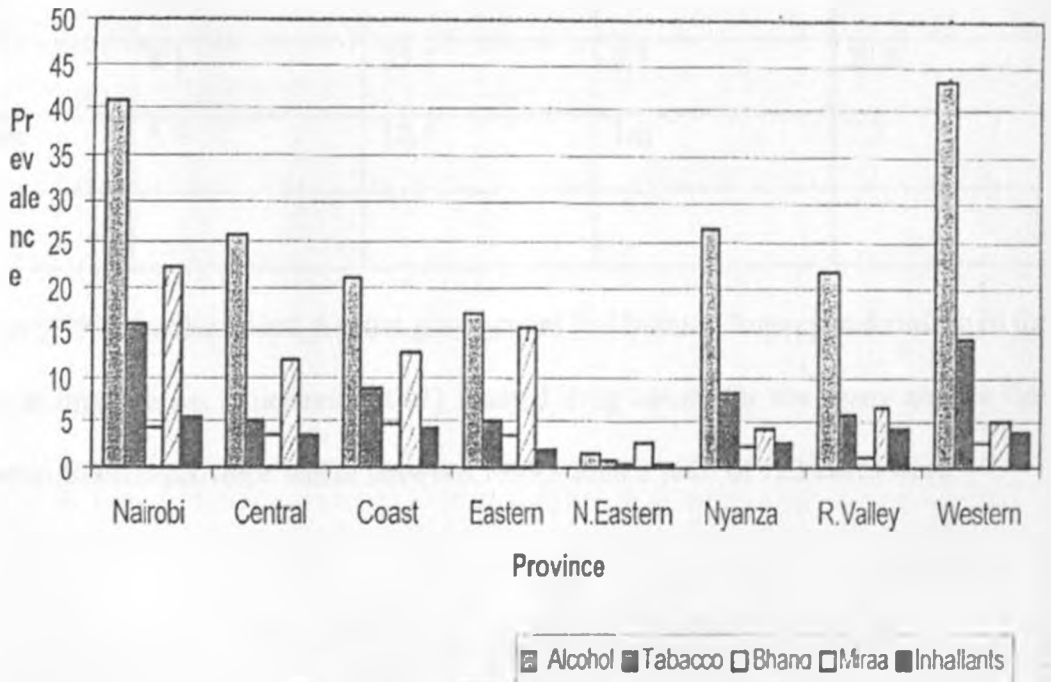
In Kenya, drug phenomena began to draw attention in 1970s. According to United Nations Drug Control Programme (UNDCP) (1995) the first people to address this issue were professionals in the health sciences and researchers from University of Nairobi (UON). Mauri & Acuda (1983) claim that the non- medical use of drugs is increasingly seen rightly or wrongly as a major social and public health problem in Kenya which affects not only the users and abusers themselves but also their families and society as a whole. They identified the most common types of drugs in Kenya as tobacco, khat, alcohol, cannabis, cocaine, stimulants, inhalants and tranquillizers. Ndirangu (2001) identifies the four deadly social drugs of abuse in Kenya as bhang, tobacco, khat and alcohol.

1.1 Statement of the Problem

Ministry of Education (2001) report that indiscipline in our Kenyan secondary schools continues to be a major concern to the school personnel, educators and even other stakeholders in the field of education. This indiscipline has been manifested in different

schools countrywide in the form of strikes, riots, and demonstrations leading to the wanton destruction of school property, injuries or even loss of lives. Indiscipline is partly attributed to drug abuse in these schools. The Kenya Secondary Schools Heads Association (2004) reported that the recent spread of the unrest and indiscipline among the young people in schools and other learning institutions has been linked to the increase in production and use of tobacco, miraa, alcohol, bhang, and the experimentation with hard drugs such as heroin, cocaine and mandrax which are imported to Kenya through illicit trafficking. The prevalence of use and abuse of five substances by students for each province is given in figure number 1. Between 1980-1990, the number of schools experiencing unrests characterized by violence and wanton destruction of property rose from 22 to 187 countrywide.

Fig No 1 Prevalence of abuse of five substances by students for each province



Orlale (2005) quoted the Minister for Education, Science and Technology Professor George Saitoti saying, "One of the causes of indiscipline in schools can be traced to drug abuse". Joseph Kaguthi (2002) cited drug abuse as a major contributory factor in the causes of school indiscipline where riots and strikes were experienced. Table number 2.1 shows the current substance use by students as given by NACADA.

Table no. 2.1 Current substance used by students in Kenya

Substance	Ever use (long term use)		Current (use in the last 30days)	
	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	3.4	12.5	1.6	7.2

Onyango (1991) further added that the government had blamed truancy and rioting in the schools to drug abuse. Muchemi (2001) blamed drug abuse for the many strikes that occurred in Central province where between 1999 –2000 a total of 122 cases were

experienced. Ombuor (2002) quoted the then minister for education, Kalonzo Musyoka as having stressed that the Kyanguli tragedy where 67 boys died of suffocation and burns was inspired by the abuse of drugs and Satanism.

Onyango (1991) reported that drug abuse has become a perplexing problem to parents and even the society at large as they hear news of bizarre nature from secondary schools that may be associated to drugs such as the ones mentioned below. According to Wangai's findings, 47% of high school students in Nairobi had used different drugs at one time or another. He added that 23% took drugs regularly. Wangai also found out that in the rural areas, 6% smoked regularly, 28% took alcohol, 13% took bhang and 1 % chewed miraa. Waihenya (2001) reported that 20% of adolescents between 16 and 26 years smoke cigarettes, 9% do sniff bhang, 23% drink commercial beer and spirits while 16 and 10% had tried local brews and spirits. Ndirangu (2001) states that bhang is the most likely drug a student is likely to come across as 42% of boys in secondary schools have confessed to have taken it at one time or the other.

In the Poverty Reduction Strategy Paper (2001-2004), Mbeere District, it was reported that one of the priority problems that need redress in the education sector is indiscipline experienced in the schools caused by drug abuse. MOEST (2003) reported that in 2003 there were a few cases of indiscipline in the secondary schools but in Nyangwa boys the students caused great damage in 2003. Aduda (2002) also reported that in 2001/2002 central provinces recorded the highest number of strikes in schools as illustrated in table number 2 where most of these strikes may have been aggregated by the use of drugs.

1.2 Purpose of the Study

The purpose of this study is to identify the factors that influence the use of drugs in the secondary schools in Mbeere District.

1.3 Objectives of the study

The objectives of this study on factors influencing the use and abuse of drugs by students in

Kenya secondary schools, Mbeere district were to;

1. Identify the types of drugs that are commonly abused in Mbeere schools.
2. Investigate the extent of the availability of drugs to students.
3. Find out the relationship between peer influence and students drug abuse.
4. Establish if there is a significant relationship between the home environment and student's drug abuse.
5. Determine the relationship between drug abuse and socio-economic status in Mbeere Secondary Schools.

1.4 Research Questions

The study sought to answer the following research questions;

- 1) What are some of the drugs that have been commonly abused by students' in the district?
- 2) Is there a significant relationship between drug use and their availability?
- 3) Is there a significant relationship between peer influence and students drug use?

- 4) Is there a significant relationship between home environment and students' drug use?
- 5) Is there a significant relationship between drug use and the students' socio-economic status?
- 6) What are some of the measures head teachers and teachers take in order to prevent drug abuse in secondary schools?

1.5 Significance of the Study

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This study revealed the types of drugs available to the students in the schools and the factors contributing to the drug abuse. These findings will be useful to educators such as Ministry of Education, Science and Technology personnel, administrators, teachers and even other stakeholders of education in Kenya such as the NGOs and BOGs who will then be able to devise measures that will ensure that students do not abuse drugs. Furthermore, the findings of this study will assist the MOEST administrators to organize seminars and workshops for the school administrators and teachers to enhance knowledge on drug abuse and the factors influencing their use. The NGOs will be provided with information on the influence of the mass media as far as drug abuse is concerned and will be able to come up with ways of influencing them to reduce advertisements on drugs while at the same time offering programmes that will educate the public on drug abuse.

1.6 Limitations of the Study

This study will be conducted amongst head teachers, guidance and counseling teachers, teachers and students of secondary schools in Mbeere District. There was scanty literature on drug abuse in Mbeere District and thus the researcher may not be able to make comparison of the findings done before. This may be attributed to the fact that that the district is relatively new having been agglomerated from Embu.

1.7 Delimitations of the Study

The research will only cover the secondary schools in the district. Primary schools and other institutions of learning in the district will not be studied. The researcher will only address some factors that may be contributing to drug abuse in schools such as the influence of peers, mass media, environmental and psychological and the availability of the drugs.

1.8 Basic Assumptions

The researcher carried out this study with the assumptions that the respondents would give honest answers.

1.9. Definition of the Significant Terms

Some of the operational terms commonly used in this research include:

Drug: refers to any substance that may be chemical in nature, which may be inhaled, drunk or rubbed on with the result that it changes or alters the body function

Drug abuse: refers to a state when drugs are not used for their intended purposes but for other motives.

Drug addiction: refers to a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic).

Drug dependence: refers to a state of psychic or physical dependence or both on a drug arising in a person following administration of that drug on a periodic or continuous basis.

Drug misuse: refers to the use of legitimately obtained drug in a manner or amount other than the prescribed one in order to produce a certain psychological state, which may result to harm.

Drug use: refers to a state when drugs are used for their intended purposes.

Illegal drugs: refer to any drug that the law considers harmful to the mental and physical health of the society e.g. bhang, heroine, volatile solvents such as glue etc.

Legal drugs: refer to any drug that is potentially dangerous but the government allows its consumption e.g. alcohol, tobacco, miraa etc.

Peers: refer to a group of people about the same age who share the same interests.

Peer pressure: refers to the tendency to conform to the values and standards of members of the same status and age range.

Over-the-counter drugs: refer to substances or drugs that are bought from the shop or the chemist with no prescriptions from the doctor.

1.10 Organization of the Rest of the Study

In chapter one, the researcher outlined the problem and clarified its components. The chapter addressed the background of the problem, gives a statement of the problem, purpose of doing the study and also addressed the objectives and hypotheses. It will also consisted of the limitations and delimitations that may be experienced by the researcher. Finally the researcher presented the basic assumptions and the operational definitions that were used in the work.

In chapter two, the researcher examined the literature review. The researcher sub-divided it in different sub –headings such as the uses of drugs, types of drug abuse and their effects, the different factors influencing drug abuse and finally the conceptual framework.

In chapter three the researcher addressed the research methodology applied in the study such as the research design, the target population and the sample and sampling procedures. It also constituted the data collection methods or the data collection instruments used and even testing the reliability and validity of the instrument selected. The data collecting procedures and finally the data analysis techniques were also addressed.

In chapter four, data was presented, analyzed and interpreted by the researcher. The study set out to find out the factors influencing the use and abuse of drugs in secondary schools.

Data were collected by use of questionnaires. The study attempted to answer the following research questions;

- What are some of the commonly used drugs?
- Is there a significant relationship between drug use and their availability?
- What is the relationship between drug use and the socio-economic relationship?
- Is there a significant relationship between drug abuse and the home environment?
- What are some of the measures that head teachers and teachers take in order to prevent drug use and abuse in secondary schools?

Thus the content of this chapter was organized around the above research questions.

In chapter five the researcher presented a summary of research findings, conclusions and recommendations of the study and suggestions for further research. The purpose of this study was to find out the factors influencing the use and abuse of drugs in Kenyan secondary schools, Mbeere district.

CHAPTER 2

LITERATURE REVIEW

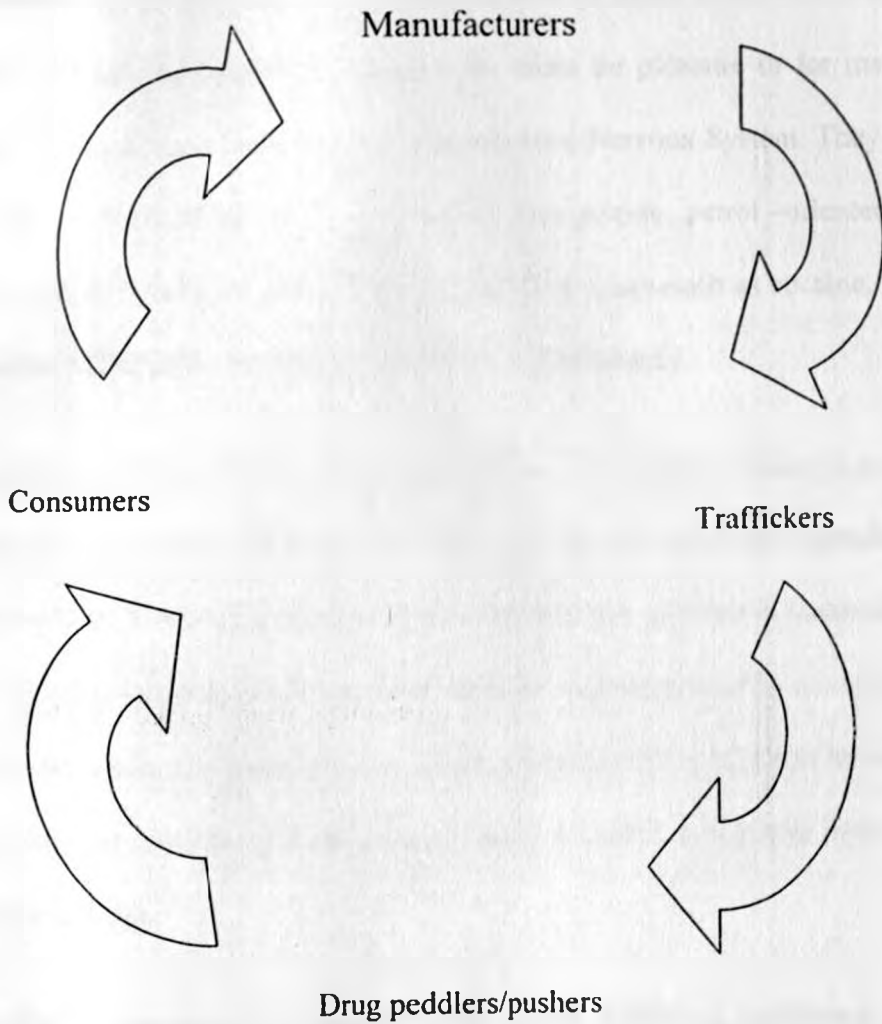
2.0 Introduction

This section covers a review of related literature. It covers the following subheadings; types of drugs, uses of drugs, types of drug abuse and their effects and the factors influencing drug abuse. The factors presented include the availability of drugs, peer influence, the socio-economic status and the parental and environmental influence. It also constitutes a summary of the related literature and the conceptual framework.

2.1 The Drug-Circle Syndrome

According to Karechio (1994) there is a drug –circle syndrome. He claims that one joins the circle, when one becomes a drug user. It is a secret circle consisting of; five main groups namely the manufacturers that supply the drugs to the traffickers. The traffickers move the drugs and supply to the peddlers. The peddlers consist the third group and they peddle the drug from school to school, market to market and even factory to factory. The drug pusher pushes the product to the consumer and is situated in the institution. Finally is the consumer who keeps the circle going as he gets drugged and is the main target as he provides money to all these groups. This is illustrated in figure no.3.

Figure No. 2 – Drug Circle Syndrome



Source: Karechio Boniface (1994) Drug Abuse in Kenya Uzima Press Nairobi.

2.2 Types of Drugs

Karechio (1994) divides drugs into three types. The first are the positive drugs, which he claims are accepted by the society. They can be easily bought from shops, streets, herbalists, dispensaries etc. Care, however, must be taken in administering them. On the other hand are the negative drugs that are taken for pleasure or for making somebody 'high'. These have a drastic effect on the Central Nervous System. They include tar and nicotine products of tobacco, alcohol, khat, love potion, petrol -oriented products, shoe gum or glue. Finally, he states that there are hard drugs such as cocaine, opium, heroine, mandrax and bhang, which stimulate the user immediately.

According to Pudo (1998) some drugs are made from plants. Opium is obtained from the plant *papaver somniferum* while marijuana is obtained from the cannabis plant. United Nations Drug Control Programme (1998) reported that cocaine is obtained from the coca bush (*Erythroxylon coca*). It is a fashionable drug among wealthy urban elites worldwide as it is expensive and intensely stimulating. Githinji (1995) adds that heroin is made from morphine that is prepared from opium. It may be sniffed, smoked or injected directly into the bloodstream.

UNDCP (1998) state that the khat plant (*catha edulis*) is indigenous to East Africa. UNDCP adds that it is also called 'mirungi', 'miraa', 'ol-meraa', or 'muraa'. It is a major export earner to Kenya and Ethiopia and it is extensively used in Somalia and Djibouti. According to Edwards and Arif (1980) Khat is a flowering evergreen tree or large shrub. The plant material is retained in the mouth and chewed intermittently to maintain amphetamine-like effects. It is used as a social drug. It does not cause physical

dependence but causes psychological dependence. It also affects the digestive system e.g. constipation, stomatitis, dyspepsia and gastritis problem.

Conger and Petersen (1984) state that marijuana is derived from the Indian hemp plant- *Cannabis Sativa* or *Cannabis Indica* a durable common weed growing under natural conditions in many climates throughout the world. Adams (1973) adds that marijuana is a preparation of pulverized (powdered) leaves, stems, stalks, seeds and flowers of cannabis plants. But hashish, which may vary from 5-10 times greater in potency than marijuana is a collection of the active resin obtained from the leaves and flowering tops of cannabis plant. The users also call it 'pot', 'grass', 'weed', 'hemp', 'Mary Jane', 'joints', 'sticks', and 'reefers'.

Githinji (1995) states that abused drugs include alcoholic beverages such as fermented beer and distilled spirits. He also adds that tobacco taking include cigarette smoking, pipe smoking, cigar smoking, chewing tobacco or snuff taking. He states that stimulants make the nervous system react faster and the mind work more rapidly than usual. Cocaine obtained from coca plant is a very strong stimulant and a very dangerous drug. Githinji (1995) states that volatile solvents give off fumes that are sniffed e.g. petrol, paint-thinner and dry-cleaning fluids. Fumes from glue are also used; the glue used in making models or sticking shoe soles.

Githinji (1995) also adds that medical drugs sold over-the-counter are also abused. These are used to counter mild dispositions such as headaches, toothaches and mild stomach pains. These include cough syrups and the stay-awake and go-to-sleep tablets. If taken in

small doses and infrequently, there is nothing wrong but when taken in excess and without prescription from qualified personnel, they may cause dependence on them.

Preventive Health Education Against Drug Abuse (PHEADADA) (1993) distinguishes steroids as the drugs used by body builders and athletes for bodybuilding. Generally, substances in this category are anabolic steroids. The immediate effects of steroid use may include increased muscle mass, enhanced power and feelings of aggressiveness or hostility. Athletes on steroids can experience a psychotic condition called 'body builders psychosis' that involves hallucinations, power delusions, paranoid episodes and uncontrollable violence. Chronic illnesses that may occur include alterations in appearance, acne, baldness, heart disease, liver ailments, urinary tract infections and sexual dysfunctions. Some steroid users become sterile or impotent. Naik (1997) adds that majority of anabolic steroids are obtained from the black market. She adds that some body-builders have even begun to substitute insulin that is used by diabetics for steroids as a cheaper way to build muscle. There are severe and immediate dangers which can include dizziness, disorientation, loss of consciousness, coma and in extreme cases death.

2.3 Uses of Drugs

Mauri and Acuda (1983) stated that drugs can be used for various purposes such as the relief of pain e.g. opium, paracetamol, aspirin etc, for regulating physiological functions e.g. milk of magnesia, for regulating mood and behavior e.g. Valium, tranquillizers etc, for modifying pathological processes e.g. antihistamines, for nutritional rehabilitation e.g. vitamins preparation, iron tablets etc, for the control and treatment of infections e.g. insecticides, for palliative treatment of cancer e.g. antimony in D, for anesthesia e.g.

chloroform, halothane nitrous oxide etc, for regulating productive functions e.g. pills and spermaticides.

2.4 Types of Drugs Abuse and Their Effects

Adams (1973) describes soft drugs as those usually referred to as non-addictive. Although they may be habit forming, physiological withdrawal isn't experienced upon the termination of their use e.g. marijuana, hallucinogens, stimulants etc. this is what Karechio (1994) calls the positive drugs. He refers hard drugs to those that result in physiological addiction. Since they are addictive, the individual experiences physiological withdrawal if the drugs are not taken regularly e.g. opium, morphine, heroin, codeine etc. Karechio (1994) refers to them as the negative drugs.

According to Mauri and Acuda (1983) drugs can be both useful and harmful depending on the way they are used. Drug abuse is now a major public health problem in many parts of the world. This is accompanied by drug dependence. They spell out different types of drug dependence. There are some drugs, which produce psychic dependence whereby people affected take up substantial amounts of time and energy obtaining, using, thinking about or discussing drugs. The person depends upon drugs to solve all his problems. These are especially narcotics e.g. (opium, heroine), sedatives e.g. (barbiturates, cannabis), cocaine, hallucinogens e.g. lysergic acid or LCD. Other drugs produce physical dependence whereby the body becomes habituated and the nervous system become incapable of normal function when the drug is withdrawn and thus one may experience withdrawal symptoms such as anxiety, restlessness, perspiration, running

eyes, nausea, cramps, vomiting and even death. Such drugs include narcotics (heroin, codeine), sedatives (barbiturates, meprobamate) etc.

Wilkins (1974) states that when alcohol is taken in small quantities the effect on the central nervous system is a slight depression manifested as sedation with anxiety and emotional tension resulting in a feeling of well being, euphoria, loss of inhibitions, laughter and contagious jocularity. But when taken in large quantities, it has a marked depression of the Central Nervous System with psychomotor disturbance, difficulties in coordination, sensory and perceptual changes. If intake has been very large, death occurs through paralysis of the respiratory system and cardiovascular disturbance.

Githinji (1995) reports that tobacco is a contributor to the development of heart diseases. Lung cancer may develop due to tar and nicotine content, oral and throat cancer, cancer of larynx, bronchus and bladder and other medical conditions as stomach ulcer and cardiovascular disorders. Smoking in pregnant mothers may lead to complications of the pregnancy itself or disorder in the developing child. Passive smoking may lead to headaches and nausea. They may also experience general eye irritation, headaches, occasional attacks of asthma in susceptible subjects and general nuisance.

Githinji (1995) adds that heroin causes physical dependence on the drug such that a person can't do without it once he is used to it. It also causes tolerance such that an addict needs more and more of it. Many young people are dying because of an overdose of heroin, which can kill almost immediately. On the other hand hallucinogens cause very odd, distorted and usually unreal sensations called hallucinations. Most people taking them find the experience extremely frightening. Some develop mental illness after it.

Githinji adds that the vapors and fumes from volatile solvents when inhaled cause excitement and encourages violent behaviour. There is also total loss of appetite. The solvents contain high levels of heavy metals that tend to damage body tissues, kidneys, nerves and bone marrow. Inhalation of the fumes results to intoxication, dizziness, slurred speech, inflamed eyes, hallucinations and convulsions. If repeatedly inhaled can cause brain and liver damage resulting in death.

UNDCP (1998) report that amphetamines are psycho stimulants that affect the functions of the body and mind and cause extreme excitement. Chronic use leads to aggression, irritability and hyperactivity while heavy use leads to paranoid psychosis such as hallucinations. An example is ecstasy, which is distributed at little or no cost so as to attract youth participants in parties especially in the cities.

2.5 Factors Influencing Drug Abuse

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2.5.1 Availability of Drugs

Conger and Pettersen (1984) report that drugs are easily available in the United States. In Kenya, the scenario is no different. Waihenya (2001) reported that Kenya is a major stop over for drugs coming to and from the Far East, South Africa, Europe and USA. Kebasso (2001) supports him and adds that these drugs are concealed in cargo, parcels or containers and are transported by air, road or sea. Muiruri (2001) reported that there are farms in Embu and Meru slopes of Mt. Kenya and in the most difficult terrain where there are large-scale production of cannabis sativa (bhang) both for export and local consumption. He also stated that according to the World Drug Report (2000) Kenya is

among the four African Nations notorious for the consumption or manufacture of narcotics.

Mwaniki (1982) concludes that in Kenya, the most important contributors to drug use and abuse are that drugs are easily available. For example, she says, "that even children can (and do) purchase alcoholic beverages...for their own consumption." She adds that legal drinking hours are "so permissive that most drinkers can get alcoholic beverages every day of the week and practically any time of the day or night." Thus students will be affected as well.

According to the Ministry of Education Report (2001) the school does not operate in exclusion of the environment where it is located. The immediate school environment and members of that community can negatively or positively influence the behavior of a school. They say that drugs and narcotics are readily available in some localities where schools are located. There have been immense social changes in the society of which one is the ever-increasing abuse of drugs. These drugs have found their way into the schools leading to strikes, demonstrations etc. Ng'enh (2002) says that different types of alcohol are available in bars, kiosks and villages that surround schools.

Steeves (1997) reported that there was a bhang smoking and chang'aa drinking den called Shimo-la-Yewa just next to St. Kizito, which was shown to the president by the chief inspector of schools, Mr. Tom Sitima where 306 boys attacked an overcrowded dormitory containing 271 girls on the 13th July 1991. The devastating news was that 19 girls were suffocated to death, more than 70 were raped or gang raped while others

suffered injuries requiring hospitalization. However, this was not conclusively reported that alcohol caused this attack.

UNDCP (1998) report that inhalants are readily available at home, petrol stations, hardware stores, shoe repair stands, grocery stores and other places. The main risk group is the school children especially boys and young male adolescents who can easily access them. PHEADADA (1993) asserts that during celebrations or festivals, drugs are sometimes passed freely between the adults and youngsters thus introducing the young ones to pleasurable effects.

2.5.2 Peer Influence

Hopkins (1983) acknowledged that drug use among peers played the strongest part in adolescent drug use. Conger and Pettersen (1984) reported that in a national survey conducted in 1981 in the United States, most youngsters said that they used drugs due to peer pressure especially those aged between 13-18 years. Karechio (1994) also agrees that a young person will be encouraged by his friends to take drugs when the rest of the group is doing so. Thus the drug users seek approval from their peers and thus they often try to convince others to join them in the habit as a way of seeking acceptance. Ndirangu (2001) continues to state that young people may try to imitate their friends especially when they laugh and scoff at one another for being 'inexperienced', 'tough', 'coward' etc.

Adams (1973) states that marijuana is used in a group of intimate or potentially intimate people who share the same values and regard themselves as apart from and somewhat

superior to others who have not shared their experience. Since the activity is illegal, it must be carried on in secrecy adding the in-group solidarity of the participants. This may be the case with adolescence that may wish to experiment and know about the effects of taking certain drugs out of curiosity. Another group of peers may take certain drugs out of boredom, or relaxation and this may be done in great secrecy-completely shut out of the adult world. Erich Goode (1969) has classified marijuana as a sociogenic drug meaning that it has some stimulating influence on social activity.

In a UN publication (1990), it was revealed that the average age for first use of tobacco is 11 and alcohol 12 in the United States (US). They also state experimentation with these gateway drugs has become a 'rite of passage' or transitional experience from childhood to adulthood during the 1980's. In mid 1970's initial use of alcohol and other drugs was associated with youth's transition to adulthood. UN (2004) reported that as parental influence reduces with age and peer influence increases, the likelihood of young people, essentially young men, being associated with crime such as violence, drug abuse will be enhanced when their situation is compounded by negative factors from their peer groupings.

2.5.3 Parental Influence and the Social Environment Influence

Conger and Patterson (1984) noted that parents who smoke have a great influence on their children. In cases where both parents smoke, 20% of girls and 22% of boys become smokers. They added that if an older sibling smokes and the parents too, then the child is 4 times likely to smoke as when there is no model for smoking. Wilkins (1974) stated that alcoholics tend to have alcoholic parents and even tend to produce children that are

alcoholic. Hopkins (1983) added that parents who use or abuse drugs tend to bring up children that find these drugs acceptable. He added that parental drug use was strongly associated with illegal drug use among students.

United Nations (1990) noted that the family heavily influences the major risk factors that led youth into substance abuse. When family is dysfunctional, the risks are increased such as a family with a history of alcoholism, family management problems, parental drug use and even tolerant attitudes towards use. The National Council of Juvenile and Family Court Judges revealed that in 1986 60-90 % of all cases referred to their courts had to do with substance abuse. UN (2004) state that familial variables such as the separation of parents, inconsistent parenting and witness to familial violence all contribute to drug abuse amidst other forms of violence.

Ministry of Education Human Resource Development (MOEHRD 1999) noted that the young people may imitate older members of the society, leaders or even successful business people on the wrong assumptions that the use of drugs in a social setting may help one to be accepted and identified with the social group so that one does not get lonely or feel worn out. Preventive Health Education against Drug Abuse (PHEADA 1993) also agrees that parents who smoke and drink in the presence of the children arouse their interest and curiosity about substance effects and thus will try them out.

Karechio (1994) stated that the younger the age at which an individual first experiments with drugs, the greater the danger of addiction. Young people always copy their elders especially in kinds of behavior the adults try to conceal such as the abuse of drugs. On the other hand young people may be easily lured into the act in areas like slums where illicit

brews are openly brewed and taken freely as normal drinks. The youngsters in miraa growing areas find it normal to use the drug and may later on become addicts.

Pudo (1998) asserted that students bring illegal drugs from their homes after holiday or half term or when they are dispersed for fees collection. They get them from some of the subordinate staff e.g. cooks, grounds men, gardeners and watchmen. Students who commute daily also bring drugs to schools. Students obtain drugs from friends and relatives who come to school during parents visiting or open days. He also added that canteen operators and shoemakers give students glue to sniff.

Ng'enh (2002) noted that drug abuse has infiltrated schools and that some students and school workers especially the support staff and the suppliers of foodstuffs and other goods to schools are the links in drug cartel. He added that some parents peddle drugs to make ends meet and maintain their psychological state leaving their children unattended thus resorting to drugs. Kaplich (1999) reported that a member of the school staff was selling bhang to the students at Nyeri High school where 4 prefects were killed during a school riot. Salil (2001) also added that school support staff and teachers sell drugs to students. Juma and Ngugi (1999) added that students buy drugs from drug barons, vendors and peddlers who extend to them through the fences and dark corners. Nation team (2001) reported that in Nyamira a suspect was arrested with three students with several rolls of bhang. This suspect had been selling the bhang to students in form of soup by preparing it using animal heads and legs and thus students would not be suspected of using the drug.

National Council of Churches of Kenya (NCCCK 1992) reported that local communities are associated with many forms of behavior and activities, which may be negative such as the preparation of local brews, drug peddling amongst other vices. These attract students who ape what they see around them. Some of them even sell this stuff to the students making them drug addicts.

2.5.4 Other Contributors to Drug Abuse

Karechio (1994) reports that there are youngsters who are left with the freedom to choose paths of discovery, as the parents are preoccupied with their businesses and social activities to the disadvantage of the young ones. The loneliness of these children from broken families may lead them into drug taking. A young man brought up by a single mother may want to ascertain his manhood and since he may feel isolated, he may need to have a sense of belonging and may thus resort to drugs where he may be welcomed. PHEADA (1993) adds that the lack of parental love and guidance may contribute to drug abuse as a child may have a problem but none to turn to. Furthermore frequent and insults to the youngsters may cause them to turn to drugs so as to escape from frustration and depression.

Other factors given include idle students, hopelessness and frustrations and high handedness of school administration. Other reasons given as to why people turn to drugs includes curiosity, boredom, lack of knowledge on dangers of drug abuse to users, gender and the social-economic status also attracts the potential users.

Ogot (2004) lists the effects of drug and substance abuse in schools as drop in performance, withdrawal aloofness, truancy, riots and strikes, arson and dropouts. Pudo (1998) cites ways of assessing or detecting drug abusers in school e.g. smelling smoke, dropping eyelids, constant headaches, runny nose, burned or stained thumb-finger, self neglect or poor hygiene.

According to UN (1989) the first international conference on drugs was held in (1909). International Narcotics Control Board (1998) report that there have been international conventions such as Single Convention on Narcotics Drugs of 1961 which deals with narcotics, cannabis and cocaine., the Convention on Psychotropic Substances of 1971 which covers hallucinogens, barbiturates, non-barbiturate sedatives and tranquillizers and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 that covers illicit traffic in narcotic drugs and psychotropic substances. As at 1st November 1997, 142 states and the European Community or 74% of all the countries in the world were parties to the UN (1988) convention thus proved to be one of the most successful conventions on drug abuse.

Mauri and Acuda noted that Egypt was one of the countries to make an effort in the control of drug consumption and to minimize abuse as much as possible. This was through the Supreme Organization for Drugs (1961) but later the Egyptian General Organization for Pharmaceuticals chemicals and Medical Appliances (1962) became the only organizations allowed to import, export, manufacture and distribute drugs in Egypt.

Adams (1973) noted that The Federal Bureau of Narcotics was established in 1930. In 1968; it was merged with the Bureau of Drug Abuse Control to establish the Bureau of

Narcotics and Dangerous Drugs. There is a United Nations International Day Against Drug Abuse and Illegal Trafficking, which was celebrated on 26th June, 2004 with a theme 'Drugs: Treatment Works.

2.6 Conceptual Framework

This conceptual framework shows that cigarettes, alcohol, miraa and bhang contribute negatively to indiscipline in secondary schools in Mbeere district.

This framework links the issue on drug use and abuse to the society at large. It clearly represents how the different factors contribute to drug use and abuse. These factors are found in both the social and cultural context in which the drugs occur. They include the peer influence whereby the young people may interact with one another on their status, worth, competence, identity and the developmental process. They may influence one another on drug abuse.

In order to control drug abuse in Mbeere district the society in general need to enact laws and enforce the existing ones so as to control the supply of drugs. They need to suppress illicit trafficking, promote policies for effective treatment or rehabilitation and have a reduction on the demand for drugs. The mass media should play a significant role in preparing educational programmes that can inform the masses on the dangers of drugs. There should also be a programme designed to intervene through prevention, treatment or rehabilitation of drug abusers.

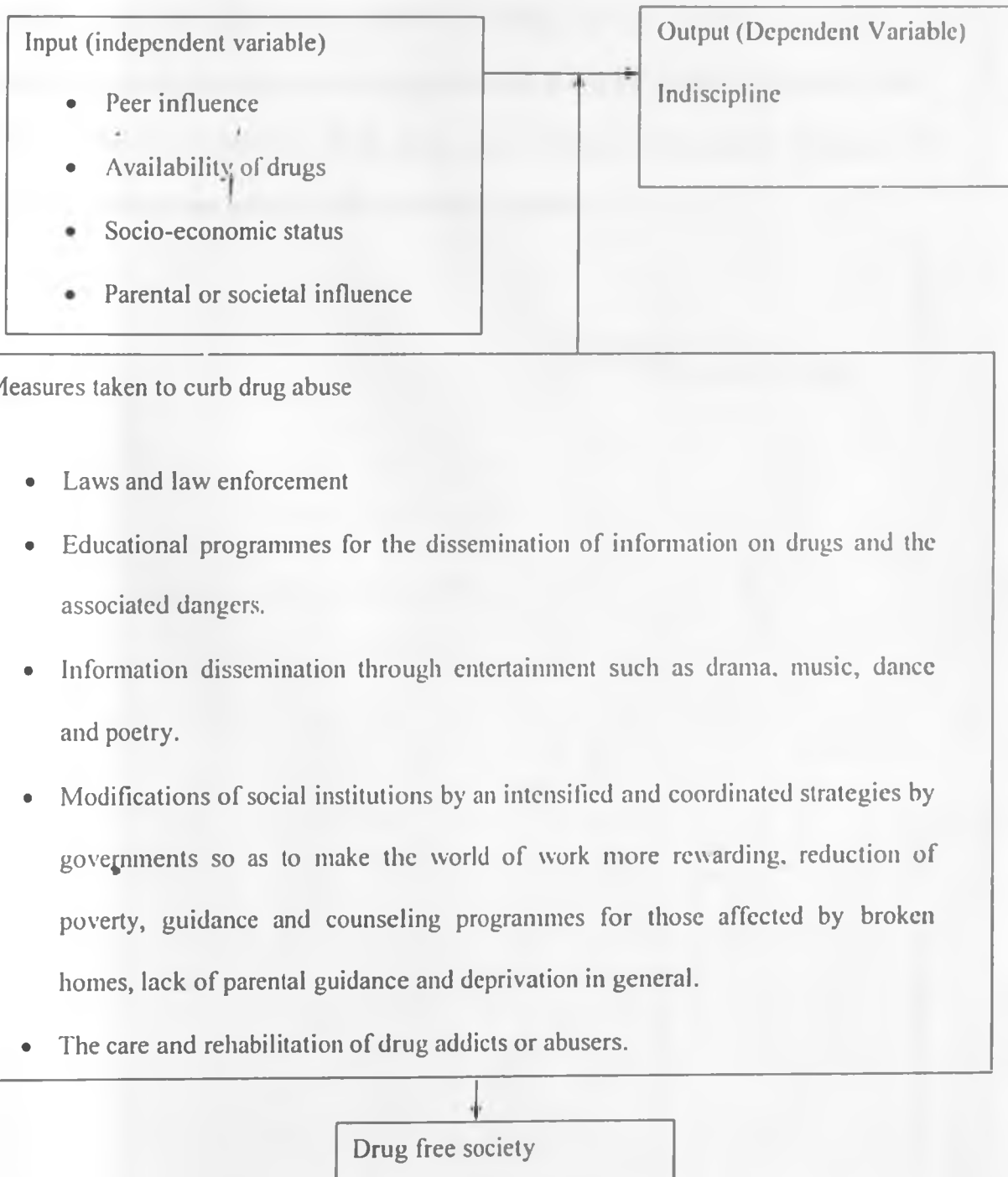
It is also important to note that there is no one simple solution to solving the problem of drug abuse. Drug prevention and early intervention programmes must utilize the

resources of all in order to reduce drug abuse as no one alone can provide the solution. If all these processes come into interplay where each group plays their role effectively, then different schools or even the entire district can realize the goal of a drug free society. This is illustrated in figure no. 3



Figure no.3 An illustration of the Conceptual Framework

Commonly abused drugs by students in Mbeere District leading to indiscipline in the schools include Cigarettes, Alcohol, Miraa and Bhang.



2.7 Literature Review Summary

The researcher through the literature review has established that drug abuse continues to be a menace to the whole society in Kenya and this has even affected the young people in schools despite the governments efforts in rooting out the vice. The researcher has identified some of the factors influencing drug use and abuse through literature review. This includes the availability of the drugs, peer influence, mass media influence, the parental influence and even the socio-economic influence.

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CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the research design undertaken for this study. It includes the target population, sample and sampling procedures and the research instruments used. It will also address the reliability and validity of the instruments, the data collection procedures and finally the data analysis techniques.

3.1 Research Design

Ex-post facto design will be used in this study. Kerlinger (1970) has defined ex post facto research as that in which the independent variable or variables that have already occurred and in which the researcher starts with the observation of a dependent variable or variables. One of the disadvantages of ex post facto design is that the researcher does not have direct control of independent variables because their manifestations have already occurred or because they are not inherently not manipulative according to Cohen and Manion (1989). Cohen and Manion (1989) state that ex post facto research is a method of teasing out possible antecedents of events that have happened and cannot be engineered or manipulated by the investigator. The researcher does not have direct control of independent variables such as the factors that influence drug abuse. Thus the researcher only reports what had happened or what was happening at the time of the research. These independent variables include the influence of peers, the socio-economic status and the parental and societal influence.

3.2 Target Population

There are 50 secondary schools in Mbeere district out of which 16 are found in the central zone, 21 in the southern zone and 13 in the western zone. These schools have approximately 6973 students and 430 teachers per table no. 3.1

Table 3.1 Students enrolment and teacher's establishment (secondary schools)

S/NO	ZONE	NO OF SCHOOLS	STUDENTS ENROLMENT			NO. OF TEACHERS		
			BOYS	GIRLS	TOTAL	MALE	FEMALE	TOTAL
1.	Kiritiri	4	316	268	584	26	14	40
2.	Rwika	3	120	221	341	22	9	31
3.	Kianjiru	4	627	146	773	30	17	47
4.	Kiambeere	2	100	201	301	12	4	16
5.	Karaba	3	309	251	560	31	13	44
6.	Riakanau	3	145	369	514	23	10	33
7.	Makima	3	155	85	240	9	3	12
8.	Siakago	7	688	548	1236	50	23	73
9.	Kirie	1	173	101	274	14	3	17
10.	Kanyuambora	3	267	210	477	22	8	30
11.	Ishiera	2	112	133	245	10	2	12
12.	Kamumu	4	133	115	248	13	4	17
Total		39	3145	2648	5793	262	110	372
Private schools		6	255	924	1179	35	23	58
Summary total		45	3400	3572	6972	297	133	430

3.3 Sample and Sampling Procedures

According to Kreejie and Morgan's table as in (Mulusa 1988) as the population increases, the proportion of the sample decreases as shown in Appendix 4. Thus from Appendix 4, the researcher will visit 49 schools in the district, administer questionnaires to 49 head teachers, 205 teachers and 367 students.

The researcher used all the schools in the district and thus all the categories of schools were represented. Mbeere district has approximately 7959 students; 3900 boys 4059 girls and 430 teachers (Source DEO). To ensure that all the schools were adequately represented, the researcher used the following formula to get the desired number in the schools according to Cohen and Manion (1989).

$$f = n / N \text{ whereby}$$

f is the proportion allocation

n is the size of sample

N is the size of population

According to Kreejie and Morgan's table (Mulusa 1988) (Appendix 4) the size of sample was 367 students in the whole district. Thus the number of boys who participated in Karaba boys was calculated; $306 / 7959 \times 306 = 14$. In this school 14 boys participated whereby simple random sampling was used. Kothari (1985) states that random sampling ensures the law of statistical regularity which states that if on average the sample chosen is a random one, the sample will have the same composition and characteristics as the universe making it the best technique in selecting a representative sample. After using

the same formular to calculate the number of students who participated in other schools were as shown below.

Public schools boys boarding

1. Karaba	14
2. Nyangwa	24
3. Siakago	17
4. Wachoro	7

Public schools girls boarding

1. Gategi	11
2. Gitaraka	11
3. Mariari	5
4. Siakago	15
5. St Clare's Kangeta	6

Public schools mixed day

1. A.I.C Wango Day	5
2. Gikiiro	4
3. Gitiburi	3
4. Giti	7
5. Gwakaithi	1
6. Igumori	7
7. Iria-Itune	2
8. Itira	3
9. Kamarandi	3
10. Karangare	13
11. Kathiga Gaceru	7
12. Kavengero	4
13. Kerwa	6
14. Kigwambiti	5
15. Kirima	7
16. Macang'a	7
17. Makima	8
18. Malikini	2
19. Mbondoni	7
20. Mbonzuki	4
21. Ngunyumu	4
22. Siakago Day	2

23. St. Luke's Kamwaa Mixed	2
24. Riandu	6
25. Yoder Karwigi	3

Public schools mixed boarding

1. Gangara	8
2. Kanyuambora	11
3. Kiambere complex	15
4. Kiambere mixed	8
5. Ng'eng'e	5

Private schools girls boarding

1. Consolata girls- Iriamurai	12
2. St. Monica girls	15
3. Winpride girls	7

Private schools mixed day

1. Don Marino	5
2. St. Mary's Munyori	8

Private schools mixed boarding

1. St. Phillips Muchonoke	7
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Public schools mixed boarding and day

1. Mayori	15
2. Mbita	3
3. Kiamuringa	5
4. Stephen Kisilu-Riakanau	7

The researcher made small balls using pieces of paper according to the total population in a given school. These papers were marked PNP while others were marked NNP.PNP

meant participant while NNP meant non participant. These were then placed in a container and mixed thoroughly. All the students were then asked to pick a single paper. No replacement was done according to Borg (1971).

Cohen and Manion (1986) state that in purposive sampling the researcher handpicks the cases to be included in the sample on the basis of his judgement of their typicality according to his specific needs. In this case, the researcher selected the curriculum master, the deputy head teacher, the games master, the guidance and counseling head of department and 3 other members in the same department. Since the schools are 49, all the head teachers participated in the study.

3.4 Data Collection Instruments

The researcher will use the multiple choice and the Likert Scale rating system for the questionnaire. There will also be some structured and some open-ended questions. Questionnaires will also be used as all the respondents will be literate. The researcher will construct the questionnaires so as to suit the purpose of the study. The study will have 3 questionnaires; one for the students, head teachers, guidance and counseling teachers and teachers. The questionnaire of the head teacher and that of the teachers may have some common elements although the formulation may be different.

3.4.1 Head Teachers Questionnaire

The questionnaire will have 19 items. The type of questions require the respondent to tick in yes or no answer, fill in the blank spaces, explaining or giving ones own opinion and ticking in a scale from which to choose the applicable answer(s). It will require the head

teachers to give demographic information (gender, age, period of service as head teacher) and general information on their teachers and school in part A. In part B, it will have questions related to types of drugs used in the school and the factors influencing a student to use and abuse drugs. In part C, the head teacher will also be asked to provide information on the preventive measures that the school administration undertakes to curb this menace.

3.4.2 Teachers Questionnaire

The questionnaire will have 17 items. The teachers will be required to tick yes or no answers, fill in blank spaces, give own opinion, tick in applicable answers and tick in a scale that has applicable answers from which to choose from. It will require the guidance and counseling teachers to give general information on their designation in part A. In part B it will have questions related to types of drugs used in the school and the factors influencing a student to abuse drugs. In part C, the respondents will be asked to provide possible solutions to this problem. The teachers will also be asked to provide information on how they handle drug abusers in the school as counselors.

3.4.3 Students' Questionnaire

The questionnaire will have 20 items. The types of questions used require yes or no answers, ticking in applicable answer(s) and filling in blank spaces. One question requires the student to tick in a scale from a given choice and in another one the student will give his or her opinion. In part A students will be required to give general information on the personal information such as age and sex. In part B they will be

required to answer questions on the kinds of drugs they are aware of, whether they use or do not use drugs or even know any friend that may be using the drugs and list the factors influencing drug abuse and even how they think their peers can be helped in order to stop abusing drugs.

3.5 Reliability of the Instrument

Igaga (1990) states that reliability is regarded as a measure of internal consistency of the items being developed for a test. This will be done by a test- retest reliability method. A test will be administered to 30 teachers and 30 students in Siakago boys and Siakago girls High School. After 10 days the researcher will go back to administer the same test.

3.6 Validity of the Instrument

A subject specialist and especially the supervisor of the project will test the validity of the instrument. Borg and Gall (1971) state that content validity is the degree to which the sample of test items represents the content that the test is designed to measure. They add that face validity refers to the evaluator's appraisal of what the content of the test measures whereas sampling validity is the degree to which the test serves as an adequate sample of the total universe of content that one wants to measure. Thus the researcher selected all the schools in Mbeere district totaling to 49 schools, which also meant that all categories of schools in the district were represented.

Borg and Gall (1971) define predictive validity as the degree to which the predictions made by a test are confirmed by the later behavior of the subjects tested. In this research,

the researcher assumed that drugs are abused in secondary schools. When collecting the data some students confessed to having abused drugs.

3.7 Procedure for Data Collection

Both primary and secondary sources of data collection will be used. Before embarking on the collection of data, a permit will be obtained from the Ministry of Education, Science and Technology before testing the instrument. Permission will also be sought from other relevant authorities. The researcher will give the respondents a brief introduction on the purpose of the study and assure them of confidentiality of the information that they give. The researcher will then personally administer the questionnaire to students and teachers and will ensure that there will be no discussion amongst them to increase validity.

3.8 Data Analysis Techniques

Mulusa (1988) notes that rating scale works well for qualitative information such as measurement of feelings, interests, likes and usefulness where a respondent may be asked to make a difference between a high degree of feeling or opinion and a low degree. Then the frequencies of the points in the scale are then used to quantify the frequency of this qualitative information. Thus the researcher may convert the data to numerical codes for quantitative analyses whereby frequencies will be worked out.

Summarized data in form of percentages and totals will also be used to present the data. Where necessary appropriate figures and tables will be used. A written summary of conclusions will accompany the tables and figures. Finally the results will be compared with the literature review.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

In this chapter, data are presented, analyzed and interpreted. The study set out to find out the factors influencing the use and abuse of drugs in secondary schools. Data were collected by use of questionnaires. The study attempted to answer the following research questions;

- What are some of the commonly used drugs?
- Is there a significant relationship between drug use and their availability?
- What is the relationship between drug use and the socio-economic relationship?
- Is there a significant relationship between drug abuse and the home environment?
- What are some of the measures that head teachers and teachers take in order to prevent drug use and abuse in secondary schools?

Thus the content of this chapter is organized around the above research questions.

4.1 Questionnaire Return Rate

The researcher personally administered the research instruments to head teachers, teachers and students. The response was positive and the return rate was satisfactory. All the 364 students and 205 teachers who participated in the research study returned their questionnaires which translated to 100% return rate. The researcher was not able to access 5 head teachers but 44 responded to the questionnaire, which translated to 90%.

4.2 General and Demographic Data of Respondents

4.2.1 Data of Head teachers

Table 1: Category of school

Category of school	Frequency	Percent
Public	43	88
Private	6	12
Total	49	100

Table 2: Type of school

Type of school	Frequency	Percent
Boys day	0	0
Boys boarding	2	4
Boys boarding and day	2	4
Girls day	0	0
Girls boarding	8	17
Mixed day	27	55
Mixed boarding	6	12
Mixed boarding and day	4	8
Total	49	100

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From the tables above, most of the schools were public -88% as the private only constituted 12%. From the data, 55% of the schools are mixed day schools while mixed boarding were 12%. Girls boarding constitute 17% while boys boarding were only 4%.

Table 3: Curriculum Based Establishment

Student population	Number	Percent
Boys	4734	63
Girls	2816	37
Total	7550	100

According to the data, boys outnumbered the girls by 23 %. This may have been an indicator that the girl- child education in secondary schools in Mbeere was an issue that needed to be addressed. The District Education Officer gave the population as 6972 as indicated in table no.3 in the literature review.

Table 4: Academic Qualifications of the Head teachers

Academic Qualifications of teachers	Frequency	Percent
Diploma	4	8
Approved Teacher Status (ATS)	5	10
University Graduate (B.Ed)	34	69
University Graduate (B.A or B.Sc)	1	2
No answer	5	10
M.Ed	0	0
Total	49	100

Table 5: Job Groups

Professional grade	Frequency	Percent
Chief Principal	0	0
Senior Principal	1	2
Principal teacher 111	5	10
Principal teacher 11	9	18
Principal teacher 1	29	59
No answer	5	10
Total	49	100

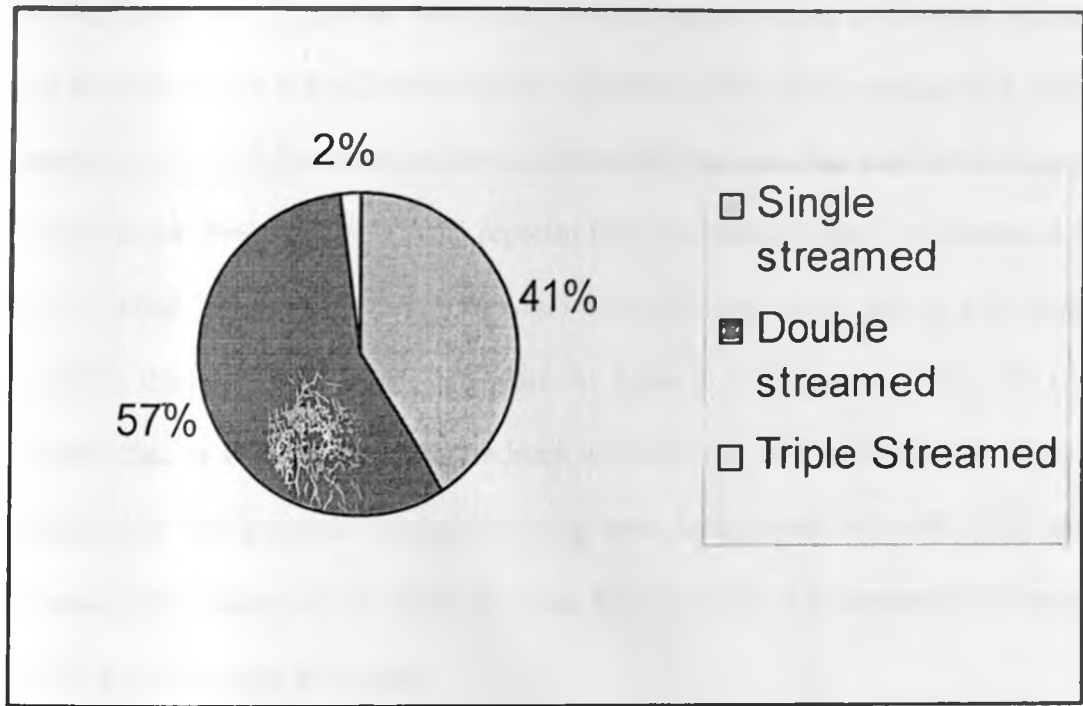
Table 6: Length of service in secondary schools

Length of service as secondary school teacher	Frequency	Percent
Less than a year	0	0
Between 1-3 years	3	6
Between 4-6 years	7	14
Between 7-9 years	0	0
10 years and above	34	69
No answer	5	10
Total	49	100

The data revealed that 69% of the head teachers were B.Ed degree holders. However, 2% had a B.Sc. and notably were in the private schools. The findings further showed that in the district most head teachers were principal teacher 1. According to the findings 69% of the head teachers had served as teachers for over ten years. This was prove that most of the head teachers had a large experience of teaching and that they were qualified administrators.

Table 7: Size of school

Size of school	Frequency	Percent
Single streamed	20	41
Double streamed	28	57
Triple Streamed	1	2
Above triple streamed	0	0
Total	49	100



The data above revealed that 57% of the schools in the district were double streamed and that only 2% were triple streamed. Single streamed constituted 41% in the district.

Most of the head teachers listed miraa, bhang, alcohol, cigarettes and tobacco. They listed availability of drugs as a factor influencing drug abuse, as miraa is readily available as it is grown locally and is referred to as 'muguka'. Illicit brews are also on the increase and are readily available. Tobacco is also grown locally. In the literature review Mwaniki (1982) reported that the most important contributors to drug use and abuse in Kenya was their availability where even the children could purchase the alcoholic beverages. Ministry of Education Report (1981) also asserted like the head teachers that drugs and narcotics were readily available where schools were located. Ng'enhoh (2002) in the literature also said that different types of alcohol were available in bars, kiosks and villages that surrounded schools.

Another factor that influences youngsters to take drugs according to the head teachers is peer pressure. As is in the literature review Hopkins (1983) acknowledged that drug use among peers played the strongest part in adolescent drug use. This was further supported by Conger and Petersen (1984) who reported that in a national survey conducted in 1981 in the United States, most youngsters said that they used drugs due to peer pressure especially those aged between 13-18 years. As found in the literature review, UN (2004) reported that as parental influence reduces with age and peer influence increases, the likelihood of young people, essentially young men, being associated with crime such as violence, drug abuse will be enhanced when their situation is compounded by negative factors from their peer groupings.

Another factor that was highlighted by the head teachers as a factor that influences drug abuse was the parental and societal influence. Hopkins (1983) as found in the literature review supported this by adding that parental drug use was strongly associated with illegal drug use among students. Karechio (1994) stated that young people always copy their elders especially in kinds of behavior the adults try to conceal such as the abuse of drugs. In the literature review NCKK (1992) reported that local communities sell local brews and other drugs to students.

Table 8: Magnitude of drug problem

Magnitude of drug problem	Frequency	Percent
Yes	32	73
No	12	27
Total	44	100

It was observed by 73% of the head teachers perceived that the issue on drug use was on the increase in Kenya. This is supported in the literature review by Onyango (1991) who reported that drug abuse has become a perplexing problem in the secondary schools in Kenya. The head teachers highlighted some of the problems experienced in school as a result of drug abuse which included;

- Indiscipline e.g. strikes, theft, truancy, absenteeism, lateness etc.
- High rate of school dropout
- Poor performance in academics.

In the literature review Ogot (2004) supported the head teachers by listing some problems experienced in the schools as truancy, drop in performance, arson, dropouts, riots and strikes. Preventive measures to curb drug abuse in schools according to the head teachers included;

- Observing strict school rules.
- Encouraging peer counseling.
- Impromptu check ups.
- Providing information on drugs.
- Enhancing pastoral programmes.
- Giving negative rewards to culprits.

Challenges encountered in reducing drug abuse as experienced by the head teachers included;

- Drug world is secretive thus getting information is difficult.
- Addicted students suffer from self-denial.

- Lack of co-operation from immediate society as some parents sell drugs so as to enable them pay fees.
- The availability of cheap drugs locally.
- Inadequate time for counseling due to inflexible curriculum.
- Strong peer influence.
- There are new drugs that are hard to detect.

The head teachers recommendations to educators so as to realize the success of curbing drug abuse

- All head teachers need to be trained in guidance and counseling.
- Community awareness campaigns on drug use and abuse..
- Local communities need to be educated on drug abuse
- Strengthening drug detection and testing in schools (legal mechanisms)

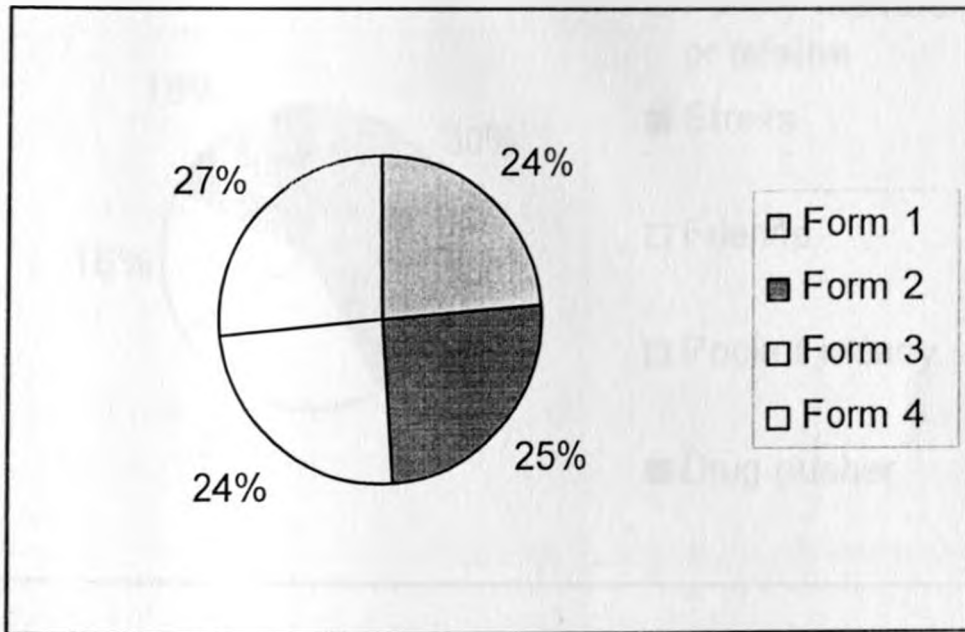
4.2.2 Demographic Data of Students

Table 9: Age of students

11-13 years	15	05
14 -15 years	76	23
16 years and above	240	72
Total	331	100

Table 10: Class of participants

Class	Frequency	Percent
Form 1	79	24
Form 2	84	25
Form 3	79	24
Form 4	89	27
Total	331	100



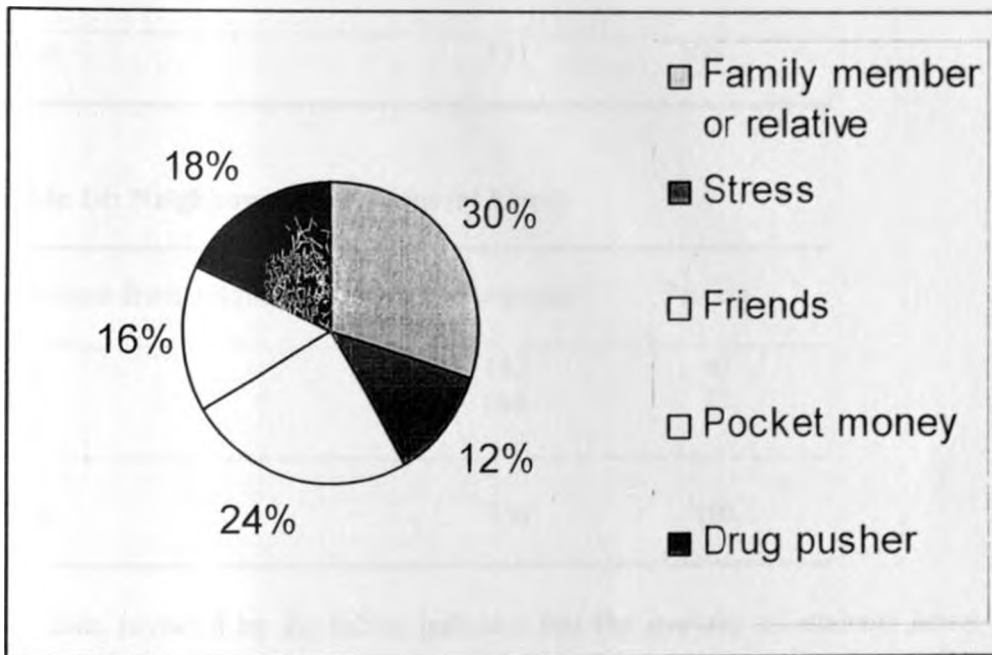
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Table 11: Gender

Sex	Frequency	Percent
Male	169	51
Female	162	49
Total	331	100

Table 12: Years in secondary school

Duration in school	Frequency	Percent
0-1 Year	88	27
1 Years	85	26
2 Years	82	25
3 4 years	76	23
Total	331	100



The data revealed that most of the students are in secondary school at the peak of their adolescence. Those that participated in the research were spread across the board although they were picked randomly. The percentage of boys that took part in the research was higher than that of girls as even in the schools population there were more boys. The time the students had spent in the school was spread evenly.

Most commonly known drugs mentioned by students included alcohol, cigarettes, miraa and bhang. However, cocaine, heroine, opium and mandrax were mentioned by a few.

Petrol and glue were substances that were mentioned by students but only by a few of them.

Table 13: Knowledge on neighbor that abuses drugs (at home)

Known neighbor abusing drugs	Frequency	Percent
Yes	254	76
No	75	23
Missing item	2	1
Total	331	100

Table 14: Neighbour using drugs (at home)

Influence from neighbors	Frequency	Percent
Yes	142	43
No	188	57
Total	330	100

The data revealed by the tables indicates that the majority of students knew neighbors that abused drugs. It was further revealed that 43% of students were influenced to use drugs by neighbours. This is in accordance with the literature review whereby NCKK (1992) reported that local communities were associated with many forms of behavior and activities, which may be negative such as the preparation of local brews, drug peddling amongst other vices which attract students who ape what they see around them. Ng'eno (2002) noted that drug abuse has infiltrated schools and that some students and school workers especially the support staff and the suppliers of foodstuffs and other goods to schools were the links in drug cartel.

Table 15: Knowledge of colleague students abusing drugs

Confession by students of colleagues abusing drugs in schools	Frequency	Percent
Yes	162	49
No	151	46
Missing item	18	5
Total	331	95

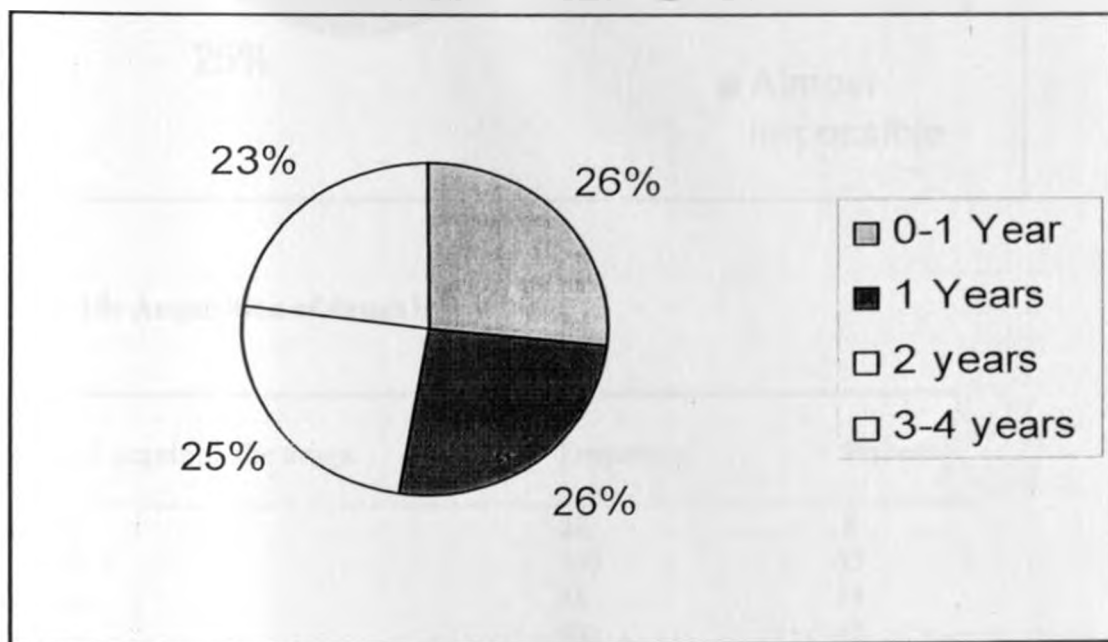
Table 16: Students personal confession to abuse of drugs

Confessed to having used drug(s)	Frequency	Percent
Yes	143	43
No	165	50
Missing item	23	7
Total	331	100

From the two tables it is evident that at least half of the students knew that their fellow students abuse drugs. From the data 43% of the students accepted that they use drugs. Drugs that were commonly used in school included alcohol, cigarettes, bhang and miraa. In the literature review, Steeves (1997) reported that there was a bhang smoking and chang'aa drinking den called Shimo-la -Tewa just next to St. Kizito secondary school making the students vulnerable.

Table 17: Factors influencing drug use and abuse

Leading factor to drug use	Frequency	Percent
Family member or relative	96	30
Stress	76	12
Friends	117	24
Pocket money	77	16
Drug pusher	40	18
Total	406	100

**Table 18: Availability of drugs to students**

The extent of the availability of drugs to students	Frequency	Percent
Very easily	148	45
Fairly easily	84	25
Fairly difficult	35	11
Very difficult	43	13
Almost impossible	21	06
Total	331	100

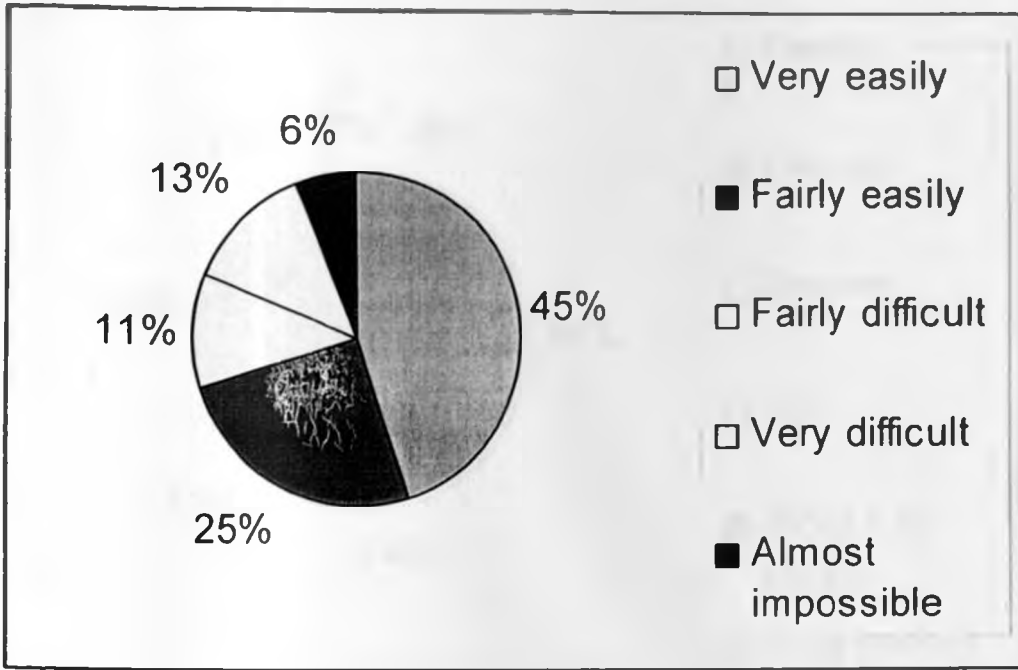
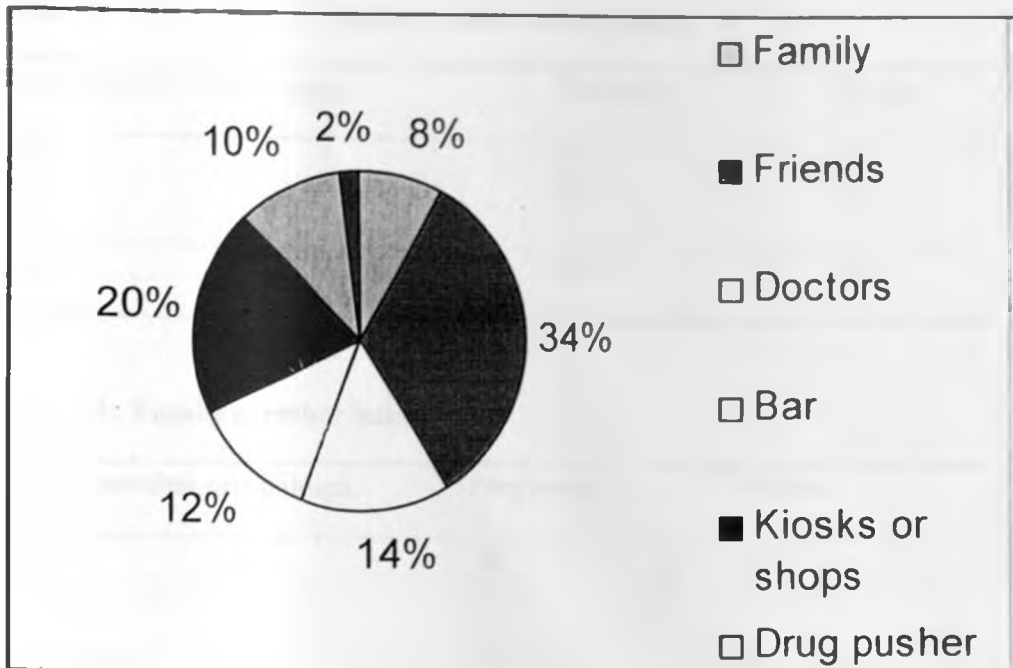


Table 19: Acquisition of drugs by students

Ways of acquiring the drugs	Frequency	Percent
Family	28	8
Friends	109	33
Doctors	48	14
Bar	40	12
Kiosks or shops	65	20
Drug pusher	33	10
Others	8	2
Total	331	100



According to the table no. 17 peer pressure and family members or relatives contributed significantly to student's drug use and abuse. The table 18 above indicates that at least 60% of the students felt it was easy to obtain drugs. In the literature review Karechio (1994) agrees that a young person will be encouraged by his friends to take drugs when the rest of the group is doing so. United Nations (1990) noted that the family heavily influences the major risk factors such as parental drug use and family history of alcoholism into youth substance abuse. Hopkins (1983) agreed that drug use among peers played the strongest part in adolescent drug use. Waihenya (2001) as is reported in the literature review, stated that Kenya is a major stop over for drugs coming to and from the Far East, South Africa, Europe and USA. UNDCP (1998) also reported the inhalants are readily available at home, petrol stations, hardware stores, shoe repair stands, grocery stores and other places making the school children to be the main risk group especially the boys.

Table 20: Knowledge of family member using drugs

Family member using drugs	Frequency	Percent
Yes	227	69
No	104	31
Total	331	100

Table 21: Family member using drugs

Family member using drugs	Frequency	Percent
Father	99	30
Mother	21	6
Sister(s)	7	2
Brother(s)	82	25
Others	74	22
N/A	48	15
Total	331	100

The first table indicates that 69% of the students confessed that their close family members use drugs. As per the second table, fathers influenced their children by 30 % and brothers took the lead with 25% amongst the family members that use drugs. In the literature review, Hopkins (1983) comments that according to a typical study by Lawrence and Velleman (1974) they discovered high correlations between parents' habits and students' drug use. He also adds that parents that use or abuse legal drugs tend to bring up children that find these drugs acceptable. Conger and Petersen (1984) add that in cases where both parents smoke 22.2 % of boys and 20.7 of girls also become smokers.

Table 22: Education level of parents

Education Level of parents	Frequency	Percent
Graduates	65	20
“O” level	94	28
Primary level	146	44
None of the above	26	8
Total	331	100

Table 23: Parents occupation

Parents Occupation	Frequency	Percent
Employed	83	25
Large scale farmers	64	19
Peasants	155	47
None of the above	29	9
Total	331	100

The tables show that the majority of parents do not have a high education and most are poor. PHEADA (1993) add that students who may get stressed over their low status may tend to use drugs.

Table 24: Rating the factors that influence the abuse of drugs

Factors	High Extent	Some Extent	No influence	Percent
Peer pressure	46	38	16	100
Drug availability	33	42	25	100
Parental and societal influence	13	36	51	100
Emotional or psychological stress	58	31	11	100
Economic endowment	40	40	20	100

According to the table above, the students agreed that peer pressure played a significant role in drug use and abuse to a high extent just in agreement with what the head teachers said. In the literature review Karechio (1994) agrees that a young person will be encouraged by his friends to take drugs when the rest of the group is doing so. United Nations (1990) noted that the family heavily influences the major risk factors such as parental drug use and family history of alcoholism into youth substance abuse. Hopkins (1983) agreed that drug use among peers played the strongest part in adolescent drug use.

Students had the opinion that one of the ways to curb drug use and abuse is to create awareness to them. They also felt that stringent measures should be used on drug peddlers to curb drug use and abuse. Parents should also regulate the pocket money that they give to their children. They also felt that peer counseling should be enhanced so that they can assist each other positively.

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4.2.3 General and Demographic Data of Teachers

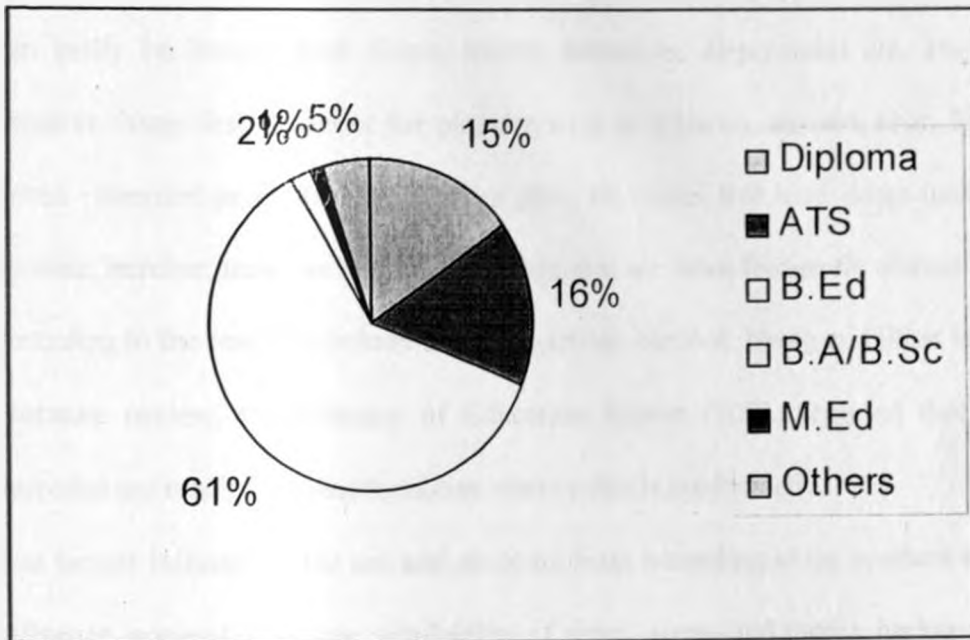
Table 25: Gender

Sex	Frequency	Percent
Male	130	63
Female	75	37
Total	205	100

According to the table above 63% of the teachers that participated in the research were men. In the literature review men outnumber the ladies by 69 %.

Table 26: Academic and professional qualification

Professional qualification	Frequency	Percent
Diploma	30	15
ATS	33	16
B.Ed	126	61
B.A/B.Sc	4	2
M.Ed	2	1
Others	10	5
Total	205	100

**Table 27: Years in service**

Years in service	Frequency	Percent
Less than a year	22	11
1-3 years	38	19
4-6 years	35	17
7-9 years	26	13
10 years and above	84	41
Total	205	100

As per the data given 61% of the teachers were degree holders. Most of the teachers that participated in the questionnaire had an experience of over 10 years which was a further prove that they were experienced in handling students.

Drugs that teachers are aware of include miraa, cigarettes, alcohol, bhang and illicit brews. Others that were mentioned include opium, cocaine, heroine and mandrax. In the literature review Karechio (1994) divides drugs into three types; the positive drugs which can easily be bought from shops, streets, herbalists, dispensaries etc. There are also negative drugs that are taken for pleasure such as tobacco, alcohol, khat, love potion, petrol –oriented products, shoe gum or glue. He states that hard drugs include opium, cocaine, heroine, mandrax and bhang. Drugs that are most frequently abused by students according to the teachers include miraa, cigarettes, alcohol, bhang and illicit brews. In the literature review, the Ministry of Education Report (2001) reported that drugs and narcotics are readily in some localities where schools are located.

The factors influencing the use and abuse of drugs according to the teachers include peer influence, societal influence, availability of drugs, stress and family background. In the literature review, Ndirangu (2001) states that young people may try to imitate their friends especially when they laugh and scoff at one another for being 'inexperienced', 'tough', 'coward' etc. Pudo (1998) supported the teachers by reporting that students who commute daily also bring drugs to schools. Pudo (1998) asserted that students bring illegal drugs from their homes after holiday or half term or when they are dispersed for fees collection. They may get them from some of the subordinate staff such as cooks and watchmen. He continues to report that students also obtain drugs from friends and

relatives who come to school during parents visiting or open days. He also added that canteen operators and shoemakers give students glue to sniff. Karechio (1994) also reported that there are children from broken families that experience loneliness or frustration. PHEADADA (1993) adds to this by reporting that frequent insults to the youngsters may cause them to turn to drugs so as to escape from frustration and depression.

Intervention measures to prevent drug use and abuse according to the teachers include;

- Peer counseling should be strengthened.
- Students should also be provided with information on drugs through campaigns.
- Counseling should be a collective responsibility involving the larger society and the parents.
- Students should be kept busy all the time with constructive work.

Challenges that teachers encountered in handling drug abuse include;

- The teachers strongly felt that the drug world is so secretive therefore it is difficult to identify the victims or even catch them red-handed.
- They also felt that there is lack of co-operation from the immediate society as these drugs are available locally.
- Where parents sell drugs or even abuse, then it is difficult to counsel students against the drugs.
- Tight school programmes also leave little time for counseling.

Recommendations given by the teachers include;

- Public awareness campaigns on drugs should be conducted.
- Stiffer penalties should be taken on those selling drugs to students.
- Teachers also felt that all teachers should attend an in-service training and workshop on issues related to drugs.

4.3 Summary of data analysis

Drug use and abuse is a reality in the secondary schools, Mbeere district. The most commonly abused drugs are miraa , alcohol , bhang , cigarettes and the illicit brews. The availability of the drugs contributes significantly in drug abuse. Miraa and tobacco is grown locally. Peer group pressure also plays a key role as far as drug use and abuse is concerned. Societal influence contributes in the issue of drug abuse, as does the home environment. Drug abuse leads to indiscipline in schools. One of the measures taken to prevent drug abuse is that all stakeholders in education need to strengthen guidance and counseling (group, individual and peer).Others include stricter penalties for drug pushers and ensuring that schools are drug free zones.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of research findings, conclusions and recommendations of the study and suggestions for further research. The purpose of this study was to find out the factors influencing the use and abuse of drugs in Kenyan secondary schools, Mbeere district. Data was collected by use of questionnaires.

5.1 Summary of the study

The study found out some of the commonly abused drugs by students as bhang, alcohol, miraa, cigarettes and illicit brews. The students abuse the drugs because most of them are readily available. Peer pressure also plays a major role. The home environment also contributes significantly to drug abuse as some students even develop stress accruing from the homes. Thus the study found out that there is a dire need to curb drug use and abuse in secondary schools in Kenya.

5.2 Conclusions of the study

From the aforementioned findings, it can be concluded that both teachers, parents and the society at large has a role to play in managing drug use and abuse in secondary schools. The Ministry of Education, Science and Technology needs to organize seminars and workshops for all educators so as to sensitize the community on the dangers of abusing drugs. More research needs to be done on drug use and abuse in schools.

5.3 Recommendations of study

The study therefore recommends that the Ministry of Education, Science and Technology in collaboration with other stakeholders in education should:

- Control the availability of drugs in the markets and more so around the schools.
- Create awareness and counseling of parents on the adverse effects of drug abuse.
- Encourage peer counseling by organizing seminars and workshops.
- Rehabilitate drug addicts.
- Parents on the other hand need to be role models.
- They should not subject their children to undue pressure due to high expectations.
- Schools should seek to help students in acquisition of skills of dealing with stress by developing positive attitude, individual judgment, and enhancing self esteem.

5.4 Suggestions for further study

- This study can be replicated in other districts in Kenya in order to come up with a general assessment of the whole country.
- There is also a need to study further on drug abuse where teachers and head teachers need to be educated on how to detect drug takers among students.
- To reinforce this study there is need to study how these drugs infiltrate into the schools.
- There is also a need to study on the consequences of drug abuse.
- Peer counseling as a tool for managing drug abuse in the secondary schools can be investigated further.

- To reinforce this study there is need to study on the effects of miraa on school dropout in secondary schools in Mbeere District.
- There needs to be a study on the management of drug abuse in Kenya.

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APPENDIX 1

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**DISTRICT COMMISSIONER
MBEERE DISTRICT
P.O. BOX 197-60104
SIKAGO**

No- **MBE/ADM 15/14 VOL. I/65**

.....
15th June, 2006
.....

TO WHOM IT MAY CONCERN
ALICE WANGARI NGUNYI

This is to confirm that the above named person has been authorized to undertake research on Drug Use and Abuse in secondary schools in Mbeere District

Any assistance accorded to her will be highly appreciated

A.O. OKELLO
DISTRICT COMMISSIONER
MBEERE DISTRICT

C.C

District Education Officer
MBEERE DISTRICT

Appendix 2 Mbeere District Education Boundaries

Appendix 1 Mbeere district education boundaries



APPENDIX 3**ZONAL CLASSIFICATION OF SCHOOLS-MBEERE DISTRICT**

SOUTHERN ZONE	CENTRAL ZONE	WESTERN ZONE
Don Marino	Consolata Girls'-Iriamurai	A.I.C Wango Day
Gangara	Gikiiro	Consolata Girls'-Gitaraka
Gitiburi	Igumori	Gategi Girls'
Gitii	Kerwa	Iria-Itune
Gwakaithi	Kiambere Complex	Karaba Boys'
Itiira	Kiambere Mixed	Makima
Kamarandi	Kirima	Makutano Secondary (DEB)
Kanyuambora	Macang'a	Malikini Secondary
Karangare	Mariari	Mbondoni
Kathiga Gaceru	Mayori	Mbonzuki
Kiamuringa	Mbita	Stephen Kisilu-Riakanau
Kigwambiti	Ng'eng'e	Wachoro Boys'
Ngunyumu	Nyangwa	Winpride
Riandu	St, Clare's Kangeta	
Siakago Boys'	St. Mary's Munyori	
Siakago Day	Yoder Karwigi	
Siakago Girls'		
St.Barnabas Kavengero		
St.Lukes Kamwaa		
St.Monicah Girls'		
St. Phillip's Muchonoke		

Source: District Education Office-Mbeere

**APPENDIX 4
KREEJIE AND MORGAN'S TABLE**

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	30	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370

150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	60000	382
210	136	1050	285	100000	384

Note: N is population size

S is sample size

Source: R,V, Krejcie and D, Morgan, "Determining Sample Size for Research Activities, Educational and Physiological Measurement, Vol. 30 No. 3 1970p. 608.

APPENDIX 5- CLASSIFICATION OF SCHOOLS BY TYPE

Public schools boys boarding

5. Nyangwa
6. Siakago

Public schools boys boarding and day

1. Karaba
2. Wachoro

Public schools girls boarding

6. Gategi
7. Gitaraka
8. Mariari
9. Siakago
10. St Clare's Kangeta

Public schools mixed day

26. A.I.C Wango Day
27. Gikiiro
28. Gitiburi
29. Gitii
30. Gwakaithi
31. Igumori
32. Iria-Itune
33. Itira
34. Kamarandi
35. Karangare
36. Kathiga Gaceru
37. Kavengero
38. Kerwa
39. Kigwambiti
40. Kirima
41. Macang'a
42. Makima
43. Malikini
44. Mbondoni
45. Mbonzuki
46. Ngunyumu
47. Siakago Day
48. St. Luke's Kamwaa Mixed

49. Riandu
50. Yoder Karwigi

Public schools mixed boarding

6. Gangara
7. Kanyumbora
8. Kiambere complex
9. Kiambere mixed
10. Ng'eng'e

Private schools girls boarding

4. Consolata girls- Iriamurai
5. St. Monica girls
6. Winpride girls

Private schools mixed day

3. Don Marino
4. St. Mary's Munyori

Private schools mixed boarding

1. St. Phillips Muchonoke

Public schools mixed boarding and day

5. Mayori
6. Mbita
7. Kiamuringa
8. Stephen Kisilu-Riakanau

It is evident from this classification that in Mbeere district there are no private girls or boys' day school, no private boys boarding school, no public boys day school and no public girls day school.

In Stephen Kisilu- Riakanau, Wachoro boys and Karaba Boys though boarding schools day scholars are accepted.

Source:DEO Mbeere

APPENDIX 6
QUESTIONNAIRE FOR THE HEAD TEACHERS

Please respond to all the questions in this questionnaire. Do not write your name or the name of your school in this sheet. You are assured that the information that you give will be treated with strict confidence and that it will only be used for research purpose. For alternative type of questions, tick only the bracket as an appropriate answer. For open-ended questions, be brief and specific.

Part A

1. Is your school a public or a private one?
 Public
 Private
2. What category is your school?
 Boys' day
 Boys' boarding
 Girls' day
 Girls' boarding
 Mixed day
 Mixed boarding
 Mixed boarding and day
3. How many students do you have in your school?
Boys
Girls
Total
4. What is your highest academic qualifications?
 Diploma
 Approved Teacher Status (ATS)
 University graduate (B.Ed, B.A or B.Sc with P.G.D.E)
 B.A or B.Sc
 M.Ed
5. What is your current professional grade?
 Chief Principal
 Senior principal
 Principal teacher I
 Principal teacher II
 Principal teacher III
6. How many years have you served as a secondary school teacher?
 Less than a year
 Between 1 – 3 years
 Between 4 – 6 years
 Between 7– 9 years

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10 years and above

7. What is the size of your school?

- Single streamed
- Double Streamed
- Triple Streamed
- Above triple Streamed

Part B

8. Have you gone for any in-service training in guidance and counseling?

- Yes
- No

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

- Yes
- No
- N/A

9. Are your teachers trained on handling issues related to drug use and abuse?

- Yes
- No

10. What drugs do your students most frequently abuse?

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11. What factors influence the use and abuse of drugs in your school?

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.....

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

- Form I
- Form 2
- Form 3
- Form 4
- Form I & 2
- Form I & 3
- Form I & IV
- Form II & III
- Form II & IV
- Form III & IV
- All classes

b) Give reason(s) for the above choice.

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.....
.....

13. How often do you handle cases of students dealing with drugs in your school?

- Daily
- Once a week
- Fortnightly
- Once a month
- Twice a year

14. What time do you catch students most frequently taking drugs?

- Morning
- Evening
- Break time
- Lunchtime
- None of the above

15. In your opinion, is the drug problem in schools increasing? (The Kenyan situation)

- Yes
- No

b) Give reason(s) for your answer.

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16. What problems has your school experienced as a result of drug abuse?

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Part C

17. What measures have you taken to ensure that you prevent your students from drug use and abuse?

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.....

18. What challenges have you encountered as an administrator in rooting out this vice?

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

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.....

APPENDIX 7
QUESTIONNAIRE FOR TEACHERS

Please respond to all the questions in this questionnaire. Do not write your name or the name of your school in this sheet. You are assured that the information that you give will be treated with strict confidence and that it will only be used for research purpose. For alternative type of questions, tick only the bracket as an appropriate answer. For open-ended questions, be brief and specific.

Part A

1. What is your gender?

- Male
- Female

2. What is your highest academic qualifications?

- Diploma
- Approved Teacher Status (ATS)
- University graduate (B.Ed, B.A or B.Sc with P.G.D.E)
- B.A or BSC
- M.Ed
- Any other (specify).....

3. How many years have you served as a secondary school teacher?

- Less than a year
- Between 1 – 3 years
- Between 4 – 6 years
- Between 7– 9 years
- 10 years and above

Part B

4. Have you gone for any in service training in guidance and counseling?

- Yes
- No

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

- Yes
- No

5. What kind of drugs are you aware of?(Name any three.)

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.....

.....

.....

.....

6. What are the dangers of abusing drugs?

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.....
.....
.....

7. Are the students aware of these problems?

Yes

No

8. What drugs do your students most frequently abuse?

.....
.....
.....
.....
.....

9. What factors influence the use and abuse of drugs in your school?

.....
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.....
.....

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

Form I

Form 2

Form 3

Form 4

Form I & 2

Form I & 3

Form I & IV

Form II & III

Form II & IV

Form III & IV

All classes

b) Give reason(s) for the above choice.

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.....
.....

11. How often do you handle cases of students dealing with drugs in your school?

- Daily
- Once a week
- Fortnightly
- Once a month
- Twice a year

12. What time do you catch students most frequently taking drugs?

- Morning
- Evening
- Break time
- Lunchtime
- None of the above

13. Have you ever referred any case to a specialist in a case related to drug abuse?

- Yes
- No

14. How often do you provide information to your students on drug abuse?

- Once a week
- Once per month
- Twice a year
- When there is a problem
- None of the above

Part C

15. What measures have you taken to ensure that you prevent your students from drug use and abuse?

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16. What challenges have you encountered as a teacher-counselor in handling drug abuser(s) in the school?

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

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APPENDIX 8
QUESTIONNAIRE FOR THE STUDENTS

Please respond to all the questions in this questionnaire. Do not write your name or the name of your school in this sheet. You are assured that the information that you give will be treated with strict confidence and that it will only be used for research purpose. For alternative type of questions, tick only the bracket as an appropriate answer. For open-ended questions, be brief and specific.

Part A

1. How old are you?

What class are you in?.....

What is your gender?

2. For how long have you been in this school?

0-1 year

2 years

3 years

4 years

Part B

3. What kind of drugs are you aware of?

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.....

4. Do you know of any neighbor who uses drugs?

Yes

No

b) If yes, have they influenced you to use drugs?

Yes

No

5. Are there students in your school who abuse drugs?

Yes

No

6. Have you ever used any drug?

Yes

No

7.If yes, what drugs do you abuse?

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.....
.....
.....
.....

8.Who / what influenced you to take the drug(s) that you take?

- Family member or relative
- Friends
- Drug pusher
- Stress
- Availability of pocket money

9.Is it easy to obtain drugs?

- Very easily
- Fairly easily
- Fairly difficult
- Very difficult
- Almost impossible

10.How do you acquire the drug (s) that you use?

- Family e.g. relatives, parents etc.
- Friends
- Doctors
- Bar
- Kiosk or shops
- Drug pusher
- Others

11.Why do you take drugs?

- It is just a habit
- There is nothing else to do during my free time
- Because most of my friends do so
- To get sleep or to relax
- To help me stay awake or alert or to get high
- To kill boredom
- Other reasons (specify)

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12.Is there any member of your family that uses drugs?

- Yes
- No

b)If so, which member of your family?

- Father
- Mother
- Sister(s)

- Brother(s)
 - Others
13. Did you have any information about the drug(s) before you started using?
- Yes
 - No

14. How do you spend your leisure time?
- Family
 - Friends
 - Watching TV or listening to radio
 - Reading novels or magazines and newspapers
 - Alone
 - Others

15. What time do you use drug(s) while in school?
- Morning
 - Break time
 - Lunchtime
 - Evening
 - None of the above

16. What is the education level of your parents?
- Graduates
 - 'O' level
 - Primary level
 - None of the above

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17. What do your parents do for a living?
- Employed
 - Large Scale Farmers
 - Peasants
 - None of the above

18. Kindly rate the factors influencing the abuse of drugs in your school (Tick in appropriate place)

	To a high extent	To some extent	No influence at all
Peer pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental and society influence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional or psychological stress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic endowment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you ever tried to stop using the drug?
- Yes
 - No

20. In your opinion, how can students who abuse drugs be helped to stop the habit?

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APPENDIX 9

BUDGET

ITEM	COST IN KENYA SHILLINGS
1. Secretarial Services	
Typing and photocopying	10,000
Photocopying questionnaires	5,000
Typing	7,000
2. Stationery	
Foolscaps (3 reams)	8,000
Duplicating papers	800
Pens	300
Diskettes	300
3. Traveling Cost	
Administering questionnaires	3,500
Consulting supervisor	10,000
Library (Accessing)	10,000
4. Binding Proposal	1,500
Binding project	1,500
5. Computer analysis costs and Data processing	10,000
6. Telephone charges	2000
7. Contingencies	5,000
Total	67,400

APPENDIX 10

RESEARCH TIME FRAME

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	
Literature search, proposal writing and submission	←					→								
Data collection										←→				
Data analysis											←			
Report writing and presentation												←		

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