

**OCCURRENCE AND EXTENT OF SUBSTANCE ABUSE AMONG SECONDARY  
SCHOOL STUDENTS**

**A CASE STUDY OF MAZERAS HIGH SCHOL, COAST PROVINCE**

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**DECLARATION**

I declare that this research project is my original work and has not been submitted for examination in any other University or Institution.

Nina K. Mwalimu

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

This research project has been submitted for examination with my approval as supervisor.

Mr. Francis Kanja

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

## **DEDICATION**

I dedicate this research project to my parents whose inspiration, determination and encouragement has made me achieve this goal.

## **ACKNOWLEDGEMENT**

Several people, in various ways, have influenced the journey this thesis has taken to become what it is. I will not list the names of them all but will pay special thanks to all of them.

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## **ABSTRACT**

Substance abuse has become a major challenge in secondary schools in Kenya. A study carried out in Kenya observed that 20% of adolescents aged between 12 and 22 years smoke cigarettes, 9% smoke bhang while 23% drink commercial beer and spirits. This is the age in which most youths are in schools and colleges. The aim of this study was to find out the incidence and extent of drug abuse among secondary school students in coast Province, Kenya. This information is useful in developing specialized educational programs for drug abuse in Kenya. The objectives of this study were: to determine various substances commonly abused by students, assess the prevalence of substance abuse in secondary schools, determine the factors that contribute to substance abuse, students' behaviour related to substance abuse and identify the factors that influence students to abuse drugs. An ex-post-facto research design was employed. The study population comprised of a public secondary schools in coast Province. The sampling was done using stratified sampling to obtain different categories of classes, and in school. The classes were chosen from the strata using purposive and simple random sampling methods. Systematic sampling was then applied to obtain the required number of students, where every tenth student from the admission register was selected. One counselling teacher from each sampled class was selected to participate in the study. The total number of respondents was 267 students and 14 counselling teachers. A separate questionnaire for students and another one for counselling teachers were used to collect data. The instrument's validity and reliability was enhanced through a pilot study in two classes within the school and were not included in the main study. Face validity and content validity was used by the researcher engaging colleagues and experts in the school of education. The questionnaires were administered to the respondents by the researcher assisted by four research assistants. The data obtained was coded and analysed using the SPSS programme for windows. The statistics used for this exercise were mainly percentages, pie charts and bar graphs. The key findings showed that peer pressure, school and

family stress, and drug availability contributed to students' drug abuse. It was also found that alcohol was the most abused drug. The study also found that most students, 81%, who abused drugs did this often. The study concludes that stringent measures should be put in place urgently so as to address the problem of drug abuse. The study recommends a multifaceted approach as a strategy for minimizing the vice in the Kenya secondary schools.

## Table of Contents

DECLARATION .....	2
DEDICATION .....	3
ACKNOWLEDGEMENT .....	4
ABSTRACT .....	5
1.0 INTRODUCTION .....	9
1.1 Background to the Study.....	9
1.2 Statement of the Problem.....	12
1.3 Purpose of the Study .....	14
1.4 Objectives of the Study.....	14
1.5 Research Hypotheses .....	15
1.6 Significance of the Study .....	15
1.7 Scope and Limitations of the Study .....	16
1.8 Theoretical Framework for the Study.....	16
1.9 Operational Definition of Terms.....	18
CHAPTER TWO .....	21
2.0 LITERATURE REVIEW .....	21
2.1 Introduction.....	21
2.2 Extent of Drug and Substance Abuse .....	21
2.3 Literature on Prevalence of Substance Abuse .....	25
2.4 Previous Studies on Substance Abuse among Students.....	27
2.5 Studies on Possible Factors Associated with Substance Abuse among Adolescents .....	31
<b>2.5.1 Prenatal Drug Exposure.....</b>	<b>32</b>
<b>2.5.2 Cultural and Religious Reasons.....</b>	<b>32</b>
<b>2.5.3 Leisure and Pleasure, and Peer Pressure .....</b>	<b>32</b>
<b>2.5.4 School Failure and Curiosity .....</b>	<b>33</b>
<b>2.5.4 Family Background and Conflicts in Schools .....</b>	<b>34</b>
<b>2.5.5 Mass Media Influence.....</b>	<b>35</b>
<b>2.5.6 Availability.....</b>	<b>35</b>
2.6 Previous Studies on Behaviour Related to Drug and Substance Abuse .....	36

2.7 Summary of Literature Review.....	37
CHAPTER THREE .....	38
3.0 RESEARCH METHODOLOGY.....	38
3.1 Introduction.....	38
3.2 Research Design.....	38
<b>3.2.1 Variables of the Study</b> .....	38
3.3 Location of the Study.....	39
3.4 Target Population.....	39
3.5 Sample Size and Sample Techniques .....	39
<b>3.5.1 Sample Size</b> .....	40
<b>3.5.2 Sampling Techniques</b> .....	40
3.6 Research Instruments .....	41
3.7 Pilot Study.....	41
3.8 Validation and the Reliability of the Instruments .....	42
3.9 Data Collection Procedures.....	42
3.10 Data Analysis Techniques.....	43
CHAPTER FOUR.....	44
4.0 FINDINGS AND DISCUSSION.....	44
4.1 Causes of drugs and substance abuse in secondary schools in Mazeras high school .....	44
4.2 Effects of drug and substance abuse on students and their education .....	45
4.3 Measures that can be taken to control drug abuse .....	45
CHAPTER FIVE .....	47
5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	47
5.1 Policy makers.....	47
5.2 School administrators.....	48
5.3 Teachers .....	49
5.4 Parents / Guardians .....	51
6.0 REFERENCES .....	52
APPENDIX A: QUESTIONNAIRE FOR STUDENTS .....	54
APPENDIX B: QUESTIONNAIRE FOR TEACHER/COUNSELLOR.....	58

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background to the Study

Substance abuse, and HIV and AIDs epidemic are some of the major challenges of the 21<sup>st</sup> Century. Substance abuse has been considered a global epidemic, (McCabe, Boyd and Teter, 2009). Studies and statistics show that globally more preadolescence and teenage children are using drugs and alcohol (Australian Drug Foundation [ADF], 1999). Substance abuse most often begins in early adolescence because of social economic problems and cultural practices of this age group (Kandel & Chen, 1995). Long term studies of substance abuse have observed that the sequence of use runs from tobacco, alcohol, marijuana and to other substances. During International Day against Drug Abuse and Illicit Trafficking of 26<sup>th</sup>, June 1988, the then United Nations' Secretary General, Javier Peres de Cuellar, noted that drug and drug trafficking had already claimed millions of lives, weakened national economies, undermined the integrity and stability of governments and endangered the human society as a whole. He remarked that the dimensions of such a crisis were painfully clear and that drug - related crimes had reached alarming proportions. In such a global epidemic, he concluded, all nations were vulnerable (United Nations, 1988).

Similarly, on 26<sup>th</sup> June 1992, during the International Day against Drug Abuse and Illicit Trafficking, the then United Nations Secretary General, Boutros Boutros Ghali observed that drug abuse had escalated dramatically, and that most drug abusers were young, poor or both. In particular, he noted that there was an upsurge in crime and corruption, draining of human, financial and other resources among Nations which would have otherwise been used for socio-

economic development. This, he concluded, had resulted in destruction of individuals, families, communities and Nations, as well as in the spread of HIV and AIDS (United Nations, 1992). Tobacco use among young people has been growing steadily all over the world. By 1986, an estimated one billion people smoked about five trillion cigarettes annually. In the 1990's, the World Health Organization (WHO) estimated that the global death toll from tobacco-related diseases had reached over three million annually. Out of this, two million had been dying annually from the predominantly industrial countries whereas one million was from the developing states. In the industrialized countries, the number of deaths attributed to smoking had risen from 700,000 in 1965 to 1.5 million in 1992 for males, and from 100,000 to 500,000 for females. In developing countries, the per capita cigarettes consumption has risen on average by 70% in about 25 years, an indication that over 7 million deaths per year would occur, (United Nations, 1993). For instance in South Africa, people change their hard drugs habit but the fall - out from substance abuse remains the same and includes destruction of lives, families and communities. This has raised concern about the spread of HIV and AIDS. Heroin, cocaine and methamphetamine abuse have risen substantially in the past few years while the use of mandrax has dropped significantly.

In Kenya, substance abuse has become an issue of great concern just like the rest of the countries in the world. A country-wide needs assessment study undertaken in 1994 by the Government of Kenya and the United Nations Drug Control Programme revealed that drug abuse has permeated all strata of Kenyan society, the youth and young adults being the most affected groups (Mwenesi, 1996). Clearly, this study has eschewed a detailed analysis of the incidence and extent of substance abuse in secondary schools of Kenya, the focus of the present study. Gathumbi (2003), in a study of substance abuse among the youth in Kenya observed that, 20% of

adolescents aged between 12 and 22 years smoked cigarettes, 9% had tried to smoke bhang while some 23% drank commercial beer and spirits. This corresponds to the age of youths in schools and colleges. These institutions have in the recent past been hit by a wave of strikes that have been linked to drug and substance abuse. Gelinas (2006), in a survey on drug abuse among the youth, observed that there were many drug peddlers. He also observed that substances were sold to students by placing them in their geometrical sets used in schools. Also, matatu (minibus) touts were the conduits through which the users obtained these substances. However, incidence and extent of substance abuse in secondary schools was not the focus of this study. In 2007, NACADA revealed that majority of drug abusers in Kenya were students in secondary schools and universities especially in the cities of Nairobi, Mombasa and Kisumu. In a survey on the abuse of alcohol and drugs in Kenya commissioned by NACADA, between 2001 and 2002, it was observed that drugs and other substances were abused in secondary schools and colleges (NACADA, 2007).

These preceding studies have not carried out a detailed analysis of the extent and incidence of drug abuse in secondary schools of Kenya. They have tended to concentrate on drug abuse from a general perspective. This study sets out to fill this gap. It zeroes in on the extent and incidence of drug abuse in secondary Schools in Coast Province, Kenya. Mazeras, being a township in the coast province is one of the towns in which youths are destroying their lives due to drug abuse. Crime rate, which is associated with drug abuse, is more prevalent in Mazeras hence the focus for this study. The study focuses on secondary school students who are mostly adolescents because they are the ones prone to experiment drugs. They are also the ones who pose a big challenge in Kenya in terms of their needs and their views of the world. The adolescents in

Kenya constitute a big population, and hence the danger to the fabric of Kenyan society if the problem of drug abuse among them is not addressed as a matter of threat agency.

## **1.2 Statement of the Problem**

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

Among the drug abusers are students in secondary schools. These abuse drugs and other substances, and this affects them academically, psychologically and socially. At times they are expelled from school and they turn up to be delinquents and join street life. Since the establishment of the Assessment Centres under the Directorate of Quality Assurance in the Ministry of Education in Kenya in 1994, large numbers of students with behaviour disorders have been identified without deeper interrogation of what kind of behaviour disorders these are. Most of these students end up in psychiatric wards because they show signs of mental disorders. However, drug addiction has not been studied in Kenya to show the specific addiction signs that the students have. In developed countries such as United States, England and Australia, researchers have shown that drug abuse problem has been identified in secondary schools and is associated with certain behaviour disorders that students show. No such identification has been done in the Kenyan context before. Statistics indicate that 27.7% of students in learning institutions and 77.1% of non-students youth in Kenya are large term abusers of substances. Overall, the proportion of non-student youth reported to be on bhang, Khat (Miraa) and inhalants

is 34.9%, 55.1% and 22.5% respectively. These indications are scary given that Kenya is a 21<sup>st</sup> century member of the International Community and Drug and Substance Abuse (ICDS) contributing to the global problem (Mwenesi, 1996).

While recent research studies on drug abuse in Kenya have paid key attention to Mombasa City, little seems to have been done in Mazeras. Yet, Mazeras is a small town hosting vulnerable groups like students. Equally, little attention has been given to the role played by substance abuse especially in the wake of secondary school unrest like strikes. The issue of substance abuse in secondary schools has therefore been left to the few trained counselling teachers or classroom teachers who may not be adequately equipped with the expertise needed to deal with cases of drug abuse and addiction, especially the hard drugs like heroine and cocaine (Republic of Kenya, 2002). In Mazeras town secondary schools, just like in other towns in Africa, the risk age of drug abuse has gone down to twelve years from previous seventeen years. This is posing a serious challenge to anti-drugs user crusaders and the government (Republic of Kenya, 2006). In some instances, the students have even become victims of senseless drug traffickers who are out to recruit them into drug addiction at whatever cost. However, unlike HIV and AIDS around which the silence has been broken and declared a national disaster, drugs and substance abuse are still in the illegal and silent realm, and hence a lot of apprehension even in talking about them (Republic of Kenya, 2006). The need to invest in preventive strategies was therefore noted, rather than the then prevailing curative approach whose impact was hardly felt. In addition, data on the trends of substance abuse and outcomes of addiction among young people remain largely undocumented in Kenya. There is therefore need to seek for resources to contribute to this knowledge gap, through focusing on establishing the situation of substance abuse among secondary school students. Research was therefore called for to contribute towards building

capacity of schools to effectively educate and intervene on the incidence and extent of substance abuse among students in secondary schools.

### **1.3 Purpose of the Study**

The purpose of this study was to examine the situation of substance abuse among secondary school students in Mazeras town. It seeks to find out the types drugs abused by the students in the town, the reason as to why the students abuse drugs and the effects of drug abuse on the students. This was with a view to developing specialized student assistance educational programs on drug and substance abuse in Kenya.

### **1.4 Objectives of the Study**

The study was conducted to:

- i. Determine the various substances commonly abused by secondary school students in Mazeras town;
- ii. Assess the incidences of substance abuse in secondary schools in mazeras town;
- iii. Determine the factors that contribute to substance abuse by secondary school students in Mazeras town;
- iv. Investigate students' behaviour related to substance abuse;
- v. Determine the incidences and extent of drug abuse by the type of secondary school in Mazeras town;
- vi. Determine the incidences and extent of drug abuse by the category of school in Mazeras town;
- vii. Investigate the incidences and extent of drug abuse by the status of secondary school in Mazeras town;

- viii. Develop the framework for specialized student assistance programs.

## **1.5 Research Hypotheses**

The study was based on the hypotheses that were stated as follows:

H1: There is significant relationship between drug abuse and various categories of secondary schools.

H2: There is significant relationship between drug abuse and the status of the schools.

H3: There is significant relationship between drug abuse and the type of the schools.

H4: There is significant relationship between drug abuse and the family environment.

H5: There is significant relationship between drug abuse and failure at school.

H6: There is significant relationship between drug abuse and peer pressure.

H7: There is significant relationship between drug abuse and availability of drugs.

H8: There is significant relationship between drug abuse and students' behavioural problems.

## **1.6 Significance of the Study**

The findings of this study can enrich the country's national drug dependence preventive education. It is likely that teachers, schools and training colleges will find this study a rich resource for preparation of more meaningful lessons on substance abuse preventive education. Similarly, curriculum developers are likely to utilize the study's findings while organizing and sponsoring co-curricular activities aimed at substance abuse education. The study's findings are expected to be an important contribution to theory, and tools of studying substance abuse in

Kenya. Finally, the findings would be important for the setting up of a substance abuse specialized interventions program. It is expected that through such interventions, a systematic eradication of substance abuse among students in schools may end. Students will then focus their attention to schooling, and hence improve their performance significantly.

### **1.7 Scope and Limitations of the Study**

The study was conducted among students of Mazeras high schools in Mazeras. This is because the researcher was not able to cover the whole province due to time factor, financial implications and other logistics. Mombasa has been seen as both a destination as well as a conduit for drug trafficking in Kenya and these may easily find their way into Mazeras schools. One limitation of this study was the unwillingness of some respondents to give information freely for fear of being victimized. The researcher however assured them that the information they gave would not be used against them and that the questionnaire they filled would be anonymous. Teachers and school administrators were assured that the information they provided would be held confidential and would not be disclosed to the authorities.

### **1.8 Theoretical Framework for the Study**

The theories illuminating the present study were; the social cognitive theory by Bandura (1977) and the optimistic bias theory credited to Weinstein (1984). From the social cognitive perspective, Bandura contends that psychological functioning is a dynamic and reciprocal interaction between personal, behavioural, and environment determinants (Bandura, 1977). According to this theory, an individual's behaviour is uniquely determined by each of these three factors. However, all sources of influence are not of equal strength. The theory also accounts for pharmacological factors such as drug use and the influence they have on behaviour. Humans evoke different reactions from their social environment as a result of their physical

characteristics such as age, size, race and sex. Moreover, expectations, beliefs, and cognitive competencies are developed and modified by social influences and physical structures within the environment. These social influences can convey information and initiate emotional reactions through such factors as modelling, instruction, and social persuasion. Applied to the current study, the social cognitive theory indicates to what extent substance abuse among students could be influenced by their gender, age and the social pressure they could be experiencing as they interact in the secondary schools. The final interaction occurs between behaviour and the environment. Bandura (1977) argues that people are products and producers of their environment. The behaviour of a person is a product of his or her environment. Humans select their similes to interact with. Inherent within the notion of reciprocal determinism is the fact that people are able to influence their destiny. Meanwhile they recognize that they are conditioned, meaning that they are not free agents to exercise their will. Applied to this study, the aspect of interaction indicates that students choose to engage in activities that are risky making them vulnerable to substance abuse. Students may have knowledge about the altering moods and behaviour by drugs, yet they go ahead abusing them.

The Social Cognitive Theory also explains that the external influences affect the behaviour through cognitive processes. Human beings are capable of forming symbols which they can use to guide their future behaviour. Through this process a person is able to model observed behaviour. It is through understanding of the processes involved in one's construction of reality that will enable a human behaviour be understood, predicted and changed. To apply this knowledge in the current study, the social cognitive theory indicates that behaviour that students have acquired over time interact with their current secondary school environment to determine their substance abuse trend.

The figure depicts a psycho-sociological approach to the study of drug addiction. The domains shown on the schema contain the primary factor(s) and addiction phase(s) influenced by each type of process (i.e., intrapersonal, sociological, pharmacological). For example, pharmacological processes will mainly affect cognitive expectancies and will influence both the acquisition and the maintenance phases of addiction. Other factors may also be affected by pharmacological processes (e.g., circumstantial factors), and factors/phases contained within each domain are not exclusively controlled by that domain (e.g., environmental factors may also influence the maintenance phase). The vectorial paths progress from domain to factor to phase. For example, the primary factors influenced by sociological processes are labelled circumstantial and environmental factors; these factors, in turn, primarily influence the acquisition phase. The other theory of Weinstein is concerned with the person's self esteem. Weinstein (1984), in his theory of optimistic bias argues that, individuals think that they are less likely than an average person to experience health problems. In assessing their risks, they may not realize the impact of behaviour risks factors. Applied to the current study, the optimistic bias theory indicates that students could be engaging in some leisure activities like watching provocative images in the media and participating in secondary students' activities like outings and discos. However, they could be feeling that these activities would not impact negatively on their drug abuse except their peers. Moreover, students tend to develop attitudes contrary to reality, like the assumption that drug addiction can easily affect their friends and not themselves. This could lead to continued engagement with substance abuse.

## **1.9 Operational Definition of Terms**

**Substance abuse** is the use of any chemical substance without medical consultation or supervision that may lead to loss of productivity or damage to the body (NACADA, 2007). It is

used to describe a pattern of substance/drug use leading to significant problems or distress such as failure to attend work/school. Substance use may also interfere with friendships and or family relationships. Substance abuse, as a disorder, refers to the abuse of illegal substances or the abusive use of legal substances (NACADA, 2007). According to the oxford dictionary, the word —substance abuse refers to the wrong use of a substance for medical purposes either alone or in a mixture that changes the states, or function of cell organs or organism. Purris and Mach Innis (2009), the clinicians‘ guide to diagnosis sees substance abuse as a residual category for patients whose substance use produces problems but does not fulfill the more rigorous criteria for substance dependence. Substance abuse is therefore the indiscriminate use, abuse and dependence on drugs of various types such as alcohol, tobacco, clinical medicine cocaine and heroine.

**Addiction:** used to refer to the condition in which one is dependent on drugs like alcohol.

**Abuse:** the wrong use of a substance, for instance, an overdose of a medical drug.

**Behavioural problem:** behaviour which does not conform to the social and environmental norms.

**Confidentiality:** the preservation of private, personal information concerning the student which is disclosed in the professional relationship.

**Co-dependency:** a relationship between two or more people who rely on each other to meet and provide for their needs, particularly unhealthy emotional ones.

**Dependence:** an emotional and sometimes a physical need experienced by a drug abuser, resulting from the abused substances and which affects function.

**Drug addict:** a student/someone who has used a drug repeatedly and has developed a strong attachment to it.

**Drug/substance:** any chemical substance that brings about human physical, mental and emotional changes.

**Drug/substance abuse:** a situation in which a drug or chemical substance meant for a medical cure or other purpose is taken outside its purpose, or in excess, for personal enjoyment or for avoidance, without medical reason or guidance.

**Special needs students:** are those diagnosed with a variety of special needs and are placed in classes designed to improve their opportunities for learning. Among the special needs students are such as those with drug addiction problem having learning problems and behavioural disorders.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter highlights what has been researched by other people concerning drug and substance abuse elsewhere and in Kenya. It highlights the gaps that the researcher will cover during the process of the study.

#### **2.2 Extent of Drug and Substance Abuse**

The problem of drug abuse has preoccupied scholars since time immemorial. It is a psychosocial problem that affects the very fabric of the society and threatens the future of the young people. It has turned many into psychopaths, zombies and criminals, hence the interest of many scholars in this area. Amayo (1994) affirms that substance taking is a historical fact and not a new invention. What is new according to him, are the types of drugs and methods of their acquisition. In the past, substance taking was sporadically for religious, social-ritual and treatment purposes and only by certain groups under certain conditions which were recommended. Such purposes and circumstances militated against dependence or abuse.

Adolescent substance abuse and its resulting harmful effects are major concerns to parents, policymakers, teachers, and public health officials. Nevertheless, experimentation with substances, particularly alcohol and tobacco, is a progressively more common behaviour from pre- to late adolescence. When adolescents try substances a few times, with peers, this experimentation is generally not associated with any long-term impairment of functioning (Fetsch & Yang, 1990). Experimentation is considered problematic when substance use occurs at

a very young age, with increasing frequency, while the child is alone, or in the context of behavioural or emotional difficulties. If use becomes more frequent, negative consequences can develop, including impairment at school or work, legal problems, accidents, and interpersonal difficulties. Substance use becomes abuse when an adolescent suffers negative and harmful consequences because of the use of the substances—and yet continues using them. Substance abuse has been strongly linked to risky sexual behaviour, delinquent behaviour, and low school achievement. Heavy and prolonged substance use can result in drug dependence, with a syndrome of significant distress if the drug use is stopped or reduced (Fetsch & Yang, 1990).

This study though contains a valuable body of knowledge on the effects of experimentation with drugs and the social economic issues facing Colorado families does not focus on the extent and incidence of drug abuse focused on in the present study. It also treats rehabilitation and student assistance programmes peripherally. Adolescents tend to follow a particular pattern of involvement with drugs. Typically, the first substance an adolescent uses is one that is legal for adults (tobacco or alcohol). The next stage is often experimentation with marijuana. Tobacco, alcohol, and marijuana have been labelled "gateway drugs" because they precede the use of other harder drugs. High frequency of use and early age of initiation are both associated with movement to higher stages of substance use (Mwenesi, 1996).

Early initiation of substance use is linked to substance abuse and dependence. Purris and Mach Innis (2009) revealed that more than 40% of individuals who began drinking before age fourteen developed a dependence on alcohol. In comparison, only 10 percent of those who began drinking at age twenty and above developed alcohol dependence. Similarly, individuals who begin using drugs at an early age tend to experience greater drug problems. The present study focused on secondary school students who according to the above named studies are more likely to develop

high dependence on drugs. It goes further to argue for a framework within which to assist these students out of drug dependence. Kandel & Yamaguchi (1992) affirms that adolescents who use harder drugs such as cocaine or crack, begin using one of the gateway drugs (cigarettes, alcohol, or marijuana) two years earlier than adolescents who do not advance to harder drugs. Most smokers begin smoking as teenagers. More than 90% of individuals who become regular smokers begin before the age of nineteen. This study affirms the present study's rationale for focusing on secondary school students who begin using the gateway drugs and graduate into harder drugs hence a big danger to society.

Bachman, Johnston and O'Malley (2000) conducted a monitoring study tracking the prevalence of adolescent substance use among American eighth, tenth, and twelfth grade students each year from the mid-1970s into the twenty-first century. The study focused on three categories of substances: illicit drugs, alcohol, and cigarettes. It also examined gender and racial/ethnic differences in substance use. Illicit drug use peaked in the 1970s, decreased steadily until the early 1990s, and then increased during the 1990s, with a slight decline and leveling off at the close of the decade. Marijuana was the most common illicit drug used. In 2000, more than half (54%) of American high school seniors reported using some type of illicit drug in their lifetimes. Reported prevalence rates among tenth and eighth grade students that year were lower (46% and 27%, respectively). In 2000, one-quarter of twelfth grade students reported using an illicit drug during the previous month, followed by 23 percent of tenth graders and 12 percent of eighth grade students. Alcohol use increased throughout the 1970s, peaking at the end of the decade; it then steadily decreased in the 1980s and remained fairly stable during the 1990s. In Bachman, Johnston and O'malley ( 2000) survey, 80 percent of twelfth grade students reported having tried alcohol at least once, and 62 percent reported having been drunk at least once. 71 percent of

tenth grade students had tried alcohol (49% had been drunk at least once), and 52 percent of eighth grade students had tried alcohol (25% had been drunk at least once). One-half of high school seniors, 41 percent of tenth graders, and 22 percent of eighth graders reported drinking alcohol in the previous thirty days.

Cigarette use peaked in the mid-1970s, declined substantially for a few years, remained relatively stable in the mid-1980s and early 1990s, increased during the mid-1990s, and experienced a slight decrease in the last few years of the twentieth century for eighth and tenth graders. According to results from Bachman, Johnston and O'Malley (2000), over half of twelfth graders (63%) and tenth graders (55%) reported smoking a cigarette in their lifetimes, while 41 percent of eighth graders had smoked. The reported prevalence rates for smoking during the previous thirty days were 31% of twelfth grade students, 24 percent of tenth graders, and 15 % of eighth graders. This study also established that male students have higher lifetime and thirty-day prevalence rates than their female counterparts for marijuana use for all grades reported. Senior male students reported more illicit drug use of other types in the previous thirty days than females, but there was little gender difference among tenth or eighth graders. Males also tended to use alcohol more than females, which became more apparent by twelfth grade. Across all grades, males and females seemed to have almost equal rates of daily cigarette smoking. African-American students report lower lifetime, annual, thirty-day, and daily illicit drug use prevalence rates than white and Hispanic students. African-American students also have the lowest prevalence rates of alcohol use, being drunk, and binge drinking. The current study also focused on gender differences among students, but also went further to study drug abuse by the type and status of school. It also studied counseling programmes in schools to see how they could be revamped and strengthened.

According to the United Nations (2007), drug abuse is generally considered to be on the increase in Kenya, as in most other parts of Africa. The absence of reliable and accurate data makes it difficult to convince the public and politicians of the scale and magnitude of the problem, and even more difficult to respond with adequate demand reduction measures. Cannabis and *khat* are the most widely abused drugs, but heroin and, to a lesser extent cocaine, are becoming a serious problem in some countries. Drug abuse is not associated with poverty alone, but is also related to wealth nor is it exclusively a male problem. In Kenya, drug abuse is usually wrongly considered to be a male problem. Lately, some secondary school students, both girls and boys have been reported to have dropped out of school due to drug abuse. Some of these students join drug rehabilitation institutions while others end up in the streets (Kaguthi, 2004). It is important therefore to venture in schools through research, in order to find ways of preventing the problem. Kenya is faced with a serious drug problem. The issue is mostly addressed by police, as it is a criminal offence. Gathumbi (2003) found out that adolescents who abuse drugs hide this fact for fear of being jailed. Studies on drug abuse prevention in secondary schools are scanty and the little knowledge given to teachers does not allow them cater for specialized interventions for drug addicted students. The students' drug abuse problems remain issues whose impact is usually underestimated. There is therefore urgency in developing specialized interventions in the Kenyan secondary schools so that addicted students can be cared for accordingly. Special education teachers trained for behaviour disorders such as drug addiction can then be engaged to exercise their profession fully in taking care of such students.

### **2.3 Literature on Prevalence of Substance Abuse**

Kenya along with other developing countries of Africa has been lately experiencing a rapid increase in production, distribution and consumption of multiple drugs of abuse/dependence

(Kaguthi, 2004). The dreadful consequences of such spread have become a big issue of great concern to the public at large.

The study further found out that the prevalence of drug use increased from primary to tertiary institutions. The most frequently used drug was alcohol. It was followed by *miraa/ khat*, tobacco and then bhang. It was noted that children as young as ten years of age, could use alcohol, 'miraa', tobacco, inhalants and bhang in that order (Kaguthi, 2004).

According to Amayo (1994), there are various types of substances/drugs that are threatening the survival of man on earth. These include alcohol, tobacco, narcotics (opium, morphine, heroin, codeine, synthetic, analgesics, and barbiturates), cannabis (charas, bhang, harshis) hallucinogens (LSD, PCP, mescaline), inhalants (aerosols, gasoline, petrol sprays, glues), stimulants like Amphetamines, cocaine, *khat* and caffeine beverages (coffee, tea, cola). NACADA (2007) suggests that educators and other professionals need to act on drug abuse in Kenyan institutions. Further recommendations are that programs are now more than ever needed to educate people on drug problem in Kenya. Drug problem is considered a crime in Kenya. It is not easy to research in this field as many abusers fear disclosing this information. But it is time the epidemic was declared a country disaster (Kaguthi, 2004). These studies give us very valuable information on substance abuse in Kenya but their focus is not the secondary school students per se and incidence and extent of substance abuse. Specialized intervention measures clearly are also not one of their pre-occupation. Ndeti (2004), in his survey among drug abusers along the coastal region of Kenya found out that majority of youth who abuse drugs are in secondary schools. Many of these young men and women drop out of school due to drug - related health problems. He further contends that it is important to address the problem of drug abuse as an emergency in schools and find a solution to it, which until now has not been found. The issue of drug abuse has

affected the secondary school students. In these institutions research on drug abuse among students is necessary as lately there have been a lot of problems of school unrest, and students dropping out of schools due to indiscipline in issues. Ndetei did not endeavour to carry out an in depth analysis of substance abuse in secondary schools, and did not focus on intervention measures to rehabilitate the abusers.

## **2.4 Previous Studies on Substance Abuse among Students**

Florenzano, Mantelli, Madrid, Urzua and Zalas (1982) carried out a study on substance abuse among students in public schools in Santiago. The study employed simple random sampling and used questionnaires. Data collected revealed that majority of the students abused tobacco, cannabis and tranquilizers. The survey was based on a sample of 1,240 students from 4 public schools in Santiago. It further showed that 70% of the students used alcohol, 56.3% tobacco, 7.1% cannabis and 2.5% tranquilizers together with stimulants. Frequent alcohol consumption was found among 14.55% of the students and 11.1% of them smoked more than one cigarette a week. In a similar study by Pauline and Elliot (1997) in Nova Scotia Canada, carried out between 1991 and 1996, it was found that half of the students interviewed had used tobacco and cannabis 12 months prior to the study. This study lends credence to the present study's position that drug abuse by secondary school students is a big challenge to society worth of serious study.

Child and Adolescent Health Research Unit (CAHRU), University of Edinburgh, commissioned by the Information Services Division of National Housing Survey (NHS) National Services Scotland on behalf of the Scottish carried out a study in the Spring school term of 2004. The survey was conducted in schools using a class-based design. All pupils in selected classes were asked to complete a confidential questionnaire. The final sample size was 7,000 pupils in S2 and S4 from 191 schools across Scotland (including local authorities and independently funded

schools but excluding pupils attending special schools). The overall response rate was 62%. The study's findings revealed that 6% of 13 year-olds and 19% of 15 year-olds were regular smokers. Among the 15 year-olds, girls were more likely than boys to be regular smokers: 24% of girls compared with 14% of boys. Among 15 year-old boys, prevalence of regular smoking decreased from 30% in 1996 to 15% in 2000 (Myers, 2006). Results from a survey of drug use carried out in Zimbabwe in 1990/91 involving 2,783 students from five different school categories in two provinces showed existence of use and experimentation, although prevalence was generally lower than corresponding European figures. Alcohol and tobacco were more common among urban than rural students and more common among private than public school students. Cannabis prevalence varied less, although high density urban school students reported higher figures than others. Prevalence of inhalants was highest at private schools. Use of alcohol, tobacco and cannabis increased with age for both sexes, contrary to inhalants which showed a decreasing tendency for females and minimal variations across age-groups for males. Scale analysis for urban students produced results similar to European studies, demonstrating a stage pattern beginning with alcohol and tobacco, followed by cannabis or inhalants. The same pattern could not be demonstrated among rural students. It was argued that drug use among urban students was more developed not only quantitatively but also in that the use of different drugs is systematically strongly correlated. Pattern variations between school-types may also reflect a stronger external or western influence on urban than rural adolescent drug use behaviour (Arne, 1990). The present study concurs with this position that drug abuse is more common in urban schools than in rural schools hence its focus on drug abuse in secondary schools in Mazeras township.

Myers (2006) conducted a study which aimed at providing surveillance information about the extent and consequences of alcohol and other drug (AOD) use by adolescents for three sentinel sites in South Africa (Cape Town, Durban and Gauteng Province). From 1997 to 2001, data were gathered from multiple sources, including specialist treatment centres, trauma units, school students, rave party attendees, and arrestees. Since the start of the surveillance, an increasing proportion of South African adolescents were using AODs. This survey points to high levels of alcohol misuse among high school students, with alcohol being the most common substance of abuse. Cannabis was the most frequently reported illicit drug of abuse among adolescents. A study carried out by Mwenesi (1996) on rapid assessment of drug abuse in Kenya revealed that the problem of drug abuse in Kenya is larger than expected, having permeated all strata of society, youth and young adults being the most affected groups. The other main findings of the study were that the abuse of "social" (alcohol, tobacco, *miraa*) and illicit (cannabis, heroin, cocaine, mandrax) drugs was rising perceptibly, and that solvents were being increasingly abused, and not only by the youth. The drugs are used, for example, to increase the potency of illicit local brews. Cough mixtures have entered the list of drugs being abused by the youth. Easy availability of dependence-producing drugs is one of the main causes of the upward trend in drug abuse in Kenya. This study however does not focus on drug abuse among secondary school students and neither does it zero in on specialized intervention programmes which were the focus of the present study.

In a survey conducted by NACADA team (2007) on drug abuse among the youth aged between 10 and 24 years, significantly, it was observed that the use of alcohol, bhang and *miraa* had indigenous roots. The team explored available support and recommended interventions to prevent or treat substance abuse. The survey team demonstrated that substance abuse was

widespread, affected the youth mostly, but also cut across all social groups; alcohol, tobacco, bhang and *miraa* were the substances most often abused, and the youth were more and more abusing imported, illegal substances such as heroin, cocaine, and mandrax. At the same time, the survey revealed that, though evidence demonstrates that a number of non-students to a large extent engaged in substance abuse, the majority of the students who abused substances were in secondary schools and universities. Such students who mainly come from rich or middle-class families entertained the falsehood that substance use enabled a student study for long hours. The survey revealed that while substance abuse by the youth ranges from the increasing use of illegal and —hardll drugs to legal and —softll substances, the youth mostly abuse four substances in this order: alcohol, tobacco, bhang and inhalants (Kaguthi, 2004). The study further revealed that, on the whole, substance abuse usually begins at a very young age; for students, and for some non-students, it starts when they are in the primary school, the secondary school or the university. Further, the study pointed out that most students who used *miraa* were unaware that it was harmful because the government had legalised its use. As a result, the students increasingly use it under the illusion that it is safe (Kaguthi, 2004).

Little has been done after NACADA’s recommendation. The worst hit schools are within the big cities, Nairobi being the leading. Many public secondary schools within Nairobi are day and students have access to drugs on a daily basis. Drug education becomes even more necessary than ever in present times (Ngare, 2007). A study carried out by Ngesu et al (2008) on drug dependency and abuse in Kenya secondary schools in Kisumu Municipality showed that the problem of drug abuse is not limited to western societies and is fast becoming a big challenge in the developing world. The study traces the use of drugs from medieval times for religious and social purposes to the 19<sup>th</sup> Century when problems emanating from drug abuse have become

apparent. The study goes on to look at drug abuse among secondary school students in Kisumu Municipality and the reasons for the same, namely easy availability of drugs, peer group pressure, age factor, curiosity, parental influence, availability of cash and high handedness of school administrators. This study unlike the others reviewed came up with strategies for intervention. It also identified alcohol as the most abused drug and peer group pressure as the main reason for abuse of alcohol. The study also investigated the effects of drug abuse and identified some as aggressive behavior, depression and anxiety, irritability, memory loss and decreased confidence among others.

Though this study provides valuable information that can help policy makers in coming up with policies that can help deal with drug abuse in schools, the focus on Kisumu Municipality was not sufficient enough to give an impression on the extent of the problem in the country as would be the case for Coast Province, the focus of the present study. The study also did not focus on drug abuse by the category and status of the secondary school, a very vital component if holistic intervention measures are to be put in place. The present study filled this gap.

## **2.5 Studies on Possible Factors Associated with Substance Abuse among Adolescents**

Research findings unveil that most probably substance abuse among adolescents may be as a result of psychological, social/cultural and political factors (Kandel, Kazuo Yamaguchi and Kevin, 1992). However, there is no existing theory that clearly explains why adolescents abuse drugs. Some assumptions have been discussed but still not fully confirmed and this is one of the preoccupations of the present study.

### **2.5.1 Prenatal Drug Exposure**

Researchers are beginning to identify a host of problems related to prenatal drug exposure. The characteristic behaviors of children who have been prenatally exposed to drugs are not only due to organic damage but also to other risk factors such as early insecure attachment patterns and ongoing environmental instability (Donna, 1989). Behavioural characteristics commonly seen in these children include heightened response to internal and external stimuli, irritability, agitation, tremors, hyperactivity, speech and language delays, poor task organization and processing difficulties, problems related to attachment and separation, poor social and play skills, and motor development delays (Kaufman, 1990).

### **2.5.2 Cultural and Religious Reasons**

Some substances that are widely abused have cultural roots. For instance, use of alcohol is in the annals of history as the oldest substance of abuse in the world. It is as old as civilization and brewing of alcohol existed in the post divulian era among the Sumerians, Babylonians, Egyptians, Assyrians, Hebrews, Chinese, Greeks, and Romans. During this time intoxication was a problem of notable concern. In Africa, during the pre-colonial era, drinking of alcohol took place during special occasions like communal projects, marriage, ceremonies, installation of chiefs, or other important cultural events. In Kenya, its use permeated through all communities (Amayo, 1994).

### **2.5.3 Leisure and Pleasure, and Peer Pressure**

People use their leisure time to abuse drugs, especially for pleasure. The ancient Persians smoked tobacco for pleasure often finishing a meal with coffee and tobacco. Today, smokers usually advance arguments for the use of tobacco; they claim that it occupies their —idle time and reduces anxiety and tension (Amayo1994). The need for young people to belong to a social

group (peer group) has made some of them to engage in drug taking. Cannabis for instance is passed from one user to the next. Likewise inhalants are shared among street children (Amayo, 1994). Gathumbi (2003) contends that peer influence contributes significantly to substance abuse among students. In his study on substance abuse among secondary school students in Thika District, he found out that both the family and peers are the key factors to students' drug vulnerability.

#### **2.5.4 School Failure and Curiosity**

Students in schools and colleges as well as other people are individuals with their unique problems and critical issues that can be tackled meaningfully only on individual basis. Failure to address the problem by individual students could result in feelings of hopelessness, hatred, failure and physical weakness. In an attempt to overcome the above mentioned feelings the individual seeks refuge in drinks or drugs. Such persons may become social drinkers or drug abusers (Gathumbi, 2003). School risk factors include: ineffective classroom management, failure in school performance, truancy, affiliations with deviant peers, peers around deviant behaviour, and perceptions of approval of drug using behaviour in the school, and community environments (Kerachio, 1994). Reports of drug abuse among the youth, socially unacceptable sexual adventures, academic underachievement, poor study habits, serious misunderstandings between teachers and students is common in Kenyan educational institutions. These have led to students expulsions from school, and even students dropping out of school (Republic of Kenya, 2006). The current study checked to find out if such factors led to students' discipline problems. Drug abuse could lead to students in learning institutions having behavioural problems like stress, fatigue, anxiety, bullying and even committing of murder. In Kenya, such instances have occurred, where students under the influence of drugs have beaten up their teachers, raped them

or killed fellow students. For instance, at Moi Sigor Secondary school, Nandi North, twenty two students set a classroom on fire using petrol at night after a drinking spree (Kerachio, 1994). In Meru North district, —miraa (*Khat*) chewing has formed a counter culture within the schools with both teachers and students being habitual chewers of the *Khat* (Ngare, 2006). A report by NACADA (2007) indicates that use of alcohol, bhang and miraa has indigenous roots and that the three substances have been widely used in the Kenyan society, although their abuse has not been part of indigenous heritage. The Kenyan scene has been associated with the ever growing state of lawlessness even among young people. The recent increase in the state of unrest and indiscipline among the young people in schools and institutions of learning has been tentatively linked with the increase in production and use of alcohol, bhang (marijuana), and the experimentation with hard drugs such as cocaine, heroine and madrax imported to Kenya through illicit trafficking. Currently, Kenya as a nation has had to grapple with the increase of urban street children indulging in the use of inhalants such as glue and petrol sprays even with the recent rehabilitation efforts being carried out by the government (Amayo, 1992). Drugs especially alcohol have resulted in skirmishes in institutions of learning. For instance, students in the Kenya Institute of Mass Communication fought in their hostels with the students from the Kenya polytechnic claiming that the latter drank and harassed them (Kaguthi, 2004).

#### **2.5.4 Family Background and Conflicts in Schools**

The social-economic set-up of a child influences his/her habits. If a child is born of a drug addict then there is a likelihood of the same habit being transferred. This is why there is high rate of drug abuse at the coast where over 150,000 inhabitants of Nyali (Mombasa) are all drug addicts with some villagers forming vigil groups to eject visitors out of the village (Ndetei, 2004).

Furthermore, misunderstandings between parents and their children, clashes between students

and communities surrounding their schools, and conflicts among the students themselves are attributed to the rapid changes that have taken place in society in general and the educational institutions in particular (Kaguthi, 2004). This was also the focus of this study.

### **2.5.5 Mass Media Influence**

In a country's development, the mass media helps to influence and educate people positively. However, when substance abuse is highlighted and glorified through publications, televisions, radios, electronic media and on-line, drug dealers and drug abusers often find opportunities to discover the latest sources of the drug. In Kenya, for instance, Mombasa city has been highlighted as a major drug destination hopefully to discourage and show the situation at hand (Shaw, 2007).

### **2.5.6 Availability**

In the past drug taking was sporadically for religious, social, ritual and treatment purposes and only by certain groups and under certain conditions which militated against dependence. Currently there is indiscriminate use, abuse and dependence on drugs of various types. For instance medicines (drugs) are purchased from chemists even without a physician's prescription. Likewise, tobacco is produced and grown, manufactured, distributed and sold in almost all parts of Kenya while cheap unclean alcohol like 'mnazi' and Chang'aa are readily available among students from the poor population (Gelinias, 2006). Lamu town is known to be home for drug addicts from Tanzania who often sneak into Kenya after committing crimes in their country. In the villages, addicts buy drugs from the traffickers just nearby or visit chemists to get doses of Roche – a drug that should strictly be sold on prescription (Kithi, 2007). Drug abuse is becoming a problem to the Kenyan society. The youth are the most affected and majority of them are in secondary schools, (adolescent). Studies have been generally done to find ways of preventing

drug abuse as a crime but little has been done to develop specialized interventions for adolescents who become addicted.

## **2.6 Previous Studies on Behaviour Related to Drug and Substance Abuse**

There is some most common behaviour that indicates an individual is having a problem with substance abuse. However, each individual may experience different symptoms. Symptoms may include, getting high on drugs or getting intoxicated (drunk) on a regular basis, lying, especially about how much they are using or drinking, avoiding friends and family members, giving up activities they used to enjoy such as sports or spending time with non-using friends, talking a lot about using drugs or alcohol, believing they need to use or drink in order to have fun, pressuring others to use or drink, getting in trouble with the law, taking risks, such as sexual risks or driving under the influence of a substance. Work performance suffers due to substance abuse before, after, or during working hours, missing work due to substance use, being depressed, hopeless, or having suicidal feelings. The symptoms of substance abuse may resemble other medical problems or psychiatric conditions (Ketcham & Asbury, 2000).

Short-term effects of marijuana include problems with memory and learning, distorted perception, difficulty in thinking and problem solving, loss of coordination, and increased heart rate. The immediate effects of inhalants include extreme giddiness, excitement, and hallucinations. These substances may also cause brain damage, memory loss, and death. Binge drinkers are even more likely to engage in risky behaviour. They are more than five times as likely as non-drinkers to be sexually active, more than 18 times as likely to smoke cigarettes, and more than four times as likely to have been in a physical fight. The more often the students reported binge drinking, the greater the likelihood of engaging in other risky behaviour, including using marijuana and attempting suicide (McCoy, 2007). This study also wanted to find

out if the existing behavioural and discipline problems in Kenyan secondary schools are related to drug abuse. As noted earlier, for example, many schools are faced with discipline challenges like strikes and burning of schools. This study intended to find out if such behavioural problems among students could be as a result of substance abuse. In a word, drug abuse is becoming a problem to the Kenyan society. The youth are the most affected and majority of them are adolescents in secondary schools. Studies have been generally done to find ways of preventing drug abuse as a crime but little has been done to develop specialized interventions for adolescents who become addicted.

## **2.7 Summary of Literature Review**

The foregone literature review shows that the problem of substance abuse has attracted the attention of quite a number of scholars in Kenya and elsewhere. These studies focused on substance abuse as an historical problem, (Amayo 1994), effects of experimentation on drugs leading to drug dependency (Fetsch and Young, 1990), the effects of experimentation by the young with —gateway drugs and the inevitable danger of graduating into —hard drugs (Mwenesi, 1996), secondary school students as the most prone age group to experiment with and later abuse drugs (Kandel and Yamaguchi, 1992; Bachman et.al, 2000) and the dangers of drug abuse in Kenya (UN 2007; Gathumbi, 2003; NACADA, 2007; Kaguthi, 2004; Ndeti, 2004 and Ngesu et al, 2008). None of these studies however focused on the extent and incidence of drug abuse among secondary school students in mazaras town, a meeting pot of diverse cultures and a major point in drug trafficking.

## CHAPTER THREE

### 3.0 RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter consists of the procedures used in this study to collect and analyse data. It is organized under the following sub-headings: research design, the target population, sample and sampling procedure, research instruments, validity of the instruments, reliability of the instruments, data collection procedures and data analysis techniques.

#### 3.2 Research Design

This study adopted an *ex-post facto* design. According to Mmaduakonam (1998), an *ex- post facto* design or causal comparative is concerned with what the phenomena is like, but if possible how and why it occurs. It involves finding out the effect of past factors on the target characteristics of the population of the study. In this research design, all the events or variables had occurred before the researcher collected data (Macmillan & Schummacher, 1989). The investigator then took one or more dependent variables and examined the data by going back through time seeking out causes, relationships and their meanings. The design was found best for this study since the researcher collected data after the events had taken place.

##### 3.2.1 Variables of the Study

In this study there were the independent variables which were the family and the secondary schools. These variables impacted on the lives of the students and therefore leading to substance abuse, which was identified by addiction, discipline problems, poor academic performance, crime and school failure.

### **3.3 Location of the Study**

The study was carried out in Mazeras town. This town has a number of 13 public secondary schools. The schools vary in their category, type and status. The researcher obtained a list of public schools from the Ministry of education.

### **3.4 Target Population**

The target population for this study was approximately 950 students from Mazeras high schools in Mazeras town. The study targeted students aged between 13 years to 21 years. This age group coincides with the adolescent stage in which teenagers are usually curious and want to experiment with everything; from sex to drugs. It is at this stage when they desire to have some degree of independence and to discover their identities and individualities. During this age, many events occur in the lives of these teenagers which sometimes leave them perplexed and confused. The influence of peer pressure at this stage is very strong as they always seek acceptance from others and want to develop a sense of belonging. Due to these changes, this age group is the one prone to drug abuse as a means of escape and as a means of gaining acceptance from peers who introduce them into drugs. The counselling teacher from Mazeras high school was selected since he was more involved in students' personal life.

### **3.5 Sample Size and Sample Techniques**

This is a definite plan to obtain a representative sample from the whole population. It refers to the technique or procedure the researcher will adopt in selecting items for the sample.

According to Kothari (2004), sampling involves selecting elements of a population having similar features to the underlying population as a representative of the total population so as to make certain observations of the elements and make conclusions regarding the entire population.

### 3.5.1 Sample Size

Mugenda and Mugenda (1999) argue that the main factor that the researcher should consider in determining a sample size is homogeneity of the population from which the sample size is to be drawn together with the need to keep it manageable. Therefore this study's sample size was determined from a finite population formula (Reid and Boore 1999) as follows

$$n = \frac{N}{1 + N(e)^2}$$

Where: n=sample size

N=target population size

E=acceptable level of error taking alpha as 0.05

By substitution in the formulae;

$$n = \frac{950}{1 + 950(0.05)^2}$$

$$n = 281$$

### 3.5.2 Sampling Techniques

The study will employ simple random sampling method which will help identify and select the participants from students within the school. A purposive sampling technique will be used to get responses from the whole school. This is to ensure that all important data will be captured. The aim for this kind of sampling is to get the required representative sample and ensure that each member of target population had equal chances of being included in the sample.

### **3.6 Research Instruments**

The study used two different questionnaires to collect data. A students' questionnaire and a counsellor's questionnaire were formulated. The advantage of the questionnaire was that it allowed uniformity for all respondents. It was also less expensive and less time consuming. Jack R. Fraenkel and Norman E. Wallen (2008) observed that a questionnaire offers considerable advantages in the administration: it presents an even stimulus potential to large numbers of people simultaneously and provides the investigation with an easy accumulation of data. The authors maintain that questionnaires give respondents freedom to express their views or opinion and also to make suggestions. It is also anonymous. In this study, the questionnaire was found effective because researching on drugs was not easy as drug abuse is a crime and the respondents feared to be identified and arrested by the authorities. Anonymity helped to produce more candid answers than it was possible in an interview.

### **3.7 Pilot Study**

Before commencing on the study, a pre-testing of the questionnaires was conducted. The aim of pre-testing assisted in determining accuracy, clarity and suitability of the research instruments and to check their validity and reliability. The pilot study was conducted at Rabai secondary school. The schools were not part of the final study. All the form one, two and four students and counselling teachers were involved in the pilot study.

From the school 25 students were chosen, using simple random sampling from form one, two and four. The total pilot sample was 25 students. The counselling teacher from the school responded to the teacher's questionnaire.

The statistical analysis of the raw data was done. The test and re-test reliability procedure to test the consistency of the responses to the two questionnaires was done. This was accomplished by comparing the same sample population for piloting after administering the same questionnaires to the same respondents and in the same school after two weeks. The two weeks were considered to avoid the replication of the same answers by the respondents. The two weeks interval also helped to adjust the questionnaires appropriately.

### **3.8 Validation and the Reliability of the Instruments**

Validity shows whether the items measure what they were designed to measure (Borg and Gall, 1989). After the first stage of collecting data, the researcher visited the same school and administered the same questionnaires to the same selected sample. Scores from the first stage were then correlated with scores from the second stage. In order to reflect the reliability of the whole instrument, correlation was done using Pearson product-moment correlation to establish the consistency of the instruments. A correlation coefficient ( $r$ ) of 0.82 was obtained, indicating that there was a strong relationship between responses of the first and the second stage scores. The results obtained from the two similar samples showed reliability of the questionnaires and therefore the instrument could be used for the final study. Mugenda and Mugenda (1999) define reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trial. The pre-testing helped in assessing the clarity of the questionnaire items. Those items which were found to be inadequate were modified to improve the quality of the research instrument, thus increasing its reliability.

### **3.9 Data Collection Procedures**

The researcher got permission from the principal to collect data from the selected school. After that the researcher approached the students to collect data.

### **3.10 Data Analysis Techniques**

Once data was obtained from the field, it was then coded and analysis was aided by computer using a statistical software SPSS (Statistical Package for Social Sciences) programme for windows. It was then summarised using bar graphs and pie charts for all items. In presenting data, central measures of tendency were used to discuss the findings.

## **CHAPTER FOUR**

### **4.0 FINDINGS AND DISCUSSION**

#### **4.1 Causes of drugs and substance abuse in secondary schools in Mazeras high school**

It was noted that the major factor contributing to students' abuse of drugs is to make them feel high or happy as represented by 24%. Peer pressure and curiosity among school children also contributes significantly as represented by 18% and 16% respectively. This agrees with Oketch (2008) who observed that the period of adolescence is characterized by many challenges which they believe are understood by their peers. In all this turmoil come a socially classic, adult idealized, commonly available, mood altering drugs. Thus, he said, many adolescents try alcohol, cigarettes and cannabis. This was also supported by NACADA (2006) who reported that Peer pressure accounts for 21 – 42% influence in all types of drugs and substances consumed. The peer subculture also facilitates the behaviour by making the substances available and by providing an appropriate social setting and instructions.

Other factors identified by students that ought not to be assumed include students having more money and influence from their parents who also consume drugs.

According to teachers, peer pressure is the largest contributing factor to drug abuse as represented by 40%. Other factors included curiosity, drugs being available and the belief among students that drugs are silver bullet to passing their exams as represented by 20% each.

These findings imply that peer pressure and curiosity are major factors contributing to drug abuse among students. In this case, students are drawn into consuming drugs by virtue of being

enticed and introduced to by their friends. They are convinced that they will feel high or would gain a sense of belonging. Consequently, they become curious to an extent of tasting such drugs. This finally graduates them into consuming drugs

#### **4.2 Effects of drug and substance abuse on students and their education**

The study findings indicate that 52% of students believed that drug abuse causes poor performance as 30% agreed that their colleagues who abuse drugs develop aggressive behaviour. The findings seem to agree with Blandford (1998) who noted that drug abuse has become a stumbling block to the students learning behavior which is essential element in educational practice. 10% of the students believed that drug abuse contributes to withdrawal syndrome as they do not interact with them while 8% believed that drug users are ever violent.

The results imply that drug abuse to students is tantamount to poor performance as the objectives of education to students are over run by aggressive behaviour, violence and withdrawal. It becomes impossible for such students to concentrate on studies or even interact with fellow students or teachers

#### **4.3 Measures that can be taken to control drug abuse**

According to the study, 79% of students do not offer any measure to curbing drug abuse. As they are victims, it perhaps justifies as to why their lack of awareness to causes and effects of drug abuse contributes largely to drug abuse among them hence they cannot offer a solution to something that they perceive as of no problem to them. However, from the findings, a significant number of them would offer to play games, read novels and join clubs.

According to the findings, 48% of respondents were of view that students who abuse drug should be expelled. 33% recommended that the school administration should administer corporal

punishment as 19% believed guiding and counseling should be used to facilitate well understanding of drugs, their effects and integrated approach to curbing drug related problems.

In relation to measures taken by parents, majority of respondents represented by 38% noted that corporal punishment should be administered to those who abuse drugs. 20% of respondents noted that parents should keep students busy to avoid great chances of indulgence in drug related activities. Only 14% were of view of guiding and counseling to students.

According to the views about the community on curbing drug abuse problems, 21% of respondents indicated that the community should take the responsibility of handling drug abuse victims to law enforcers as 20% recommended that there should be a formation of youth groups as a way of limiting students from drug abuse related activities. Other recommendations were punishing drug traffickers and carrying out community guidance and counseling as represented by 18% and 16% respectively.

The study findings imply that guidance and counseling programmes is not highly rated among respondents although should be placed for all students or youths in general and drug traffickers to be punished as well as those who consume drugs. In essence, curbing problems related to drugs should be more of preventive so as to deter more youths from engaging into drug abuse. This can be achieved through carrying out measures like guiding and counseling as observed by respondents.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS**

Evidently, drug and substance abuse is a problem among students. From the findings of this study, most students are involved in drug abuse. Most are aware of the consequences, yet they keep on indulging in the vice. Such consequences range from those health related, social related and academic related. Administrators as well as other stake holders recommended heavy punishment for drug abusers as well as guidance and counseling.

The findings of this study are hoped to lead to greater and deeper exploration of this matter concerned among all those concerned with drug abuse in future studies. The main task for the stakeholders is not merely to ensure that the key elements highlighted in the present study are present but also to state what these elements are and how they are vital on making schools drug free zones. Based on the findings of the present study, there is a crucial need to address drug related problems affecting young learners. There is a need for students to receive moral and material support for their future benefits.

#### **5.1 Policy makers**

- ❖ They should provide and coordinate services for students experiencing behavioural difficulties and their schools.
- ❖ Ministry of Education in conjunction with National Campaign Against Drug Abuse (NACADA) should:

- Engage in appropriate interagency agreements in order to streamline the provision of services to support students with social and behavioural problems emanating from drug abuse
- Provide examples of curriculum review and reform which address drug abuse issues through integrating drug abuse information into national school curriculum
- Offer training targeting school administration and teachers on alternatives to corporal punishment administered to students as a way of solving drug abuse cases.
- provide appropriate professional development opportunities for staff
- Provide information to parents on drug abuse.

## **5.2 School administrators**

They should develop, implement and regularly review, in consultation with the school community and governing council, a school behaviour code which is consistent with the drug abuse policies

They should ensure that student behaviour is managed through procedures supported by a strong theoretical understanding of how student learning and behaviour are best supported

They should ensure that parents or caregivers:

- ❖ have access to drug abuse information, support materials and related documents
- ❖ are aware of their rights to advocacy and of avenues open to them should they have grievances relating to the school's management of student behaviour

They should promote structures at class and school level to:

- enable students to be involved in the management of their behaviour
- support and enable parents or caregivers and teachers to form relationships within which student behaviour may be managed positively
- ensure that the school's response to gender, cultural differences, family circumstances or disabilities does not reduce students' learning opportunities
- increase students' opportunities to experience intellectual, social and physical success
- teach and model decision making in groups and ensure structures are in place for student voice
- provide opportunities for staff training and development

They should involve district support services and other agencies, when appropriate, to support staff and families in managing student behaviour effectively

They should also use system level consequences and interagency support programs with students who do not respond to class and school consequences.

Establish parent-teacher-student associations that report students' concerns, advocate on students' behalf, and promote peer education.

### **5.3 Teachers**

Teachers should:

- a. Develop and foster positive relationships with students and families

- b. Communicate and interact effectively with students and engage in cooperative guiding and counseling sessions.
- c. Participate in developing, implementing and reviewing the school's procedures for managing drug abuse related cases
- d. Critically reflect on practices and develop the knowledge and skills needed to manage behaviour change successfully
- e. Establish, maintain, make explicit and model the school's expectations relating to student behaviour
- f. Respond positively to responsible student behaviour and apply consequences if students interfere with teaching and learning and the safe school environment.

In particular, teachers should:

- a. Structure the teaching program to facilitate learning and encourage students to achieve their personal best.
- b. Cater for the developmental, social and emotional needs of individual students and use a range of teaching methods
- c. Provide formal and informal feedback on student learning to students and parents or caregivers, and review teaching programs in the light of student learning outcomes
- d. Develop classroom management strategies which involve negotiation, support the participation of all student and acknowledge positive learning and social behaviours

## **5.4 Parents / Guardians**

When they enroll a student in a school, parents or guardians should accept responsibility to:

Ensure that the student attends school and that school staff are notified of behaviour change and absences

Keep schools informed of health issues, concerns about behaviour or other matters of relevance

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## APPENDIX A: QUESTIONNAIRE FOR STUDENTS

### A: Demographic details

1. Please indicate your age

1) 13 – 15 years [ ]    2) 16 – 18 years [ ]

3) 19 – 21 years [ ]    4) 21 years and above [ ]

2. Are you a boarder?

Yes [ ]            No [ ]

3. Indicate your class

1) Form 1 [ ]    2) Form 2 [ ]    3) Form 4 [ ]

4. Indicate the people you live with at home

1	Mother	
2	Father	
3	Grandmother	
4	Grandfather	
5	Sister	
6	Brother	
7	Uncle	
8	Aunt	
9	Any other	

5. If your parents are not living who do you live with

1) Neighbour [ ]                      2) Relative [ ]    3) Any other (specify)

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### Section B: Drug and substance abuse among students

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

		seen	taken
1	Alcohol		
2	Tobacco		
3	Narcotic drugs (opium morphine, heroine)		
4	Cannabis (charas, bhang, marijuana, hashish)		
5	Inhalants (Aerosol, gasoline, petrol sprays, glue)		
6	Stimulants (cocaine, Miraa)		
7	Caffeine beverages (coffee, tea, cocoa)		
8	Mescaline		

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

	Reason	Tick
1	Peer pressure	
2	Family background e.g parent also drinks	
3	Failure at school	
4	Frustrations and stress at home	
5	Influence by mass media	
6	To keep me awake so as to read more	

3. Do you know classmates who take drugs?

1) Yes [ ]      2) No [ ]

4. Do you have special needs friends at school who abuse drugs?

1) Yes [ ]      2) No [ ]

5. Do they take drugs often?

1) Yes [ ]      2) No [ ]

6. Do they take drugs occasionally?

1) Yes [ ]      2) No [ ]

7. Have you had incidences where those who took drugs were involved in bullying activities at school?

1) Yes [ ]      2) No [ ]

8. Do you use pocket money to buy drugs and substances?

1) Yes [ ]      2) No [ ]

9. Are there some students who drop academically because of taking drugs?

1) Yes [ ]      2) No [ ]

10. Do you feel that some drugs may assist you to study better? If yes, which ones?

1) Yes [ ] \_\_\_\_\_ 2) No [ ]

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

1	Anxiety, sweating, shaking and vomiting	
2	Terrified and feeling like committing suicide	
3	Coughing and chest pains and headaches	
4	Nervousness and red eyes	
5	Sleepy and tired	
6	Confused, lack of co-ordination and loss of appetite	
7	Any other, specify	

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

**Key:**

SA = Strongly Agree    A = Agree      U = Undecided                      D = Disagree

SD = Strongly Disagree

	Item	SA	A	U	D	SD
1	I know about drugs from my friends					

2	Some of my friends take drugs					
3	I use drugs to cope with stress					
4	I use drugs because of school/home problems					
5	I take drugs to belong to my friends					
6	I take drugs to gain strength					
7	I take drugs because my parents also take					
8	Many students are involved on one drug or another					

13. What effects do students who take drugs at school experience?

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14. Have you gone for counselling against drug abuse?

1) Yes [ ]      2) No [ ]

15. If no, would you like to be counselled to stop taking drugs?

1) Yes [ ]      2) No [ ]

16. What recommendations could you give to minimise drug abuse in schools?

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## APPENDIX B: QUESTIONNAIRE FOR TEACHER/COUNSELLOR

### Section A: Demographic information

1. Indicate your age

- 1) 20-25 years [ ]    2) 26-30 years [ ]    3) 31-35 years [ ]    4) 36 –40 years [ ]  
5) 41-45 years [ ]    6) 46-50 years [ ]    7) 51 and above [ ]

2. State your gender

- 1) Male [ ]                      2) Female [ ]

3. Tick your highest professional qualification

1	Diploma	
2	Approved teacher	
3	Graduate (B.Ed)	
4	BA/ B Sc with PDGE	
5	Masters degree (M.Ed)	
6	Any other	

4. For how long have you been a guidance and counsellor? \_\_\_\_\_

5. Are you trained as a drug addiction counsellor?

- 1) Yes [ ]    2) No [ ]

### Section B: Drug and substance abuse among students

1. Do you experience cases of students engaging in drug abuse in your school?

- 1) Yes [ ]    2) No [ ]

1. (b) If yes what are the drugs that your students get involved in?

1	Beer	
2	Tobacco	
3	Marijuana/hashish	
4	Cocaine	

5	Heroin	
6	Inhalants	
7	Illicit drugs other than marijuana	
8	Other (specify)	

2. What are the effects of drugs on students?

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3. What are the effects of drugs on students?

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4. Do you keep records of those students engaged in drug abuse?

- 1) Yes [ ]      2) No [ ]

5. What is the approximate number of students engaged in drug abuse in your school?

- 1) Most [ ]      2) Average [ ]      3) Few [ ]      4) None [ ]

6. Whenever a student is found taking drugs, what steps do you take?

- 1) Suspension [ ]      2) Guidance and Counselling while in school [ ]  
 3) Refer for counselling elsewhere [ ]      4) Ignore the students altogether [ ]  
 5) Other (specify) [ ] \_\_\_\_\_

7. Do you invite specialists to talk to students on the dangers of drug abuse?

- 1) Yes [ ]      2) No [ ]

8. Which of the following abused drugs are common among students?

	<b>Drugs Abused</b>	
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1	Alcohol (beer)	
2	Tobacco	
3	Narcotic drugs (Opium, morphine, heroin, codeine)	
4	Cannabis (caras, bhang, marijuana, hashish)	
5	Inhalants (aerosols, gasoline, petrol, sprays, glue paints)	
6	Stimulants (cocaine, miraa)	
7	Caffeine beverages (coffee, tea, cocoa)	

9. Are there any drug assessment procedures in the school?

1) Yes [ ]      2) No [ ]

10. What are some of the problems that you experience as a result of students' involvement in drug and substance abuse?

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11. Would you prefer development of a substance abuse intervention program in the school?

1) Yes [ ]      2) No [ ]