

**CAUSES OF DRUG ABUSE IN PUBLIC SECONDARY SCHOOLS
IN KENYA: A CASE OF WOTE DIVISION IN MAKUENI
DISTRICT, EASTERN PROVINCE KENYA.**

BY

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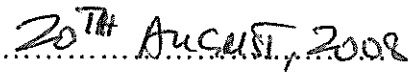
DECLARATION

DECLARATION BY THE RESEARCHER

I declare that this research project is my original work and have not been presented to any other University for the award of any degree.



Mr. Bernard Sila Kisyang'a



Date

SUPERVISOR'S APPROVAL

This work has been presented to me as a university supervisor and I declare to the best of my knowledge that it is original.



Mr. Ssekajugo Derrick



Date

DEDICATION

I dedicate this work to my family which has been patient throughout my study period. I appreciate their understanding and may God bless them.

ACKNOWLEDGEMENT

I would wish to pay some debts I have incurred during research period and process of writing the report. First and foremost is my university supervisor Mr. Ssekajugo Derrick. He has accorded me help and guidance throughout my research period.

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CHAPTER ONE

1.0 INTRODUCTION:

1.1. Rationale of the study

Drug Abuse is a problem World wide. It is a scourge that does not respect national boundaries, race, creed, level of education, age or economic status

Use of drugs is as old as mankind and had been an integral part of each society. Man has been using substances from plants as medicines. When drugs are properly administered they are medicinal blessings to human beings. Man had basically all communities knew how to make alcohols. With onset of modern science we have seen refining and standardizing of drugs in laboratories (Mitchell, 2003)

Karechio (1996) notes that, unfortunately some drugs produce enticing side effects such

as Euphoria, a sense of feeling good, elating serenity and power such that what began as means of relaxation evolved in time into a problem of dependence and abuse (Karechio 1996:14)

Ciakuthi (1999) quoting from Yussuf (1983) explicit that man's knowledge of drugs is very old. For instance, the Chinese knew about Cannabis sativa (bhang) since 2700BC

while Egyptians knew about opium since 1500 BC. Alcohol originated from Greece who

invented its fermentation. In Biblical times drugs such as alcohol were taken but sometimes with sad outcomes for instance Noah took wine and was naked. One of his Sons (Ham) saw his father naked and was cursed (Genesis 9:21-22).

Lot under influence of alcohol had incestuous relationship with his two daughters (Genesis 19:30-

36). King Solomon was in deceit of alcohol when he wrote: "Look not thou up on the

wine when it is red, when it gives its colour in the cupat last it biteth like a serpent and stingeth like an adder (Proverbs 23:31-32).

According to Kateregga and snenk (1980) the Holy Quran teaches sharia as a complete code of life. The Sharia shows what acts of life are forbidden (Haram) e.g. wine drinking.

Drug Abuse has become one of the most important social issues of our times. Illicit drugs has killed people and even destroyed families. Drugs have power to undermine international and community relations. It disturbs financial systems and corrupt governments. Michel laments that, despite this being one of the international most important concern, information on illicit drugs and supply is limited and obscured by its very illegality (Mitchel 2003).

Most drugs have been used and abused for centuries. Opium and Cocaine were used originally as part of the heathen religious rites. Herbiturate were used as early as 1900, as an answer to isomnis but became apparent that patients using them developed dependence thus could not do without it (Gazzanioga, 1980). The amphetamines were synthesized in the 1920s to combat fatigue but its abuse became rife when people used it as "pick me up" and "peep pill" (Gazzanioga 1980).

Use of highly dangerous illegal drugs has been wide spread since the 1960s. Hallucinogens like LSD were used by consumers to 'produce bad trips' and frightening experiences, worse still accidental overdose may lead to unconsciousness or death.

Numerous studies have been done on demographic characteristics of adolescent users of illicit drugs. Richard carroli (1970) in U.S.A and smart and fejer (1969) in Canada

found in general that users LSD and other hallucinogens tend to be of male Jewish religiously uncommitted middle class families and were often failing in schools.

These findings concur with report by NACADA (Kenya) which shows that the number of males abusing drugs were significantly higher than female counterpart in learning institutions. In other studies on factors influencing the use of drugs by Goldstein (1971) shows marijuana use to be related toward rules and convention values great insecurity among groups of college students.

Jessor and finely (1973) found that personality as well as environmental factors plays an important role in the variations of social behaviour such as drug abuse. Alcohol is the most abused and used drug and unlike narcotics it is socially accepted and used by 70% of the American adult. Cahalan *et al* (1969) says both alcohol and narcotics are addictive.

Today drug abuse is a challenge experienced by both youth and old. The youth is the most affected. Research findings have indicated that this habit has its roots in the pre-teen age years and the problem becomes more amplified in teenage years where the youth are in secondary schools. (Daily Nation, October 27, 2003).

WHO reported that the most widely used and abused drugs are alcohol, tobacco, marijuana, its derivatives and hallucinogens. Other abused drugs are miraa, inhalants volatile solvents and habituates. It is also noted that prescribed drugs are widely abused than reported (Kamonjo 2002). WHO report agrees with NACADA findings of 2003 which states that the most widely abused drugs in Kenyan Secondary Schools are alcohol, tobacco, Bhang, Miraa and inhalants. It should be realized that many useful

drugs have side effects and if they are used to give pleasurable sensation or to affect mind, there is a danger of misuse, which can damage the body organ (Mitchel 2003).

Today, the trade on illegal drugs is the single greatest threat to the society allover the world. Kenyan Secondary schools provides a bigger percentage of consumer market.

Drug abuse can have serious physical and psychological effects on the individual. A widespread use and abuse can have serious social, economic and even political implications. Society can easily degenerate if drug abuse is not checked. Drug abuse among the youth can jeopardize the heavy investment on them by the society. It can easily interfere with their social roles once they leave school and join society with this in mind. It is very essential to take a research in causes of drug abuse in secondary schools. The researcher was therefore compelled to take a study on the causes of drug abuse in public secondary schools in Kenya, a case of Wote Division in Makueni District, Eastern Province.

The current study unlike earlier researches done, concentrates on mode of acquisition, the causes of misuse of the drugs and which drugs are mostly abused at this Eastern part of the republic.

1.2. Theory

The researcher based the current study on:

Social learning model (SLT)

Many psychologists have accepted the social learning theory as the most useful explanation of addictive behaviour (Abrams and Niaura, 1987). According to the theory,

people learn patterns of behaviour (including use of drugs because they are reinforced in some manner for the behaviours (Bandura, 1977, Rotter 1982; Skinner, 1953). People begin to drink alcohol according to social learning theory for at least three (3) reasons; first the taste of alcohol or its immediate effects may bring pleasure (positive reinforcement); second, a person may decide earlier that drinking alcohol (or use of any other drug) is consistent with personal standards (cognitive mediation); and third, the person may learn to use drug through observing others (modeling).

The social learning theory also attempts to explain why some people drink too much alcohol (or use any drug in excess). Hang and Marlatt (1982) suggested that excessive drinking may serve as a coping mechanism. The drinker derives a sense of power from the response. Again, the drinker gets a feeling of avoiding responsibility or minimizing stress. People will therefore continue to drink as long as they believe that alcohol has desirable effects (Bramon and Feist 1992).

Modeling also provides an explanation for heavy use of drugs. Ample evidence indicates that subjects who observe a heavy drinking model will consume more alcohol than those who observe a light drinking model or no model at all (Caudeil and Marlatt 1975). However some studies seem to indicate that not all people are compelled to imitate a heavy drinking model, a finding that offers some support for the assumption that personal standards play a role in shaping behaviour.

A third explanation offered by social learning model is based on principles of negative reinforcement. Most drinkers or drug abusers have learned that they can avoid or

reduce the painful effects of withdrawal symptoms by maintaining blood alcohol at a particular level.

As this level begins to drop, the addict feels the discomfort of withdrawal. These symptoms can be avoided by taking in more drugs; thus negative reinforcement increase the probability that heavy use of a particular drug will continue.

Finally, the social learning theory (SLT) suggests prevention and treatment techniques for the drug dependent persons because drinking (or use of any other drug) is learned and can be unlearned.

Therefore people can learn to abstain or learn to moderate their intake. The goal for treatment hence is not strictly abstinence; it can accommodate either controlled drinking or abstinence as a treatment.

1.3 Significance of the study

Drug abuse can easily lead to a class of social misfits and hence the need to be aware of the causes of it in secondary schools. This study is therefore very significant.

This study gives information to teachers in charge of guidance and counseling department to be able to come up with programmes that can prevent drug abuse.

The study is useful to book authors and other teaching /learning material developers who will incorporate the idea of effect of drug abuse, causes and how to avoid the drug

abuse. More research will be stimulated to look at causes of drug abuse in other parts of Kenya not covered in this study. The future researchers will help parents know how to be good role models and prevent drug abuse by secondary school going students.

1.4 Objectives

The following objectives have been formulated for this study: To;

- (ii) Evaluate the effect of home stress on drug abuse.
- (iii) Assess the effect of peer pressure on drug abuse.
- (iv) Examine the effect of students' attitude on drug abuse.

1.5 Research questions

The following research questions were formulated for this study, viz

- :
- (i) What is the effect of academic stress on drug abuse?
 - (ii) What is the effect of home background on drug abuse?
 - (iii) What is the effect of peer pressure on drug abuse?
 - (iv) What is the effect of students' attitude on drug abuse?

1.6 Statement of the null hypothesis (ho)

HO1: There is no significant difference between gender and drug abuse.

HO2: There is no significant difference between persons' student live with and drug abuse

CHAPTER TWO

2.0 REVIEW OF THE RELATED LITERATURE

To highlight the possible causes of drug abuse in public secondary schools in Kenya, views of various authors and researchers were examined. Related literature was reviewed under the following sub-headings: definition of drug and various categories of drugs, effect of background to the drug abuse, peer pressure and drug abuse and how student attitude may cause drug abuse.

2.1 Drugs

Drugs: General term that include all substance which when taken alter the brain function and creates dependence.

Categories of drugs abused.

(i) Depressants

These slow down the activity of nervous system. They includes alcohol, inhalants (including glue, nail polish remover, cleaning fluid, lighter fluid, antifreeze, aerosols from cans or house hold products and gasoline) minor tranquillizer (including valium) and sedatives (including barbiturates, Quaaludes and PCP —Phencyclidine). All depressants

except PCP can be obtained legally. Phencyclidine is used as an immobilizing agent.

(ii) Stimulants

Stimulates activities, suppress the appetite and ameliorate emotional depression.

They include the legal drugs caffeine and nicotine as well as the legal and illegal amphetamines and the illegal methadrine, ecstasy and cocaine.

(iii) Hallucinogens

These are mind distorters. They have no medical use and create altered perception.

They includes marijuana (only recently has maruana been considered for medicinal purpose) LSD (Lysergic Acid Diethylamide) and mescaline. All hallucinogens are illegal.

(iv) Narcotics

They have an analgesic effect. They relieve physical pain and make surgery possible but they are highly addictive. They include morphine, codeine and heroin.

It is worthy to note that the knowledge of the type of drugs being abused is important for a drug abuse prevention and control strategy.

2.2 Availability of drugs

It is evident that Africa is a fast growing transit point for drug trafficking for example cocaine from South America is transported to South Africa then North through the continent to Europe. Africa also produces illicit drugs. Countries like Morocco, South Africa, Lesotho and East African states are major producers of bhang (people daily 11th July, 1997).

Data available on drugs availability is overwhelming for instance drugs seized at Jomo Kenyatta International Airport (JKIA) between 1994 -2000 were worth 45 Million Kenya shillings. These were destroyed by high court. The consignment included 29.09 Kg of heroine worth 29 Million shillings, 130g cocaine worth 1.3 million Kenya shillings, 140,000 mandrax tablet worth 14 million Kenya shillings and 7.5 Kg cannabis sativa worth 7,000 Kenya shillings. (Ndirangu 2000). Comparative figure from antinarcotics unit of Kenya for the years 1992, 1993 and 1994 showed that the consumption of bhang, heroine and cocaine increased by 55%, 77% and 116% respectively. Medicinal drugs are also still abused e.g. Roche 5 (Pawak 2000). Kenya is recognized as an important point for Southern Africa market with part of Mombasa and JKIA being key entry point for all sorts of drugs. Various studies (Mueke 1980; Ochieng' 1986) have revealed that the drug abuse indicators continue to show an upward trend especially in substances like alcohol, bhang miraa and the other various synthetic psychoactive substances that are locally available.

A national wide study carried out by NACADA (2002) claim that there is rampant drug abuse in Kenyan learning institutions. It is also believed that drug abuse is among the major cause of indiscipline and unrest in schools and institutions of learning (Daily Nation 3 July, 2001). With this information at hand, it is impossible to refute the fact that drugs are available and accessible inside and outside our learning institutions.

2.3 Academic stress and Drug Abuse.

Whilst there is little studies done on the relationship between the two (academic stress and drug abuse) various authors and researchers have shown that there is a positive correlation between the two. A battery of secondary schools that have gone on rampage have continued to blame academic stress and so the drug abuse.

Following is a few cases of schools that have gone on strike due to drugs with an influence of academic stress. Daily Nation 3 July, 2001 reports that students of a secondary school in Nyandarua District burned their matron's house protesting lack of access to the female students at night. The students were reported to have consumed illicit brew called "kairasi". Students of Nyahururu high school went on rampage in 2002 attempting to rape girls of a neighboring mixed secondary school (Ndururumo). The raiders were said to have intoxicated with bhang and alcohol.

NACADA study on learning institutions in Kenya confirms the wide spread use of drugs in institutions where academic stress is more. Koros (1999) reports that Kenyata (Mahiga) high school of Nyeri District in Central Province was closed indefinitely in 1999 after students roughed up their colleagues and sent home for indiscipline. This event was attributed to drug abuse among those students.

In 1999, one of the worst cases happened when students from Nyeri high school burnt fellow students in hostel cubicles and four prefects died. This case was attributed to drug abuse (Siringi 1999). In 2001, a fire started by students believed to be on drugs at Kyanguli secondary school of Machakos District claimed the lives of 67 students (Daily nation, 2003).

This information provides us with evidence that academic stress could be influencing drug Abuse in Kenya secondary schools' growing population. The researcher tackled the question on the effect of academic stress on drug abuse. The study found that 22.7% of primary school pupils, 60.7% of secondary schools and 68.5% of technical colleges used drugs. The most prevalent drug is bhang. NACADA warns that by year 2009 drug abuse will claim more life than HIV-AIDs in Kenya where 92% of youth between 16-26 years have experimented drugs. (Daily Nation October, 2003).

Siringi (1999) reports that Lenana and Nairobi schools have had their reputations tainted by many cases of drug abuse in schools. Students from the two national schools have hinted that they take bhang and miraa due to academic pressure and a belief that drugs will enhance their academic prowess (Siringi 1999:46). In 1998, Koru girls of Nyanza province went on strike and a group of girls were suspended after being caught drunk and in possession of bhang (Oiveve 1998). Taveta high school students burned their schools due to attempt to suspend some of the students over indiscipline as a result of drug abuse.

2.4 Home Background and its Influence to drug abuse.

A breakdown of the family values and structures makes parents lose control over their children who have freedom to experiment on alcohol and drugs and have been blamed on rampant drug abuse. This is according to results of an unpublished draft report of the national baseline survey on drug and substance of abuse among the youth in Kenya (Singiri 2003). The report further notes that some youth engage in drugs because they imitate adults.

Capuzz and Lecoq (1983) noted that parental-alcohol is related to adolescent drug use in that adolescent drug users feel rejected and distant from their parents, and that *Laissez faire* and autocratic families have a higher incidence of drug use, and that adolescents who drink heavily often come from dilapidated homes in which the father drinks, where marital stability and parental control are lacking, where there is tension between the parent and child and where the adolescent feels rejected (Prendergast and Schaefer, 1974).

Parents are more powerful role models. Permissive reared teenagers are less involved in school learning and use drugs more frequently than do teenagers whose parents communicate clear standards of behaviour (Baumrind 1991).

According to Evans and Murdoff (1978) the major factors in the initial use of drugs especially marijuana are among others imitation of parents who are using many drugs such as tranquillizer alcohol or tobacco. In this current study, the –researcher investigated the influence of home background to the drug abuse.

2.5 Peer Pressure

Peer pressure has increased over the past five (5) years by Teen-web. Nairobi web based project to survey and educate students on health reported that drug abuse was identified as a big problem among adolescents. Peer pressure pushed teenagers to experiment with drugs and sex (Udoto, 2004).

In many traditional non-industrialized culture, the youth are initiated into adult life through special designed rituals. In such society, one is either a child or an adult. There is a brief gap between the two stages (Constrain and Levine 1997). In modern technological societies, the youth are forced to postpone their called adolescent or youth. The major reason is that society no longer have economic values for youth people in this stage. The unfortunate result is that the youth become isolated from the rest of society. This has intensified many youth problems among them drug abuse, suicide and delinquency (Coleman, 1987).

Juvenile delinquency has increased in recent years parallel by recent increase in size of youth group. This has a bearing on influence of peer culture, use of drug and alcohol, growth of low income neighborhood in big cities (Hess, 1986)

Peer pressure is therefore very essential in explanation of possible causes of drug abuse. Nobody set out to become physically addicted to drugs as Chinese proverbs has it that, "habits are cobwebs at first and cables at last." A medical writer Thomas McKown once noted that "our habits commonly begins as pleasure of which we have no need and end as necessities in which we have no pleasure (Mitchel ,2002) The researcher therefore looked at the influence of peer pressure to drug abuse

2.6 Attitude and its possible influence to drug abuse among public secondary school students.

Attitudes are ways of thinking or feeling about something or somebody, usually reflected in person's behaviour. They are descriptions of a person's readiness to respond in a certain way to stimulus. Attitudes are acquired through experience in our environment and learned in much the same way as skills and habits. They may be resistant to change because they are wrapped up with a person's needs, feelings and self concept. There are instances where a person shows readiness to respond by showing acceptance without any conditions. Such is referred to as positive attitude. Where there is negative attitude, the person responds by showing dislike and defense. A student needs approval, feeling of importance, security and independence. He/she is thus likely to develop an interest in any activity, which brings him/her satisfaction of such needs. Factors such as needs, which the student is not aware of, or hidden aggressions and wishes, may become key players in building attitudes.

2.7 Student's Attitude

According to Chinard and Meir (1998) several features of normal life promote drug use. First of all, most people recognize close connection between drugs and physical well being. For instance, children learn that drugs can relieve various physical discomforts. Also people associate alcohol, an important part of the drug world, with certain social events. In addition, people think drug taking as a way of attaining desired moods or psychological well being which is perhaps a universal desire. Adolescents therefore learn that when they fall into undesired moods, they can alter their own feelings with drugs.

Students have also formed a notion that drugs serve purposes like altering their moods, levels of their consciousness or behaviour. This has therefore led to vast consumption of substances like alcohol, tobacco, coffee, medically prescribed tranquillizers and illegal drugs such as marijuana.

The current study looked at the attitudes that students have toward the drugs of abuse and whether this could cause the abuse of such drugs

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1. Design

The study employed the descriptive survey method to determine the causes of drug abuse in public secondary schools.

The study used simple random sampling.

This is a procedure in which all the individuals in a defined population have an equal of being selected as a member of the sample. There are two main advantages of this. One is that random samples can be generated to a larger population within margins of error that can be determined statistically. Then, it also permits the researcher to apply inferential statistics to the data. Lottery technique was used. In every class, the researcher wrote fifteen papers YES and NO and folded them, put them in a container, mixed them well and then allowed students to pick one each. Those with YES papers answered the questionnaires. For the teachers, three class teachers were picked in each school following the same procedure.

3.2. Environment

This research was carried out in Wote Division, Makueni District. Makueni District was curd from Machakos district that form Eastern province and one among the four that mpiise the Ukambani region. The district borders Kajiado district to the West, Taita Taveta to the South, Kitui to the East and Machakos district to the North.

The district covers an area of 7,965.8 Km². Has 16 divisions, 63 locations and 187 sub locations, It lies between Latitude 10351 South and Longitude 37° 101 East and 38° 30¹ East. Kibwezi is the largest division covering 944.8 Km² whilst Tulimani is the smallest.

covering 126 km². The district has five (5) parliamentary constituencies namely; Mbooni, Makueni, Kaiti, Kibwezi and Kilome. There are sixty nine electoral wards. On physiographic and natural conditions is that major land formation includes the volcanic chyulu hills which lie along the South West border of district in Kibwezi division. The Mbooni and Kilungu hills rise to a height of 1, 900M above sea level. The rest of the land rises slightly below 600M above the sea level in Tsavo at the South end of the district. The district experiences two (2) rainy seasons, long rains occurring March/April while short rain in November/December. Average temperature experienced is 22.1°C. On settlement patterns, the district has 839,155 people. The population is sparsely except in Mbooni and Kilungu Divisions which have fairly high population densities of over 400 persons per square kilometer. The district experiences an average rainfall of 701.7mm annually.

3.3 Respondents

This study involved, public secondary schools in Wote Division in Makueni district. Public secondary schools are government of Kenya (GO.K) sponsored schools and they form majority of schools in Kenya. The number of schools that was used is ten (10). Three (3) girls', three (3) boys', and four (4) mixed schools. The following public schools were selected to give the data required for this study.

Boys' Schools.

EXAMINATION CODE	NAME OF THE SCHOOL	ADDRESS
1. 307401	Makueni Boys Secondary	Box 20 Makueni
2. 307413	Mwaani Boys secondary	Box 288 Makueni
3. 307601	Kaumoni Boys Secondary	Box 15 Kilala

Girls Schools Category

EXAMINATION CODE	NAME OF THE SCHOOL	ADDRESS
1. 307402	Makueni Girls secondary	Box 72 Makueni
2. 307404	Mwaani Girls Secondary	Box 21 Makueni
3. 307306	Nziu Girls Secondary	Box 70 Kilala

Mixed Day Schools

EXAMINATION CODE	NAME OF THE SCHOOL	ADDRESS
1. 307416	Munyuni Secondary	Box 247 Makueni
2. 307423	Kambi Mawe Sedondary	Box 28 Makueni

Mixed Boarding Schools

EXAMINATION CODE	NAME OF THE SCHOOL	ADDRESS
1. 307415	St. Johns Malivani Secondary	Box 33 Makueni
2. 307421	Mandoi Secondary	Box 418 Makueni

3.4 Research instruments

In this study, data was collected using one instrument. This is the questionnaire. The Questionnaire used had closed ended and open ended questions. The researcher constructed two questionnaires for the following respondents: the teachers' questionnaire and students' questionnaire.

3.5 Data collection procedures

The researcher obtained a researcher permit from the Ministry of Science and Technology (MOST) headquarters, authorizing him to collect data from public secondary schools. This is in accordance with Kenyan Laws. The researcher then proceeded to visit the sampled schools to seek permission from schools' heads to collect data. The researcher visited the schools later and gave questionnaires to students with an arrangement proffered by the headteacher. Teachers filled the questionnaires the same day and the researcher went with the filled in questionnaires. The researcher moved to the other step of analyzing, interpreting and presenting the data in a logical manner in the research report.

3.6 Statistical treatment of data

The researcher used chi-square (χ^2) method for statistical treatment of data. One dimensional chi square (χ^2) was used.

Formula.

$$\chi^2 = \sum \left[\frac{(fo - fe)^2}{fe} \right] \quad \text{fe is the expected frequency whilst fo is observed frequently.}$$

Observed	
Expected	

CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND INTERPRETATION:

1. Introduction

In this chapter data obtained from students and teachers questionnaire was analysed, presented and interpreted. The data was analysed, presented and interpreted in order of research questions. The following therefore is the presentation:

4.2. The contextual characteristics of the respondents.

Both the teachers and students who filled in the questionnaires are here in referred to as respondents.

Ten (10) public secondary schools were used in this current study. These were three (3) boys' secondary schools, three (3) girls' secondary schools and two (2) mixed day and two(2) mixed boarding secondary schools. For the sake of anonymity all these schools are given letters A to J.

Examination code is selected as the method to be used

4.3 Demographic characteristics of the respondents.

4.4. Students questionnaire

As a part of introduction the researcher obtained data on age of the student who served as respondents. The table below shows the age of the students.

Table 1: Age of students

Age	(Frequency) Number of students	Percentage (%)
13 year and below	6	6.00
14 years to 18 years	68	68
19 years to 20 years	22	22.00
Above 20 years	4	4.00
Total	100	100.00

Source: Primary data

From the table above be observed that majority of respondents (68.0%) are within the expected limits of secondary schools students. Generally students are supposed to have between 14 to 18 years. This however is not an obvious case as some students do repeat a few classes in primary schools. Some students may also have joined school late. A small percent (6.0%) were 13 years of age. These were only six students from the sampled one hundred (100) students. Slightly more than a fifth (22.0%) of the respondent were between nineteen to twenty years. Four students Which forms (4%) of the sampled respondents were more than twenty (20) years. This sample could have joined the school late or could have repeated because of the new government of kenya offer of free secondary education. This could have no effect on drug abuse.

4.41 Gender of the respondents (students):

The study sought for response from the two gender. This was both for the teachers and students. The information on this gender issue is given on table 1 of appendix c under title of the presentation.

4.42 Religion

Respondent were required to give their religion. The table 2 below indicates the data obtained from the respondents.(students)

Table 2: Religion of the respondents (students)

Religion	Number if respondents (frequency)	Percentage(%)
Protestants	56	56.00
Pentecostal	10	10.00
Catholic	32	32.00
Islam	2	2.00
Others	0	0.00
Total	100	100.00

Source : Primary data

The literature reviewed, had shown that students of Jewish origin in United States had Shown a high preference in drugs consumption. However, this study has not shown any Significant difference between religions denominations.

The following presentations are made on basis of research questions and objectives.

4.43. Availability of drugs in school.

Students were required to state whether they have ever taken drug of abuse.

Table 3 below shows the response.

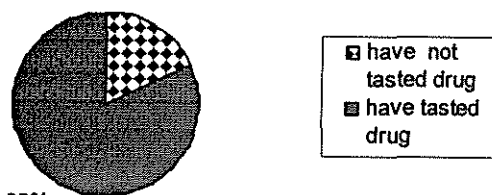
Table 3: Taking dregs for the first time

Response	Number of Students (frequency)	Percentage (%)
Yes	82	82.00
No	18	18.00
Total	100	100.00

Source: primary data

A large proportion of respondents (82.0%) indicated that they have ever taken drugs . This is a significant percentage taking into consideration that the sample composed of secondary school students.

This information is also presented by a figure (pie chart) as follows.



Source: primary data

Figure 1 above shows the proportion of students who have taken drugs at least for the first time.

Students were also required to state the drug they have ever taken. The following table give data obtained from the responses.

Table 4(a) drug taken by students.

Factor	Frequency	Percentage .
Alcohol	46	56.09
Miraa	27	32.92
Tobacco	9	10.99
Bhang	0	0.00
Cocaine	0	0.00
Heroine	0	0.00
madrax	0	0.00
Total	82	100.00

Source :primary data

Students were required to state what prompted them to take drugs. Their responses are recorded in table 4 below.

Table 4(b). what prompted students to take drugs of abuse.

Factor	Frequency	Percentage .
Academic Stress	12	14.60%
Curiosity	36	43.90%
Problems	6	7.30%
Social occasion	20	24.30%
Peer Pressure	8	9.90%
Any other	0	0.00 %
Total	82	100.00

Source : primary data

The table 4(b) above indicates that majority of students, (43.90%) who have ever taken drug of abuse did take it as a result of curiosity. This means these students just wanted to feel what it is like when one takes a drug. A sizeable percentage (24.30%) was prompted to take drugs due to a certain social occasion. However, the question on the questionnaire did not sought to know which occasion was that. Nevertheless, many of rural occasions where drugs like alcohol are availed include wedding ceremonies for non-protestants and non-pentacosts, payment of dowry ceremonies and when boys are undergoing circumcision. These could be the occasions that then prompted the taking of drug. Fourteen point six (14.6) noted that academic stress prompted them to take drug for the first time while nine point nine (9.9) said that peer pressure made them to take drug of abuse. Only seven point three percent (7.3%) said they were influenced by problems.

From the data obtained, we can therefore arrange the factors from most frequent to least as;

- (a) Curiosity
- (b) Social Occasions
- (c) Academic Stress
- (d) Peer Pressure
- (e) Problems

Parents and teachers can prevent drug to a great extent of abuse therefore by providing information to youth about drugs to reduce curiosity of the youth. The parents should also advice youth accordingly when they are attending social occasions to prevent them from consuming drugs of abuse. Parents and teachers too should know the friends of

their children to prevent them from getting bad behaviors of drugs abuse. Lastly, the parent should provide for the children, to prevent them having excessive problems and where the requirements are unavailable, the parents should give proper guidance to their sons and daughters

4.42 Time for consumption of drugs for first time.

Student respondents were given this question on when in their life that they took drug for the first time. The responses generated the data on the table that follows;

Age in years	Frequency	Percentage
Below 12	28	34.14%
13—18	52	63.41%
Above 18	2	2.45%
Total	82	100.00%

Source : Primary data

The following are interpretations derived from the table. First, we note that majority of youth take drugs for the first time in secondary schools or at secondary school going age (between 14-18 years). This formed sixty three point four one percent (63.41%). A relative large proportion of youth today take drug before their thirteenth (1^{3th}) birthday. This group forms about 34.14%. A small percentage of two point four five (2.45%) took drugs at above 18 years of age. The further caution here is that both parents and teachers should be careful from early age to prevent drugs abuse by children. On whether the respondents are currently taking the named drug of abuse, the response was shocking as seventy four (74) students out of eight two (82) said they

were consuming the drug. This is ninety point two percent (90.2%). This is a large portion of abusers.

4.43 When the drug of abuse is taken.

Students were required to state how frequent they take these drugs of abuse. This question did not receive one hundred percent (100%) response. Out of 82 students who had accepted they have ever taken drug only seventy four (74) responded. These students said they take the drug occasionally.

4.64 The place where the respondents take the drugs

A question that students / respondents were required to answer was the place from where they take drugs of abuse from. Their responses were recorded in the table 6 below.

Table 6: place of drug taking by student respondent

Place	Frequency	Percentage
Home	9	12.16%
At school	34	45.94%
Friends place	20	27.02%
Bush	11	14.86%
Total	74	100.00

Source: primary data

NB: Only seventy four students had confessed that they were taking drugs of abuse currently. This there is assumed to be 100% in data analysis for students consuming drugs. Data given on table 6 shows that; most of the students taking drugs currently do in schools. This forms 45.94% of those students. 27.02% take drugs in friend's place, this means they do take drugs with their friends. Eleven students which forms fourteen

point eight six percent (14.86%) pointed out that they do take drugs at nearby bushes.

This could be when in school or when at home. Out of sampled students the least proportion of drug abusers do it in their own homes. This category forms twelve point one six percent (12.16%) of total sampled students' respondents

.The data therefore shows the pattern of locale of taking drugs. From the data we can arrange the places of consuming drugs from where drugs are most frequently abused to the least as follows.

(a) School

(b) Friends place

(C) Bush

(d) Home

4.47 The company of drug abusers

Students / respondents were again required to state with whom that they do take drugs.

The table 7 below gives analyzed data from students questionnaire.

Table 7 Company under which students take drugs

Company	Frequency	Percentage
Alone	21	28.37%
Friends	41	55.40%
Parents	0	0.00%
Relatives	12	16.23%
Teachers	0	0.00%
By other	0	0.00%
Total	74	100.00

Source : primary data

The data in table seven (7) above indicates that; most of students taking drugs do it with their friends. This proportion forms 55.40% of total students taking drugs. This shows the potential influence in peer pressure. Friends influence each other easily and students taking drugs would feel comfortable taking with friends. The bond between the friends build trust.

Twenty eight point three seven percent (28.37%) of sampled students taking drugs, take the drugs alone. The percentage of students taking drugs with relatives is sixteen point two three (16.23%). This is an unfortunate case as one would expect relatives to guide students to refrain from consumption of drugs. The question however, did not look for specific relatives involved though not parent.

None of students taking drugs currently in the sample schools do it in company of either the parents or teachers. This is a good indicator of tender care offered by both the parents and teachers. Respondents also did not indicate any other company that they take drugs with.

A pie chart that follows (figure 2) illustrates this information.

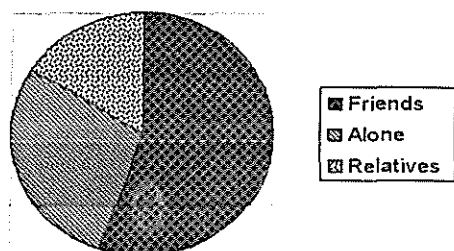


Figure 2; company under which students take drugs.

Issues of students friends taking drugs

The students were required to state whether their close friends take drugs. They gave the following responses recorded in table 8,

Table 8: *whether respondents take drugs.*

Response	Frequency	Percentage
YES	78	78.00
NO	22	22.00
Total	100	100.00

Source: primary data

Majority of students (respondents) friends take drugs. This forms seventy eight percent (78.00%) of total students' respondents. A small percentage (twenty two) 22.00% of respondents friends do not take drugs. There is a positive correlation therefore between students taking drugs and their friends too taking drugs.

4.48 Drugs taken by respondents friends.

the respondents were required to outline drugs taken by their friends. The data that follows shows the drugs of abuse taken by friend.

- (I) Alcohol
- (II) Tobacco
- (III) Miraa

From the data taken, alcohol is most frequently used in comparison to other drugs. Tobacco and miraa are also among the drugs abused by friends of the respondents (students)

4.49 availability of drugs

Respondents were required to state whether they think drugs are available to students.

They gave the following responses that are recorded in table 9.

Table 9: whether drugs are available according to students

YES	93	93.00%
NO	07	07.00%
Total	100	100.00%

Source : primary data

Majority of students (93.00%) have a feeling that drugs are available to students.

Only seven percent (0700%) had a feeling that drugs are not available. Out of the ninety three (93) students who thought drugs are available to students, they were required to state where drugs are sold. The students gave the following responses. The responses are recorded in the table 10 that follows.

Table 10: where drugs are sold;

Within school	29	31.19%
Over the fence	38	40.86%
Surrounding community	26	27.95%
Total	93	100.00%

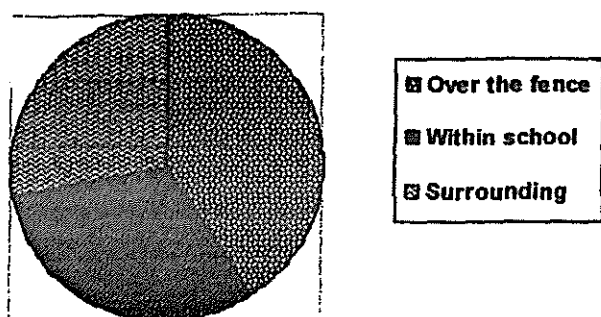
Source : primary data

The data provided by table 10. Indicates that majority of students (40.86%) believe drugs are sold over the fence, 31.19% believe the drugs are sold within the school

compound. The remaining 27.95% believe that drugs are sold by the surrounding community.

This data indicates that students are aware of where dwgs are availed. However, over the fence is where most of drugs are sold. The school fences should be manned properly to manage the issue of drug abuse in school.

Data in table 10 is presented in the figure 3 that follows.



Source: primary data

4.491. Awareness of health consequences of the drug abuse

Students were asked whether they were aware of health consequences of drugs abuse.

It was amazing to realize a great percentage said they were aware.

The table that follows has the data on awareness of the consequences of drug abuse.

Response	Frequency	Percentage
YES	98	98.00%
NO	02	02.00%
Total n	100	100.00%

Source: Primary data

For the sake of clarity this data is hereby represented by a figure below:

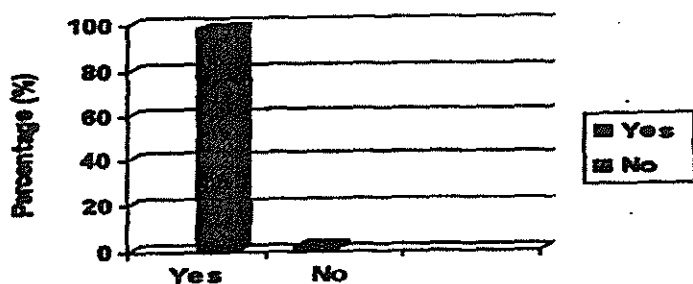


Figure 4. Awareness on consequences of drug abuse

Ninety eight percent (98.00%) agreed they know the consequences attached to drug abuse. The information to this far could not be a problem. The student abusing drugs are doing so with information that drugs abuse is harmful.

4.492. Whether parents take drugs

Students / respondents were asked whether any of their parents take drugs. The following respondents were given. These are recorded in table 12 that follows.

Table 12: whether respondents' parents take drugs.

Response	Frequency	Percentage
YES	24	24.00%
NO	76	76.00%
Total	100	100.00%

Source: primary data

From table 12, it is easy to realize that majority of respondents came from families that Parents do not take drugs.

This means that 76.00% of parents served as a good examples or role model to their Sons and daughters. A small percentage however (which is nearly a quarter) i.e 24.00%

said that their parents took drugs of abuse. It is therefore possible that they could be influencing

their sons and daughters to take drugs. The figure below explicits the same information.

Figure 5: whether respondents parents take drugs of abuse.

The last item on the students' questionnaire sought to know whether it was maternal or paternal

parent who was taking drugs of abuse. The respondents given by students were recorded in table 13

below:

Table 13 whether the father or mother takes drugs of abuse.

NB: Only 24 respondents were considered as they are the only students who said their parents took drugs of abuse.

Respondents	Frequency	Percentage
Father	19	79.16%
Mother	05	20.84%
Total	24	100.00%

Source: primary data

From table 13, it is the fathers who abuse drugs more than mothers. Their percentage compares as

79.16% and 20.84% respectively. This perhaps could have a negative effect on boys as they tend to

copy more of what their fathers do than mothers.

4.5 The teacher's questionnaire

A total of thirty teachers (30) gave their responses in all sampled secondary schools.

Out of ten (10) schools, each gave three (3) teachers who were teaching in that school.

by the time of data collection. The procedure here was that the teacher was a class

teacher and preferably where the data was being collected. The teachers responses are

discussed under headings in research questions

4.51. Contextual characteristic of the respondents.

(I) Gender; The researcher wanted to know the gender of the respondents. Data

obtained is presented in table 16 that follows;

Table 14: Gender of respondents (teachers)

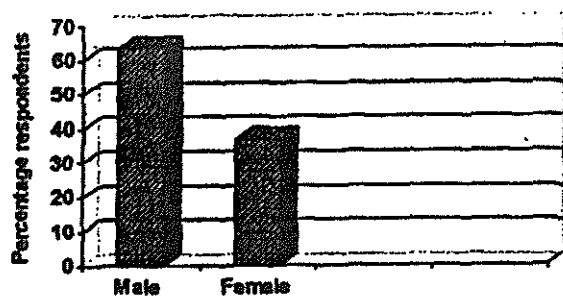
Gender	Frequency	Percentage
Male	19	63.33%
Female	11	36.67%
Total	30	100.00%

Source: primary data

Table sixteen (16) has information that a larger percentage of sampled teachers were

male (63.33%). Female teachers formed a smaller percentage

The gender can also be presented in a bar graph as shown in the figure that follows.



Source: primary data

Figure 6; Gender of respondent teachers

(ii) Teaching Experience

Data on teaching experience was obtained. Then it was recorded on table 15 that follows.

Teaching Experience	Frequency	Percentage
0—2 Years	05	16.67%
3—5 Years	14	46.67%
6-9 Years	7	23.34%
More than 10 years	4	13.32%

Source: primary data

Table 15 therefore gives information that follows;

(a) Majority of teachers sampled in Wote division had a teaching experience between 3-5 years. This constituted 46.67% of all sampled teachers. 23.34% had a teaching experience of 6-9 years. Only a few teachers had taught more than ten years. Five (5) teachers that formed 16.67% had taught less than two (2) years

(b) Attitude on drug abuse.

A question of whether there are cases of drug in respective schools was posed to teachers. They gave their responses as indicated below.

Teachers indicated that drugs are provided by the community around the school.

Table 16: Presence of cases of drug abuse in sampled schools

Response	Frequency	Percentage
Yes	30	100.00%
No	0	0.00%
Total	30	100.00%

Source: primary data

All teachers agreed that there were cases of drug abuse in their schools. This formed 100.00%. They were also required to list the drugs abused and probable source. The table 17 that follows was obtained.

Drug of Abuse	Source
Alcohol	Community
Tobacco	Community
Miraa	Community
Glue	Community
Bhang	Community

Source: primary data

Teachers indicate that drugs are provided by the community around the school

52. Background of the Drug Abusers.

Teachers gave the following data on home background of drug abusers.

Table 18: Background of the drug abusers.

Home background	Frequency	Percentage
Rural	2	6.66%
Urban	28	93.34%
Slums	0	0.00%
Total	30	100.00%

Source: primary data

Majority of teachers believed that most of drug abusers came from urban areas. No teacher was for the idea that drug abusers came from slums. This is because Wote division is designated as a rural area and no slums even in larger Makueni district. A small percentage believed majority of drug abusers came from rural areas. These categories of teachers only formed six point six six percent (6.66%). We are therefore for the idea that majority of drug abusers in Wote division secondary schools comes from urban home backgrounds.

Class in school that produces most of the drug abusers

The table that follows gives that information.

Table 19: Classes and frequency in drug abuse

Class	Frequency	Percentage
Form I	1	3.33%
Form 2	14	46.67%
Form 3	10	33.33%
Form 4	5	16.67%
Total	30	100.00%

Source: primary data

Form two (2) and three (3) forms majority of drug abusers in Wote division public secondary schools.

4.53. Family background of drug abusers.

Students come from different family backgrounds. Some from single, stable, broken etc.

There was a need to know the family backgrounds that gives the drug abusers. The table 21 that follows gives that information.

. Table 20: *Family background of drug abusers.*

Stable	2	06.67%
Broken	12	40.00%
Single	4	13.33%
Parents who abuses drugs	12	40.00%
Total	30	100.00%

Source: primary data

From table 20, one can interpret the teachers response as; most of drug abusers come from broken families and those whose parents abuse drugs. These forms eighty percent of the respondents (i.e. (40.00% + 40.00%) 80.00%. Students whose families are stable have the least probability of abusing drugs. This forms 06.67% of respondents.

3.54. Influence of religions background to the drug abuse.

Teachers' opinion on whether strong religious backgrounds inhibit the students from taking drugs. Teachers' responses are given in the table 21 that follows.

Response on whether strong religions background inhibits drugs abuse	Frequency	Percentage
YES	30	100.00%
NO	0	0.00%
Total	30	100.00%

Source: primary data

All sampled teachers gave their opinion that strong religious background inhibit drugs abuse among students. This is in line with common expectation because no known religion propagates vices. The teachers and parents should take advantage of this situation by encouraging their sons and daughters to participate fully in religious activities.

4.55 Gender and drug abuse

Teachers were required to given their opinion on general distribution of known drug abusers in terms of gender. Their responses were given and noted on the table 22 that follows.

Boys are the main drug abusers	28	93.33%
Both gender are very material in drug abuses	0	0.00%
Girls are the main drug abusers	02	06.67%
Total	30	100.00%

Source: primary data

The information in table 22 has been inferentially analyzed using chi square method of data analysis (X²). The data is given on table b on plan for data presentation. (See appendix C).

4.56 Social-Economic status and drug abuse.

Mature respondents / teachers were required to give a response on the socio-economic class that probably produced most drug abusers. The following data was given and recorded in table 23.

Table 23. Social-economic status and drug abuse students

Response on Socio-economic class	Frequency	Percentage
Most affluent (high)	14	46.67%
Middle	9	30.00%
Low	8	23.33%
Total	30	100.00%

Source: primary data

Table 23 shows that most teachers feel that those students who come from high socio-economic class abuse drugs more often and readily than those who come from the low socio-economic class. 30.00% feels that middle class produces more drug abusers among students. This can be subjected to further research on the relationship between socio-economic class of the students and drug abuse.

That is the data that was analysed, presented and interpreted. Following is therefore a short chapter on summary, conclusion and recommendations.

CHAPTER FIVE

50. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapters aims at harmonizing the reviewed literature and data generated by this study.

5.1. Summary

The study sought to obtain data on cause of drug abuse in public secondary schools in Wote division. This was generalized to cover Kenya as a country. The research report has given the rationale of the study, theory, literature review, significance of study, research objectives, research questions, statement of null hypothesis, methodology, definition of terms used, abbreviations and acronyms; data analysis, presentation and interpretations.

5.2 Conclusion

From the data analysed, the following logical conclusions can be made.

- (i) Many students are initiated into drugs taking during their secondary school life (14-18years).
- (ii) Drugs of abuse are available in Kenya secondary schools and are supplied by both students and community surrounding the school.
- (iii) Alcohol is the most abused drug among secondary school going students in the Wote division of Makuieni district.
- (iv) Curiosity is the prime factor that has compelled most of students to start taking drugs of abuse in Wote division.
- (v) Children whose parents take drugs of abuse are likely also to take drugs.
- (vi) Home background has an influence on drug abuse.

- (vii) Last but by no means the least, we conclude that most Socioeconomic status of families where students come from influences drug abuse with students from most affluent (high S.E.S) leading.

5.3. Recommendations

- (i) Adequate information on drugs and drug abuse should be availed to students before joining secondary schools.
- (ii) Parents should be good role models to avoid taking drugs in presence of their children.
- (iii) More research should be done on issue of supply of drugs in schools.

Thank you..

6.0. DEFINITION OF TERMS AND ABBREVIATIONS.

61. Definition of Abbreviations

AIDS	-	Acquired Immuno Deficiency Syndrome.
D.A.	-	Drug Abuse
L.S.D.	-	Lysergic Acid Diethylamide
NACADA	-	National Campaign Against Drug Abuse.
UNDCP	-	United Nation Drug Control Programme.
J.K.I.A.	-	Jomo Kenyatta International Airport
P.C.P.	-	Phencyclidine
K.I.U.	-	Kampala International University
K.U.	-	Kenyatta University
WHO	-	World Health Organization
HIV	-	Human Immuno Deficiency Virus.
S.E.S.	-	Social Economic Status
G.O.K.	-	Government of Kenya
K.A.A.C.R.	-	Kenya Alliance of Advancement of Children Right.
MOE-	-	Ministry of Education
MoST	-	Ministry of Science and Technology
SLT	-	Social Learning Theory

6.2. Definition of Terms

For the purpose of this study, the following terms are defined operationally

Addiction : State of tolerance to drugs and there are withdrawal symptoms when drugs are abruptly withheld. Usually a large amount of dose is required to produce the same effect.

Adolescent : Transition period between childhood and adulthood. Sigmund freud, the founder of psychoanalysis, defines adolescent as re – establishment of sexual impulse lost to childhood. It ranges between ages 11-18 years.

Anxiety : A vague, unpleasant feeling accompanied by a promotion that some thing undesirable is about to happen.

Counseling : Skilled and principled use of relationship that develops self knowledge, emotional acceptance, growth and personal resources. It is aimed to make life of a client more satisfying.

Drug : General term that include all substances except food which when taken alter the brain function and create dependence.

Drug Abuse : Use of local drugs against the doctor's prescription. Excessive use of socially accepted drugs, the use of illegal drugs e.g. cocaine, cannabis sativa and heroine.

Dependence : A condition created by drug use in such a way that stopping

using would bring about unpleasant symptoms. The user must have the drug to avoid ache, pain, cold, sweating and nausea.

Narcotics : Drug which depresses part of brain which control perception of pain, Hunger, thirst and sex drive leaving the person with false sense of well being e.g. morphine, heroin etc.

Peer group : A group of people of about same age, same social status and share common interests.

Social Economic Status : Indices like parental level of education, occupation and annual income of the main salary earners in the family of a drug abuser.

Tolerance : Where body of individual adopts to repeated presence of drug and in this way reduces its effectiveness.

Youth : This is a demographic characteristic of young people between age of 14-25 years. In this category is where we have all secondary schools students.

Withdrawal : Intense pain, nausea, cold sweat, general body weakness and social symptoms problems that arise as a result of impatience, intolerance and aggressive moods.

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8.0 APPENDICES

8.1 Appendix A

Transmittal letter for the head teacher

Benard Sila Kisyang'a,

P.O. Box 126,

Makueni – Kenya

FEB, 05, 2008

Mr./Mrs./Ms.....

Head Teacher.....

P.O.Box

Kenya.

Dear Sir / Madam,

I am an undergraduate student at Kampala International University (KIU) currently conducting a study on "The cause of Drug abuse in Public secondary schools in Kenya: A case of Wote Division in Makueni District, Eastern Province – Kenya". This is in partial fulfilment of the requirement for the award of the degree of Bachelor of education in Arts.

The study will cover Wote Division public secondary schools in making objective recommendations on how to go about preventing Drug abuse in our public secondary schools.

I wish to be in your school for data collection in month of May, 2008. I look forward to reap your invaluable assistance to enable me accomplish the task.

Respectively yours,

Bernard Sila Kisyang'a.

.....

Noted by

.....

Supervisor

.....

Assistant Director, Academics, ICDS.

8.2 APPENDIX B

Research instruments

Students' questionnaire

This questionnaire seeks information on causes of Drug Abuse among secondary school students in Wote division.

Please respond to all questions as honestly and accurately as possible by putting a tick (...) against information most applicable to you and fill the blank spaces.

Some questions may have more than one answer.

The information obtained will be treated as private and confidential.

DO NOT WRITE YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE.

NB: In this questionnaire, a drug of abuse is understood as any substance natural or chemical which may be inhaled, drunk, smoked, rubbed on etc and which result in change in the body functions.

Drugs of abuse will therefore include alcohol, tobacco, miraa, bhang, cocaine, heroine, glue and other inhalants, etc.

SECTION A

Background information.

1. Your ageyears. ☐

2. Your gender

Male ☐

Female ☐

3. Your religion

Protestant ☐

Pentecostal ☐

Catholic ☐

Islam ☐

Any other (specify) _____

SECTION B

ATTITUDE TOWARDS DRUG.

1. (a) Have you ever taken any drug of abuse.

Yes ☐

No ☐

53

(b) If yes in 1(a) above, which?

Alcohol ☐

Miraa ☐

Tobacco ☐

Bhang ☐

Cocaine ☐

Heroine ☐

Mandrax ☐

Any other specify _____

(c) If yes, what prompted you to take these drugs?

Academic stress ☐

Curiosity ☐

Problems ☐

Social occasions ☐

Peer pressure ☐

Any other (specify) _____

(d) Who prompted you take the drugs?

(i) Very close friend ☐

(ii) Parent (Father) ☐

(iii) Parent (Mother) ☐

(iv) Other relatives self ☐

(v) Any other (specify) _____

(e) If yes, at what age did you take drugs for the first time?

Below 12 ☐

12 – 18 ☐

Above 18 ☐

(f) Are you currently taking any of these drugs?

Yes ☐

No ☐

(g) If yes how often do you take these drugs?

Daily ☐

Weekly ☐

Monthly ☐

Occasionally ☐

(h) Where do you mostly take these drugs?

At home ☐

At school ☐

Friends place ☐

(iv) Bush ☐

(i) In whose company do you take these drugs?

Alone ☐

Friends ☐

Parent ☐

Other relatives ☐

Teacher ☐

Any other specify _____

2. (a) Does anyone among your friends take drugs?

Yes ☐

No ☐

(b) If yes (in 2a) above, give some of drugs used by your friends.

3. (a) Do you think drugs are easily available to students?

Yes ☐

No. ☐

(b) If yes (in 3 a) above state where they are sold.

Within school ☐

Over the fence ☐

Surrounding community ☐

Any other (specify) _____

4. Are you aware of health consequences of drug abuse?

Yes ☐

No ☐

5. (a) Does any of your parent(s) use drugs

Yes ☐

No ☐

(b) If yes who

Father ☐

Mother ☐

NB: Read through your questionnaire again and check all the questions

Thank you for your co-operation.

Teacher's Questionnaire

This questionnaire seeks information on "causes of Drug Abuse among public secondary schools students in Wote division of Makueni District. .

Please respond to all questions as honesty and accurately as possible by putting a tick () against information most applicable to you and fill in the blank spaces. Some questions may have more than one answer.

The information obtained will be treated as private and confidential.

DO NOT WRITE YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE.

NB: In this questionnaire, a drug of abuse is understood as any substance natural or chemical which maybe inhaled, drunk, smoked, rubbed on etc and which result in change in the body functions.

Drug of Abuse will therefore include alcohol, tobacco, miraa, bhang, cocaine, heroine, glue and other inhalants etc.

SECTION A

BACKGROUND INFORMATION.

1. Name of the school _____

2. Type of the school

Day mixed

☐

Boarding mixed

☐

Boarding boys

☐

Boarding girls

☐

3. Your gender

Male

☐

Female

☐

4. Your teaching experience _____ years.

SECTION B:

ATTITUDE TOWARDS THE DRUG PROBLEM:

1. Are there cases of drugs abuse in your school?

Yes

☐

No

☐

2. If yes (in 1) above ,which type .Rank them from most commonly used . Indicate also the possible source of the drug in question.

NO	NAME OF DRUG	SOURCE
1		
2		
3		
4		
5		
6		
7		

3. What is the home background of the students who takes drugs?

Rural

☐

Urban

☐

Slums

☐

Others (Specify) _____

2. In which form in your school are most drug abusers likely to be found

Form I ☐

Form II ☐

Form III ☐

Form IV ☐

7. What kind of family background are most Drug Abusers likely to come from?

Stable ☐

Broken ☐

Single ☐

Parents who abuse drugs ☐

Any other specify _____

6 According to your own view , does strong religious background inhibit the students from taking drugs ?

Yes ☐

No ☐

7 If your school is mixed, what is the general distribution of known Drug Abusers in terms of gender?

Boys are the main drugs Abusers ☐

Both gender are evenly matched in Drug Abuse ☐

Girls are the main Abusers of drugs ☐

Any other specify _____

8. Who do you think supplies drugs to students?

Students ☐

Subordinate ☐

Teachers ☐

Community ☐

Any other (Specify) _____

9. What reason do students give for taking drugs?

Domestic problems ☐

Social problems ☐

Peer influence ☐

Financial problems ☐

Curiosity

☐

Any other (specify) _____

10. From your own experience, what social economic class produces most school drug abusers?

Most affluent (high)

☐

Middle

☐

Lower

☐

Any other (specify) _____

Thank you for your co-operation.

8.3 APPENDIX C

Table A

Plan of the presentation

CATEGORY	FREQUENCY	PERCENTAGE
AGE		
Early Adolescent	6	6%
Middle Adolescent	94	94%
TOTAL	100	100.00%
GENDER		
Male	15	11.5%
Teachers	42	32.3%
Students	15	11.5%
Female	58	44.7%
Teachers		
Students		
TOTAL	130	100.00%
ACADEMIC LEVEL		
Form one	25	25%
Form Two	25	25%
Form Three	25	25%
Form Four	25	25%
TOTAL	100	100.00%

SIGNIFICANT DIFERENCE IN THE GENDER AND DRUG ABUSE:

Area	Computed X ² value (Chi square)	Critical X ² Value at (P05)	Decision on HO ₁	Interpretation
Gender And Drug abuse	2.133	3.841	Accept HO₁	<p>The null hypothesis is</p> <p>accepted because</p> <p>critical value at P= 05</p> <p>and df=1 is more than</p> <p>computed (X2) chi – square value.</p> <p>So there</p> <p>is no significant</p> <p>difference between</p> <p>gender and drug abuse.</p>

Source: primary data

Table C**SIGNIFICANT DIFFERENCE BETWEEN PERSONS STUDENT LIVE WITH AND DRUG****ABUSE:**

Area	Computed X^2 value (Chi square)	Critical x^2 value at (P05)	[Decision on HO1	Interpretation
Persons students live with and drug Abuse	4.214	3.841	Reject null hypothesis	4.214 > 3.841 hence we reject the null hypothesis and we conclude there is significant difference between the persons students lives with and drug abuse.

Source: primary data

[illegible]

This map is not an authority over administrative boundaries

9.0 . CURRICULUM VITAE

PERSONAL DATA

Name : Kisyang'a Benard Sila
Date of birth : 12th December 1972
Home district : Machakos
Marital status : Married
Sex : Male
Address : Wote Technical Training Institute
P.O. Box 377, Makueni
Telephone : (254-44) 33097
Cell No. : 254735475149 / 254725692997
Citizenship : Kenyan
Religion : Christian (catholic)
Languages : English, Swahili and Kamba

EDUCATION

Institution : Masii Secondary School
Duration : 1986 – 1989
Award : K.CS.E Certificate

PROFESSIONAL TRAINING

1. Institution : Kenya Technical Teachers College
Duration : January 1996 – April 1997
Course : Diploma in Business Education
Award : Second class

2. **Institution** : Kenya Polytechnic
- Duration** : September 1990-July 1993
- Course** : Diploma in Business Administration
- Award** : Credit Pass
3. **Examination body** : KASNEB (Kenya Accounts and Secretaries National Examination Board)
- Award** : C.P.A part 2
C.P.A part 1
4. **Institution** : Talents I.T.S Center (Wote-Makueni)
- Software packages** : Introduction to micro-computers
Windows 95/98/2000
Ms word 97/2000
Ms Excel 97/2000
Ms Access 97/2000

WORKING EXPERIENCE

1. **Institution** : Wote Technical Training Institute
- Duration** : May 1997 to date
- Duties** : Teaching
- Grade** : Job Group 'L'
- Employer** : Teachers Service Commission (TSC)
2. **Institution** : Micro-Enterprise Development Project (NGO)
- Duration** : June 2000 to March 2005
- Duties** : Carrying out training needs assessment (TNA) on jua kali artisans and women groups

Training the above named groups on business skills
Carrying out evaluation on the above named groups
to assess the impact of training

NB. The above named activities were however, carried out on part time basis.

3. **Institution** : Machakos Technical Training Institute
Duration : January 1997-March 1997
Duties : Teaching (teaching practice)
4. **Institution** : Kenya Breweries
Department : Sales and marketing office (Mount Kenya Region)
Duration : 1994-1995
Duties : Assisting the area sales representative in carrying out sales promotion and advertisement campaigns on casual basis.

OTHER DUTIES

- ❖ Possession of letters of internal appointment as the Head of library department, games Master and later the Dean of students at Wote Technical Training institute.
- ❖ Member of management committee – Wote Technical Training Institute
- ❖ Member of bursary selection committee – Wote Technical Training Institute
- ❖ Possession of a valid classes B.C.E Driving license
- ❖ Possession of certificates of merit from Kenya Technical Teachers College (K.T.T.C) for being hostel representative, young Christian student (Y.C.S), choir master and committee member of the wildlife club.
- ❖ Certificate of attendance of Training of Trainers course (TOT) awarded by Kenya Institute of management (K.I.M).

- ❖ Chairman small Christian community (Multipurpose catholic church – Makueni Parish)
- ❖ Committee member – Multipurpose catholic church in Wote town, Makueni Parish.

HOBBIES

- ❖ Reading, engaging in constructive discussion, listening to music and traveling.

REFEREES

1. Mr. Alex M. Vavu

Principal Wote Technical Training Institute

P.O. Box 337,

Makueni, Kenya

Telephone : 254-4433097

Cell no. : 254734137908

2. Fr. John Makewa

Makueni Catholic Mission

P.O. Box 35,

Makueni, Kenya

Telephone : 254-4433386

Cell no. : 254735425940

Certified true copy of my curriculum vitae this day TH 18 August 2008.....

Signature 