

**THE INFLUENCE OF SELECTED FACTORS ON DRUG ABUSE AMONG PUPILS  
IN PUBLIC PRIMARY SCHOOLS IN NYAMIRA COUNTY, KENYA**

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**A thesis submitted to Graduate School in partial fulfilment for the requirements of the  
Master of Education degree in Guidance and Counselling of Egerton University.**

**EGERTON UNIVERSITY**

**NOVEMBER 2018**

## **DECLARATION AND RECOMMENDATION**

### **Declaration**

I declare that this thesis is my original work and has not been presented for the award of a degree in this or any other university.

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### **Recommendation**

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## **DEDICATION**

This work is dedicated to my dear wife Lilian Ouko and my children Mitchel , Stanley and Adriel who looked forward to the time I would complete my studies.

## **ACKNOWLEDGEMENT**

I sincerely wish to thank our Almighty God our Creator and sustainer, for having given me life and opportunity to move this far, Glory and Honour belong to Him forever.

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## **ABSTRACT**

Drug abuse amongst youth and especially those schooling has become a major social problem not only in Kenya, but globally. Drug abuse amongst schooling youth has led to decline in their performance, increased drop out, increased cases of indiscipline and even death. Many studies have offered mixed or inconclusive findings on the causes of drug abuse amongst schooling youth especially those at primary level. The purpose of this was to establish how family factors, social economic status, community environment, and peer pressure influence drug and substance abuse amongst public primary school pupils in Nyamira, County. The study employed descriptive research survey design on class 6, 7, and 8 pupils and selected members of the guidance and counselling (G&C) departments. A sample of 220 pupils was selected from a population of 12045 pupils through proportionate stratified sampling together with 20 teachers from the G&C department who were purposively sampled. A semi-structured questionnaire was used to collect quantitative data from the pupils, while an interview schedule was used to collect qualitative data from the G&C teachers. For purposes of validity and reliability of the instruments, the questionnaire was piloted in five schools in Borabu Sub-County and their reliability was ascertained using Cronbach alpha. The reliability of the questionnaire item was well above 0.75. Quantitative data was analysed descriptively and inferentially using a Chi-square in SPSS version 23, and the stated hypothesis was rejected at 5% significance level. Qualitative data was transcribed and analysed thematically. The study established that decline in family nature and structure, coupled with failure by the community to have a united approach in drug abuse has negatively influenced the surge in drug and substance abuse amongst pupils in schools. It was evident from the findings that peer pressure seems to be a major precursor to earlier awareness and initiation into the use and abuse of drugs and substances. The study recommends active parental involvement in the schooling and upbringing of their children. The study further recommends that all stakeholders in education be involved in the fight of drug abuse either through policy legislation or by playing an active role in their respective areas of jurisdiction.

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## **ABBREVIATIONS AND ACRONYMS**

<b>AID</b>	Acquired Immunodeficiency Syndrome
<b>APC</b>	Alcohol Per Capita Consumption
<b>APC</b>	Alcohol per capita consumption
<b>CBS</b>	Central Bureau of Statistics
<b>CNS</b>	Central Nervous System
<b>CV</b>	Coefficient of Variation
<b>EADIS</b>	East Africa Drug Information System
<b>EMCDDA</b>	European Monitoring Centre for Drug and Drug Addiction
<b>G/C</b>	Guidance and Counselling
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDUs</b>	Injecting Drug Users
<b>LSD</b>	Lysergic Acid Diethylamide
<b>MTF</b>	Monitoring the Future
<b>NACADA</b>	National Agency for the Campaign Against Drug Abuse
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>NDCS</b>	National Drug Control Strategy
<b>NSDSACK</b>	National strategy for drug and substance abuse control in Kenya
<b>OCD</b>	Over the Counter Drugs
<b>PCP</b>	Phencyclidine
<b>PWID</b>	People who Inject Drugs
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration

<b>SES</b>	Social Economic Status
<b>SPSS</b>	Statistical Package for Social Science
<b>UNAIDS</b>	United Nations Drug Campaign Programme
<b>UNDCP</b>	United Nations Drug Control Programme
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background of the Study**

There is a worldwide upsurge of drug and substance abuse among different cohorts in society. The term drug abuse has been defined in many ways by different scholars and medical practitioners. Leonardi-Bee, Jere, and Britton (2011), defines drug abuse as the use of a drug with such frequency that it causes physical or mental harm to the user or impairs social functioning. Although the term seems to imply that it's the drug which abuses the user, it is the user who abuses the drug. Leonardi-Bee *et al.* (2011), further alludes that drug abuse is a pattern of drug use that diminishes the ability to fulfill responsibility at home, work or school. The World Health Organization, WHO (2006) also defined drug abuse as a state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural or synthetic).

From the above definitions, drug abuse can refer to the inappropriate usage of legal drugs or the use of any substance that alter feelings or state of consciousness. It is also the inappropriate use of drugs in a manner or amount inconsistent with the medical or social patterns of a given culture. These patterns include all aspect of drug usage by the youths ranging from how much, how often and what type of drugs are used and under what circumstances. Drug abuse simply means the improper use of drugs to the degree that the consequences are defined as detrimental to the user and or the society. According to National Agency for the Campaign against Drug Abuse (NACADA, Drug and Substance Abuse in Tertiary Institutions in Kenya: A situationanal Analysis, 2006), a drug is any chemical substance which when taken into the body can affect one or more of the body's functions. , define drugs as those substances which when injected, ingested or inhaled into the body system have the capacity to influence behaviour by altering feelings, mood, perception and other mental states.

Chebukaka (2014), observed that most of the drugs that are abused were first used for medicinal and recreational purposes. There is evidence that intentionally fermented alcohol existed from as early as 10,000BC when it was used in religion and worship, for recreation, medicinal use and quenching thirst by long distance travellers (Hanson, 1995). Marijuana was used as medicine from 2,737 BC in China then later in the 19<sup>th</sup> century, active substances used in production of drugs like cocaine and morphine were extracted and freely prescribed

by physicians for various ailments and even sold over the counter until problems of addiction gradually started being recognised (Kremer & Levy, 2008). Goldberg (2013), asserts that the earliest record of prohibition of excessive use of alcohol was in 2000BC in Egypt, but it was not until 1956 that legal measures against Drug Abuse were first established in USA. By 1950, many Asian countries placed high priority on Drug Control policies and the death penalty was prescribed for trafficking or possession of opium and its derivatives like heroin. Despite this, opium and its derivatives are still widely used in Asia.

According to the World Drug Report (UNDCP, 2012), 1.3 billion people or 30% of the world population use tobacco and 230 million people, an equivalent of 5% of the world population, aged between 15 and 16 years use illegal drugs. Another report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), estimates that 22 million people in Europe use marijuana (EMCDDA, 2012). Currently Africa and Asia account for 70% of global population using opium and its derivatives (UNDCP, 2012). During the pre-colonial days, drug use was accepted in many African countries, but they were regulated among the adults since it was a privilege of the elders, more often than not the male ones. Further, drugs were used for religious purposes to invoke trance, to aid mediation or for ritualistic reasons as well as pain relief or curing diseases, (National Agency for the Campaign against Drug Abuse, 2006). However, taboos, traditional values and family patterns which had for long given the society coherence, sense of belonging and identity have been disregarded and in some cases discarded altogether in our shrinking “global village”, resulting in drug abuse, even by children (Ondieki & Mokuu, 2012).

There are many factors that influence drug abuse among the youth. This can be categorised into Risk Factors and Preventive Factors, which can further be categorised into individual risk factors, family risk factors, peer risk factors, school risk factors and community risk factors. Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood of a youth engaging in problem behaviour such as the use of alcohol, tobacco and other drugs. Individual risk factors also includes alienation or rebelliousness, which is linked with early or frequent substance use (Mugisha, Arinaitwe-Mugisha, & Hagembe, 2003), and anti-social behaviour, which is associated with boys, in particular, who are aggressive at ages 5, 6, and 7 and anxiety or depression, which is related to greater drug use (Atwoli, Mungla, Ndung'u, Kinoti, & Ogot, 2011).

Other individual risk factors include early first use of drugs, where when children experience their first drug, they are more likely to get into problems later in their adolescent age(Sacerdote, 2011). In addition, external locus of control is another factor that influences one into abusing drugs. This is where adolescents who perceive that their lives are largely beyond their control are more apt to abuse substances than their peers who feel that they have a large measure of control over their lives(Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Lack of religious commitment is another individual risk factor that influences drug abuse among the primary school pupils. This is where religious beliefs protect children from involvement in drug abuse regardless of denomination or socioeconomic standing. The faith gives children a belief that their lives have meaning and the confidence that things will work out despite hard times(Kremer & Levy, 2008).

Children are continually expected to develop new skills and acquire knowledge, both in school and in their social environment outside school (UNDCP, 1998). According to WHO (1981), laboratory experiments with animals have demonstrated that a variety of psychoactive drugs impair the learning process. Similar results have been found in human studies (UNAIDS, 2000). Acute administration of cannabis and diazepam impair the memory (WHO, 1998). Since memory and other cognitive functioning are so essential to learning, it seems clear that frequent ingestion of drugs causes behavioural changes that may lead to poor performance, school absenteeism and school drop-outs (WHO, 1990). This is in agreement with Goldberg (2013), who states that brain development is on-going during adolescence and into the early twenties, and that drug experimentation during this time is more risky to the developing brain. He further adds that drug use during these neurologically formative years may inhibit the critical processes that nurture brain development to its conclusion. This makes this study therefore very important in that it is dealing with children whose brains can be destroyed by abuse of drugs.

Drug use is associated with social economic problems. It leads to demands on social services, the cost of which is borne not only by the individual user but also by the public (WHO, 1995). The effects include the societal responses such as prevention in form of rehabilitation and control programs(Mugisha *et al.*, 2003). The loss of resources already committed to education in the school drop-outs, intangible costs such as poor child development and deterioration of schools as learning institutions(Otieno & Ofulla, 2009). Drug abuse predisposes one to engage in irresponsible sexual behaviours once intoxicated. This may lead

to pre-mature pregnancies which eventually may cause a girl to drop out of school or even get into the temptation of performing abortion(Kremer & Levy, 2008).

Drug abuse can lead to hepatitis B<sub>1</sub>, HIV/AIDS infection, and septicaemia due to the use of non-sterile injection method in administration of drugs (UNAIDS, 2000). Deaths may occur due to overdose or mixing of psychotropic drugs with other substances (UNDCP, 2002). Alcoholism is known to cause damage to tissues or organs such as liver cirrhosis, while smoking causes lung and cardiovascular diseases (WHO, 2006). Non –specific health disorders may also result from neglect of personal hygiene and inadequate nutrition. Mental disorders such as cannabis psychosis have been reported to contribute 12-40% of all psychosis in Africa (UNDCP, 2002). According to NACADA (2006), in Nairobi alone 50% of students have in the past taken drugs. Half of these have become regular users. Between 30 to 40% in class seven, eight and form one have taken drugs at one time or another. NACADA further states that, drugs abused are available next to every family's door, thus they are available everywhere anytime, in kiosks, bars, social gatherings and over the counter.

According to Ndugwa *et al.*, (2011), learners in both primary and secondary schools start smoking at a very young age, way before they are 18 years of age, some being as young as 10 years. Ndugwa *et al.*, (2011),further states that, over 400000 primary school children in Kenya are smoking tobacco, where 160000 of this figure are girls. This therefore justifies this study, in that drug abuse is a reality among the young children in primary Schools. It is against this background that the researcher endeavoured to establish the influence of social-economic status, family influence, community environment and peer- pressure on drug abuse among Pupils in Public Primary Schools in Nyamira County, Kenya. Additionally much had been said and written about drug abuse among the post primary school students and none students but there was scanty information among primary school pupils. Furthermore Ndugwa *et al.*, (2011) did not find any written document on drug abuse among pupils in public primary schools in Nyamira County. The researcher therefore sought to fill this knowledge gap. Thus addressing the many raised concerns among parents, policy makers, campaigners against drugs, and institutions of learning on the fate of primary school pupils as regards to drug abuse.



## **1.2 Statement of the Problem**

Effects of drug abuse and related causes have dominated the discourse on human health in recent past (Kremer & Levy, 2008; Mugisha *et al.*, 2003). Many studies allude that drug and substance abuse is an emerging challenge in the provision of quality education in learning institutions in Kenya (Chebukaka, 2014; Sacerdote, 2011), and that its effects is influenced by many social, economic, and cultural factor factors. Various studies have posited that drug abuse is influenced by factors related to the changing society as a result of modernization, globalization and westernization (UNDCP, 2012). There are few studies that have been undertaken in Kenya regarding the causes and extend of drug abuse among public primary pupils (Chebukaka, 2014; Korir & Kipkemboi, 2014; Otieno & Ofulla, 2009). However, these studies offer mixed findings as regards the effect of family, community and peer group on the initiation and use (abuse) of drugs amongst public primary school pupils. A study carried out by NACADA (2007) revealed that children in primary school do abuse drugs due to different reasons, majority of which are due to peer pressure and social environments where the children socialise. However, since different parts of Kenya present different precursors to drug abuse, there was need to establish how certain factors in the family, community and peer groups influence drug abuse in rural and Peri-urban communities. As such, this study investigated the influence of social-economic, family status, community environmental and peer pressure on drug abuse among pupils in public primary school in Nyamira County, so as to address these research gaps.

## **1.3 Purpose of the Study**

The purpose of this study was to investigate the influence of selected factors on Drug Abuse among pupils in public primary schools in Nyamira County, Kenya.

## **1.4 Objectives**

The study was guided by the following objectives:

- i) To establish the influence of social-economic status on drug abuse among public primary school pupils in Nyamira County.
- ii) To establish the influence of family factors on drug abuse among public primary school pupils in Nyamira County.
- iii) To determine the influence of community environment on drug abuse among public primary school pupils in Nyamira County.

- iv) To assess the influence of peer pressure on drug abuse among public primary school pupils in Nyamira County.

### **1.5 Hypotheses of the Study**

In order to address the four objectives, the researcher came up with the following hypotheses.

*Ho<sub>1</sub>* Social economic status does not influence drug abuse among pupils in Public Primary Schools in Nyamira County.

*Ho<sub>2</sub>* Family factors do not influence drug abuse among pupils in Public Primary Schools in Nyamira County.

*Ho<sub>3</sub>* Community environment does not influence drug abuse among pupils in Public Primary Schools in Nyamira County.

*Ho<sub>4</sub>* Peer pressure does not influence drug abuse among pupils in Public Primary Schools in Nyamira County

### **1.6 Significance of the Study**

The findings of the study would enhance general awareness and education to the community, parents, educators, policy makers, Ministry of Education, Campaigners against drug abuse such as NACADA and UNODC about problems and needs of pupils at this level. The information would also be important in strengthening the guidance and counselling departments and health clubs in primary schools to help prevent or control drug use among the pupils. The findings would enable Primary school administrators curb the drug abuse problem before it escalates into drug dependence and addiction. The findings would also add to the existing knowledge on drug use and abuse for readers and future researchers.

### **1.7 Scope of the Study**

The study was carried out in Nyamira County. Two Sub –Counties, Nyamira and Nyamaiya were sampled out for the study because of their representative characteristics. Nyamira is an urban area while Nyamaiya is more of a rural area. The study limited itself to the sampled public primary schools. The target population was the public primary school pupils who presumably were in standard 6, 7 and 8. This was because approaching adolescent stage they are likely to experiment on many things including drug abuse. The study sought to establish information on the influence of socio-economic status, family factors, community

environment and peer pressure, on drug abuse among pupils in public primary schools in Nyamira County.

### **1.8 Limitations of the Study**

The study experienced some limitations however the researcher was quick to offer a solution. Some of the limitations and the solutions offered are discussed as follows.

- i) Some of the pupils in public primary schools in Nyamira County had difficulties in comprehending the questionnaire. The researcher solved this by explaining the contents of the questionnaire to the pupils before filling it.
- ii) Some institutions found the research sensitive since drug abuse is illegal and were suspicious. The researcher overcame this by visiting the institutions in person and explained the aim of the study.
- iii) Due to the sensitivity of the issue of drugs some respondents might have inhibited honest responses, but the researcher assured them of confidentiality.

### **1.9 Assumptions of the Study**

For the researcher to proceed well with the study, the following assumptions were made.

- i) Primary school pupils in Nyamira were involved in drug abuse.
- ii) The pupils were willing to give honest and true personal experience without fear of being intimidated by the nature of the subject of investigation.
- iii) The factors under investigation did influence drug abuse.

## 1.10 Operational Definition of Terms

The following terms were accorded the explained meaning in this study.

**Drug Abuse:** conventionally, it refers to the the habitual taking of illegal drugs. But in this study it implies use of any of substance that alters feelings or state of consciousness. It is also the inappropriate use of drugs in a manner or amount inconsistent with the medical or social patterns of given cultures.

**Drug:** Conventionally it is any chemical or natural substance, apart from food, which may be inhaled, drunk, rubbed on, injected resulting to change of functioning of the body. In this study, the same meaning is implied

**Public School:** The Education Act, Chapter 211, defines a public school as one that is maintained and run through public funds. In this study the same meaning is adopted.

**Pupils:** According to the education act, chapter 211, a pupil is: a person enrolled as a pupil or student in a school. In this study, it refers to the learners in class 6, 7 and 8 in primary schools.

**Teacher Counsellors:** These are teachers in a school setting charged with the responsibility of helping students individually or in small groups to deal with the concerns or difficulties they are experiencing. In this study the same meaning is upheld.

**Peer Pressure:** Conventionally, it refers the direct influence on people by peers, or the effect on an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviours to conform to those of the influencing group or individual. In this study it refers to when people your own age encourage you to do something or keep from doing something else, no matter if you personally want to or not.

**Socioeconomic Status (SES)** is a measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. In this study the same meaning is adopted.

**Family Factors:** It refers to the quality and nature of the parental nurturance that the child receives. It is the parents' behaviour, relationship between parents and the individual, relationship between the parents, relationship between siblings, the family atmosphere and, family's economic standing

**Community Environment:** conventionally it refers to the surrounding where the pupil stays. But in this study it refers to community policies, easy availability of drugs and the social cultural factors that may influence drug use.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In this chapter the researcher strived to give an overview of the drug situation globally and in Kenya and further explored the risk factors and protective factors to drug abuse, types of drugs and their effects, nature of drugs and their consequences, and the theoretical and conceptual frame works.

#### **2.1.2 Global Overview of Drug Abuse**

A drug is any chemical substance which when taken into the body can affect one or more of the body's functions (NACADA, 2006). (Mugisha *et al.*, 2003) defines drugs as those substances which when injected, ingested or inhaled into the body system have the capacity to influence behaviour by altering feelings, mood, perception and other mental states. Drug abuse on the other hand refers to the use of illegal drugs or the inappropriate use of legal drugs. Sacerdote (2011), postulates that, drug abuse is a pattern of drug use that diminishes the ability to fulfill responsibility at home or at work. It also results in repeated use of the drug in dangerous situations that lead to legal difficulties.

According to the 2015 World Drug Report of the United Nations Office on Drugs and Crime (UNODC). It is estimated that a total of 246 million people - slightly over 5 per cent of those aged 15 to 64 years worldwide - used an illicit drug in 2013. Some 27 million people are problem drug users, almost half of whom are people who inject drugs (PWID). An estimated 1.65 million of people who inject drugs were living with HIV in 2013. Men are three times more likely than women to use cannabis, cocaine and amphetamines, while women are more likely to misuse prescription opioids and tranquillizers. It is estimated that almost a quarter of a billion people between the ages of 15 and 64 years used an illicit drug in 2013. The report further indicates that an estimated number of drug users had actually risen by 6 million from 240 million to 246 million owing to the increase in the global population in the past 3 years. With some 27 million people or 0.6 per cent of the population aged 15-64, estimated to suffer from problem drug use, including drug-use disorders or drug dependence. The 2014 world report asserts that, More than a billion people, or 20 percent of the human race, smoke tobacco. Some 15 million people around the world use injection drugs, such as heroin. Eastern Europeans are both the heaviest smokers and drinkers in the world. Asians drink the least. "One thing that stands out is that countries that are predominantly Muslim have a much

lower rate of alcohol consumption as compared to those that are not. The report further points out that Alcohol consumption is also lower in the least developed countries as compared to the developed ones.

Gender differences within countries also matter(Becker & Hu, 2008). In Saudi Arabia, 38 percent of men smoke compared to just 5 percent of women. In Sierra Leone, 48 percent of men and 20 percent of women smoke. And in Vietnam, 46 percent of men smoke, but only 2 percent of women smoke. While drinking and smoking is "predominantly a male behaviour" in some countries, says Gowing, that's not the case in the West: "What comes with women's liberation is the right to keep up with males, and that applies to addiction as well. In the United Kingdom, for example, men and women are even when it comes to smoking: 22 percent. Studies indicate that only 15% of alcohol consumption is recorded in Kenya. Based on this measure Kenyans aged 15 years and above on average consume 1.74 litres of pure alcohol annually (WHO, 2004). This can be compared to some other African countries like Zimbabwe (5.08 litres) ,Tanzania (5.29 litres), and Botswana (5.38 litres). conversely , based on unrecorded alcohol, the per capita consumption (15+) from 1995 was 5.0 litres, which compares with levels found in African countries such as Swaziland (4.1 litres), Rwanda (4.3 litres), Burundi (4.7 litres), Seychelles (5.2 litres), Zimbabwe (9.0 litres), and Uganda (10.7 litres) (WHO, 2004). This therefore shows that drug abuse behaviour the world over, is not in the downward trend though it is somewhat stable. Kenya and Nyamira County is part of the world hence the need to carry out this study to see its contribution to the world drug trends.

### **2.1.3 Overview of Drug Abuse Situation in Kenya**

A survey carried out by Pride International in 1998 indicated that one in every fifteen learners in Kenya took illicit drugs, especially bhang. The report further showed that 80% of these learners in schools were aware of illicit drugs but only 6% of them knew the harmful effect of drugs(Kremer & Levy, 2008). Majority of the users start with gateway drugs (alcohol and tobacco) and then get into bhang, which is a transition drug. In the urban areas, hard drugs such as cocaine, heroin, and opium are on the increase(Kwamanga, Odhiambo, & Amukoye, 2003). The NACADAA (2007), countrywide survey alluded a current usage of alcohol (i.e., consumption in the last 30 days) among persons aged 15-65 years (n = 3,356) to be 14.2% with male consumption being 22.9% and female consumption being 5.9%. Other rates of consumption were: rural -13.0%, urban - 17.7%; legal/packaged, alcohol – 9.1%, traditional

liquor –5.5%, and chang’aa, 2–3.8%. Disaggregating by province, the lowest use was found in North Eastern (0%) and Western provinces (6.8%) while the other six provinces were comparable with a range of 13% - 19% (i.e., Rift Valley - 12.5%, Eastern – 14.8%, Nyanza –17.0%, Central –17.7%, Coast –18.6%, Nairobi –18.6%). Nyanza Province where this study is based rates highly in alcohol consumption, hence the need to investigate the influence of Social Economic Factors, Family factors, community factors and peer pressure on alcohol consumption in Kenya. This study further revealed that 2.4% of the children (10- 14 years old) had ever consumed chang’aa while 15% of 15-65 year olds had ever consumed the same highly potent illicit spirit. This means that the Kenyan child of whom this study is concerned is not spared from drug abuse.

A study by Atwoli *et al.*, (2011), among standard 8 pupils in Mathare Division in Nairobi revealed that, 41.2% (169) of the pupils had used drugs in the last one month. Both boys and girls were found to use the different types of drugs although with differences in preference. Alcohol and miraa were popular with both sexes but marijuana, cocaine and cigarettes were not popular with the girls, but rather they were more prevalent among the boys. This agrees with Pride International’s findings that children at very tender age do abuse drugs. Otieno and Ofulla (2009), carried out a study on drug abuse in Kisumu town (n=458). His findings were that the most commonly abused drugs (57.9%) and (34.7%) were alcohol and tobacco respectively. Other drugs abused by secondary school students included khat (23.1%), inhalants (3.7%) and cannabis (18.3%). The commonest reason for drug abuse (47.3%) was to enjoy the feeling the substance gives them, (37.8%) for experimentation. Other reasons cited included friends influence (8.7%), influence from relatives (2.1%), treating stomach ailments (2.9%) and for stress relief (0.8%). He also established that by the age of 15 years, 34 students (7.4%) were already abusing drugs.

NACADA (2017) carried out a survey using Steadman group whose sample was 3016 of whom 932 were children aged 10-14 years and its findings were: Nationally, 8% of the children have used some alcohol at least once in their life time, 13% of them have used other drugs and 4% of these children have used cigarettes at least once in their life. The survey further revealed the median age of first use of “changaa” and cigarettes is 9 years and by age 10, half of them have tried chewing/sniffing tobacco, traditional liquor, and ‘miraa’. The median age of use of packaged alcohol is 11 years while that of bhang is 14 years. The statistics indicate that indeed children engage in drug abuse at a tender age. For that reason,

the researcher sought to determine the influence of social economic, family factors, community environment and peer pressure on drug abuse (Atwoli *et al.*, 2011; Koech, 2013). A cross-sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behaviour in 5,311 secondary school students in Nairobi, Kenya found that a total of 2,246 (42.29%) were ever smokers out of which 38.6% were males and 17.9% females. It further revealed that experimentation with drugs started at 5 years and regular smoking at age 10 years. Majority of the students 72.2% started at between age 12 and 16 years (Kwamanga *et al.*, 2003). In this case, the popular belief that children in primary schools are young to engage in drug abuse is not true. This therefore further prompted the researcher to investigate the influence of the selected factor in drug abuse among Pupils in Primary Schools.

Statistics obtained from the Kenya Central Bureau of Statistics indicate that alcohol manufacture was 222.3 million litres in 2003, 237.5 million litres in 2004 and 266.3 million litres in 2005, showing an upward trend in production. The same source indicate that cigarette production assumed the same trend in that 4.7 billion sticks were produced in 2003, 5.3 billion in 2004 and 7.2 billion cigarettes in 2005. Miraa is grown largely in Meru region where it dominates the local economy while utilizing child labour leading to low school enrolment and high dropout rates in the region (National Strategy for Drug and Substance Control in Kenya 2007). Heroin and Cocaine abuse is growing rapidly in Kenya and is spreading from urban to rural areas (UNODSACK 2007-2011:7). WHO Report (2001) indicated an estimate of 10,000 heroin users in Nairobi, 50% of these being Injecting Drug Users (IDUs). Consistent with that, records from 2000 show that Opioid-related diagnosis patient morbidity accounting for 7% of in-patient admissions in Mathari Mental Hospital with a further 9% attributed to drug induced psychosis (EADIS, 2001).

Barry Paul in his research, gives shocking statistical information indicating that a percentage of people aged between 15- 60, shows Kenya as the leading in east Africa on abuse of cocaine by 0.1 million . It is second in East, North and Central Africa on abuse of Cannabis sativa by 4.0 million to Mauritius which hosts 7.2 million. He further asserts that Kenya is second to Mauritius in abuse of Opiates in North and East Africa by 0.2 million to Mauritius which holds 2.0 million of its population. Chersich, Bosire, King'ola, Temmerman, and Luchters (2014), in his research among the major towns in Kenya found out that the estimated HIV prevalence among IDUs in Nairobi, Malindi, and Mombasa were between



68% and 88% a risk of increased transmission of HIV, in addition, bhang is the commonly cultivated and used illicit drug in Kenya and it is grown mainly in the Mt. Kenya region, Migori, Homabay, Uasin Gishu, Malindi and Kilifi districts. It is also smuggled into Kenya from neighbouring countries (NSDSACK 2007-2011:7). Population communication Africa(Chebukaka, 2014), concludes that almost every Kenyan youngster at one time or another experiments with drugs, especially with beer and cigarettes. From the above reviewed literature it is clear that drug abuse is not only a major problem in Kenya but also a concern that is affecting very young children. This study focuses on children in Nyamira County and will examine the Influence Of selected factors on drug abuse among pupils in public Primary Schools in Nyamira County, Kenya.

## **2.2 Factors Influencing Drug Abuse among Pupils in Public Primary Schools**

There are many factors that influence drug abuse among the youth in Kenya(Chebukaka, 2014; Korir & Kipkemboi, 2014). For purposes of this research, the researcher had categorised these factors into: Risk Factors and Preventive Factors. The risk factors had further been categorised into: Individual risk factors, family risk factors, peer risk factors, school risk factors and community risk factors. Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood that the youth will engage in problem behaviour such as the use of alcohol, tobacco and other drugs.

### **2.2.1 Socio-economic Factors**

According to the WHO (2014) it is generalised that the greater the economic wealth of a country, the more alcohol is consumed and the smaller the number of abstainers. As a rule, high income countries have the highest alcohol per capita consumption (APC) and the highest prevalence of heavy episodic drinking among drinkers (WHO, 2014). Surveys and mortality studies, particularly from the developed world, suggest that there are more drinkers, more drinking occasions and more drinkers with low-risk drinking patterns in higher socioeconomic groups, while abstainers are more common in the poorest social groups.

Goldberg (2013), in an article in the International journal of addiction states that an increased use of dependence -producing drugs has been reported among adolescents from middle and upper socio-economic classes. Previous research has shown that adolescents with low socioeconomic status are more likely to engage in substance abuse, as are adults with high

socioeconomic status. Yet a new study by Ngesu, Ndiku, and Masese (2008), reveals that adolescents with high socio-economic status (measured by parental education and household income) are also at risk for substance abuse. It found that higher socioeconomic status among adolescents was associated with greater rates of binge drinking and marijuana and cocaine use in early adulthood. There was no significant correlation between high socioeconomic status in adolescence and crystal methamphetamine or other drug use(Ngesu *et al.*, 2008).

A study carried out in the Republic of South Africa on 9,872 adolescents taken from the National Longitudinal Survey of Adolescent Health (Add Health) tracked students in grades 7-12 and their parents, which included a follow-up interview with respondents of 18-27 years old, revealed that that higher parental education was associated with higher odds of binge drinking and marijuana use and cocaine use in early adulthood. Higher household income in adolescence was associated with a higher probability of binge drinking and marijuana use. A study conducted in Kisumu, Kenya, by Ndugwa *et al.* (2011), found out that socio-demographic factors influencing drug and substance abuse were gender (Odds ratio=1.90), mothers marital status at birth ( $p=0.03$ ), number of siblings ( $p=0.01$ ) and area of residence ( $p=0.02$ ). From the above studies it is clear that social class is an important variable because different classes are linked with different standards of living and different social problems.

A research on heroin addiction among males was conducted in New York City. This study revealed that the highest concentration of addiction was occupied by a high proportion of black and Puerto –Rican residents who had a low income and hence low status occupation(Chen, Cen, Li, & He, 2005). In the same vein,Kabiru and Orpinas (2009), argues that alcohol addiction is confined mostly to poorest areas which are normally characterised by low income and most unstable families. Drinking of local alcohol is dominant in low income earners. Nevertheless the affluent also engage in alcohol taking due to the ability to buy the bottled beer, wine and spirit. The parents of this social class give a lot of pocket money to the students(Kabiru & Orpinas, 2009; Leonardi-Bee *et al.*, 2011). This prompts the students to indulge in alcohol consumption. During weekend and holidays, those with high income converge for drinking with their friends. This becomes a routine due to the fact that they have enough to spend.

### **2.2.2 Family Risk Factors**

Families influence their children in taking alcohol if they form a tendency of drinking in the presence of their children(Leonardi-Bee *et al.*, 2011). Children who come from homes where parents take alcohol tend to imitate the behaviour of their parents by engaging in taking alcohol. The culture of parents going to entertainment joints and pubs with their children affects their behaviour. The children will engage in alcohol drinking early or later in life. The attitude of parents towards alcohol, tobacco and other drugs play a major role in children's behaviour(Ondieki & Mokuu, 2012). Young people learn from what they see by imitating what their parent and other significant people in the community do(Chebukaka, 2014). A survey report released by the National Agency for Campaign against Drug Abuse (NACADA,2012), shows that young people, aged between 10 and 24 years whose parents use or sell alcohol and other drugs are likely to abuse these substances themselves. At times, the youth, including students, who sell such substances on behalf of their parents, are themselves exposed to substance abuse in due course(Sacerdote, 2011).

According to the 2014 WHO report on alcohol consumption and health, a family history of alcohol use disorders is considered a major vulnerability factor for both genetic and environmental reasons. Parental alcohol use disorders have been found to negatively affect the family situation during childhood. Parents with alcohol use disorders display particular patterns of alcohol consumption and thereby increase the likelihood that their children will develop drinking patterns associated with high risk of alcohol use disorders when they are introduced to alcohol. Heavy drinking by parents affects family functioning, the parent-child relationship and parenting practices, which in turn affects child development adversely(Kothari, 2004; Kremer & Levy, 2008). The mistreatment of children, including sexual abuse, physical abuse and neglect, may also lead to childhood psychopathology and later to problem drinking(Di Chiara, 2000).

Nightlife environment is a great opportunity for the youth to engage in alcohol consumption and often predisposes them to risky sexual practices as alcohol is known to promote sexual encounters(Sacerdote, 2011). There is a belief among the youth that alcohol consumption can improve sexual performance and increase sexual pleasure(Oteyo & Kariuki, 2009). A study has shown that English young adults who drank and used illegal drugs had more sexual partners and had engaged in more episodes of unsafe sex compared to non-users(Kremer & Levy, 2008). Binge drinking episodes were causally associated with unsafe sex and sexual

violence among adults in Africa (Di Chiara, 2000). A study carried out by (Kabiru & Orpinas, 2009), in Central Division of Machakos District in 2009 that targeted public secondary schools found out that there is a significant relationship between drug abuse and use of drugs by other family member. This researcher also came up with a variety of factors that contribute to drug abuse such as curiosity, acceptance by peers and ignorance as to the dangers of drugs (Kabiru & Orpinas, 2009). This study, like other studies, considered secondary school students who are already in their teenage. This therefore makes it important to investigate how the situation is in Primary Schools of which this study targets. A survey report released by NACADA in 2004 says that, young people between 10 and 24 years, whose parents use or sell alcohol and other drugs, are likely to abuse the substances. At times youth, including students who sell on behalf of parents, are themselves exposed to substance abuse in due course (Chebukaka, 2014; Kabiru & Orpinas, 2009).

A study of drug abuse in public secondary schools in Kenya by Chebukaka (2014) revealed that living with a male relative such as a father or a step-father increased the tendency of lifetime drug use, and so did living with brothers and sisters. Smoking and alcohol consumption were also associated with living with brothers and sisters who smoke and drink. Mother's education was significantly associated with use and non-use of alcohol, with the percentage of students who used alcohol increasing with higher levels of mother's education. Interestingly, a study of peer group influence, alcohol consumption and secondary school students' attitudes towards school in Uganda revealed that there was no significant relationship between peer group influence and alcohol consumption (Sacerdote, 2011). Emotional, social and physical transformations that can expose young people to emotional and health vulnerabilities are the main features of adolescence period. In this stage of development, young people begin to engage in risky behaviours, such as alcohol/drug use and unsafe sex (Oteyo & Kariuki, 2009).

Literature available indicates that authoritative parenting is associated with lower rates of substance abuse than autocratic, permissive or uninvolved parenting (Sanders, 2000). Authoritative parenting is a constellation of parenting characteristics that include warmth and responsiveness as well as moderate to high levels of control; control is defined as firm and consistently enforced rules and standards for the child's behaviour. Youngsters who undergo family transitions often experience temporary psychological difficulties which may be associated with increased substance use (Ndugwa *et al.*, 2011; Otieno & Ofulla, 2009). One

aspect of parenting that appears particularly important to substance abuse is negative communication patterns between parents and their adolescents(Sandelowski, 2000). Poor parental monitoring is a powerful predictor of substance abuse. Knowing where teens are, what they are doing and who they are with may be especially important in the after-school hours; one study linked unsupervised after-school time to substance use and abuse(Hanson, 1995; Kwon, Lee, & Shin, 2014).

According to (Kwamanga *et al.*, 2003), children from homes where parents take drugs tend to imitate the behaviour of their parents by taking illegal drugs. When parents or siblings are heavy users of alcohol or recreationally use illegal drugs, youth are more apt to use substances as well(Korir & Kipkemboi, 2014; Ngesu *et al.*, 2008). For example, a household which includes one cigarette smoker doubles the likelihood that a teen will smoke or expect to smoke (Hawkins, Catalano, & Miller, 1992). Modelling of drug use by siblings appears to be a better predictor of a younger brother's use than parental use(Sanders, 2000). But parents who involve their children in drug use (i.e. asking their child to get them a beer or to light a cigarette) increase the likelihood that teens will use or abuse drugs. Youth are more apt to get involved in alcohol use when parents are tolerant of children's use(Greenberg *et al.*, 2003), and when there are few or inconsistent rewards for non- use (Ondieki & Mokuu, 2012).

### **2.2.3 Community Environment Factors**

Alcohol abuse appears to have a genetic component, although the magnitude and mechanism of such a factor are not yet clear. No evidence yet exists that can separate genetic and family environmental contributions to drug abuse. In general, so far only environmental and intra psychic factors have been implicated in drug use and abuse among children and teenagers, although it seems likely that genetic factors may contribute more to drug abuse than use (Koech, 2013). Majority of the studies have given attention to urban and suburban youth because drug use has been thought of primarily as an urban problem, arising in poor American neighbourhoods and ghettos. However, rural America has been assumed to be somewhat immune to such alcohol and drugs abuse problems. Many recent studies have shown that in different regions, with different populations, and at different times, certain substance-use behaviours are prevalent among rural youth(Ndugwa *et al.*, 2011; Otieno & Ofulla, 2009).

A study by Sanders (2000), on three small rural communities in the Rocky Mountain region of America, found that the 12th-grade students in their sample had significantly higher rates of alcohol and LSD use when compared with national data, but lower rates of use for marijuana, uppers, downers, and tranquilizers. (Lamborn *et al.* (1991); Ngesu *et al.*, 2008), studied age of first use of alcohol and other drugs in a sample of approximately 4000 central and southern Illinois junior and senior high school students and found that use rates for most substances were similar to national data. However, rural youth began drinking alcohol earlier than their urban counterparts. In addition, 58% of high school seniors had driven after drinking or using other drugs(Lamborn *et al.*, 1991). Other studies that have examined the role of environmental risk factors involved in substance use has focused primarily on the roles of proximal influences of parents and peers (Beal *et al.*, 2001; Best *et al.*, 2005; Johnson *et al.*, 2002; O'Donnell *et al.*, 2008). In contrast, less is known about the effects of more distal contexts, such as schools and neighbourhoods, and interactions between proximal and distal settings. School environment have been found to be a fertile ground in initiation and continued use of alcohol, tobacco, and marijuana among early adolescents. Poor parenting practices and deviant peer affiliations has been shown to be consistent environmental exposures to substance abuse(Lamborn *et al.*, 1991).

Greenberg *et al.*, (2003), carried out a study about school culture as an influencing factor on youth substance use found out that value-added education was associated with reduced risk of early alcohol initiation (OR (95% CI) 0.87 (0.78 to 0.95) heavy alcohol consumption (OR 0.91 (0.85 to 0.96) and illicit drug use (OR 0.90 (0.82to 0.98)) after adjusting for gender, grade, ethnicity, housing tenure, eligibility for free school meal, drinking with parents and neighbourhood deprivation. They concluded that the prevalence of substance use in school is influenced by the school culture, and that understanding the mechanism through which the school can add value to the educational experience of pupils may lead to effective prevention programs(Kwon *et al.*, 2014). Relatively bigger proportions of children who think that drugs are readily available in school were likely to have ever used alcohol (NACADA 2012), and boarding students had experienced significantly more problems related to alcohol than day scholars(Chebukaka, 2014). Koech (2013), found out that mixed day schools had higher level of alcohol consumption than other school categories, whereas NACADA'S study on role of school environment in alcohol and drug abuse among students, evidence from public secondary schools in Nairobi found out that drugs were mostly abused when students were on

their way home, during weekends at school, during school outings, during school trips and during dinner at school competitions. These are times when students are least supervised. The findings also demonstrated that friends, their homes, fellow students and kiosks/shops near schools were the major sources of alcohol and drugs used in schools. A study by Ndugwa *et al.*, (2011) of the incidence of substance abuse among secondary school students in Nairobi province showed that school and family stress and drug availability contributed to drug use, boys abused drugs more than girls and drug abuse was more prevalent in mixed schools than other categories of schools.

Sacerdote (2011), carried out a study on the complacent or permissive community laws and norms. This study revealed that adolescents respond to adult messages and are being more likely to use substances acceptable to the community than those strongly disapproved of by the community. This means that adolescents are more apt to use substances in the context of permissive, complacent, or inconsistent laws, school and work place policies, and community norms. On the other hand, a study carried out by Chen *et al.*, (2005), found out that drug availability to the young people is clearly related to use. Thus in schools where students perceive there are more drugs available, higher rates of drug use occur. Control of the supply of drugs probably has the greatest effect on the behaviour of youngsters who have never-used or who are early experimenters. Alcoholic beverages are sold not only in bars but also in kiosks neighbouring institutions in small sachets, which are affordable to students and pupils and hence the name “*kumi kumi*” indicating how cheap it is in that it can be bought at only ksh. 10. Cigarettes also are sold per stick as low as between ksh. 2-5, which is affordable, and they are available in kiosks and villages around school institutions. This therefore makes it easier for pupils to experiment on them.

According to Kremer and Levy (2008), lack of concerted law enforcement leads to drug abuse. These writers further argues that while it is true that society will never be able to eliminate the supply of alcohol to underage drinkers, limiting supply remains an important strategy because it communicates the norms and beliefs of society and establishes the boundaries of socially sanctioned behaviour. For example, when violators are busted for selling drugs to minors, other people hear of it and are less likely to do it. According to Sacerdote (2011), lack of meaningful roles also contributes to drug abuse among the primary school children. Sacerdote (2011), asserts that as young people mature, they desire new rights, privileges, and responsibilities, many of which are reserved for adults. Further in

contemporary society, young people are permitted few opportunities to participate in legitimate government and community roles and therefore they search for other symbols of adulthood such as alcohol or sexuality, which some contend are the only tastes of adulthood available to young people. While empirical support for this argument is sparse, substance use does drop off markedly when young people enter responsible roles such as marriage and parenthood(Ondieki & Mokuu, 2012).

The scarcity of meaningful roles that confer adult status is exacerbated by the lack of clarity regarding when adolescents become adults; few formal ceremonies or rites of passage other than religious ceremonies like confirmation or graduation mark the transitions from childhood into adolescence or adolescence into adulthood. This haziness about when an adolescent becomes an adult also blurs the issue of when adolescent alcohol use is appropriate; this, in turn, contributes to a lack of consistent norms regarding drug use(Koech, 2013). The risk of youth involvement in substance abuse increases under conditions of low neighbourhood attachment. Low neighbourhood attachment means that community residents have little connection to others in the neighbourhood, parents don't talk to each other, and few community norms exist regarding such issues as curfews and drinking. This community disorganization can occur in middle and upper-middle class neighbourhoods as well as lower socioeconomic settings(Kwamanga *et al.*, 2003; Ogwel, Aström, & Haugejorden, 2003).

Communities marked by low quality housing and high levels of disorganization - vandalism, broken windows, and unoccupied dwellings - experience higher levels of drug abuse. Mobility is also associated with higher rates of drug-related problems, evoking the greatest harm among the transient and those who lack the socioeconomic resources and skills to integrate into new communities(Koech, 2013). Academic failure increases the risk of drug abuse but, conversely, drug abuse also increases the risk of academic failure. A study carried out by Kabiru and Orpinas (2009), found out that academic failure appears to be especially important in the late elementary grades; youth who are failing in grades 4, 5, and 6, for whatever reason, are more apt to get involved in drug abuse during high school Drug abuse is also associated with skipping school. Also when students move from an elementary school to a junior high school or middle school, academic achievement goes down, extracurricular participation goes down, feelings of being anonymous go up, and rates of drug use and drug abuse increase(Koech, 2013; Mugisha *et al.*, 2003).The timing of school transitions appears important with negative consequences more likely the earlier the transition occurs in a child's



life, and when it occurs in conjunction with several other life changes. Students most susceptible to the negative effects of school transitions include marginal students, those who lose friends during the transition, or those experiencing other problems(Ngesu *et al.*, 2008).

#### **2.2.4 Peer Risk Factors**

According to Chen *et al.*, (2005), the most important variable in predicting possibility of drug user is the degree of adolescent involvement in peer activities, the number of friends using drugs and friends attitude towards drug use. This implies that if a child joins a company of drug takers there is high probability of the child to indulge in beer taking. Chen *et al.*, (2005), further argues that in essence teenagers desire approval from their peers more than anything else. When their peers do something, they want to do it also.Goldberg (2013), asserts that adolescent is for many a difficult time of transition when experimentation is more common and questions regarding identity and self-concept are asked more frequently. The interests and expectations of peer groups have an important bearing on whether or not a person will try dependence producing drugs. A friend or peer group is likely to be the source of information to drug users on the availability of drugs and their alleged effects(Ondieki & Mokuu, 2012). Furthermore a desire for acceptance and social interaction in a particular peer group may result in starting and maintaining the use of alcohol. If a popular teenager offers you a drink, you might think that you'll become popular if you do what he or she say or do. When a close friend starts drinking, you may worry that you will lose the friendship if you don't join in. Almost every youth has tried alcohol and many are regular drinkers. Pleasure has become one of the contributing factors to the youth engagement in alcohol use and abuse(Sanders, 2000).

A Kenyan report on the status of drug and substance abuse in the year 2012, revealed that about 10% of children who have ever consumed alcohol have friends who take alcohol, compared to only 5% of those whose friends did not take alcohol. Moreover, those who have ever taken alcohol were likely to report that a close relative was using one drug or the other (NACADA 2012). Another study byOtieno and Ofulla (2009), an addiction counsellor with Elewa Ulevi Consultancy Services based in Nairobi found out that the reasons students gave for using drugs include peer pressure, death of a loved one, low self-esteem and to acquire a sense of belonging. The study also lists the risks associated with drug use among students as poor parent –child relationship, seeking sensational feeling and superficial peer drug use. However, this study used actual scientific tests for substance use among students by taking

urine and blood samples in participating schools and colleges in Kenya (n=452) between May and July 2012(Kabiru & Orpinas, 2009)

According to NACADA (2006), individuals associate with peers who share social definitions favourable to the performance of certain activities, the individual is likely to engage in. The quality of the peer group is the greatest determinant of whether the group would adopt good or bad behaviour. Drug and substance abusers like other non-users would seek approval from their peers. Mostly the peer group would convince new group members to join their habit in order to get acceptance. The same source found out that peer pressure accounts for 21 – 42% influence in all types of drugs consumed(Chebukaka, 2014). In addition, the peer sub-culture that endorses drug abuse facilitates the behaviour by making the drug available and by providing appropriate social setting and instruction for their use.

A person with friends who use drugs will be more likely to try the same kind of drugs; conversely, the individual who is already using drugs will be likely to introduce friends to the experience and one who is already a user is more likely to establish friendship with others who are also users(Korir & Kipkemboi, 2014). Kwon *et al.*, (2014), emphasises that there is a strong co-relation between adolescent drug experimentation and their affiliation with drug use in peers. If the group approves the use of any substance, adolescents feel a strong desire to conform to these expectations(Kwon *et al.*, 2014). Also when they give in to peer group pressure, they get approval and applause from others. This is also applicable to children who are the target of this study. The World Drug Report (2014), summarises that drug users like other people, seek approval for their behaviour from their peers whom they attempt to convince to join their habit as a way of seeking acceptance. Studies carried out by Sacerdote (2011) and Oteyo and Kariuki (2009), on drug abuse among young people showed that there is a significant relationship between the subjects' drug-using behaviour and the involvement of their friends in drugs. In their view, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased. The studies also argue that peer pressure encourages youth to use substances under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life.

Apart from risk factors discussed above, there are other factors which deter pupils from engaging in drug abuse known as protective factors. They include characteristics within the individual or conditions within the family, school or community that help young people

successfully cope with life challenges. When youth can successfully negotiate their problems and deal with pre-existing risk factors they are less likely to engage in problem behaviour such as drug and substance abuse. They are instrumental in healthy development; they build resiliency, skills and connections. Leonardi-Bee *et al.* (2011) , states that, if societal rules, norms, and policies are clear-cut and explicit, youngsters are less apt to initiate drug use. Clear rules include explicit limits in families, written and consistently enforced policies in schools, and clear norms and standards of behaviour in communities. These writers continues to argues that even if the norms are clear, teens need the motivation to abide by the norms and policies of the community. Bonding or emotional ties to family, school, and community provide the incentive or internal motivation to follow family rules, school and work place policies, and community norms. For youngsters to become bonded to their family, school or community requires three conditions: opportunities for involvement, the skills necessary to be successful in this involvement, and a consistent system of rewards and recognition(Goldberg, 2013; Ondieki & Mokuu, 2012).

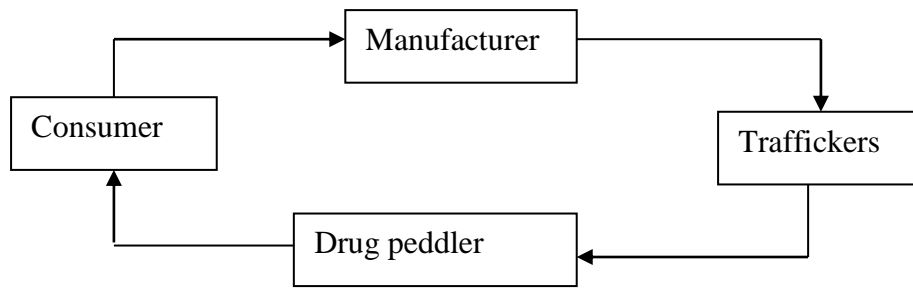
Goldberg (2013), asserts that even when teens have clear rules and the motivation to abide by them, they need the skills to resist a powerful influence on their behaviour - negative peer pressure. One of the most successful prevention programs has been teens teaching younger peers how to say no to sex, smoking, and to a lesser extent, alcohol. Sandelowski (2000), states those youths can be given the skills to resist negative peer pressure and alternatives to fill the void if they do not drink. When trying to extinguish one behaviour, it is much more likely to be successful if opportunities are provided to engage in behaviour. For example, people who quit smoking often substitute gum chewing. Having other options available also decreases the amount of negative peer pressure that adolescents must resist. Ndugwa *et al.*, (2011), carried out a study on drug abuse problems and preventive education in the Arab world. He proposed that schools' preventive programs start with the education of young people at the grass root level and continue over a considerable period of time. Parents and the school should work as a team as both are stakeholders in the moulding of and learning by the adolescents. He observed that the guidance and counselling departments need to deal with student issues early by helping the students to deal with and overcome any problem(Kwamanga *et al.*, 2003). The teachers- in – charge of guidance and counselling in schools should also keep records of students' developmental issues and behaviours. Guidance

and counselling would help to detect and correct behaviour as that would lead to or are symptomatic of drug abuse by the adolescents.

Di Chiara (2000), alludes that, schools should not limit education only to imparting knowledge on drug facts and their ill effects, as these may not sufficiently deter the youth from drug taking. Rather, she recommends that drug education should be taught in the context of health issues aimed at enabling the adolescent to adopt behaviour that will enhance and maintain good physical and mental health. Students should also be empowered to resist temptations and pressures related to drug abuse. These can be achieved by developing adolescents' self-esteem, locus of control and social skills. Self-esteem would give the adolescent confidence in himself/herself while skills such as assertiveness and how to resist pressure would empower the adolescent(Koech, 2013), points out that prevention of drug abuse can be done at three levels as follows. In the family, prevention programs can strengthen protective factors among young children by parents improving on their communication skills, using appropriate discipline styles; parents should provide firm and consistent rules and discipline, talking to children about drugs, monitoring their activities, getting to know their friends, understanding their problems and concerns and being involved in their learning(Ogwell *et al.*, 2003). In schools, focus is on children's' social and academic skills, including enhancing peer relationships, self-control, coping and drug refusal skills. If possible inclusion of drug prevention programs into the school's academic programs. In the community, prevention programs work with civic, religions, law enforcement and other government organizations to enhance anti-drug norms; pro-social behaviours(Ondieki & Mokuu, 2012).

The guidance and counselling unit in the Ministry of Education was created in the 1970s but to date it has not realised fully its objectives as explained by the Koech Report (1999). The Report among other issues pointed out lack of enough professionally trained counsellors in primary schools to attend to pupil's needs. In the event of non-functional or non-existence of guidance and counselling departments, the pupils tend to get guidance from very close friends. Mostly these friends would give wrong information including drug abuse (NACADA, 2006).

## 2.3 The Drug-cycle Syndrome



**Figure 1: Drug-Cycle Syndrome**

**Source:** Karechio, (1994)

According to Karechio (1994), there is a drug-cycle syndrome. One joins the cycle when one becomes a drug user. It consists of Manufacturers that supply drugs to traffickers, who supply the peddlers, who in turn peddle drugs across schools, markets, or even factories where they meet the consumer. In this case a Community where the cycle is broken, then their children are prone not to abuse drugs since accessibility will not be possible. The literature review has shown a number of factors that influence drug abuse. The researcher seeks to find out which of these factors carries more weight especially in influencing pre-teenagers in Nyamira County into abusing drugs.

## 2.4 Theoretical Framework

Theoretical formulations, which sought to explain the factors underlying the initial use of drugs and the process of development of psychological dependence on drugs, was explained. This study was based on a synthesis of two theories of drug abuse; namely: The social learning theory and the peer group learning theory.

### 2.4.1 Social Learning Theory

Social learning theory, associated with Bandura (1977) is concerned primarily with how behaviour is acquired and maintained in a variety of different environmental situations. Bandura underscores the importance of the process of imitation and modelling in significant learning. He believes that human beings acquire most patterns of behaviour by observational learning rather than by direct reinforcement and that behaviour is a complex interaction between the organism and its environmental situation. Bandura labelled this process “reciprocal determinism”. In his view the environment influences thinking and that, in turn, cognitive processes influences what the person does in specific situations.

In contrast to earlier theorists of behaviour, Bandura believes that actions are acquired primarily, by observational learning rather than operant or classical conditioning. For example the subject, the potential abuser, imitates the models in the environment that are significant in his/her life. The models in this case are the friends, parents or siblings. This may occur in an indirect manner that is, through experiences of others, hence vicarious learning. Bandura opines that people observe their social world, extract information from it, generate expectations and then make choices that maximise environmental rewards. Maintains an inner feeling of competence and at the same time avoid negative outcomes. Through observational and internalisation of what others are experiencing people learn bad and good behaviour. If one observes another taking drug he will be motivated to imitate the behaviour or act especially if that behaviour is reinforced positively. In this case, if the model appears excited (elated) sociable or aggressive (in timid people) the potential abuser is likely to imitate the behaviour. If the behaviour is punished by for instance the model becomes sickly, getting into legal conflicts or loosing friends, the model will not be imitated hence abstinence.

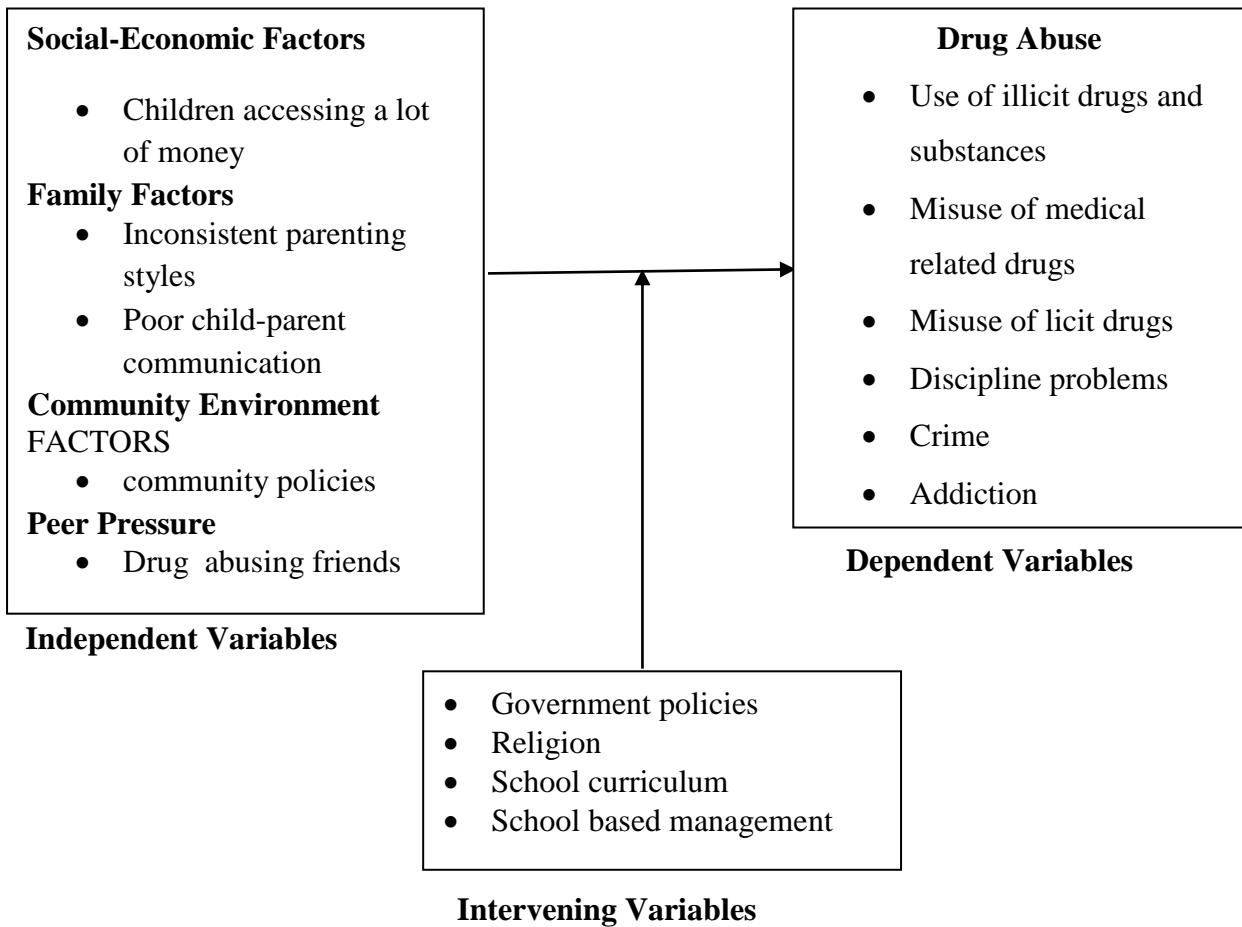
In Bandura's view the potential abuser has foresight full knowledge as to what the future consequences of his using drugs will be without direct experience. The respondents may choose not to use specific drugs because the anticipated reinforces are not worth the efforts and in some cases the consequences are negative. Actions are actually regulated by anticipating consequences of a given or similar behaviour. He determines what class of behaviour are to be limited with what frequency and intensity. This explains the case of multi-drug use, abuse and abstinence. This theoretical formulation is significant in this study as it underscores the importance of observation learning in the acquisition and sustenance of drug taking behaviour. Adolescents who are potential drug abusers observe drug-taking behaviour in their friends, parents or siblings who are significant in their lives. Through such observation potential drug abusers internalise the behaviour of the significant others depending on whether the latter's behaviour is reinforced positively or not. In this study the parents, sibling's relatives some of whom the pupil might be staying with add up to the list of significant others whom the pupil might imitate. At community level the celebrities, the well to do in the community including the teachers to the pupils if they engage in drug abuse then the pupil may copy their behaviour. Thus this theoretical framework is relevant to this study as it helps to explain the role of observational learning in determining drug-abusing behaviour among pupils.

#### **2.4.2 Peer Group Learning Theory**

The peer group learning theory associated with Paschke (1970), attempts to integrate sociological observation of the importance of peer influence on individual behaviour. His approach is derived from Hullian theory which states that drug taking behaviour is learned and is subject to habit strengths, which increase through repetition and reward. However, the response of taking drugs is of minimal habit strength because such behaviour has not been engaged in previously. This low position in hierarchy operates in the direction of avoidance. Such factors like fear of consequences and the moral reservation may reduce the tendency of taking drugs. On the other hand, incentives like curiosity and the desire for peer group approval will interact with these factors so that the potential abuser resolves the approach-avoidance conflict in favour of taking drugs. If the first experience with drugs is rewarded by social and physical pleasure, this act of taking drugs is reinforced. Such a habit is likely to take place again with habit strength increasing each time drug taking is repeated and rewarded.

The principle underlying this model is that the peer group values and norms are transmitted to an individual through constant rewarding of the conforming behaviour. Both continued and initial uses are based on membership in a peer group that approves of and is involved in drug taking. Given these conditions the social incentives for drug taking are obvious and will vary with the individual's perceived value of group membership. The theory of precognitive dissonance further suggests that if the group membership is highly valued, the pressure to conform to the behavioural norms of the group will be strong. The group for drug taking normally reinforces conformity by alternatively providing support to and approval of the individual who takes drugs. Such intra group processes have clearly defined implication for relapse. A former addict may decide to abstain from drugs, but finds himself unable to join non-using drug groups. Habit strength of drug taking is once again increased as the former addict re-joins his/her old peer group and pressure to conform reactivates the addict cycle. Paschke (1970) peer group learning theory is relevant in this study as it helps to relate peer influence to initiation to and continued use of drugs. This theoretical framework is therefore relevant in this study, as it will form a foundation upon which an investigation into the influence of socio economic factors, family factors, community environment and peer pressure on drug abuse among pupils in Nyamira County will be based.

## 2.5 Conceptual Framework



**Figure 2: Relationship between Selected Factors and their Influence on Drug Abuse among pupils in Public Primary Schools in Nyamira County, Kenya**

In this study, the dependent variable was drug abuse behaviour where drugs like bhang, ‘busaa’, chang’aa, ‘Miraa’ and cigarettes can be abused by the primary school pupils. The independent variables included the selected factors that may influence the abuse of drugs. They included social economic factors, family factors, community environment factors and Peer pressure. While intervening variable were the ways that the children were exposed to avoid drugs as shown in figure 2.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter deals with the procedure used in carrying out the study. It presents the various steps that were followed in the entire research. It includes the research design, the location of the study, the population, sampling procedure and sample size, data collection instrument, data collection procedure and data analysis.

#### **3.2 Research Design**

This study used the descriptive research design. This design is the most appropriate in this study because the variables cannot be manipulated since their manifestations have already occurred (Kothari, 2004). Further, this design is appropriate in an after the fact analysis of an outcome and it examines the effects of a naturally occurring treatment (Kathuri & Pals, 1993). This study focused on the factors influencing drug abuse, which had already taken place, among primary school pupils in Nyamira County.

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

The study was conducted in Public Primary Schools in Nyamira County. This was because Nyamira County is in Nyanza Province which was ranked third nationally of the provinces that abuse alcohol (NACADA, 2004). The location was also ideal given that many related researches had been conducted in urban settings hence Nyamira County with its rural characteristics would give a picture of the influence of selected factors on drug abuse in rural places in Kenya. Besides, no similar study had been carried out in the primary schools in the County.

#### **3.4 Population of Study**

The study was conducted among the Public Primary School Pupils in Nyamira County. There were 222 Public Primary Schools in the County. The target population was standard six, seven and eight pupils assumed to be between ages 11-14 years old. Only Public Primary Schools were considered for study and two sub-counties Nyamira and Nyamaiya with 99 Public Primary Schools and a Population of 12, 045 Pupils was selected for study. The standard 6, 7 and 8 Pupils were identified for study since they were at their pre-adolescent stage and were likely to be highly exploratory even into drug abusing behaviour. The two Sub- Counties Nyamira and Nyamaiya were selected for study because Nyamira Sub-County

had urban characteristics and Nyamaiya had rural characteristics hence a representation of the whole County.

**Table 1: Distribution of Schools and Pupils in Nyamira County by Gender**

Sub-County	Schools	Class/ Boys			Class/Girls		
		6	7	8	6	7	8
Nyamira	69	1389	1459	1127	1345	1498	979
Nyamaiya	30	770	823	548	741	834	532
<b>Total</b>	<b>99</b>	<b>2159</b>	<b>2282</b>	<b>1675</b>	<b>2086</b>	<b>2332</b>	<b>1511</b>

Source: DEO'S office Nyamira (2010)

### 3.5 Sampling Procedure and Sample Size

The sampling frame included the Public Primary Schools pupils in standard six, seven and eight and also teachers- in-charge of Guidance and Counselling in Nyamira County. A stratified random sampling procedure was used to identify the Schools and the Pupils. There was proportional allocation of the number of schools and pupils based on the population, after stratification by Sub- County, pupils' population and gender of pupils.

Teachers -in-charge of guidance and counselling were purposively selected. Purposive sampling was used so that the 20 teachers -in – charge of guidance and counselling from the sampled schools; would be included in the sample. This was based on the argument put forward by Miller (1976), which states that when practical considerations preclude the use of probability sampling, the researcher may seek a representative sample by other means. He looks at a sub-group that is typical of the population as a whole. Observations were then restricted to this sub-group and conclusions from the data obtained are generalised to the total population. The sample of pupils studied was determined by the use of the formula indicated by Nassiuma (2000). It utilizes the coefficient of variation and error margin, which is a measure of the reliability of the sample obtained, and the measure taken on the sample. Conventionally, the coefficient of variation should be less than or equal to 30%, while the error margin should be less than 5%.

The formula is as follows:-

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

Where

N = Population size

n = Sample size

e = Error margin

C = Coefficient of variation

$$n = \frac{12045 \times 0.3^2}{0.3^2 + (12045 - 1)0.02^2}$$

n=220.89

n=220 pupils

Where n is the sample of pupils. The sample size for schools was attained as follows:

$$n = \frac{99 \times 0.25^2}{0.25^2 + (99 - 1) \times 0.05^2}$$

n = 20.12195

n = 20 schools

Where the population is not homogenous, as in this case, the stratified sampling method employs the following formula to determine the number of subjects from each subgroup in the sample. This will ensure representation of all categories and all subjects in the study.

$$n = \frac{sn \times n_o}{SN}$$

Where

sn = Total sample of category

n = proportionate sample

n<sub>o</sub> = sample size

SN = Total population of all categories

The random selection of schools and pupils was done by the use of a random number table.

**Table 2: Distribution of Sample Schools and Pupils by Gender in the Study Area**

Sub County	Sample Schools	Class/ Boys			Class/ Girls			Total
		6	7	8	6	7	8	
Nyamira	14	29	31	21	30	29	19	159
Nyamaiya	6	12	10	8	11	11	9	61
<b>Total</b>	<b>20</b>	<b>41</b>	<b>41</b>	<b>29</b>	<b>41</b>	<b>40</b>	<b>28</b>	<b>220</b>

### 3.6 Research Instruments

Data was collected by use of a questionnaire and interview schedule. The questionnaire consisted of a list of items relating to the objectives of the study. The questionnaires were administered directly to the respondents and collected the same day. The questionnaire (Appendix A and B) composed of 2 sections. Section I included personal data and section II included matrix questions testing the extent to which selected factors influence drug abuse among Pupils in Public Primary Schools in Nyamira County. The interview instrument was employed to gather data from the teachers -in-charge of guidance and counselling due to its uniformity and it allowed the researcher to clarify ambiguous questions, thus improving accuracy of both questions and responses. It also provided higher quality information that was free from bias than any other instrument and it allowed greater interviewer-interviewee interaction.

### 3.7 Validity of Instruments

Content validity of the instruments was determined by the judgment of the experts as supported by Fraenkel and Warren (2000) The instruments was scrutinised by the researcher's supervisors to judge the items on their appropriateness of content and to determine areas that require modifications so as to achieve the objectives of the study as well as determining whether the items in the questionnaire represented all the areas that needed to be investigated. In addition, the researcher administered the questionnaire personally to ensure validity.

### 3.8 Reliability of the Instruments

Reliability is a measure of degree to which research instruments give consistent results after repeated trials (Mugenda, 2003). Reliability measures the stability of research instruments across two or more attempts. Reliability of the research instrument was pilot-tested in the

nearby Borabu Sub- County to ascertain the clarity. The split -half procedure was used to test the reliability of the questionnaire after the pilot testing. This procedure was chosen given that it was the simplest. Further, Cronbach alpha approach was used to estimate the reliability of the questionnaire by testing the consistency with which questionnaire items were answered. A co-efficient of 0.70 or more implies that there is a high reliability of data (Saunders, Lewis & Thornhill, 2009) therefore the study accepted values more than 0.70 to be reliable. The findings indicated that items in the instrument in overall had  $\alpha = 0.809$  while the individual variables each had a coefficient more than 0.70 hence the questionnaire was very reliable.

### **3.9 Data Collection Procedure**

Data collection method is a technique used for gathering data systematically from various sources for a particular purpose, while data collection instrument refers to the device used to collect data (Mugenda, 2003). The first step in data collection was for the researcher to get approval from the supervisors to proceed for field work. Then permission was obtained from graduate school, and Research permit from NACOSTI respectively. He then proceeded to the County Education Office for permission to go to the selected schools where the research was done. Then he visited the schools to inform the Head teachers of the intended research and to make prior arrangements for the administration of the questionnaire. On the actual day of data collection, the researcher gathered the pupils together using the appointed teacher to a pre-arranged room. He gave a brief introduction and assured the pupils of confidentiality before administering the questionnaire in person and ensuring no discussion to increase validity. Before moving to the next school the researcher carried out an interview with the teacher in charge of guidance and counselling to confirm some emerging facts from the questionnaire.

### **3.10 Data Analysis Procedure**

The data collected was organised and coded. Data was analysed both quantitatively and qualitatively. Quantitative data was analysed by frequencies, percentages, and chi square (Kathuri & Pals 1993:117). Qualitative data was transcribed and analysed thematically. The analysis of the structured items was done by using Statistical Package for Social Sciences (SPSS).

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.1 Introduction

This chapter presents the response rate, the demographic profile, and the profiled data on factors influencing drug abuse among primary school pupils in Nyamira County. The factors include; social economic factors, family factors, community environment factors and peer pressure. The results were analysed descriptively using percentages and presented in form of tables. Relationships between variables were established inferentially using a chi square test of independence.

#### 4.2 Response Rate

220 questionnaires were administered to the sampled pupils in classes 6, 7 and 8. 210 were filled and returned. After data cleaning, only 199 were completed and suitable for data analysis. This was equivalent to a 90% response rate. According to (Kothari, 2004), a 50% response rate is adequate, 60% good and above 70% rated very good. The good response was attributed to the researcher carrying out the research during school day when all the sampled pupils were present and administering the questionnaires in person.

#### 4.3 Demographic Profile of Respondents

The rationale of the study was to investigate factors influencing drug abuse among primary school pupils in Nyamira County. The relevant demographic factors included gender and age of the pupils, family structure, and community background where the pupils hail from.

##### 4.3.1. Distribution of Respondents by Class of the Pupils

The respondents were asked to indicate the class/standard in which they currently attend. This item sought to find out how the pupils were distributed among the three classes (class 6, 7, and 8). The results are shown in Table3.

**Table 3: Class Distribution amongst the Pupils**

<b>Class</b>	<b>Frequency</b>	<b>Percent</b>
Std 6	67	33.7
Std 7	71	35.7
Std 8	61	30.7
<b>Total</b>	<b>199</b>	<b>100</b>

From Table 3, it was found out that most of the respondents (35.7%) were in standard seven while 33.7% and 30.7% were in class six and eight respectively. This implies that the sample was a representative of the population of interest to the study.

#### 4.3.2. Distribution of Pupils by Gender

This study sought to find out how the respondents were distributed on gender basis. This was thought to be an important indicator in ascertaining any variation to drug abuse in relation to gender. The findings were as shown in Table 4.

**Table 4: Gender Distribution of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
Boys	103	51.76
Girls	96	48.24
<b>Total</b>	<b>199</b>	<b>100</b>

As indicated in Table 4, 51.76% of the pupils were boys while 48.24% were girls. This implies that both boys and girls were equally distributed in the sample.

#### 4.3.3. Distribution of Respondents by Age

The respondents were asked to indicate their respective ages. The findings are presented in Table 5.

**Table 5: Age Distribution amongst the Respondents**

<b>Age (yrs)</b>	<b>Frequency</b>	<b>Percent</b>
Below 10	3	1.5
10-11	17	8.5
12-13	133	66.8
Above 14 yrs	46	23.1
<b>Total</b>	<b>199</b>	<b>100</b>

The study found out that most of the respondents (66.8%) were of age 12-13 years, followed by 23.1% of age 14 years and above, 8.5% of age 10-11 years and only 1.5% of age below 10

years. This shows that majority of the respondents were in their teen years which was suitable age as per the requirement of the study.

#### 4.3.4. Distribution by Description of the Family

The pupils were asked to report the person they live with while out of school. The results are represented in Table 6.

**Table 6: Distribution by Person the Pupil Presently Stay with**

<b>Household Head</b>	<b>Frequency</b>	<b>Percent</b>
Both Parents	128	65
One Parent	39	19.8
One of my siblings	10	5.1
Relative	20	10.2
<b>Total</b>	<b>197</b>	<b>100</b>

The result in Table 6, indicate that majority of the pupils were living with both parents with a small portion (19.8%) living with one parent. However fewer cases of pupils living with relatives and elder siblings were reported. This may imply that pupils may exhibit diverse behaviours in school as a result of the nature of families they hail from.

#### 4.3.5 The Relationship between Demographic Characteristics of Students and Drug Abuse

The Chi square test was carried out to determine the relationship between demographic characteristic of the students and drug abuse. The level of significance was set at  $p=0.05$  (95% confidence level) and the probability values of below 0.05 were considered significant while those above 0.05 were considered not significant.

**Tables 7: Summary of the Findings**

<b>Demographic characteristics</b>	<b><math>\chi^2</math></b>	<b>P value (sig.2tailed)</b>
Age	8.26	0.058
Gender	7.54	0.125
Household head	1.54	0.055



The findings on Table 7 reveal that all demographic variables (age, gender and household head) were related to drug abuse ( $p$  value  $> 0.05$ ).

#### 4.3.6 Nature and Extent of Drug Abuse among Pupils in Public Primary Schools in Nyamira County

This item sought to find out if pupils in the sample were currently using or have ever had an exposure to drugs in the Study Area. The findings are shown in Table 8.

**Table 8: Nature and Extent of Drug Abuse**

<b>Ever had exposure to drugs</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	95	48
No	104	52
<b>Total</b>	<b>199</b>	<b>100</b>
<b>Have used drugs at some point in their life</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	72	36
No	127	64
<b>Total</b>	<b>199</b>	<b>100</b>
<b>Knowledge of any pupil who uses or abuses any drug (alcohol, cigarettes, Miraa, bhang, any other)</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	123	62%
No	76	38%
<b>Total</b>	<b>199</b>	<b>100</b>

The findings in Table 8 show that 48% of the sampled pupils had an exposure to drugs while 52% had never. On the same note the item that tested whether pupils have used drugs at some point in their life revealed that 36% had used drugs before while 64% had never. On the knowledge of a pupil using or abusing some given drug, majority (62%) reported to know and only (38%) reported that they didn't know. This implies that pupils in the study area use or abuse drugs and that they will be in a better position to explain some of the causes that led to their use or exposure to drug which is the subject of study. This findings concur with Kwamanga, Odhiambo, and Amukoye (2003), whose findings showed that 80% of the learners in schools were aware of illicit drugs.

#### 4.4 Influence of Social Economic Status on Drug Abuse among Pupils in public Schools in Nyamira County

This objective sought to find out the social economic status of the pupils and establish if it had a relationship with the drug abuse in the study area. In this study SES was represented by three indicators: the highest education level of the parent(s), the social class and the level of income.

##### 4.4.1 Pupil’s Mother/Father/Guardian Highest Level of Education

This item sought to find out the level of education of the household head which is an essential ingredient in parental guidance and child upbringing. The findings are as shown in table 9.

**Table 9: Pupil’s Mother/Father/Guardian Highest Level of Education**

Level of Education	Mother		Father		Guardian	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Primary School						
Graduate	62	31.5	47	24.4	6	29.1
Secondary School						
Graduate	105	53.3	94	48.7	8	40.5
College/University						
Graduate	25	12.7	45	23.3	5	24.1
Post Graduate	5	2.5	7	3.6	1	6.3
<b>Total</b>	<b>197</b>	<b>100</b>	<b>193</b>	<b>100</b>	<b>20</b>	<b>100</b>

The results in Table 9 shows that majority of the respondent’s mothers/father/guardians were secondary school graduates, followed by primary school graduates, college/university graduates and post graduates respectively. This shows that the parents/ guardians had knowledge on drug abuse and were perceived to be better placed in matters to do with parental guidance and child protection against drug abuse. However, the study found out that minority (15.2%) of the mothers had education beyond secondary school, and 26.5% of the fathers respectively. This implies that the parents could not be in a position to offer the prerequisite level of parenting to their children.

##### 4.4.2 Social Class

The item sought to find out the social class of the family where the pupil hails from. The indicators of socio class were; nature of the houses, source of water and whether the homes

have electricity or not. In this case three levels of social class were identified namely; high, medium and low. Table 10 shows the findings.

**Table 10: Nature of House at Home**

<b>Types of Houses</b>	<b>Frequency</b>	<b>Percent</b>
Mud walled and iron sheet roofed	123	62.1
Iron sheet walled	10	5.1
Timber walled	5	2.5
Blocks/bricks and sand-cement	60	30.3
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Source of water</b>		
Piped water	20	10
Spring water	179	90
<b>Total</b>	<b>199</b>	<b>100</b>
<b>Electricity</b>		
Connected to electricity	72	36
Not connected to electricity	127	64
<b>Total</b>	<b>199</b>	<b>100</b>

Most of the houses at home were made up of mud, followed by blocks/bricks and sand-cement at 30.3%, iron sheet at 5.1% and timber at 2.5% respectively. Only 10%, 36% of the sampled pupils had piped water and were connected to electricity respectively. This shows that majority of the pupils were coming from low social class.

#### **4.4.3 Parental Level of Income**

This item sought to find out the level of income earned by the parents/guardians of the sampled pupils.

**Table 11: Parental Level of Income**

<b>Parental Earnings per Month</b>	<b>Frequency</b>	<b>Percentage</b>
Less than sh. 3000	115	58
More than sh.3000 but less than sh.50000	64	32
More than sh.50000	20	10
<b>Total</b>	<b>199</b>	<b>100</b>

The findings from table 11 show that majority of the sampled pupils (58%) hailed from parents whose income was less than sh.3000 per month while only 10% came from families whose monthly income was above sh. 5000 .This implied that most of the sampled pupils hailed from families with lower income generation. A research on heroin addiction among males was conducted in New York City. This study revealed that the highest concentration of addiction was occupied by a high proportion of black and Puerto –Rican residents who had a low income and hence low status occupation(Chen *et al.*, 2005). In the same vein Felsted (2006) argues that alcohol addiction is confined mostly to poorest areas which are normally characterised by low income and most unstable families. Going by these two studies, we can hypothetically state that the parents in this study area would be using or abusing drugs which may have a great influence on their children.

#### **4.4.4 Influence of Social Economic Status on Pupils’ Drug Abuse**

This objective sought to establish the influence of social economic status of pupils on their propensity to use or abuse drugs. The item was geared to addressing objective 1 of the study and its subsequent hypothesis which stated:

*Ho<sub>1</sub> Social economic status does not influence drug abuse among pupils in Public Primary Schools in Nyamira County.*

To establish the relationship between social economic status and propensity to use drugs by students a composite variable was generated from the three indicators of social economic status (the highest education level of the parent(s), the social class and the level of income) and abbreviated as “average social economic status”. The new variable “average social economic status” was coded as: 2=high status, 1=medium 0= low status while drug abuse had been coded as: 1=use or exposed to drugs and 0= never used or experienced drugs. A chi-square test of independence was used to establish whether or not social economic status

influenced drug abuse amongst the study group, and the results were as shown in the Table12.

**Table 12. Chi-square Test Results for Relationship between “Average Social Economic Status” and Drug Abuse**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	201.987 <sup>a</sup>	2	.000
Likelihood Ratio	277.291	2	.000
Linear-by-Linear Association	63.772	1	.000
n of Valid Cases	199		

The chi square result shown in Table 12 showed that there was a significant relationship between the “average social economic status” of the students and their propensity of use or abuse of drugs:  $\chi^2(2, n = 199) = 201.98, p < .005$ . Hence the null hypothesis, was rejected and the alternative hypothesis that, *Social Economic Status influence Drug Abuse among Public Primary School Pupils in Nyamira County* accepted. The implication of this is that the propensity of drug abuse of pupils in the study area could be influenced by their “average social economic status”. The findings of an interview conducted on the selected members of Guidance and Counselling (G/C), revealed that most of the cases of drug abuse they encounter in their work are amongst pupils who hail from lower economic status, majority whose parents either consume or, are engaged in illicit drugs business.

*“You know most of these kids come from very poor families. In fact most of the parents are drunkards. Actually some of them come for school meetings when drunk. You can’t believe it; our girls are the ones who sell “chang’aa” in their homes after school instead of them doing their studies!”*

**Guidance Counsellor Teacher No. 9**

These findings are in agreement with the findings of Kabiru and Orpinas (2009), who postulated that alcohol addiction is confined mostly to poorest areas which are normally characterised by low income. The findings are also in line with Ndugwa *et.al.*,(2011) ‘s findings that social- demographic factors influence drug abuse.

#### 4.5 Influence of Family Factors on Drug Abuse among Pupils in Public Primary Schools

This objective sought to find out the influence of family factors in drug abuse in the study area. In this study, family factors were represented by three indicators: nature and structure of families, parenting style, and family culture and values.

##### 4.5.1 Nature and Structure of Families

This item sought to find out the nature and structure of families. This included parental marital status, and the head of the household. The findings are as shown in Table 7.

**Table 13: Pupil's Parents' Marital Status**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percent</b>
Married	152	77.2
Single	22	11.2
Widowed	13	6.6
Separated	10	5.1
<b>Total</b>	<b>197</b>	<b>100</b>

<b>Household Head</b>	<b>Frequency</b>	<b>Percent</b>
Both Parents	128	65
One Parent	39	19.8
One of my siblings	10	5.1
Relative	20	10.2
<b>Total</b>	<b>197</b>	<b>100</b>

The result in Table 13, indicate that majority of the pupils (65%) were living with both parents with a small portion (19.8%) living with one parent. However fewer cases of pupils living with older siblings were noted. Further, a great percentage (77.2) came from families where both parents were married with only a small percentage of 5.1% and 6.6% who were separated and widowed respectively. This implies that the responsibility of child upbringing and parental guidance is a preserve of the biological parents. Given that household heads are both parents, then it implies that cases of juvenile delinquency cannot be attributed to the absence of one or both parents.

#### 4.5.2 Nature of Parenting

This item sought to find out the nature and quality of parenting offered to the children. The items were constructed on a five point Likert scale of: 1=strongly disagree, and 5=strongly disagree.

**Table 14: Nature of Parenting**

	Statement	Percentage of the responses				
		SDA	DA	N	A	SA
1	My parents are not concerned about my welfare in school and at home	5	10	8	35	42
2	I don't have a very cordial relationship with my parents	5	12	7	28	48
3	My parent is not loving and understanding	10	10	14	28	38
4	My parent is not human and fair in administering punishment to us	7	10	11	32	40
5	My parents does not strives to provide for our needs	10	12	13	30	35

On the item that sought to find out whether parents were concerned with their childrens' welfare, majority of the pupils strongly agreed (42%) while only a small percentage of (5%) strongly disagreed. This implied that most parents were not concerned with the welfare of their children.

The second item attempted to establish whether or not the children had cordial with their parents. The response was that the majority (48%) reported to have strongly agreed and only 5% strongly disagreed. This implied that even if the parents had information about drugs, they may have lacked the forum through which they would enlighten their children since their relationship was not cordial.

The third item aimed to find whether parents were loving and understanding to their children. 38% of the pupils are reported to have strongly agreed and 28% to have agreed. This implied that the children never felt that they are loved. This may have compelled them to look for love outside the family circles and even be recruited into drug abuse. On the item of fairness in administration of punishment, 40% strongly agreed that their parents were not fair and

only 7% strongly disagreed. This implied that the children viewed their parents as being unfair.

Lastly the final item sought to find out whether or not parents provided for their needs, again 35% strongly agreed and 30% agreed, leaving only a small percentage that disagreed. This implied that most of the children were not supported by their parents.

#### 4.5.3 Family Culture and Values

This was the last indicator of family factors. Much emphasis was paid to those factors within the family that may be precursors to the initiation into drug abuse or inhibitors to the genesis of drug abuse amongst pupils. The items were constructed on a five point item Likert scale of 1=strongly disagree and 5=strongly agree.

**Table 15: Family Culture and Values**

	Statement	Percentage of the responses				
		SDA	DA	N	A	SA
1	Sometimes a family member sends me to buy him/her or prepare alcohol/cigarettes.	7	10	10	35	38
2	Sometimes when there is a function at home alcohol is freely served	5	12	7	30	48
3	At times one or both of my parents take beer/ smokes in my presence	7	8	10	28	47
4	My parent(s) is not concerned about my movement and where about whenever I am out of home.	7	10	11	30	42
5	Our parents do not restrict me from attending cultural parties and burial bonfires	10	12	13	33	32

On the item that sought to find out whether a family member exposes the pupils to drug abuse or not, majority (38%) of the respondents strongly agreed and nearly the same percentage (35%) agreed that sometimes a family member send the pupil to buy or prepare alcohol/cigarette. Hence, exposing them to cognisance of such drugs. This implies that a family as an institution meant to protect the pupil from exposure to drugs, does instead expose them to the existence of drugs.



The second item aimed at finding out whether alcohol is liberally served in the homes of these pupils during cultural events. Majority (48%) strongly agreed and only a small percentage (5%) strongly disagreed. The implication is ironical since a family as an institution where norms and values are learnt, turns out to be an epitome of propagation of cultures of drug and substance abuse. The third item attempted to find out the parent's part in role modelling. At family level majority of the pupils (47%) strongly agreed while a small percentage (7%) strongly disagreed. This implied that majority of the pupils may be influenced by their significant others in this case the parents into abusing drugs.

The second last item aimed to find out if parents were concerned about the movements or whereabouts of their children especially when away from home. Majority (42%) strongly agreed and a big percentage (30%) agreed to that. This implied that many children would go out doing their missions without their parents knowing their whereabouts. Without the monitoring of the parents the children might be influenced into experimenting on drugs.

The last item attempted to investigate whether or not the parents controlled their children from attending night cultural parties or not. Majority (32%) strongly agreed and about (33%) agreed. This implied that most children would attend night parties where they may end up experimenting with drugs at the cover of darkness.

#### **4.5.4 Influence of Family Factors on Drug Abuse among Pupils in Public Primary Schools**

This objective sought to establish the influence of family factors on the propensity of pupils to use or abuse drugs. The findings from this item were geared to addressing objective two of the study and its subsequent hypothesis which stated:

*H<sub>02</sub>* Family factors do not influence drug abuse among pupils in Public Primary Schools in Nyamira County.

To establish this relationship, a composite variable abbreviated as "family factors" was generated from the three indicators for family factors i.e. nature and structure of family, culture and values, and level of parenting. Before the generation of a composite variable all the measures of the three indicators were subjected to a Factor Analysis in relation to drug abuse. This was done to establish which factors loaded well in as far as measurement of drug

abuse was concerned. Only 8 factors out of 15 loaded well above 0.7 as shown in the table below.

**Table 16: Factor Analysis of Family Factors on Drug abuse**

	<b>Initial</b>	<b>Extraction</b>
Family structure	1.000	.748
Family nature	1.000	.750
My parents are concerned about my welfare in school and at home	1.000	.842
My parents engages me in a free discussion concerning my behaviour and discipline	1.000	.733
Sometimes a family member sends me to buy him/her or prepare alcohol/cigarettes	1.000	.733
Sometimes when there is a function at home alcohol is freely served.	1.000	.726
Our parents restrict me from attending cultural parties and burial bonfires.	1.000	.749
At times one or both of my parents take beer/ smokes in my presence.	1.000	.734

Extraction Method: Principal Component Analysis.

A composite variable was generated from the above 8 factors (see table 16 above) and abbreviated as “family factors”. To establish the influence of family factors on drug abuse among pupils in the study area A chi square test of independence was used to establish whether or not “family factors” influenced drug abuse amongst the study group, and the results were as shown in the Table 17.

**Table 17: Chi – square Test Results for Relationship between Family Factor and Drug Abuse**

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>
Pearson Chi-Square	251.656 <sup>a</sup>	1	.000
Likelihood Ratio	117.291	1	.000
Linear-by-Linear Association	83.772	1	.000
n of Valid Cases	199		

The chi- square result shown in table 17 above, showed that there was a significant relationship between the composite variable “average family factors” and their propensity of

use or abuse of drugs:  $\chi^2 (1, n = 199) = 251.65, p < .005$ . Hence the null hypothesis was rejected and the alternative hypothesis that *Family Factors influence Drug Abuse among Pupils in Public Primary Schools in Nyamira County* was accepted. The implication of this is that the propensity of drug abuse of pupils in the study area could be influenced by their “average family factors”. We can therefore argue that family factors like poor parenting, bad family cultures and values, and dysfunctional family influences the propensity of use or abuse of drugs by children. To reinforce these findings, an interview conducted on the selected members of g/c revealed almost zero level of parental involvement in the welfare and upbringing of the children.

*“The level of parental involvement in the welfare of pupils is very bad. We have handled cases where our pupils are spending nights in bonfires and end up not reporting to school. When we call parents for disciplinary hearings for such cases we are shocked to learn that the parents are ignorant of such happenings. In fact, we had cases where a girl was 7 months pregnant and the parents were not even aware”*

**Guidance Counsellor Teacher No. 10**

These findings concur with the findings of many scholars. The reviewed literature indicate that, families influence their children in taking alcohol if they form a tendency of drinking in the presence of their children (Leonardi-Bee *et al.*, 2011). Children who come from homes where parents take alcohol tend to imitate the behaviour of their parents by engaging in taking alcohol. The culture of parents going to entertainment joints and pubs with their children affects their behaviour. The children will engage in alcohol drinking early or later in life. The attitude of parents towards alcohol, tobacco and other drugs play a major role in children’s behaviour (Ondieki & Mokua, 2012). Young people learn from what they see by imitating what their parent and other significant people in the community do (Chebukaka, 2014). A survey report released by the National Agency for Campaign against Drug Abuse (NACADA, 2012), shows that young people, aged between 10 and 24 years whose parents use or sell alcohol and other drugs are likely to abuse these substances themselves. At times, the youth, including students, who sell such substances on behalf of their parents, are themselves exposed to substance abuse in due course (Sacerdote, 2011).

#### 4.6 Influence of Community Environment on Drug Abuse among Pupils in Public Primary Schools in Nyamira County.

This objective sought to find out the influence of community factors on the use and abuse of drugs amongst pupils in the study area. A five point Likert scale of 1=strongly disagree (SDA) and 5=strongly agree. (SA) was utilised to establish the relationship and the results are as shown in Table 18.

**Table 18: Community Environment**

	Statement	Percentage of the responses				
		SDA	DA	N	A	SA
1	In my community various drugs like cigarettes; local brews are easily available and can be accessed by anyone.	2	7	1	30	50
2	In our community there are no social amenities and youth programs to keep pupils busy over the holiday.	7	10	3	32	48
3	In our community adult do not reprimand a children found handling drug if they are not their children or relatives.	4	6	4	38	48
4	In my Community drug vending shops are situated very close to schools.	10	13	10	32	35
5	In our community young people are allowed into entertainment places with minimal restriction.	2	5	17	32	44
6	In our community there is minimal law enforcement.	5	15	3	35	42

On the item that sought to find out whether drugs are easily available or not, majority (50%) and a big percentage (30%) strongly agreed and agreed respectively. This implied that drugs can easily be accessed. This in turn may expose the children to drug use and abuse.

The second item attempted to find out whether or not the community engages it young people in meaningful recreational facilities and activities. Majority respondents (48%) indicated that there are no such facilities. This implied that children may be left idle during holidays hence vulnerable to drug experimentation.

The third item sought to determine whether or not an adult can reprimand a minor who is abusing drugs. Majority (48%) indicated that such adults normally do not reprimand youths they encounter using drugs. This implies minimal concerted efforts by community members in the fight against the vice of drug abuse.

The fourth item sought to find out the possibility of pupils accessing drugs with easy or not. Majority (35%) indicated that there are drug vending shops located closely to the schools. This may increase access to the drugs and substances for easy experimentation.

The second last item sought to find out whether or not minors are allowed into entertainment clubs. Majority (44%) indicated that there are no restrictions. This implied that the minors can get exposure to drugs which in turn could lead to experimentation.

The final item sought to find out whether or not law enforcement agencies were discharging their duties as expected. Majority (42%) indicated that they were not doing enough to curb or reduce the vice. This implied that children may engage in drug use or abuse without hesitation.

#### **4.6.1 Influence of Community Environment on Drug Abuse**

This objective sought to establish the influence of community environment on the propensity of pupils to use or abuse drugs. The findings from this item were geared to addressing objective three of the study and its subsequent hypothesis which stated:

*Ho<sub>3</sub> Community environment does not influence drug abuse among pupils in Public Primary Schools in Nyamira County.*

To establish this relationship, a composite variable abbreviated as “community environment” was generated from the five indicators for community environment. Before the generation of a composite variable all the measures were subjected to a Factor Analysis in relation to drug abuse. This was done to establish which factors loaded well in as far as measurement of drug abuse was concerned. The findings were as follows.

A composite variable was generated from the above 6 factors (see table 18 above) and abbreviated as community environment. To establish the influence of community environment on drug abuse among pupils in the study area A chi square test of independence was used to establish whether or not “community environment” influenced drug abuse amongst the study group, and the results were as shown in the table 19.

**Table 19: Chi-Square Test Results for Relationship between Community Environment and Drug Abuse**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	301.376 <sup>a</sup>	1	.000
Likelihood Ratio	217.231	1	.000
Linear-by-Linear Association	73.882	1	.000
n of Valid Cases	199		

The chi-square result shown in Table 19 showed that there was a significant relationship between the composite variable “average community environment” and their propensity of use or abuse of drugs:  $\chi^2 (1, n = 199) = 301.376, p < .005$ . Hence the null hypothesis was rejected and the alternative hypothesis, *Community Environment influences Drug Abuse among Pupils in Public Primary Schools in Nyamira County* was accepted. The implication of this is that the propensity of drug abuse of pupils in the study area could be influenced by the “average community environment”. We can therefore argue that community environment influences the propensity of use or abuse of drugs by children. To reinforce these findings, an interview conducted on the selected members of g/c revealed community environment influences drug abuse.

*“Ahahah, I think where we are living is to blame. The Head Teacher has reported mama xxx x (name withheld) for consistently selling “chang’aa” to the pupils, but guess what, she always bribes her way out. In addition you can get Busaa anywhere, anytime you want it, for instance look, as you were coming just next to our school gate didn’t you see a bar? There are two more in that direction. Who is to blame then.....”*

**Guidance Counsellor Teacher No. 17**

These findings agree with the findings of NACADA (2012) which states that, children who think that drugs are readily available in school were likely to have ever used alcohol. In addition, Sacerdote (2011), carried out a study on the complacent or permissive community laws and norms. This study revealed that adolescents respond to adult messages and are being more likely to use substances acceptable to the community than those strongly disapproved of by the community. This means that adolescents are more apt to use substances in the context of permissive, complacent, or inconsistent laws, school and work place policies, and

community norms. On the other hand, a study carried out by Chen *et al.*, (2005), found out that drug availability to the young people is clearly related to use.

#### 4.7 Peer Influence on Drug Abuse among Pupils in Public Primary Schools in Nyamira County

This objective sought to find out the influence of peer pressure on the use and abuse of drugs amongst pupils in the study area. A five point item Likert scale of 1=strongly disagree (SDA) and 5=strongly agree.(SA) was utilised to establish the relationship and the results are as shown in Table 20.

**Table 20: Peer Influence on Drug Abuse**

Statement	Percentage of the responses				
	SDA	DA	N	A	SA
1 I don't like differing with my friends	2	8	0	35	55
2 I like impressing my friends and make them to like me	7	10	11	32	40
3 I like emulating my friends.	4	6	4	38	48
4 I don't like parents / teachers who are strict on me	10	13	10	32	35
5 I am actively involved in social media when at home.	2	5	17	32	44
6 I get attracted to the pupils of the opposite sex	5	15	3	35	42
7 Sometimes I get influenced by my friends into doing the wrong things	4	9	7	37	43
8 I fancy the lifestyle of celebrities and music personalities	5	12	15	28	40

The first indicator sought to find out whether the respondent liked differing with friends or not majority (55%) and an equally big percentage (35%) strongly agreed and agreed respectively that they did not like differing with their friends. This implied that they might be dragged along by peers even on matters to do with drug abuse.

Indicator number two sought to find out whether or not the respondent liked to impress and to be like his/her friends and 40% of 199 pupils strongly agreed and 32% of 199 pupils agreed abuse by the peers by simply copying what the others are doing. The implication of this is that the pupil can engage even in the wrong activities including drug abuse so as to impress the others.

The third item sought to find out whether or not the respondent liked emulating the peers. Majority (48%) strongly agreed while a small percentage (4%) strongly disagreed. This implied that that the respondent might be wooed into drug use. The fourth item sought to find out on whether or not the respondents liked people who are strict. Majority (35%) did not like the strict people. This implied that the pupils wanted an easy way of following their choice. This might make it difficult to correct them in case of joining friends who abuse drugs.

The fifth item attempted to establish whether or not the pupil is actively involved in social media. Majority (44%) did. The implication of this is that they can easily be influenced by their peers in the process of charting.

The sixth item was on attraction to the opposite sex and the seventh item was on getting influenced by friends to do wrong things. The findings were in both cases the response was to the positive. This implied that given an opportunity where the friends are doing the wrong things including drug use or abuse, then the respondent might become a victim.

Lastly, the final item sought to find out whether or not the respondent fancied the celebrities and the music personalities. Majority (40%) did. This implied that these celebrities could influence them into even drug abuse in case they are drug addicts.

#### **4.7.1 Peer Influence on Drug Abuse among Pupils in Public Primary Schools in Nyamira County**

This objective sought to establish the influence of peer pressure on the propensity of pupils to use or abuse drugs. The findings from this objective were geared to addressing objective four of the study and its subsequent hypothesis which stated:

*Ho<sub>4</sub>* Peer pressure does not influence drug abuse among pupils in Public Primary Schools in Nyamira County

To establish this relationship, a composite variable abbreviated as “peer pressure” was generated from the eight indicators for peer pressure. Before the generation of a composite variable all the measures were subjected to a Factor Analysis in relation to drug abuse. This was done to establish which factors loaded well in as far as measurement of drug abuse was concerned. Only 5 factors out of 8 loaded well above 0.7 and therefore used to generate the composite variable.



To establish the influence of peer pressure on drug abuse among pupils in the study area, a chi-square test of independence was used to establish whether or not “peer pressure” (composite variable) influenced drug abuse amongst the study group, and the results were as shown in Table 21.

**Table 21: Chi-Square Test Results for Relationship between Peer Pressure and Drug Abuse**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	101.376 <sup>a</sup>	1	.000
Likelihood Ratio	117.2	1	.000
Linear-by-Linear Association	53.825	1	.000
n of Valid Cases	199		

The chi-square result shown in Table 21 showed that there was a significant relationship between the composite variable “average peer pressure” and their propensity of use or abuse of drugs:  $\chi^2 (1, n = 199) = 101.376, p < .005$ . Hence the null hypothesis, was rejected and the alternative hypothesis, *peer pressure influence drug abuse among pupils in Public Primary Schools in Nyamira County* was accepted. The implication of this is that the propensity of drug abuse of pupils in the study area could be influenced by the “peer pressure”. We can therefore propose that peer pressure influences the propensity of use or abuse of drugs by children. To reinforce these findings, an interview conducted on the selected members of guidance and counselling revealed peer pressure influences drug abuse.

*“It is true that we handle many cases here where pupils cheat each other. For instance last year we almost lost one girl who wanted to procure abortion. On inquiring further, she confessed that she had been advised by her friend in class eight.”*

**Guidance Counsellor Teacher No. 11**

These findings are in consistence with Chebukaka (2014), who established that, peer pressure account for 21-42% influence in all types of drugs consumed. Kwon *et.al.*,(2014),also found a similar results that there is a strong co-relation between adolescent drug experimentation and their affiliation with drug use in peers.

## CHAPTER FIVE

### SUMMARY ,CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Summary of the Study

Many studies have offered mixed or inconclusive findings on the causes of drug abuse amongst schooling youth especially those at primary level. The purpose of this was to establish how family factors, social economic status, community environment, and peer pressure influence drug and substance abuse amongst public primary school pupils in Nyamira, County. The study employed descriptive research survey design on class 6, 7, and 8 pupils and selected members of the guidance and counselling (G&C) departments. A sample size of 220 pupils and 20 teachers –in- charge of G/C was selected .the outcome of the study is discussed hereunder.

#### 5.1 Summary of the Findings

##### i) Influence of Social Economic Status on Drug Abuse

The study established that most of the houses at home were made up of mud, followed by Blocks/bricks and sand-cement at 30.3%, iron sheet at 5.1% and timber at 2.5% respectively. Only 10%, 36% of the sampled pupils had piped water and were connected to electricity respectively. Further, majority of the sampled pupils (58%) hailed from parents whose income was less than sh.3000 per month. Finally, the study found out that minority (15.2%) of the mothers had education beyond secondary school, and 26.5% of the fathers respectively. Majority of the respondents hailed from low social economic status, and their parents either consume or are engaged in the drug business. The study concluded that Social Economic Status influenced drug abuse among pupils in Public primary Schools in Nyamira County.

##### ii) Influence of Family Factors on Drug Abuse

The study established that, majority of the pupils (65%) were living with both parents with a small portion (19.8%) living with one parent. Further a great percentage (77.2) came from families where both parents were married with only a small percentage of 5.1% and 6.6% who were separated and widowed respectively. In terms of nature of parenting, the study found out that 77% of the parents were not concerned about their welfare, 76% did not have cordial relationship with their children,66% perceived their parents as not loving and caring. As regards to family culture, the study found out that a family member would send a child to buy or be asked to prepare a drug for him/her. This therefore would expose the child to drug

use or abuse. The study established that beer was liberally served during cultural parties and that parents would abuse drugs in the presence of their children hence role modelling them into abusing drugs. The chi-square that was run showed that there was a significant relationship between the composite variable “average family factors” and their propensity of use or abuse of drugs:  $\chi^2(1)$ . The study concluded that family factors like poor parenting, bad family cultures and values, and dysfunctional family influences the propensity of use or abuse of drugs by children Nyamira County.

### **iii) Influence of Community Environment on Drug Abuse**

From the findings, majority (50%) and a big percentage (30%) strongly agreed and agreed respectively, that drugs can easily be accessed. This was reinforced by the findings that there are drug vending shops located closely to the schools majority of the respondent (35%) indicated so. This may increase access to the drugs and substances for easy experimentation. Whether or not the community engages it young people in meaningful recreational facilities and activities, Majority respondents (48%), indicated that there are no such facilities. This implied that children may be left idle during holidays hence vulnerable to drug experimentation. On the role of adults reprimanding the youth they encounter using drugs, majority (48%) indicated that such adults normally do not. This implied that there is a minimal concerted effort by community members in the fight against the vice of drug abuse. The study investigated on whether or not law enforcement agencies were discharging their duties as expected. Majority (42%) indicated that they were not doing enough to curb or reduce the vice.. The implication of this is that the propensity of drug abuse of pupils in the study area could be influenced by the “average community environment”. The study found out that, community environment influences the propensity of use or abuse of drugs by pupils.

### **iv) Influence of Peer Pressure on Drug Abuse**

The study found out that majority (55%) and an equally big percentage (30%) strongly agreed and agreed respectively that they did not like differing with their friends. This implied that they might be dragged along by peers even on matters to do with drug abuse. As regards to impressing others 40% of 199 pupils strongly agreed and 32% of 199 pupils agreed that they would strive to impress others. This could lure the pupils into using drugs while trying to impress their friends. The study established that Majority (35%) did not like the strict people. This implied that the pupils wanted an easy way of following their choices. The study, further

found out that the pupils fancied celebrities and music personalities with 40% and 28% strongly agreeing and agreeing respectively. To establish the influence of Peer Pressure on Drug Abuse among pupils in the study area, a chi-square test of independence was used to establish whether or not “peer pressure” influenced drug abuse amongst the study group. The study therefore proposes that peer pressure influences the propensity of use or abuse of drugs by pupils in public primary schools in children in Nyamira County.

## **5.2 Conclusions**

The general objective of the study was to investigate the influence of selected factors on drug abuse among pupils in public primary schools in Nyamira County, Kenya. The study findings revealed that there exists drug abuse amongst pupils in public primary schools in Nyamira County. The study established that all hypothesized independent variables were statistically significant.

- i) Social economic status influenced pupils in public primary schools to abuse drugs in Nyamira County. Majority of the pupils happened to have come from low income earning families, their parents had a low level of education and they could be asked by their parents to prepare some drugs for them. This would in turn lead them into using or abusing drugs gradually.
- ii) The study concluded that family factors like poor parenting for instance not having a cordial relationship with one’s children, bad family cultures and values such as abusing drugs in the presence of children or sending them and or asking them to engage in drug related business, and dysfunctional families influence the pupils to use or abuse drugs in public primary schools in Nyamira County.
- iii) Community Environment such as, lack of recreational facilities and activities to keep children busy, easy accessibility of drugs by having drug vending shops near schools, minimal concerted efforts by adults to eradicate the vice of drug abuse as well as non-committed law enforcing agents influence pupils in public primary schools to use or abuse drugs.
- iv) The study established that peer pressure influences drug abuse among public primary school pupils in Nyamira County. This is due to pupils wishing not to differ from their friends and wishing to impress them as well as being easily influenced by friends.

### 5.3 Recommendations

The study makes an important contribution in understanding drug abuse amongst pupils in public primary schools. It further brings out the factors that influence the relationship between social economic status, family factors, community environment and peer pressure could be used to predict drug abuse amongst public primary schools. Arising from this study, the researcher makes the following recommendations.

- i) Some families, especially low income earning families engage in brewing alcohol especially 'busaa' to earn a living. They sometimes use their children in preparing the same. The County Government should sensitise the public on the negative impact of engaging in drug preparations especially to the children. In addition, the low income earners should be empowered through self-help groups to engage in income generating activities of their choice by getting soft loans.
- ii) The National government through its agents like NACADA should enlighten parents not to stock drugs such as alcohol at home. This also applies to preparing of drugs at home for whatever reason or occasion. Parents who send their children to buy drugs for them, for instance cigarettes should be discouraged. Lastly family members who abuse drugs before minors should not do so as this may encourage them to drug abuse. Sometimes, parents get too pre-occupied with looking for money at the expense of supporting their children emotionally. Parents therefore should create quality time with their children as this will help curb such problems like drug abuse.
- iii) Policy makers should impose regulations that will safeguard children from being exposed to drugs. In addition, law enforcing agents should ensure that the policies that are set are followed to the latter. For instance, drugs should not be sold to the minors and drug vending shops should not be near learning institutions. The new Curriculum from the Ministry of Education should be fully implemented in that the School ought to be a safe place for the learner and that both the teacher and the parent have a social responsibility of ensuring a safe environment for the learner.
- iv) The teachers spend a lot time with the pupils; therefore they should undergo in-service trainings on early identification of initiation into drug use. In addition, life skills training on the pupils should be strengthened as this will equip pupils to handle the challenges they face as they grow including drug abuse.

#### **5.4: Suggestions for Further Research**

- i) It is recommended that future studies include other dependent variables such as school environment, and media influence because they also contribute to drug abuse amongst public primary schools pupils
- ii) Relationship between the onset of Drugs Abuse and the future possibility of abusing Drugs

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## APPENDIX A: PUPILS' QUESTIONNAIRE

Dear respondents,

I am a student at Egerton University carrying out a research on the extent to which selected factors influence drug abuse among public primary school pupils in Nyamira County. Your honest and sincere response to the questions set forth will assist me to give a correct conclusion. **ALL THE INFORMATION** you will give will be treated with **UTTERMOST CONFIDENTIALITY** and used for this research only. Thank you for your co-operation.

### PART I: Socio-Demographic Information

Answer all the questions by putting a tick (✓) on the correct choice.

1. In which STD are you? 6 ( ), 7 ( ), 8 ( )
2. What is your sex? Boy ( ), Girl ( )
3. How old are you? Below 10 ( ), 10-11, ( ), 12-13 ( ), above 14 years ( )
4. Whom are you staying with presently? both Parents ( ) one parent ; ( ) one of my siblings ( ), Relative ( )
5. My mother's highest level of education is primary school graduate ( ), secondary school graduate ( ), college/ university graduate ( ), post graduate ( )
6. What is your father's highest level of education primary school graduate ( ), secondary school graduate ( ), college/ university graduate ( ), post graduate ( )
7. What is your guardian's highest level of education? primary school graduate ( ), secondary school graduate ( ), college/ university graduate ( ), post graduate ( )
8. Have you ever seen, touched, smelled or experienced any drug which Pupils abuse? :  
No ( ) Yes ( )
9. Have you ever used any drug at least once in your life?: Yes ( ) No ( )
10. Are you aware of any pupil who abuses drugs? : Yes ( ), No ( )

**PART II: Information on Drugs.**

**Instructions:** Tick (√) where appropriate.

***Social Economic Status***

11. Do you remember your main house back at home? What material is the wall made up of?  
Mud ( ), iron sheet ( ), timber, ( ) blocks /bricks and sand-cement ( )
12. The main source of the water we use at home is: water from the spring ( ), piped water( )
13. We use electricity as the main source of lighting in our home: Yes ( ) NO ( )
14. How much money do you think your parents earn per month: less than ksh. 3000 ( ),

***Family factors***

15 Tick (√) the most appropriate answer from the table below.

Statement		Response				
		SDA	DA	N	A	SA
1	My parents are not concerned about my welfare in school and at home					
2	I don't have a very cordial relationship with my parents					
3	My parent is not loving and understanding					
4	My parent is not human and fair in administering punishment to us					
5	My parents does not strives to provide for our needs					

16 Tick (✓) the most appropriate answer from the from the table below

Statement		Response				
		SDA	DA	N	A	SA
1	Sometimes a family member sends me to buy him/her or prepare alcohol/cigarettes.					
2	Sometimes when there is a function at home alcohol is freely served					
3	At times one or both of my parents take beer/ smokes in my presence					
4	My parent(s) is not concerned about my movement and where about whenever I am out of home.					
5	Our parents do not restrict me from attending cultural parties and burial bonfires					
6	My parents engages me in a free discussion concerning my behaviour and discipline					
7	My parents are concerned about my welfare in school and at home					

***Community Environment***

17 Tick (✓) the most appropriate answer from the table below.

Statement		Responses				
		SDA	DA	N	A	SA
1	In my community various drugs like cigarettes; local brews are easily available and can be accessed by anyone.					
2	In our community there are no social amenities and youth programs to keep pupils busy over the holiday.					
3	In our community adult do not reprimand a children found handling drug if they are not their children or relatives.					

4	In my Community drug vending shops are situated very close to schools.					
5	In our community young people are allowed into entertainment places with minimal restriction.					
6	In our community there is minimal law enforcement.					

**Peer Pressure**

18 Tick (✓) the most appropriate answer from the table below.

Statement		Responses				
		SDA	DA	N	A	SA
1	I don't like differing with my friends					
2	I like impressing my friends and make them to like me					
3	I like emulating my friends.					
4	I don't like parents / teachers who are strict on me					
5	I am actively involved in social media when at home.					
6	I get attracted to the pupils of the opposite sex					
7	Sometimes I get influenced by my friends into doing the wrong things					
8	I fancy the lifestyle of celebrities and music personalities					

**APPENDIX B: TEACHER COUNSELORS' INTERVIEW GUIDE**

Dear respondents,

I am a student at Egerton University carrying out a research on the extent to which selected factors influence drug abuse among public primary school pupils in Nyamira County.

Your honest and sincere response to the questions set forth will assist me to give a correct conclusion. **ALL THE INFORMATION** you will give will be treated with **UTTERMOST CONFIDENTIALITY** and used for this research only. Thank you for your co-operation.

1 a) Share with me that which influences your pupils into abusing drugs

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

b) If yes, which drugs were the pupils abusing in order of prevalence

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

2. What influences your pupils into abusing drugs (in order of prevalence)

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

3. Of the factors influencing drug abuse which one do you think influences pupils into abusing drugs the most?

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

4. What are some of the measures that the school has taken to control drug abuse in the institution?

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

5. In your opinion what really predisposes pupils to taking drugs at such a tender age?  
(Prioritise please)

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

6. What do you think should be done to control drug abuse

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

**THANK YOU VERY MUCH.**



## APPENDIX C: LETTER OF RESEARCH AUTHORIZATION



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349, 3310571, 2219420  
Fax: +254-20-318245, 318249  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
when replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref. No. **NACOSTI/P/16/26250/15041**

Date:

**8<sup>th</sup> December, 2016**

Richard Orina Gisemba  
Egerton University  
P.O. Box 536-20115  
**EGERTON.**

#### **RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on "*The extent to which selected factors influence drug abuse among public primary school pupils in Nyamira County,*" I am pleased to inform you that you have been authorized to undertake research in **Nyamira County** for the period ending **7<sup>th</sup> December, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Nyamira County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

A handwritten signature in black ink, appearing to read 'Boniface Wanyama', is written over a horizontal line.

**BONIFACE WANYAMA**

**FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Nyamira County.

The County Directors of Education  
Nyamira County.

*National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified*

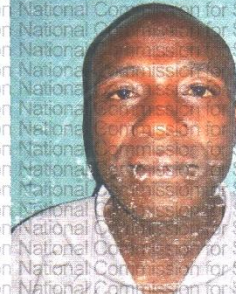


**APPENDIX D: RESEARCH PERMIT**

**THIS IS TO CERTIFY THAT:**  
**MR. RICHARD ORINA GISEMBA**  
**of EGERTON UNIVERSITY, 30176-100**  
**NAIROBI, has been permitted to conduct**  
**research in Nyamira County**

**Permit No. : NACOSTI/P/16/26250/15041**  
**Date Of Issue : 8th December, 2016**  
**Fee Received :Ksh 1000.**

**on the topic: THE EXTENT TO WHICH**  
**SELECTED FACTORS INFLUENCE DRUG**  
**ABUSE AMONG PUBLIC PRIMARY**  
**SCHOOL PUPILS IN NYAMIRA COUNTY**  
**for the period ending:**  
**7th December, 2017**



*[Signature]*  
**Applicant's**  
**Signature**

*[Signature]*  
**Director General**  
**National Commission for Science,**  
**Technology & Innovation**

**CONDITIONS**

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officer will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**



**REPUBLIC OF KENYA**



**National Commission for Science,**  
**Technology and Innovation**  
**RESEACH CLEARANCE**  
**PERMIT**

**Serial No. A 12244**

**CONDITIONS: see back page**