PREVALENCE AND PATTERNS OF SUBSTANCE ABUSE AMONG SECONDARY SCHOOL STUDENTS IN NGONG SUB-DISTRICT OF KAJIADO DISTRICT IN KENYA

BY

JANE AWUOR OGUNDE

A Thesis Submitted to the School of Arts & Science in Partial Fulfillment of the Requirement for the Degree of Master of Arts in Counselling Psychology

UNITED STATES INTERNATIONAL UNIVERSITY - AFRICA

JUNE 2009
PREVALENCE AND PATTERNS OF SUBSTANCE ABUSE AMONG SECONDARY SCHOOL STUDENTS IN NGONG SUB-DISTRICT OF KAJIADO DISTRICT IN KENYA

BY

JANE AWUOR OGUNDE

A Thesis Submitted to the School of Arts & Sciences in Partial Fulfillment of the Requirement for the Degree of Master of Arts in Counseling Psychology

UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA

JUNE 2009
Declaration

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University in Nairobi for academic credit.

Signed: Jane Awuor Ogunde (ID No. 601543) Date: 18/6/09

This thesis has been presented for examination with my approval as the appointed supervisor.

Signed: Dr. Josphine Arasa Date: 18/6/09

Signed: Dean, School of Arts and Sciences Date: 19/6/09

Signed: Deputy Vice Chancellor, Academic Affairs Date: 22/6/09
Abstract

The general objective of the study was to determine the prevalence and patterns of substance use and abuse among secondary school students in Ngong sub-district of Kajiado District. The specific objectives were to: identify the types of drugs and substance of abuse, establish the prevalence and patterns of substance use, determine the contributing factors influencing drug abuse, identify the effects of drugs on the abusers and formulate possible preventive measures that can be used effectively in Ngong sub-District secondary schools.

The study randomly picked 6 secondary schools within the Ngong sub-District, which were representative of all types of secondary schools within the sub-district. The sample study included 240 form two and three secondary school students. The main instrument used for data collection was a modified self-administered WHO questionnaire. Other methods of data collection included interviews and school document analysis.

The study showed that 33.7% of the respondents admitted having ever taken alcoholic beverages namely beer and spirits, 33.1% had chewed khat (miraa) while 11.7% had sniffed, smoked or chewed tobacco. Drug abuse was least prevalent in girls only schools 32.5%. Majority of the students first used drugs at age 11-15 years 17.8%. The drugs were often administered in the company of friends and peers. Reasons for taking drugs were mainly to get high 13.2% or to be accepted by friends 7.3%. Only 14.6% of the students who used alcohol and other drugs indicated that their parents had knowledge about it.

The study concluded that alcohol and other substances of abuse were prevalent among secondary students in Ngong sub-district. The students get introduced to drugs and substance of abuse at the onset of adolescence. Their use is reinforced by norms and expectations of peers. The quality of the parent-adolescent relationship is also a predisposing factor. The government faces a legal dilemma in the fight against drugs and substance of abuse because most drugs were licit and mainly used by adult students.

The study recommended the schools' administration should form a strategic alliance with stakeholders to carry out video-documentaries on the effects of drugs and substance abuse with a mix of scare tactics and moral messages. Schools should also follow-through with strict and interactive participation of all students in extra-curricula activities like sports and games. The government should institute a ban on the sale of both licit and illicit drugs within close proximity to these secondary schools.
Acknowledgement

I would like to first thank the United States International University for introducing this course at the time when I needed it most. I sincerely thank Dr. Ruthie Rono, The Dean, School of Arts and Sciences, who was ever available for consultations. I am also very grateful to Dr. Josephine Arasa who was my supervisor. To Kenyatta University, I am very grateful for allowing me to use their library.

Many thanks go to NACADA (National Agency for the Campaign Against Drug Abuse) for allowing me use their library and the literature they have. Last but not least, my sincere thanks go to the Ministry of education for permitting me to carry out the research.
Dedication

I sincerely dedicate this work to my late husband the late Dr. Maurice Odek-Ogunde, for provoking my interest in research work and especially in the area of drug use and abuse and his constant encouragement. Without him, this research may never have been done. May the good Lord rest his soul in eternal peace! To my brother Maurice Omollo who tirelessly encouraged me to move on, I say thank you. To my children, Lucas and Mark, I can never forget you for keeping me on track and ever wishing me well. To my student colleagues of United States International University, thank you so much for the ever encouragement you provided me with.
Table of Contents

Declaration.........................................................................................................................ii
Copyright............................................................................................................................iii
Abstract..............................................................................................................................iv
Acknowledgement.............................................................................................................v
Dedication...........................................................................................................................vi
List of Tables ......................................................................................................................ix
List of Figures......................................................................................................................x
Abbreviations.....................................................................................................................xi
Abbreviations.....................................................................................................................xi

CHAPTER ONE ...................................................................................................................1
INTRODUCTION ..................................................................................................................1
1.0 Chapter Overview ..........................................................................................................1
1.1 Background of the Study...............................................................................................1
1.2 Statement of the Problem .............................................................................................4
1.3 Purpose of the Study .....................................................................................................5
1.4 Research Objectives ....................................................................................................5
1.5 Research Questions .....................................................................................................5
1.6 Justification and Significance of the study ..................................................................5
1.7 The Scope of the study .................................................................................................7
1.8 Limitations ....................................................................................................................7
1.9 Assumptions ..................................................................................................................7
1.10 Operational Definition of Terms ................................................................................8
1.11 Chapter Summary .......................................................................................................8

CHAPTER TWO ..................................................................................................................9
LITERATURE REVIEW .......................................................................................................9
2.0 Introduction ..................................................................................................................9
2.1 Theoretical Framework ...............................................................................................9
2.2 Models used to explain drug abuse behavior ..............................................................10
2.3 Prevalence of Substance Use among the Adolescence ................................................11
2.4 Drug problem in Kenya ..............................................................................................12
2.5 Adolescent Drug Abuse Prevention ............................................................................16
2.6 Hypotheses ..................................................................................................................18
2.7 Chapter Summary .......................................................................................................18
# Table of Contents

## CHAPTER THREE

### RESEARCH METHODS

- 3.0 Introduction .................................................. 19
- 3.1 Study Population and Location .................................. 19
- 3.2 Sampling Procedure ............................................. 19
- 3.3 Data Collection Methods ........................................ 20
- 3.5 Pilot Study ..................................................... 23
- 3.6 Reliability and Validity .......................................... 24
- 3.7 Ethical Consideration ........................................... 24
- 3.8 Data Analysis ................................................... 25
- 3.9 Chapter Summary ............................................... 25

## CHAPTER FOUR

### PRESENTATION AND ANALYSIS

- 4.0 Introduction ..................................................... 26
- 4.1 Socio-Demographic Background ................................ 26
- 4.2 The Types of Drugs and Substances of Abuse .................. 30
- 4.3 The prevalence and pattern of substance use .................. 31
- 4.4 The contributing factors and the predisposing factors ........ 35
- 4.5 The effects of drugs on the abusers ............................ 38
- 4.8 Data from Key Informants and Document Analysis .......... 40
- 4.9 Chapter Summary ............................................... 40

## CHAPTER FIVE

### DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

- 5.0 Introduction ..................................................... 41
- 5.1 Discussions ..................................................... 41
- 5.2 Conclusion ...................................................... 44
- 5.3 Recommendations ............................................... 45

## REFERENCES

- .................................................. 49

## APPENDICES

- Appendix I: The Study's Questionnaire ........................... 53
List of Tables

Table 3.1 List of schools in Ngong sub-district of Kajiado district ...........................................20
Table 3.2 The number of schools in each category .................................................................21
Table 3.3 Sample schools, category and type ........................................................................22
Table 4.1 Date of birth ...........................................................................................................26
Table 4.2 Gender of respondents ...........................................................................................27
Table 4.3 Form of respondent .................................................................................................27
Table 4.4 Type of school .........................................................................................................27
Table 4.5 Status of school ......................................................................................................28
Table 4.6 Who respondents stay with ....................................................................................28
Table 4.7 Feeling about studies ..............................................................................................29
Table 4.8 Ethnic background .................................................................................................29
Table 4.9 Parental marital status ............................................................................................30
Table 4.10: Age when drug was first taken ...........................................................................33
Table 4.11: With whom do you mostly take alcohol and other drugs ....................................34
Table 4.12: Place where drug is mostly used ........................................................................34
Table 4.13: Who introduced you to the drug you are taking ..................................................35
Table 4.14: Reasons for taking alcohol or other drugs ............................................................36
Table 4.15: Where do you get money to buy drugs .................................................................36
Table 4.16: Who among your relatives take drugs .................................................................37
Table 4.17: Problems created with drug use .........................................................................39
# List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Types of drugs and substances ever used/abused by the students</td>
<td>30</td>
</tr>
<tr>
<td>4.2</td>
<td>Drug taken in the past three months</td>
<td>31</td>
</tr>
<tr>
<td>4.3</td>
<td>Gender disparity</td>
<td>31</td>
</tr>
<tr>
<td>4.4</td>
<td>Whether respondents have ever drunk any alcoholic beverage</td>
<td>32</td>
</tr>
<tr>
<td>4.5</td>
<td>Alcohol use during the term: distribution of respondents by type of school</td>
<td>33</td>
</tr>
<tr>
<td>4.6</td>
<td>Do your parents know that you drink alcohol or take other type(s) of drugs?</td>
<td>36</td>
</tr>
<tr>
<td>4.7</td>
<td>Age distribution of students using alcohol</td>
<td>37</td>
</tr>
<tr>
<td>4.8</td>
<td>Relationship between parental marital status and drinking of alcohol</td>
<td>38</td>
</tr>
<tr>
<td>4.9</td>
<td>How do you feel about your studies currently?</td>
<td>39</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

1.0 Chapter Overview

The history of the human race has been a history of drug use. Since earliest times, herbs, roots bark, leaves and plants have been used to relieve pain and help control disease. In and of itself, the use of drugs does not constitute evil; drugs properly administered have been a medical blessing. Unfortunately certain drugs also initially produce enticing side effects, such as euphoria, a sense of feeling good, elation, serenity and power, what began as a means of relaxation evolved in time into a problem of dependence and abuse. No nation has been spared the devastating problem caused by drug abuse (Karechio, 1994). Globally, drug and drug trafficking has already claimed millions of lives, weakened national economics, undermined the integrity and stability of governments an endangered the human society (NACADA, 2004). This chapter presents the background of the study, statement of the problem, purpose of the study, research objectives and research questions. It also looks at the justification and significance of the study, the scope of the study, limitations, assumptions and operational definition of terms.

1.1 Background of the Study

During the last decade, problems associated with the use of illegal drugs (or what has come to be known as the 'recreational' use of drugs) have achieved a degree of prominence, which is unprecedented. There is no doubt that drugs are now more readily available than ever before, and in greater variety. The range of substances used by the young people has expanded radically from the "traditional" drugs of protest such as cannabis and LSD (lysergic acid diethylamide), and now includes all the feared substances previously held to have attraction only for ageing jazz musicians and other marginal groups (Coggan and Davies, 1991).

Substance abuse is a global problem, which poses a great danger to the health of the individual, to the social fabric and even in some cases to political stability and security in many countries (UN, 1988). There are reports with reference to the African continent that tend to suggest that the problem of drug abuse is on the rise with the youth and young adults being most affected (Asuni, Pela, 1998; Owiti, 1999).
The use of alcohol and other psychoactive substances, particularly tobacco and cannabis by adolescents and school age children has been the focus for research and preventive activities in the industrialized countries for several years. In the US, for example, extensive data on substance use in the population are available on an ongoing basis for adults and adolescents (Substance Abuse and Mental Health Services, 1993; Johnston, O’Malley, and Bachman, 1995). There have been several researches carried out in sub-Saharan African countries to assess the extent of drug use especially among secondary school students (Adelekan, 1989; Eide and Acuda, 1989, Kuria, 1996; Amayo, 1998). Substance abuse is a global problem and substance use has been described as a multidimensional problem that affects the youth all over the world (Tot, Yaz, Kermal, Pervin, Nilgun and Metin, 2004). Within the African culture, drug use was never a social problem. Drinking of alcohol and the use of tobacco for example, were generally restricted to male elders while the youth and women were prohibited from their use. Drug abuse has currently escalated and it has been associated with the youth and the young adults who are expected to be the future leaders of their respective countries.

Drugs are a part of almost everyone’s life. From infancy on, most people take vitamins, aspirin, cold-relief medicines and the like, which rarely produce an altered state of consciousness. On the other hand, some substances known as psychoactive drugs, lead to an altered state of consciousness (Feldman, 2002).

Substance use, abuse and dependence have a vast impact on our culture and society. The public is increasingly aware of addiction's major effects on the economic, political, and social fabric of many countries' cultural life (Franklin, Frances and Richard, 1989). The problems of individual drugs of addiction are well known but mostly to few educated elite, able to comprehend reports of research findings. The trend of drug use has taken a more devastating trend in African continent with injecting drug use slowly developing into a greater concern (Adelekan and Akinhanmi, 2001; Lawal, 2001).

In America for instance, drug use and abuse have been identified as being among the top problems confronting the nation's schools. According to the United States Department of Education's report, when 13 to 18-year-olds were asked to name the biggest problem facing young people today, drug use led the list. This is the same situation in Kenya today. According to a survey commissioned by NACADA on alcohol and drug abuse amongst
the youth in Kenya, substance abuse was found to be widespread and cuts across all social
groups of the youth. (Mugenda, 2004). There have been other reports on drug use in
Kenya with cases involving the youth at secondary schools and halls of residence in
universities. The use of psychotic drugs is linked to student's unrest in schools, which
causes a lot of property destruction. It is difficult to look at a newspaper or listen to a news
broadcast without seeing or hearing at least one reference to drug-related crime, or a
celebrity who has checked into a treatment center. In a very real sense, drugs have become
the center of modern life, either because we are using them, fighting against them, or are
afraid of the actions of those who might be using them. The print media has always been
on the forefront in highlighting the escalating drug use problem in the country and it
clearly reveals that cases of the youth seen abusing the drug are on the increase.

During the National music Festivals held in Nairobi in the year 2004, the media
highlighted on students who were abusing drugs. The most frightening thing is that, there
are various types of drugs that are available to the youth. The drugs range from alcohol,
tobacco, cannabis and khat, to petrol, heroin, cocaine, Mandrax, and prescription drugs
(Owino, 1982; Mwenesi, 1995; Amayo, 1998; Omollo, 2005). It is worth noting that the
Kenyan Government is trying so hard to deal with the drug problem when it netted the
largest ever single cocaine seizure in Africa. This could also suggest that the drug problem
is a serious phenomena and that it has permeated the local scene even if this was on transit
to other countries. Kenya, Uganda and Tanzania have been reported to have had a
proliferation of use of narcotics far much more than ever before and this has received
international concern as expressed by a US report on International narcotics trade (The
East African news paper, 14th March, 2005).

In a rapid assessment of the problem of substance abuse in Kenya, it was discovered that
the problem was larger than had been thought of and that the most affected persons are the
youth (Mwenesi, 1995). In view of the high levels and the disturbing upward trend noted
in the recent years as well as the continuing threat of contracting acquired
immunodeficiency syndrome (AIDS) through injection drug use, there is an urgent need
for the development of more effective intervention (Botvin and Botvin 1997). Over the
years, the treatment of substance abuse has proven to be difficult, expensive, and labor-
intensive. Prevention therefore is important because it offers a logical alternative to
treatment with an assumption that it is easier to prevent substance abuse than to treat an insidious disorder once it has developed. It is due to this fact that preventive measures to the drug use and abuse among the youth have become a necessary concern. In a paper titled *African harm reduction network*: Adelekan and Akinhanmi (2001) presented a report at the 12th International conference on the reduction of drug related harm indicating that injecting drug use was an emerging problem in African continent. This shows the direction that substance use is taking and hence the establishment of ‘The Harm Reduction Network’ which was inaugurated in 1999. The mission of the network is to support programs aimed at reducing the harms associated with the substance use and abuse.

1.2 Statement of the Problem

Education consumes approximately 40% of the National Budget. A huge some of money is also consumed by education and the amenities that go with it from the parents, however, schools have become ready markets for all types of evils such as drugs. Despite their traditional mission, schools have been asked to assume the responsibility for a variety of social and health problems of its students. Schools offer the most efficient access to larger numbers of adolescents and it is in schools that prevention of drug use among the youth may be possible.

With the drug problem, schools risk facing problems like students’ poor performance, strikes, premature sex, rape and other delinquent behavior. Students are a useful resource to our nation but once in the problem of drugs, the drugs leave them a wasted resource.

Nairobi has been confirmed as a transit zone for illicit drugs. This makes the drugs easily available to many Kenyans and especially students in secondary schools within the city and those that are neighboring the city, Ngong sub-district in Kajiado district being unexceptional. In order to curb the problem and stop it from proliferating in secondary schools in Ngong sub-district of Kajiado, and in Kenya at large, there was a need to determine the extent of the drug use and abuse among the secondary students and later on formulate strategies for the prevention of risk behavior among the youth, while facilitating health promoting behaviors of the students. This study therefore engaged students from different backgrounds in the Ngong sub-district in regard to their use of drugs.
1.3 **Purpose of the Study**
The purpose of the study was to investigate the prevalence and patterns of substance abuse among secondary school students in Ngong sub-district of Kajiado district and formulate effective preventive measures.

1.4 **Research Objectives**
The following were the objectives of the study:

i. To identify the types of drugs and substances of abuse by secondary school students in Ngong sub-district.

ii. To establish the prevalence and pattern of substance use among students in Ngong sub-district.

iii. To determine the contributing factors influencing drug abuse and the predisposing factors that maintain it.

iv. To identify the effects of drugs on the abusers

v. To formulate possible preventive measures that can be used effectively in Ngong sub-district secondary schools.

1.5 **Research Questions**

i. What types of drugs and substances are abused by secondary school students in Ngong sub-district?

ii. What is the pattern of substance use among the students in Ngong sub-district?

iii. Which factors contribute to drug abuse behavior among the secondary students in Ngong sub-district?

iv. Which are the predisposing factors that maintain the drug use and abuse behavior?

v. What are the effects of drugs on the abusers?

vi. What education programs have been put in place for the prevention and care of the drug problem in Ngong sub-district secondary schools?

1.6. **Justification and Significance of the study**
There is a strong linkage between drug use and delinquent behavior in schools, colleges and Universities and a very strong one between abuse and currently HIV / AIDS (Brown,
However, the formulation of interventions that can be implemented is a major gap that needs to be filled. Successful interventions depend on well-planned strategies, which can only be realized with proper assessment of the nature, extent, magnitude and trend of the problem. Such information is unavailable in Ngong sub-district, and there is therefore justification of carrying out a survey on drugs and substances of abuse in Ngong Sub-district of Kajiado district. Drug researches have been carried out in many regions in Kenya but minimal attention has been given to the drug situation in Kajiado District and specifically in Ngong sub-district. This is a region very close to Nairobi, and peri-urban settlements tend to acquire urban lifestyles. Since Nairobi region has been confirmed to be experiencing drug problem there were possibilities that such was the case in Ngong sub-district of Kajiado District. Some students from Nairobi go to secondary schools in this region and there could be a possibility of the Drug influence in the region. The National Agency for the Campaign against Drug Abuse (NACADA) has been put in place to try and contain the drug problem in Kenya. This study therefore is appropriate and is expected to influence policy makers in regard to drug use in the country.

The study involved the secondary school students. These are students who are in their adolescent stage. Most adolescents are in their secondary school level and those who use drugs are the same ones who are in most cases involved in delinquent behavior in schools.

Adolescence is a time of change, exploration, exuberance, and youthful searching. It is frequently characterized as a period of great physical and psychological change. The adolescents usually want to experiment with a wide range of behaviors and life-style patterns. This occurs as part of the natural process of separating from parents, developing a sense of autonomy and independence, establishing a personal identity, and acquiring the skills necessary for functioning effectively in an adult world. Many of the developmental changes that are necessary prerequisites for becoming healthy adults, increases an adolescent's risk of smoking, drinking, or using drugs (Botvin and Botvin, 1997). The adolescents are also generally receptive to information about themselves hence an ideal category for health education. The most effective place to intervene and stop drug abusing behavior is the environment where the abusing person spends the most time (Jaynes and Rugg, 1988). The school is the most appropriate setting for an early intervention aimed at adolescents and students accessible at schools.
The researcher was a teacher in one of the schools in Ngong sub-district and was familiar with the area and therefore well placed in determining the prevalence and pattern of drug use and abuse in the region in order to help formulate implementable interventions to the problem.

1.7 The Scope of the study

The study examined the prevalence and pattern of substance use and abuse among secondary school students in Ngong sub-district of Kajiado district in order to formulate prevention strategies among the students. The students were both males and females in form two and three. The responses from the students were used to determine the preventive measures of drug abuse to be formulated for the secondary schools in the region.

1.8 Limitations

Some heads of schools were not very co-operative when it came to revealing the drug situation in their schools fearing that such information may spoil the image of their schools. There were students who were not willing to give right information on their indulgence in drugs and some teachers did not allow their class time to be used to give questionnaire to the students for data collection. There were some students who were doing their exams at the time when the researcher required them to fill in the questionnaire and were therefore not able to do so. Time was also a factor since the duration provided for the research to be carried out was limited. The other limitation was finances required to carry out the research to the time that data was analyzed.

1.9 Assumptions

This study was based on the following assumptions:

i. Secondary students within the Ngong Sub-district abuse drugs of various types.

ii. There will be more students using drugs in form three as compared to form two students.

iii. There will be more students using drugs of abuse in boys' secondary school as compared to mixed secondary schools and girls' secondary schools.

iv. Most students who abuse drugs do so due to peer pressure.

v. Students who use drugs perform poorly academically.
1.10 **Operational Definition of Terms**

i. **Drug:** This is any substance which when taken into the living organism may modify one of its functions.

ii. **Drug abuse:** This is the improper use of drugs. According to this paper, it is the excessive, irresponsible and self-damaging use of psychotic and/or addictive drugs.

iii. **Prevalence of drug use:** This is the general use or extent of use of drugs

iv. **Pattern of drug use:** This refers to the trend that drug use takes among the students.

v. **Substance abuse:** This term is used interchangeably with drug abuse and it entails over-indulgence in drugs.

1.11 **Chapter Summary**

The chapter has provided a background of the problems associated with drug use and abuse, the problem statement which motivated this research, research objectives and justification. The chapter has also looked into the scope, limitations, assumptions and operational terms. The background study has revealed that substance use and abuse has had a vast impact on our culture and society especially on the secondary school students. It was worth identifying the type of drug, patterns of substance abuse, contributing factors, effects and the possible effective preventive measures needed. The next chapter presents the literature review pertinent to the research objective.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

The literature that is presented in this chapter relates to the available information on the prevalence of substance use especially amongst the adolescence, and the situation of drug use in Kenya. The chapter describes the theoretical framework, models used to explain drug abuse behavior, the prevalence of substance use among adolescents and the drug problem in Kenya. It also reviews adolescent drug abuse prevention and presents the hypotheses of the study. Finally, it considers a brief summary of the literature.

2.1 Theoretical Framework

It is likely that character stressors underlie virtually all instances of compulsive drug use. No known drugs are invariably addicting: the blame for drug abuse should not be placed on drugs, but on conditions that lead unhappy people to believe that chemicals are their only means of relieving anguish (Leavitt, 1982). The **Acquired drive theory states that**, complex behavior patterns can become self-sustaining and self-motivating. An individual who takes enough of a drug acquires a drive for it, especially the drugs that produce euphoria. This could explain the reason as to why the adolescents and the young adults end up being dependent on a drug after using it.

The **avoidance paradigm theory** explains that some individuals begin to experience withdrawal symptoms after exposure to a drug and so re-administer the drug to eliminate the symptom. The **metabolic Disease theory** applies primarily to heroin addicts, and constitutes the rationale for methadone maintenance. This idea is that people who become heroin addicts have a basic neurological predisposition to enjoy the euphoric effects of heroin, and that various opiates correct what is essentially a metabolic disease.

The **conditioning theory** explains that drug use is a learned behavior sustained by conditioning. People first become acquainted with drugs of various psychosocial factors such as peer influences and environmental conditions. They learn to anticipate the presence of drugs in certain settings, and also anticipate being rewarded for using the drug. The theory simply states that, whoever is sufficiently reinforced for drug taking will become dependent on the drug. The adolescents may engage in substance use because it provides them with a means of establishing solidarity with a particular reference group, rebelling against parental authority, or establishing their own individual identity.
A life-span rational-choice theory of change in risk taking explains that there is abundant evidence that adolescents and young adults take risks with their health as compared with both older adults and younger children. Deleterious patterns of behavior including the abuse of drugs, alcohol, and tobacco frequently have their onset during youth. Adolescent have a psychology which makes them prone to accept choices which are more dangerous than adult. A greater degree of risk-taking during youth is an optimal life-span pattern for a rational decision maker who must gain knowledge of self-environment through experience. This theory is a sufficient explanation for youthful risk taking, but it may not also be very plausible that the young are more impulsive than adults because self-control is a costly activity, and effective methods of self-control are skills that must be learned (Irwin, 1993).

2.2 Models used to explain drug abuse behavior

There are various models that can be used to explain the drug abuse behavior amongst people. They include; the disease model, the physical dependency model, the positive reinforcement model and the social-norm model.

The World Health Organization (WHO) and American Medical Association (AMA) classified alcoholism as a disease. This is because the addicts are not in control of their behavior; they require treatment rather than punishment. One problem with the disease model is that it is not clear how one catches this disease. The presence of withdrawal symptoms led to the idea that the avoidance of withdrawal symptoms was the reason people continued to self-administer drugs. This is the essence of the physical dependency model.

The social norm model propose that, much of the problem behavior may come from the young people following 'imaginary peers' as they wish to, or feel pressured to, conform to erroneously perceived group patterns. Perceived social norms are significantly correlated with students' personal drinking behavior (Perkins, 2003). Most adolescents, young adults, and indeed most everyone else are heavily influenced by the norms and expectations of other people. Human beings are social creatures, operating for the most part by what social group has set out as guidelines and expectations. The problem is that most young people do not accurately perceive what the normative guidelines and expectations of their peers really are, and so they are guided, if not controlled, by a "reign of error". The adolescents and the young adults who are ambivalent about drinking or using other drugs
and prefer to abstain feel pressured to indulge because they erroneously perceive that "everyone" expects it of them.

2.3 Prevalence of Substance Use among the Adolescence

There have been several studies done on the prevalence and pattern of drug use and their types. The results of these studies show that drug use and the types of drugs used vary from country to country and even between different societies within the same country (Tot, Yaz, Karmal, Pervin, Nilgun and Matin, 2004; Alvarez, 2000).

When dealing with drug use and abuse amongst the adolescence, the situation is complex and there are dynamic public issues that require integrated approaches. Drug abuse generally has its origins in adolescent. It is tied to the normal, albeit troublesome process of growing up, experimenting with new behaviors, becoming self-assertive, developing close (usually heterosexual) relationships, and leaving home (Stanton and Todd, 1982). According to Stanton and Todd, there are three stages in adolescent drug use and each has different concomitant. The first is the use of legal drugs, such as alcohol, and is mainly a social phenomenon. The second involves the use of marijuana and is also primarily peer-influenced. The third, a frequent use of other illegal drugs, appears contingent more on the quality of parent-adolescent relationships than on other factors.

Other social factors include influences from popular media portraying substance use as important part of popularity, sophistication, success, sex appeal and good times. Both modeling of substance use behavior by media personalities are powerful sources of influence that promote and support drug use (Warner and Glantz, 1987). Adolescents characteristically have a sense of immortality and invulnerability and therefore tend to minimize the risk associated with substance use and overestimate their ability to avoid personally destructive patterns of drug use. (Botvin and Botvin, 1997).

Drugs are a part of almost everyone's life. From infancy on, most people take vitamins, aspirin and cold-relief medicine. However, these drugs rarely produce an altered state of consciousness. On the other hand, some substances, known as psychoactive drugs influence a person's emotions, perceptions, and behavior and yet they are common in most of our lives (Feldman, 2002). Drugs of dependence (both licit and illicit) are of adverse types and each of them has varying degrees of destruction to the individual, family as well as society. Most commonly known drugs and substances of abuse include alcohol, tobacco, khat (miraa), cannabis (bhang), hashish, cocaine, heroin, methaqualone...
Drug abuse has many adverse health-related consequences including fatal and nonfatal overdose, acquired immunodeficiency syndrome (AIDS), hepatitis B infection, decreased risk for complications of pregnancy, and advance birth outcomes. In addition, drug abuse may have negative effects on employment, school achievement, socioeconomic states, and family stability (Primm, Brown and John, 1997). Individuals who smoke, drink or use drugs are not generally involved in adult-suctioned activities such as sports and clubs, and are more likely than non-users to exhibit antisocial patterns of behavior including aggressiveness, lying, stealing, premature sexual activity, truancy, cheating and delinquency (Collins and Jessor, 1972).

Research has for a long time focused on the use and abuse of alcohol and other psychoactive substances, particularly tobacco, marijuana and cocaine by schoolchildren and the adolescents. It has also been focusing on preventive activities in the developed country. In the United States for example, extensive data on substance use is available (Substance Abuse and Mental Health Services, 1993; Kandel, 1978). There are a number of studies that have been conducted to assess the extent of drug use among students in secondary schools in Sub-Saharan Africa (Nevadosky, 1982, 1985; Oshodin, 1981; Adelekan et al., 1989; Amayo, 1998).

2.4 Drug problem in Kenya

There have been numerous reports on drug use and abuse in Kenya in recent times but no scientific-oriented data availed to show the real picture of the drug situation. There has also been concern over the possible increase of drug abuse, especially among the youth. Several organizations have been formed in Kenya to help protect youth against drug use and abuse. They include Youth Against Immorality (YAI), which was formed in 1996 as a local youth organization with a drug abuse prevention program (United Nations, 2004). There is also a Reach-Out organization which is an NGO based in Mombasa and deals with drug abuse, IDU and HIV / AIDS prevention programs.

A study carried to detect the use and abuse of drugs among the students in secondary
schools and teacher training colleges in Kenya revealed that up to 32% of students used alcohol three or more times a week, 20% smoked cigarettes regularly, while the lifetime prevalence for cannabis use was 2%. The respondents who reported chewing khat occasionally were 1.9% (Owino, 1982).

A study was also carried out by Dhaphale, Mengech and Acuda (1982) involving 2,870 secondary school students from 10 schools distributed among 7 districts, representing urban, periurban and rural areas. The study was to investigate the students' knowledge, use and abuse of alcohol, cannabis, and tobacco. The study revealed that 10.3% of students used alcohol three or more times a week, 16.1% smoked cigarettes three or more times a week and 13.5% used marijuana once a month. According to the study, the use of cannabis and cigarettes was more prevalent in periurban than urban and rural areas.

The Government of Kenya and the United Nations Drug Control Program (UNDCP) undertook a countrywide Rapid Assessment study in 1995 on the problem of substance abuse (Mwenesi, 1996). The aim of the study was to assess the nature and extent of drug abuse in Kenya and to provide data for planning interventions and other drug control related strategies and activities. Information was gathered through the triangulation of qualitative research based on guideline protocol developed by UNDCP and modified for Kenya. According to this study, there was an indication that the problem of drug abuse was larger than expected and that it had permeated all the strata of the Kenyan society with the youth and young adults being the most affected category. The study revealed that drugs that are commonly abused include alcohol, tobacco, cannabis (bhang) and khat. It further indicated that the Kenyan youths and adults were getting increasingly involved in the abuse of heroin, cocaine and Mandrax on account of Kenya being a transiting country for cocaine and heroin and producer country for Mandrax.

According to the study, there was an upward trend in the abuse of all categories of licit and illicit drugs in secondary schools, colleges and universities. Moreover, most of the students who abuse drugs come from rich and middle class families. It was also discovered that there is a myth common among students that the use of drugs enhance intellectual ability or stamina to study for longer hours and this perpetuated the drug use habit making the students experiment with various drugs through peer pressure.
On a comparative study of drug abuse in urban versus rural secondary schools by Kuria (1996) involving 952 students, it was revealed that alcohol, tobacco, cannabis and inhalants emerged as the most abused drugs in both rural and urban secondary schools. The study also revealed that "hard" drugs were commonly used in the rural schools in Kenya.

A survey of alcohol use by Kenyan students whose ages ranged from 10 to below 36 years old in secondary, college and university was conducted and it revealed rates ranging from 15.54% to 34% for a variety of alcohol beverages (Amayo, 1998). There was another survey that was carried among undergraduate students in a Kenyan University (Odek-Ogunde and Pande-Leak, 1999). The survey revealed that the lifetime prevalence rates of commonly used substances were tobacco 54%, alcohol 84.2%, cannabis 19.7% and inhalants 7.2%. The study also revealed that the initiation of drug use in lower primary schools was less than 20%, in upper primary and secondary schools it was more than 30% but less than 50%, and in the university it was between 11% and 25%.

A survey was also carried out on use of khat among Kenyan students in secondary schools and colleges (Amayo, 1999) which showed that khat was one of the ever-increasing legal drugs of dependence among students, teachers and parents. According to the survey, the majority of students and teachers were ignorant of dependence producing properties of khat. Most of the users considered khat chewing not harmful because the drug is licit. It was also recommended that khat be incorporated in national drug preventive educational program starting from primary school and continuing to institutions of higher learning. In another study on tobacco use in Nairobi (Wangai et al., 2000), it was revealed that the prevalence rate of smoking was high with over half (55%) of the respondents being smokers. It also observed that the majority of the smokers were men as compared to the women. About 89% of the respondents were observed to be daily smokers.

A review on research activities on alcohol and drug abuse problems in Kenya was carried out and it revealed that the main drugs of abuse was widespread and it identified that the main drugs that were being abused included alcohol, cannabis, khat and prescription drugs—such as benzodiazepines (Acuda, 1982). The review recommended that a major study be carried out not only to establish prevalence, but also to identify factors contributing to widespread use, the attitude of students, their parents and the community, in order to prepare guidelines and strategies for preventive measures, which would include drug education. More effective strategies should therefore be developed urgently to check
and catch up with the high levels and upward trend of substance use among the Kenyan youth. This is the reason as to why there is a serious need of data to direct in the formulation of preventive measures and a need for this study.

Drugs and narcotic substances are readily available in some localities where schools are situated (Ministry of Education Task Force, 2001). According to the Task Force, drugs and substances of abuse like bhang, marijuana, tobacco, kuber, and glue are sold to students with the knowledge of some parents and teachers. In Kisumu for instance, a substance abuse by the name "kuber" was available in the local supermarkets and kiosks within the municipality. Students, who use such drugs according to the task force, end up becoming indiscipline and start influencing others.

According to a Secondary Headteachers' conference, there was a concern over the rising cases of indiscipline in schools, and the prevalence of drug and substance abuse. It was revealed that a third-one out of three secondary schools students were on drugs. One in every three of the Kenya's high school students takes alcohol; another 8% smokes cigarettes, while almost one in every 10- (9.1 %) chew miraa and about 3% smoke bhang (NACADA, 2004). According to NACADA, (National Agency for Campaign against Drug), students also take hard drugs, including heroin, cocaine, mandrax and tranquillizers. It was also reported that quite a number of students abuse drugs in primary schools, and some of them being as young as eight or ten years old.

All the above studies have been carried out to assist in the formulation of drug abuse prevention and control programs, especially among the youth. This is because drug use situation can lead to catastrophic short-term and long-term costs that overweigh the investments necessary for prevention.

The Kenyan Government has been aware of the damaging effect of drugs and has taken some action to address the situation. In March 2001, the National Agency for the Campaign Against Drug Abuse (NACADA) was set up to co-ordinate the activities of individuals and organizations dealing with drug abuse.

Specifically NACADA is mandated to:

a) Initiate a public education against drug abuse in the country.

b) Develop an action plan aimed at curbing abuse by youth.

c) Develop an action plan aimed at curbing abuse in schools and other institutions of learning.
d) Sensitize parents on the abuse of drugs and its attendant problems and their functions as role models

e) Initiate rehabilitation programs for drug-dependent persons

2.5 Adolescent Drug Abuse Prevention

Considerable research has been conducted over the past 20 years concerning the etiology and prevention of drug abuse. The research has increased understanding of drug use among children and adolescents, the onset and developmental progression of drug abuse, and the role and relative importance of specific etiological factors (Botvin, 1999). Points of preventive intervention can be determined if these stages of progression are understood since the progression from one drug type to another follows a logical and predictable pattern (Kandel, 1978; Hamburg et al., 1975). However, despite these advances, there is a great divide between what research recommends for preventing drug abuse and the approaches currently being used by prevention practitioners. Identifying the effective prevention approaches has been extremely difficult.

The most fruitful researches have been conducted in school settings and have tested the impact of approaches to drug abuse prevention designed to target the psychosocial factors associated with the initiation and early stages of drug use. Schools are embedded within communities and, in many ways, reflect larger community-level processes. The most effective place to intervene and stop drug-or alcohol-abusing behavior is the environment where the abusing person spends the most time (Jaynes and Rugg, 1988). The school is the most appropriate setting for an early intervention aimed at adolescents. According to Jays and Rugg, most adolescents are in their secondary school level and those who abuse drugs are the same ones who are in most cases involved in delinquent behaviors.

More recent studies not only have been larger and better designed but also have focused on the impact of preventive interventions on the use of multiple substances. Thus there is mounting evidence from a growing number of carefully designed and methodologically sophisticated studies clearly indicating that drug abuse prevention can work. Although considerably more research is needed, there is an increasing rate of drug use in recent years and corresponding need for further refining of the prevention approaches used by schools and communities around the country which warrants dissemination of information concerning the state of the art in drug abuse prevention. Prior to 1980, school-based efforts to prevent drug abuse took the form of tobacco, alcohol, and drug education
curricula. This approach to drug abuse prevention rested on the underlying assumption that the problem of drug abuse was caused by cognitive deficit (inadequate knowledge of the dangers of using drugs).

Schools are a natural and a convenient site for conducting drug abuse prevention programs since most of the preventive measures are designed to target school-age populations. The schools serve as an easy access to a large number of individuals who are logical targets of prevention efforts and they offer structured settings within which prevention programs can be conducted. The educators too are increasingly recognizing that promoting health drug abuse is virtually important both to the general well being of students and to the achievement of primary educational goals.

The school-based prevention efforts can be in five different approaches: information dissemination, affective education, alternatives, social influence and broader competence enhancement approaches, which emphasize personal and social skills training (Botvin and Botvin, 1997). The most common approaches to tobacco, alcohol and drug abuse prevention are those that focus on providing factual information about the adverse consequences of using the substance, with some approaches including a mix of scare tactics and moral message.

Attempts have been made in the area of preventive intervention of tobacco, alcohol and drug use in Kenya. The approaches have mostly been educational. Several booklets providing basic information about drug problems have also been produced. This has mostly been done by the government and the non-governmental organization and is made available to health workers, teachers and all the persons who in the course of their work handle the youth in general (Amayo and Lore, 1995 and 1996). Moreover, with the little information in epidemiology and possible causes of drug use and abuse in Kenya, efforts to institute preventive measures are unlikely to succeed and might be counter productive if preventive strategies developed in industrialized countries are applied in Kenya in the absence of local data.

The trends in the spread of HIV / AIDS reveal that the largest number of new cases is occurring in intravenous drug users (IDUs) and their sex partners, not among gay men. Drug is largely responsible for the spread of HIV / AJDS into the heterosexual population (Collins and Coates, 1999).
CHAPTER THREE
RESEARCH METHODS

3.0 Introduction

The objective of the study was to determine the prevalence and patterns of substance abuse among secondary school students in Ngong Sub-district of Kajiado District in Kenya. This chapter describes the sampling procedure, study population and location, data collection methods, research instruments, limitation, validity and data analysis methods.

3.1 Study Population and Location

Kajiado District, with a population of 406,000, is located in the Rift Valley Province. The ethnic groups that predominantly inhabit the Kajiado district include the Maasai (57 percent), Kikuyu (24 percent), and Kamba (8 percent). There are seven administrative divisions in Kajiado, namely: Central, Magadi, Ngong, Isinya, Mashuru, Loitokitok, and Namanga. Kajiado District covers an area of 21,902.9 sq. kms. The population density is sparse; with about 19 people per sq. km. Mostly the Maasai inhabits the extensive plains covering the district. The Maasai ethnic group has a traditional and successful system of moving livestock to grazing lands. More than 50 percent of the labor force in Kajiado District is pastoralists. A further 16 percent are involved in farm activities. About 10% of the labor force is involved in employment or business. The Maasai live in extended families; it is difficult to establish the exact numbers. The pastoralists live in small communities called Manyattas, which are composed of a number of families and are scattered throughout the plains. The close-knit nature of these communities results in a strong support system.

The study was conducted among students (both males and females) in the secondary schools in Ngong sub-district of Kajiado District in Kenya. Ngong Sub-District is divided into 4 different zones. These include Ngong zone, Kisames zone, Ewaso zone and Ongata Ronkai zone. This is a region in which most of the youth who live in Nairobi go to school for their secondary level of education. They are either day scholars or borders. Nairobi is the capital city of Kenya and therefore diversity of cultures and people converge. Ngong sub-district borders Nairobi from the East. This region of Kajiado also has a representation of all the school types in the country. There are about 30 secondary schools in this region (Kenya Education Directory, 1996). The number of schools were limited to the registered schools only.
3.2 Sampling Procedure

Wiersma (1995) defines a sample as a small proportion of a target population selected using some systematic procedures for study. The sample from this study was drawn from among secondary school students in Kajiado District who were then in form two and form three classes. The students were both males and females drawn from public and private schools. The researcher involved two hundred and forty students who were a true representative of the students' population in secondary schools within Ngong sub-district of Kajiado District. The study gathered the required information from three different sources which included the Ngong sub-district secondary school students themselves, the key informants of the study and from the secondary data.

Sampling was based on a complete list of secondary schools in Ngong sub-district of Kajiado District. There are 32 secondary schools in Ngong sub-district. The schools were categorized on the basis of official classification of schools in Kenya (Kenya Education Directory, 1998) and categorized into private (23) and public (9) schools. In each of the category, the schools were divided into boys' schools (5), girls' (8) schools and mixed (19) schools. Under this, the schools are again divided into boarding schools (13) and day schools (19). There are two schools within the sub-district that are both day and boarding, and are also mixed. The researcher randomly picked one school in each sub-group, which was a sample school for the study. This was done through stratified sampling technique.

Table 3.1: List of schools in Ngong sub-district of Kajiado district

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Type of School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiserian Junior Seminary</td>
<td>Private/ Boys/ Boarding</td>
</tr>
<tr>
<td>Nakeel Secondary</td>
<td>Public/Boys/Boarding</td>
</tr>
<tr>
<td>St. Cleophas</td>
<td>Private/Girls/Boarding</td>
</tr>
<tr>
<td>Mbagathi View</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Leiser Hill</td>
<td>Private/Mixed/Day and Boarding</td>
</tr>
<tr>
<td>Nkoroi Plainsview</td>
<td>Private /Mixed/Day</td>
</tr>
<tr>
<td>Nkaimunya Secondary</td>
<td>Public/Mixed/ Day</td>
</tr>
<tr>
<td>Magnet High</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Cooro Secondary</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Kiserian Girls Senior Academy</td>
<td>Private/Girls/Boarding</td>
</tr>
<tr>
<td>Royal Star secondary</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>School Name</td>
<td>Type</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>ACK secondary</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Joy Home secondary</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Olekasasi Secondary school</td>
<td>Public/Mixed/Day</td>
</tr>
<tr>
<td>Ongata Rongai Educational Complex</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Bishop Mazzoldi Secondary</td>
<td>Private/Mixed/Day</td>
</tr>
<tr>
<td>Finken Secondary</td>
<td>Private/Day</td>
</tr>
<tr>
<td>Kibiko</td>
<td>Public/Day</td>
</tr>
<tr>
<td>Oloolwa</td>
<td>Public/Day</td>
</tr>
<tr>
<td>Olooseos</td>
<td>Public/Girls/Boarding</td>
</tr>
<tr>
<td>Baraka Oontoiiye</td>
<td>Public/Day</td>
</tr>
<tr>
<td>Najile</td>
<td>Private/Girls/Boarding</td>
</tr>
<tr>
<td>Joram G. Memorial</td>
<td>Private/Girls/Boarding</td>
</tr>
<tr>
<td>Maasai High</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>Maasai High</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>Hekima Secondary</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>St. Patrick's Hill School</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>Chenny Secondary</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>Millenium Secondary</td>
<td>Private/Boys/Boarding</td>
</tr>
<tr>
<td>Serare Secondary</td>
<td>Private/Girls/Boarding</td>
</tr>
<tr>
<td>Star Shake Secondary</td>
<td>Private/Girls/Boarding</td>
</tr>
</tbody>
</table>

Table 3.2: The number of schools in each category

<table>
<thead>
<tr>
<th>School Category</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Boarding (Boys)</td>
<td>3</td>
</tr>
<tr>
<td>Private Boarding (Girls)</td>
<td>5</td>
</tr>
<tr>
<td>Private Day (Mixed)</td>
<td>12</td>
</tr>
<tr>
<td>Public Boarding (Boys)</td>
<td>2</td>
</tr>
<tr>
<td>Public Boarding (Girls)</td>
<td>3</td>
</tr>
<tr>
<td>Public Mixed Schools (Day)</td>
<td>4</td>
</tr>
<tr>
<td>Private Boarding/Day/Mixed</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total number of schools</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>
Table 3.3: Sample schools, category and type

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Category of School</th>
<th>Type of School</th>
<th>No. of respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kibiko Secondary</td>
<td>Public School</td>
<td>Mixed Day</td>
<td>40</td>
</tr>
<tr>
<td>Joram Gitau</td>
<td>Private School</td>
<td>Mixed Boarding/ Day</td>
<td>40</td>
</tr>
<tr>
<td>Ololiser Secondary</td>
<td>Public School</td>
<td>Boys Boarding</td>
<td>40</td>
</tr>
<tr>
<td>Maasai High</td>
<td>Private School</td>
<td>Boys Boarding</td>
<td>40</td>
</tr>
<tr>
<td>Oloseos Secondary</td>
<td>Public School</td>
<td>Girls Boarding</td>
<td>40</td>
</tr>
<tr>
<td>St. Cleophas</td>
<td>Private School</td>
<td>Girls Boarding</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>6</strong></td>
<td><strong>240</strong></td>
</tr>
</tbody>
</table>

The study covered students of both sexes from form two and form three classes, the reason being that form one students are usually very shy and sometimes very fearful to release any information about their school or about sensitive issues like the use of drugs. Form four students are usually a busy lot. They could be preparing for their mock exams at the time of collection of data and may not be willing to spare time to fill in the questionnaire. It is in form two that many behavioral changes take place. Form two is a class where most students want to satisfy their curiosity and may be tempted to take drugs. This is the class in which peer influence is greatest. Form three students usually have not fully recovered from the behavioral changes and some could still be in adolescent's turmoil. They are not as a busy lot as compared to form fours.

The researcher divided the students into males and females in situations where the schools were mixed. The names of students to complete the questionnaire were picked from the nominal list by systematic sampling method. The researcher then picked every third name from the nominal list starting from the first name for inclusion in the sample until the required total number of students was attained. In each category, the researcher required a total number of 40 students to complete the questionnaire. These included form two and form three students in each school category.

In cases where the school is mixed, the researcher randomly picked a total number of 10 male students and 10 female students. The total number of sample schools was 6, which
gave the researcher a total number of 240 student respondents. For every sample school, the researcher involved the key informants, which included the counseling teacher, the deputy headteacher and the head prefect.

In total, the study sample consisted of: 80 students from purely boys' day and boarding secondary school; 80 students from purely girls' boarding secondary school and 80 students from mixed secondary schools.

3.3 Data Collection Methods

Simple structured questionnaires were used to collect information from the study sample. The questions in the instrument were both closed and open-ended. The respondents were assured of the confidentiality of the information they gave and they were reminded not to write down their names on the questionnaire. The researcher also visited the key informants to obtain qualitative data.

In order to gather the information required, a self-administered WHO questionnaire of student drug use survey (Smart, Hughes, Johnson, Anumonye, Khant, Mora, Navaratnam, Poshyachida, Varma and Wadud, 1980) and modified by Acuda, Eide, Batau, Khan and Aaro (1996) was used to construct the questionnaire for the purposed study. The questionnaire consisted of four sections; the first section included the socio-demographic data on students and information on their parent and siblings while the second section included questions on the health behavior of the students. The third section was seeking for the information on students' use of tobacco, alcohol, cannabis and inhalant and also less detailed information on the use of other substances.

The researcher conducted an unstructured face-to-face in-depth interview to obtain information from the key informants. The key informants included the school's Principal, the Deputy Principal who was in most cases in-charge of school discipline, the Dean of students where it was applicable, the guidance and counseling head of department, and the prefects.
The study also involved document analysis. Documents that were analyzed included secondary data that was obtained from the existing literature on drug abuse. The researcher reviewed relevant documents/reports on drug abuse. These materials included those that were in the University libraries, research institutions that had conducted studies on drug abuse, or those whose activities were related to drug abuse especially among the youth. The literature reviewed included studies by Kenyan scholars on drug abuse, reports by experts or institutions on drug abuse, Kenya laws/regulations on drug abuse, theses or dissertations on drug abuse in Kenya and other regions in Africa and the rest of the world. The secondary data gathered from the review of existing literature facilitated meaningful comparisons between findings of this study and those of other researches and institutions.

3.4 Pilot Study
The researcher carried out a pilot study before the actual research. The pilot test was done in one of the secondary schools in Ngong sub-district to determine its suitability and appropriateness in terms of language and concepts for the secondary schools in Ngong sub-district. A test-retest study was conducted for the pilot school to determine the reliability of the questionnaire. This was done by using codes with a reference to a list of names and each respondent filled a questionnaire with the same code number on the two occasions. In order to determine the validity of the questionnaire, the honesty questions and questions on the fictitious drugs were included in the questionnaire. This helped to determine the level of honesty among the students. The pilot test also helped in discovering any weaknesses in the research instruments. It assisted in checking the clarity of the items, language level and how well the questions were understood. It also elicited comments from the respondents, which helped in the improvement of the instruments. Any ambiguous, unclear or embarrassing questions were corrected or cancelled altogether. This enhanced the suitability and appropriateness of the research instrument.

3.5 Reliability and Validity
The self-administered WHO questionnaire of students' drug use survey (Smart et al, 1980) had been developed previously in a multi-centered, cross-cultured study in Canada and other developing countries like Nigeria. Reliability in Malaysia, Canada, and Mexico was high for answers to drug questions. The survey manual gives moderate support to validity by means of honesty questions, the Eysenck lie scale and clear support from multiple methods test in one center, Mexico. The reliability and validity of WHO student drug-use
model questionnaire was tested in Nigeria (Adelekan and Odejide, 1989) and Zimbabwe (Eide and Acuda, 1996) and found reliable and valid enough to allow for comparisons.

3.6 Ethical Consideration
The rights of the respondents were taken care of. The researcher discussed about the questionnaire before administering it and only those who agreed to be included in the research were presented with the questionnaire to fill. The respondents were also assured of utmost confidentiality. They were informed that the research was purely for academic purpose.

3.7 Data Analysis
The data collected was coded and recorded in the computer using the statistical package SPSS for windows, version 12. This was used for the analysis process where frequencies and their significance to the study was established and cross tabulation done. The computer package was also useful in the presentation of the information in graphs, charts and tabular forms that made the interpretation less difficult.

3.8 Chapter Summary
The chapter has submitted a detailed blueprint of how the data was collected. It has described the study population and location, the sampling procedure, research instrument, pilot study, validity and reliability, ethical consideration and data analysis methods. The next chapter presents the analysis of data.
CHAPTER FOUR

PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents the analysis and interpretation of data. The study sought to investigate the drug situation among secondary school students in Ngong sub-district of Kajiado district. Data was obtained from questionnaires administered on a sample of 240 students who were form two and form three students. Out of this, 239 questionnaires were successfully filled and returned placing the response rate at 99.6%. In presenting findings relevant to the study objectives, the chapter has been organized into six sections. These are socio-demographic background, types of drugs and substances of abuse, prevalence and patterns of substance abuse, the contributing and predisposing factors, and; the effects on abusers. The last section analyses the qualitative data obtained from documents and key informants. These are presented below:

4.1 Socio-Demographic Background

The socio-demographic information in this study included the students' date of birth, gender, form, type of school, status of school, current academic status and feeling about studies. The information also included among others, the students' ethnic background and parental marital status. These are explained below.

4.1.1 Date of Birth

The dates of birth were classified beginning from the onset of adolescence age through to early adulthood. The findings follow in table 4.1 below:

Table 4.1 Date of birth

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>86-88</td>
<td>118</td>
<td>49.4</td>
<td>49.6</td>
</tr>
<tr>
<td></td>
<td>89-90</td>
<td>111</td>
<td>46.4</td>
<td>96.2</td>
</tr>
<tr>
<td></td>
<td>91-92</td>
<td>9</td>
<td>3.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>238</td>
<td>99.6</td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>Missing</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
According to table 4.1 above, 49.6% of the students were born between 1986-1988 and 46.6% were born between 1989-1990 whereas only 3.8% were born between 1991-1992.

### 4.1.2 Gender

Table 4.2 Gender of respondents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Male</td>
<td>112</td>
<td>46.9</td>
<td>47.1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>126</td>
<td>52.7</td>
<td>52.9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From table 4.2 above, it can be seen that 52.9% of the respondents were female whereas 47.1% were male.

### 4.1.3 Form

Table 4.3 Form of respondent

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Form two</td>
<td>117</td>
<td>49.0</td>
<td>49.0</td>
</tr>
<tr>
<td></td>
<td>Form three</td>
<td>122</td>
<td>51.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Fifty one percent (51.0%) of the respondents were in form three while 49.0% were in form two.

### 4.1.4 Type of School

Table 4.4 Type of school

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Day school</td>
<td>47</td>
<td>19.7</td>
<td>19.7</td>
</tr>
<tr>
<td></td>
<td>Boarding school</td>
<td>164</td>
<td>68.6</td>
<td>88.7</td>
</tr>
<tr>
<td></td>
<td>Both day and boarding</td>
<td>27</td>
<td>11.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>238</td>
<td>99.6</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
According to results in Table 4.4 above, 68.9% of the respondents were in boarding school, 19.7% in day school while 11.3% were students schooling in both day and boarding.

4.1.5 Status of School

Table 4.5 Status of school

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls only</td>
<td>80</td>
<td>33.5</td>
<td>33.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Boys only</td>
<td>74</td>
<td>31.0</td>
<td>31.0</td>
<td>64.4</td>
</tr>
<tr>
<td>Mixed</td>
<td>85</td>
<td>35.6</td>
<td>35.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Results in table 4.5 indicate that 35.6% of the schools were mixed school, 33.5% were girls only and 31.0% were boys only.

4.1.6 Who respondents stay with

A large majority of the respondents represented by 85.2% stayed with parents while some 5.5% stayed with friends. The rest stayed with either relatives (4.6%), sister (3.0%) or brother (1.7%) as shown in the table below.

Table 4.6 Who respondents stay with

<table>
<thead>
<tr>
<th>Stay with</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents</td>
<td>202</td>
<td>84.5</td>
<td>85.2</td>
<td>85.2</td>
</tr>
<tr>
<td>My sister</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>88.2</td>
</tr>
<tr>
<td>My brother</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>89.9</td>
</tr>
<tr>
<td>Relatives</td>
<td>11</td>
<td>4.6</td>
<td>4.6</td>
<td>94.5</td>
</tr>
<tr>
<td>Friends</td>
<td>13</td>
<td>5.4</td>
<td>5.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.1.7 Feeling about studies

Table 4.7 below shows that 52.1% of the respondents liked studies very much while some 28.6% mentioned that they liked it. However, 13.4% didn’t like it much whereas 2.9% didn’t like it at all and a further 2.9% didn’t know.
Table 4.7  Feeling about studies

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>I like it very much</td>
<td>124</td>
<td>51.9</td>
<td>52.1</td>
</tr>
<tr>
<td></td>
<td>I like it</td>
<td>68</td>
<td>28.5</td>
<td>80.7</td>
</tr>
<tr>
<td></td>
<td>I don't like it much</td>
<td>32</td>
<td>13.4</td>
<td>94.1</td>
</tr>
<tr>
<td></td>
<td>I don't like it at all</td>
<td>7</td>
<td>2.9</td>
<td>97.1</td>
</tr>
<tr>
<td></td>
<td>I don't know</td>
<td>7</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>System</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.1.8 Ethnic Background

Table 4.8: Ethnic background

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Maasai</td>
<td>30</td>
<td>12.6</td>
<td>13.2</td>
</tr>
<tr>
<td></td>
<td>Kamba</td>
<td>8</td>
<td>3.3</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>Luo</td>
<td>31</td>
<td>13.0</td>
<td>30.3</td>
</tr>
<tr>
<td></td>
<td>Kikuyu</td>
<td>8</td>
<td>3.3</td>
<td>33.8</td>
</tr>
<tr>
<td></td>
<td>Luo</td>
<td>70</td>
<td>29.3</td>
<td>64.5</td>
</tr>
<tr>
<td></td>
<td>Luhyia</td>
<td>10</td>
<td>4.2</td>
<td>68.9</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>71</td>
<td>29.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>System</td>
<td>228</td>
<td>95.4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Thirty percent (30.7%) of the respondents, the majority, were Kikuyu followed by Kamba (13.6%) and Maasai (13.2%). Other tribes included Luo, Kalenjin and Luhyia as indicated in table 4.8 above.

4.1.9 Parental Marital Status

Findings in Table 4.9 indicate that seventy three percent (73.1%) of the respondents’ parents were married. However, some 12% were either separated or divorced, 8.5% were single and 6.4% were widowed.
4.2 The Types of Drugs and Substances of Abuse

This section sought to establish the types of drugs and substances of abuse by secondary school students in Ngong sub-district. The study especially attempted to establish the use of alcoholic beverages, tobacco, bhang, khat (miraa) and inhalants. The major findings have been summarized as follows.

4.2.1 Types of Drugs

The types of drugs included miraa, inhalants, bhang, tobacco and alcoholic beverages.

Figure 4.1: Types of drugs and substances ever used/abused by the students

Whereas majority of respondents had never used or abused drugs and substances, figure 4.1 above illustrates that 37.7% of the students have drunk alcoholic beverage, mainly beer and spirits obtained from bars and supermarkets. Another 33.1% have chewed miraa and 16.9% have chewed, smoked or sniffed tobacco. Further, some 11.7% have taken bhang and 11.3% have sniffed or inhaled things like glue or solvents.
4.2.2 Drugs recently taken

The study attempted to establish whether the students had drunk any alcohol beverage, taken bhang or chewed miraa in the past three months. The following figure illustrates a summary of the findings.

Figure 4.2: Drug taken in the past three months

According to figure 4.2 above, 13.4% of the students acknowledged having chewed miraa in the past three months followed by alcoholic beverages 13.0% and finally bhang 6.3%.

4.3 The prevalence and pattern of substance use

This section endeavored to examine the prevalence and pattern of substance use among students in Ngong-sub-district taking great regard to the social phenomenon and the various underlying theories. The Major findings related to the use of alcohol, tobacco, bhang, khat and inhalants have been illustrated in the subsequent figures and tables that follow below.

4.3.1 Gender disparity in substance use

Figure 4.3: Gender disparity
According to figure 4.3 above, alcohol use exhibits the least disparity in gender whereby 51.1% were male while 48.9% were female. The second drug with the least disparity was miraa with 54.4% male while 45.6% were female. Subsequently, the disparity of use of inhalants (glue, etc) was 55.6% male and 44.4% female. On the other hand, gender disparity was highest in chewing, sniffing or smoking tobacco with 72.5% male and 27.5% female followed by bhang with 71.4% male and 28.6% female.

4.3.2 The prevalence and pattern of alcohol use

The study sought to establish the prevalence of alcohol use in the various types of schools. As illustrated in figure 4.4a below, the use of alcohol among students was most prevalent in both day and boarding schools as indicated by 40.7% of the respondents as compared to boarding school - 39.0% and day school – 29.8%.

![Figure 4.4: Whether respondents have ever drunk any alcoholic beverage: distribution by type of school](image)

![Figure 4.5: Whether respondents have ever drunk any alcoholic beverage: distribution by status of school](image)
Alcohol use in boys only school was higher as indicated by 43.2% of the respondents compared to mixed school -37.6% and girls only – 32.5%.

4.3.3 Whether respondents take alcohol during the term

![Bar chart showing alcohol use during the term by type of school]

Figure 4.6: Alcohol use during the term: distribution of respondents by type of school

Figure 4.5 shows that boarding school led in the use of alcohol during the term with 17.0% followed by day school with 10.6% and finally both day and boarding school with 6.4%.

4.3.4 Age when drug was first taken

According to table 4.10 below, 17.8% of the respondents first took drugs between the ages of 11-15 years while 12.7% were 16 years and above. Other students first took drugs at age 6-10 years (3.0%) and at age 5 or younger (3.4%).

Table 4.10: Age when drug was first taken

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have never taken drugs</td>
<td>148</td>
<td>61.9</td>
<td>62.7</td>
<td>62.7</td>
</tr>
<tr>
<td>5 years or younger</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>66.1</td>
</tr>
<tr>
<td>6-10 years</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>69.1</td>
</tr>
<tr>
<td>11-15 years</td>
<td>42</td>
<td>17.6</td>
<td>17.8</td>
<td>86.9</td>
</tr>
<tr>
<td>16 years and above</td>
<td>30</td>
<td>12.6</td>
<td>12.7</td>
<td>99.6</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>3</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3.5 Company during drug and alcohol use

Table 4.11: With whom do you mostly take alcohol and other drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Parents</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Friends of my age</td>
<td>33</td>
<td>13.8</td>
<td>13.9</td>
<td>16.4</td>
</tr>
<tr>
<td>Friends younger than me</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>16.8</td>
</tr>
<tr>
<td>Friends older than me</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>20.2</td>
</tr>
<tr>
<td>Sisters or brothers</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Adult relatives</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>23.1</td>
</tr>
<tr>
<td>Alone</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>26.5</td>
</tr>
<tr>
<td>Neighbour families</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>26.9</td>
</tr>
<tr>
<td>No one in particular</td>
<td>15</td>
<td>6.3</td>
<td>6.3</td>
<td>33.2</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>159</td>
<td>66.5</td>
<td>66.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to table 4.11 above, 13.9% of the respondents took drugs with friends of their age while 6.3% took drugs with no one in particular. Further, 3.4% either took drugs alone or in the company of older friends.

4.3.6 Place where drug or alcohol is mostly used

Table 4.12: Place where drug is mostly used

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid At home</td>
<td>11</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>In public drinking places</td>
<td>12</td>
<td>5.0</td>
<td>5.0</td>
<td>9.7</td>
</tr>
<tr>
<td>On the streets or in parks</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>10.9</td>
</tr>
<tr>
<td>In the bush</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>13.4</td>
</tr>
<tr>
<td>At school</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
<td>15.5</td>
</tr>
<tr>
<td>At a friends place</td>
<td>18</td>
<td>7.5</td>
<td>7.6</td>
<td>23.1</td>
</tr>
<tr>
<td>I do not drink alcohol or take other drugs</td>
<td>165</td>
<td>69.0</td>
<td>69.3</td>
<td>92.4</td>
</tr>
<tr>
<td>Other places(specify)</td>
<td>18</td>
<td>7.5</td>
<td>7.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
According to table 4.12, majority of the students (7.6%) took drugs or drunk alcohol at a friend’s place. Public drinking places followed with 5.0% whereas 4.6% administered the same at home. Noticeably, some 2.1% also took drugs or drank alcohol at school.

4.4 The contributing factors and the predisposing factors

This section attempted to determine the contributing factors influencing drug abuse and the predisposing factors that maintain it. A number of factors underpinning in the various theories and models used to explain drug abuse behavior were tested. The findings have been illustrated as under.

4.4.1 Initiation into drug use

The question attempted to find out who first introduced the student into taking drugs or drinking alcohol.

<table>
<thead>
<tr>
<th>Table 4.13: Who introduced you to the drug you are taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>My mother</td>
</tr>
<tr>
<td>My father</td>
</tr>
<tr>
<td>My brother</td>
</tr>
<tr>
<td>My sister</td>
</tr>
<tr>
<td>A close friend</td>
</tr>
<tr>
<td>Others(specify)</td>
</tr>
<tr>
<td>I do not take drugs</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Missing</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Seventeen percent (17.0%) of the respondents were first introduced to the drug they are taking by a close friend while 3.0% were introduced by their brother. Others were introduced by their mother (1.7%), father (0.9%) or sister (0.4%).

4.4.2 Reason for taking alcohol or other drugs

According to table 4.14, 13.2% took drugs primarily to get high while 7.3% took drugs to be accepted by friends and some 4.3% also took drugs to be like adults. However, majority of the respondents (51.7%) took drugs for a variety of other reasons.
### Table 4.14: Reasons for taking alcohol or other drugs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be like adults</td>
<td>10</td>
<td>4.2</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>To get high</td>
<td>31</td>
<td>13.0</td>
<td>13.2</td>
<td>17.5</td>
</tr>
<tr>
<td>To be accepted by my friends</td>
<td>17</td>
<td>7.1</td>
<td>7.3</td>
<td>24.8</td>
</tr>
<tr>
<td>Other reasons(specify)</td>
<td>121</td>
<td>50.6</td>
<td>51.7</td>
<td>76.5</td>
</tr>
<tr>
<td>I don't take alcohol or other drugs</td>
<td>55</td>
<td>23.0</td>
<td>23.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>97.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4.4.3 Knowledge of drug use by parents

![Pie chart](image)

**Figure 4.6: Do your parents know that you drink alcohol or take other type(s) of drugs?**

According to the respondents, only 14.6% indicated that their parents knew while the other 42.7% indicated that their parents had no knowledge of their use of drugs and other substances.

#### 4.4.4 Source of money for drugs

### Table 4.15: Where do you get money to buy drugs

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>From my parents</td>
<td>15</td>
<td>6.3</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>From friends</td>
<td>10</td>
<td>4.2</td>
<td>4.3</td>
<td>10.7</td>
</tr>
<tr>
<td>I steal</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>12.0</td>
</tr>
<tr>
<td>My pocket money</td>
<td>28</td>
<td>11.7</td>
<td>12.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>20</td>
<td>8.4</td>
<td>8.6</td>
<td>32.6</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>157</td>
<td>65.7</td>
<td>67.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>233</td>
<td>97.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The major source of money to buy drugs according to table 4.15 above is pocket money as indicated by 12.0% of the respondents. Other sources include parents (6.4%), friends (4.3%) and stealing (1.3).

4.4.5 Age factor in the use of alcohol

The study attempted to establish the class of age in which alcohol use is most prevalent.

According to figure 4.7 above, 58.9% of the respondents who used alcohol were born in 1986-1988 followed by 37.8% born in 1989-1990 and lastly 3.3% born in 1991-1992.

4.4.6 Family factor in the use of drugs

Table 4.16: Who among your relatives take drugs

<table>
<thead>
<tr>
<th>Relation</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>23</td>
<td>9.6</td>
<td>9.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Sister</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>11.9</td>
</tr>
<tr>
<td>Brother</td>
<td>28</td>
<td>11.7</td>
<td>11.9</td>
<td>23.7</td>
</tr>
<tr>
<td>Others (specify)</td>
<td>62</td>
<td>25.9</td>
<td>26.3</td>
<td>50.0</td>
</tr>
<tr>
<td>None takes drugs</td>
<td>118</td>
<td>49.4</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>3</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to table 4.16 above, 11.9% of the respondents had brothers taking drugs followed by parents 9.7%. Twenty six percent (26.3%) had other relatives also taking drugs.
4.4.7 The influence of parental marital status on drug use

The study attempted to determine whether there was a correlation between marital status of parents and the use of alcohol and other substances of abuse.

![Figure 4.8: Relationship between parental marital status and drinking of alcohol by students]

According to figure 4.8 above, the use of alcoholic beverages was most prevalent among the students whose parents were either separated or divorced whereby 46.4% admitted having ever drunk alcohol and 53.6% indicated otherwise.

4.5 The effects of drugs on the abusers

This section attempted to establish the sort of problems that drug has created to the users in the past whether health-related or not.

4.5.1 Major Problems

A number of problems were stated, majority of whose distribution have been tabulated below:
According to table 4.17 above, the most common problem created by drug use was threat of violence 10.7%, fights 9.9% and argument with family members 6.9%. Other problems identified included poor school performance, poor memory and poor concentration, loss of friends and health related problems.

4.5.2 Feelings about Studies
The research aimed to establish whether there was any connection between feeling attitude about studies and the use of alcohol.
One hundred percent (100%) of the respondents who had ever drunk alcohol didn’t like studies at all while 62.5% didn’t like it much. Only 28.2% of the respondents who ever drank alcohol liked their studies very much compared to 71.8% who had never drunk alcohol.

4.8 Data from Key Informants and Document Analysis
According to majority of the key informants, the students within Ngong Sub-district did use and abuse drugs and substances. The respondents felt that drug abuse in these schools was responsible for the indiscipline and unrest in the schools. They blamed ignorance in the part of the respective schools’ administration for the prevalence of drug abuse in the secondary schools in the region. A majority of the respondents suggested that active administration of the school was necessary through a joint collaboration amongst parents, teachers, the community and the school’s board. Data from document analysis also revealed that a significant number students in this region have either been punished at school level for abusing drugs, suspended from school or expelled altogether. Most of the culprits attended boys-only schools. Further information gathered showed that those students who got expulsion were responsible for unrest and indiscipline among secondary students.

4.9 Chapter Summary
Among the various types of drugs identified in the study, alcoholic beverages, especially beer and spirits was the most used drug as indicated by 37.7% of the respondents followed by khat 33.1%. The male gender used alcohol and drugs more than the female gender whereby alcohol was exhibiting marginal difference of 51.1% male and 48.9% female while the greatest disparity existed in the use of bhang and inhalants. The use of drugs and alcohol (especially alcohol and spirits) was more prevalent in boys only schools (43.2%) and least prevalent in girls only schools (32.5%). Majority of the students first used drugs at age 11-15 years (17.8%). The drugs were often administered in the company of friends/peers (13.9%) and were first introduced to drugs by the very friends. The reasons for taking alcohol for instance was primarily to feel high (13.2%) and to be accepted by friends (7.3%). The students mainly used pocket money to buy drugs (12%), 58.9% of the students using alcohol were of majority age (18 years or over). Further, 11.9% who were the majority had brothers taking drugs and only 28.2% of the students using alcohol liked studies very much compared to 71.8% who didn’t drink. Many problems were attributed to the use of drugs by the students, mainly violence (0.7%) and fights 9.9%.
CHAPTER FIVE
DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction
In this chapter, the findings are discussed and conclusions made. Subsequently, recommendations are provided in view of the conclusions.

5.1 Discussions
The findings in the previous chapter are discussed according to the specific objectives of the study as follows:

5.1.1 The types of drugs and substance of abuse by secondary school students in Ngong sub-district
From the findings, it appears that licit drugs were mostly used by the students. According to Stanton and Todd, (1982), the first stage in adolescent drug use is the use of legal drugs such as alcohol. As indicated in the findings, 33.7% of the respondents admitted having ever taken alcoholic beverages namely beer and spirits, 33.1% had chewed khat (miraa) while 11.7% had sniffed, smoked or chewed tobacco.

This reinforces findings from a previous study carried out to detect the use and abuse of drugs among the students in secondary schools and teacher training colleges in Kenya which revealed that up to 32% of students used alcohol three or more times a week, 20% smoked regularly and 1.9% reported chewing khat occasionally (Owino, 1982). NACADA, (2004) have identified alcohol, tobacco, khat and bhang among the most commonly known drugs and substance of abuse in Kenya.

5.1.2 The prevalence and pattern of substance use among students in Ngong sub-district
The findings revealed considerable levels of gender disparity with the use of drugs being predominantly male. And this was further confirmed by succeeding findings where the use of drugs and alcohol (especially beer and spirits) was more prevalent in boys only schools (43.2%) and least prevalent in girls only schools (32.5%). This finding is consistent with the fourth research assumption which stated that there would be more students using drugs of abuse in boys’ secondary school as compared to mixed secondary schools and girls’ secondary schools.
Majority of the students first used drugs at age 11-15 years (17.8%). This age marks the onset of adolescence. According to Botvin and Botwin (1997), adolescence is a time of change, exploration, exuberance and youthful searching. The adolescents usually want to experiment with a wide range of behaviors and lifestyle patterns. And, many of the developmental changes that are necessary prerequisites for becoming healthy adults increases an adolescent’s risk of smoking, drinking or using drugs.

The drugs were often administered in the company of friends/peers (13.9%) according to the research findings. This revelation confirms the social norm model used to explain drug abuse behavior, which proposes that, much of the problem behavior may come from the young people following ‘imaginary peers’ as they wish to, or feel pressured to, conform to erroneously perceived group patterns. According to Perkins (2003), perceived social norms are significantly correlated with students’ personal drinking behavior.

5.1.3 The contributing factors influencing drug abuse and the predisposing factors that maintain it.

The study established that most of the students who took alcohol and drugs were first introduced to the drug they were taking by a close friend. Conditioning theory have explained that drug use is a learned behavior sustained by condition. People become acquainted with drugs of various psychosocial factors such as peer influence and environmental conditions. This is backed up by findings in which one of the main reasons why the students took drugs was to be accepted by friends (7.3%). As the theory asserts, the adolescents may engage in substance use because it provides them with a means of establishing solidarity with a particular reference group.

The study also revealed that the major reason why students used alcohol and other drugs was primarily to get high (13.2%). This revelation exhibits correlation with the acquired drive theory which contends that complex behavior patterns can become self-sustaining and self motivating, and an individual who takes enough of a drug acquires a drive for it, especially the drugs that produce euphoria. Leavitt, (1982) however cautions that the blame for drug abuse should not be placed on drugs, but on conditions that lead unhappy people to believe that chemicals are their only means of relieving anguish. Credence is perhaps evidenced in more findings which illustrated that the use of alcoholic beverages
was most prevalent among the students whose parents were either separated or divorced whereby 46.4% admitted having ever drunk alcohol and 53.6% indicated otherwise.

Only 14.6% of the students who used alcohol and other drugs indicated that their parents had knowledge about it. Yet, according other results from the study, the major source of money to buy drugs was pocket money (especially from parents) as indicated by 12.0% of the respondents. A previous study carried out by the government of Kenya and the United Nations Drugs Control Program assessing the problem of substance abuse established that most of the students who abuse drugs come from rich and middle class families.

Notice that 58.9% of the respondents, the majority, who used alcohol were born in 1986-1988. This class were of majority age (18 years or over), and, if in possession of national identity cards, were ‘eligible’ to buy licit drugs. Recall that alcohol, cigarettes and khat are legal drugs and substance in Kenya. It has been previously admitted that when dealing with drug use and abuse amongst adolescence, the situation is complex and there are dynamic public issues that require integrated approaches.

5.1.4 The effects of drugs on the abusers

According to the study results, a number of problems attributed to drug abuse were identified. The most common problems of drug that impacted on abusers were threats of violence and fights and family conflicts. In fact, as was established previously by the Ministry of Education Task force (2001), students who used drugs end up becoming indiscipline and start influencing others. Arguing in agreement, Jaynes and Rugg (1988) observed that most adolescents are in their secondary school level and those who abuse drugs are the same ones who are in most cases involved in delinquent behaviors. The use of psychotic drugs have been linked to student’s unrest in schools which causes a lot of property destruction.

Listed among the effects of alcohol and drug abuse was the poor school performance. The findings showed that the students who had ever drunk alcohol were highly unlikely to like their studies than those who had not. With the drug problem, schools risk facing problems like students’ poor performance. According to Primm, et al (1997), drug abuse may have negative effects on employment, school achievement, socioeconomic states and family stability.
5.2 Conclusion

Given the foregoing discussions, the following conclusions were made:

5.2.1 The types of drugs and substance of abuse by secondary school students in Ngong sub-district

Alcoholic beverages and other substances of abuse are used by secondary students in Ngong sub-district. Alcoholic beverages mostly used are beer and spirits. These, the students buy from bars and supermarkets. Khat (miraa) is also topping the list of drugs frequently used by the students. It is common knowledge that miraa is being vended in small quantities in some kiosks especially in urban and periurban settings and are obtainable at prices affordable by even the poor. Tobacco is yet another substance of abuse frequently used by students in Ngong sub-district. These three mentioned types of drugs and substance of abuse are legal in Kenya and are allowed to be used by adult citizens. Illicit drugs are used by a minority of the students and include bhang (cannabis) and an odd assortment of inhalants.

5.2.2 The prevalence and pattern of substance use among students in Ngong sub-district

The prevalence of substance use among the students in Ngong sub-district is propagated by the male gender in our society be they parents, brothers, friends or the students themselves. Most of the students got introduced to drugs and substance of abuse at the onset of adolescence, a time of change, exploration, exuberance and youthful searching. Complicating this is the social norm factor whereby most adolescents are heavily influenced by the norms and expectations of other people primarily to be accepted or to identify with their peers.

5.2.3 The contributing factors influencing drug abuse and the predisposing factors that maintain it.

Peer pressure is the primary influencer of drug abuse by secondary school students in Ngong sub-district. The students find the company of friends most conducive to use drugs and are ‘positively’ reinforced into it as a means of establishing solidarity. Drugs that produce euphoria also predispose their use among these students. After taking enough of it, the drugs become self-sustaining and motivating and the students end up being
dependent on the drug. However, it would add much more value to investigate the conditions that lead unhappy people to believe that chemicals are their only means of relieving anguish as recommended by Leavitt, (1982). This is because it was established in this study that students whose parents were separated/divorced were most likely to use alcohol and other substance of abuse. This perhaps reveals fresh dimensions into the vice and should stimulate further investigations.

The quality of the parent-adolescent relationship is also a predisposing factor. The parents’ lack of knowledge of their adolescent children abusing alcohol and other substances indicates poor parenting. This is all the more because these students use pocket money given by the very parents to buy drugs. Since majority of the schools in this sub-district are boarding schools, it is logical to conclude that the students in these schools come from rich and middle class families.

There is a legal dilemma in the fight against drugs and substance of abuse. Notice that majority of the students who used alcohol and other drugs were 18 years or over. This means that, being students notwithstanding, they can legally obtain licit drugs (alcohol, khat and tobacco) and vendors are not limited by law. Therefore, integrated approaches and alternative policies need to be explored in order to contain the prevalence of drugs and alcohol use among students in secondary schools.

5.2.4 The effects of drugs on the abusers
Drug abuse is the main cause of indiscipline in secondary school students. The use of alcoholic beverages and other drugs leads to threat of violence, fights and family conflicts among others. It also triggers negative attitude towards studies which leads to poor school performance. This also has negative long term, universal effect on employment, school achievement, socioeconomic states and family stability.

5.3 Recommendations
According to Botvin and Botvin (1997), the school-based prevention efforts can be in five different approaches. These are information dissemination, affective education, alternatives, social influence and broader competence enhancement approaches, which emphasize personal and social skills training. These approaches form the basis of
recommendations made on measures that can be used effectively in Ngong sub-district secondary schools.

5.3.1 Information Dissemination
The assumption that the problem of drug abuse was caused by cognitive deficit is still plausible. Therefore schools still need to have drug awareness programmes embedded in their curricula especially in forms one and two. These should include the more recent variety of drugs and substance of abuse in the contemporary society. Information should focus on providing factual information about the adverse consequences of the use of substance. Standard tests should be subjected to all students in every term and should contribute to the overall pass-mark forming the basis for graduating into the next form at school level.

5.3.2 Affective education
The schools’ administration should form a strategic alliance with local health institutions, professional counselors, NGOs and the government to carry out film-documentaries on the effects of drugs and substance abuse with a mix of scare tactics and moral messages. This should be conducted annually in all schools. Showing film-documentaries (video) would have a lasting effect on the memory of students hence would inhibit the high degree of risk-taking occasioned by adolescence.

5.3.3 Alternatives
As the old adage goes, “an idle mind is the devil’s workshop.” Students who are disengaged in mind are more likely to succumb to peer pressure. Therefore, schools should follow-through with strict and interactive participation of all students in extra-curricula activities like sports and games. This would cut down on students’ idle time and chance to resort to use of drugs. Rewards should be given to outstanding and the most reformed students in the form of certificates by the various schools annually. This would train and motivate the students to participate in more healthy extra curricular activities.

The government should also institute a ban on the sale of both licit and illicit drugs within close proximity to these secondary schools. Vendors found stocking such drugs after the ban should be prosecuted and their licenses revoked. This would lower the degree of access and exposure of the students to drugs.
5.3.4 Social Influence

The government should formulate a concerted campaign against alcohol and other substance abuse by ensuring the media do not air any advertisement or program that suggest that taking beer, smoking or chewing tobacco and khat is 'cool'. Perhaps the government should consider banning the production of such drugs in the first place. During the Parents-Teachers-Association (PTA) meetings, professional teacher-counselors should be availed to educate parents on their role in the fight against drug abuse and preventive measures to protect their adolescents from indulging into drugs. This would increase their parenting skills as concerns drug awareness and make parents informed about their position as good role models within their families and in the larger society.

5.3.5 Competence Enhancement

The department of counseling in each secondary school should be headed by a professional and qualified teacher-counselor with adequate training on issues of drug and substance use/abuse. This department should be tasked with the responsibility of coordinating all initiatives that goes with the counseling profession in order to attend not only to the needs of the students, but also to their parents in the fight against drug abuse and its prevention. Practitioners in these departments should be required to undertake refresher courses annually in order to keep themselves abreast with contemporary approaches to counseling.

5.4 Suggestion for Further Research

Intensive research should be carried out to establish other reasons besides peer pressure and social influence that leads to alcohol and substance abuse in secondary school students. Future researchers should consider determining whether there is a correlation between divorce/separation of parents and drug and substance use in other peri-urban regions. Research should also be carried out to establish why students in mixed schools were less likely to use alcohol and other substances of abuse than boys-only schools.

5.5 Lessons Learnt

Principals would not want their schools to be named as using drugs and were therefore hesitant in revealing any evidence on drug use in their schools. Students also feared to divulge any detailed information concerning the use of drugs for fear of any victimization
by the administration. The data collection process demanded thorough creation of rapport with the respondents before they could warm up to the exercise. Unbiased feedback was particularly tricky to obtain from participants in the mixed schools. Lots of assurance talk on confidentiality had to be done by the researcher to effectively mitigate reluctance to fill in responses.
REFERENCES


APPENDICES

Appendix I: The Study's Questionnaire

TOPIC: THE PREVALENCE AND PATTERN OF DRUG ABUSE IN SECONDARY SCHOOLS IN KAJIADO DISTRICT –KENYA

INTRODUCTION:
The researcher is a graduate student at the United States International University (A) who would like to carry out a research on the above topic. Please do answer all the questions as sincerely as possible. Do not write your names on the questionnaire. All responses will be kept strictly confidential. I hope you will enjoy responding to the questionnaire and your cooperation will highly be appreciated.

INSTRUCTIONS:
This is not a test and there is no right and wrong answer. Answer the questions carefully to the best of your knowledge and honestly.

SECTION I:
This section deals with some aspects about you. Please put an X in the box opposite that answer or write (as appropriate) what you consider is the most correct answer against each question. Complete as many questions as possible.

SOCIO-DEMOGRAPHIC INFORMATION
QAO1. In what form are you? ____________________________
  01. Form two
  02. Form three

QAO2. What is your gender? ____________________________
  01. Male
  02. Female

QAO3. What type of school are you in?
  01. Day
  02. Boarding
  03. Both day and boarding
QA04. The school I am in is
01. Girls only
02. Boys only
03. Mixed school

QA05. What is your ethnic background?
01. Maasai
02. Kalenjin
03. Kamba
04. Luo
05. Kikuyu
06. Luhya
07. Others

QA06. How old are you?
01. 18-20 years old
02. 16-17 years old
03. 14-15 years old

QA07. At present whom do you stay with?
1. My parents
2. My sister
3. My brother
4. Relative(s)
5. Friends

QA09. What is your parents' marital status?
01. Married
02. Single
03. Separated/Divorced
04. Widowed

QA10. What is your father's employment status?
01. Unemployed
02. Self-employed (Business)
03. Self-employed (Farmer)
04. Wage employed
QA11. What is our mother’s employment status?
01. Unemployed
02. Self-employed (Business)
03. Self-employed (Farmer)
04. Wage employed

QA12. What is your current academic performance?
01. Excellent
02. Above average
03. Average
04. Below average
05. I don’t know

QA13. How do you feel about your studies currently?
01. I like it very much
02. I like it
03. I don’t like it much
04. I don’t like it at all
05. I don’t know

SECTION 11: USE OF DRUGS
QUESTIONS RELATED TO ALCOHOL USE
QBO1. Have you ever drunk any alcoholic beverage (including beer, wine, spirits, chang’aa, busaa, muratina)?
01. Yes
02. No

QBO2. Have you drunk any alcoholic beverage in the past 3 months?
01. No
02. Yes

QBO3. With whom do you mostly drink alcohol?
01. Parents
02. Sisters or brothers
03. Adult relatives
04. Friends
05. Alone
06. Neighbor families
07. No one in particular
08. I do not take alcohol

QBO4. Do you take alcohol during the term?
01. Yes.
02. No

If yes, with who? __________________________
01. Classmates
02. Schoolmates
03. Friends from other school
04. Others
05. I do not take alcohol

QB05. Where do you mostly buy your alcohol?
01. Bar
02 Supermarkets
03. Retail shops
04. Village/Homes
05. Others (Specify) __________________________
06. I do not take alcohol

QB06. Which type of alcohol do you normally take?
01. Beer
02. Home brew
03. Spirits like brandy, whisky, vodka
04. Wine
05. Chang’aa
06. Others (specify) __________________________
07. None

QB07. How many of your friends take alcohol?
01. None
02. One or two
03. All my friends
04. Many of my friends
05. I do not know.
QUESTIONS RELATED TO TOBACCO USE
QCO1. Have you ever smoked, chewed, or sniffed tobacco?
01. Yes
02. No

QCO2. How often do you smoke, chew or sniff tobacco at present?
01. Once a week
02. More than once a week but not everyday.
03. Everyday
04. I do not take tobacco.

QCO3. How many sticks of cigarettes do you smoke in a week?
01. 1-5 cigarettes
02. 6-10 cigarettes
03. 11-15 cigarettes
04. More than 15 cigarettes
05. None

QCO4. How many of your friends smoke, chew or sniff tobacco?
01. None
02. One or two
03. All my friends
04. Many of my friends

QUESTIONS RELATED TO CANNABIS USE
QDOI. Have you ever taken Bhang?
01. Yes
02. No

QDO2. Have you taken bhang in the past 3 months?
01. No
02. Yes

QDO3. How often do you take cannabis at present?
01. I do not take any cannabis
02. More than once a week
03. Once a week
04. Everyday

QDO4. With whom do you mostly take cannabis?
01. Parents
02. Sisters or brothers
03. Adult relatives
04. Friends
05. Alone
06. Neighbor families
07. No one in particular
08. I do not take cannabis
011. Others (specify) 

QD05. How many of your friends take cannabis?
01. None
02. One or two
03. All my friends
04. Many of my friends

QUESTIONS RELATED TO USE OF INHALANTS

QE01. Have you ever sniffed or inhaled things like glue, spray, paint, petrol, solvents, and aerosols, thinners to get high or feel good?
01. Yes
02. No

QE02. How often do you sniff or inhale things like glue, spray, paint, petrol, solvents, aerosols, and thinners to get high or feel good?
01. I do not inhale or sniff things.
02. More than once a week
03. Once a week
04. Everyday

QE03. How many of your friends sniff or inhale things?
01. None
02. One or two
03. All my friends
04. Many of my friends
QUESTIONS RELATED TO THE USE OF KHAT (MIRAA)

QF01. Have you ever chewed miraa?
01. Yes
02. No

QF02. Have you chewed miraa in the past 3 months?
01. No
02. Yes

QF03. How often do you chew miraa?
01. I do not chew miraa
02. More than once a week
03. Once a week
04. Everyday

GENERAL INFORMATION ON DRUG USE

QGO1. For the type of drug you are taking, who introduced you to it?
01. My mother
02. My father
03. My brother
04. My sister
05. A close friend
07. Others (specify) ____________________
08. I do not take drugs

QGO2. How old were you when you first took drugs?
01. I have never taken drugs
02. 5 years or younger
03. 6-10 years
04. 11-15 years
05. 16 years and above

QGO3. Where do you mostly drink alcohol or take the drug? (Make sure that you tick one box only).
01. At home
02. In public drinking places
03. On the streets or in parks
04. In the bush
05. At school
06. At a friend's place
07. I do not drink alcohol or take drugs
08. Other places (specify) ____________________
QGO4. What reason do you have for taking alcohol or other drugs? (You can give more than one answer).
01. To be like adults
02. To get high
03. To be accepted by my friends
04. Other reasons (specify) __________________________
05. I do not take alcohol or other drugs

QGO5. Do your parents know that you drink alcohol or take other type(s) of drugs?
01. No
02. Yes
03. I do not take drugs

QGO6. How would your parents react if they knew you were drinking alcohol/ taking drugs?
01. No reaction
02. Approve of it
03. Disapprove of it
04. Strongly disapprove
05. I do not know
06. I do not take alcohol/drugs

QGO7. Where do you get money to buy alcohol and other drugs?
01. From my parents
02. From friends
03. I steal
04. My pocket money
05. Other (specify) __________________________
06. I do not take alcohol/drugs

QGO8. With whom do you mostly take alcohol and other drugs?
01. Parents
02. Friends of my age
03. Friends younger than me
04. Friends older than me
05. Sisters or brothers
06. Adult relatives
07. Alone
08. Neighbor families
09. No one in particular
10. I do not take alcohol or other drugs
QG09. Who amongst your relatives takes drugs?
01. Father
02. Mother
03. Sister
04. Brother
05. Others (Specify) __________________________
06. None

QG10. What type(s) of drugs is taken by your family members?
01. Alcohol
02. Miraa
03. Bhang
04. Tobacco
05. Glue
06. Cocaine
07. Heroine
08. Others (Specify) __________________________
09. None takes drugs.

QG11. What reasons do the young people give for taking drugs (You can give more than one answer)?
01. To be like adults
02. To get high
03. To be accepted by my friends
04. Other reasons (specify)

SECTION 111: USE OF OTHER DRUGS
QH01. Do you know of any other drugs that young people in your area are taking to make themselves feel good or intoxicated?
01. Yes
02. No

QH02. If yes, what are the names of the drugs? __________________________

SECTION IV: DRUG PROBLEMS
What sort of problems has the drug use created for you in the past? (You can tick more than one answer).
I01. Threats of violence
I02. Fights
I03. Arguments with family members
I04. Lost a girlfriend! Boyfriend
QI.05. Lost a friend
QI.06. Worked less at school
QI.07. Poor school performance
QI.08. Put in jail.
QI.09. Health problems
QI.10. Engaged in unprotected sex
QI.11. Emotional instability
QI.12. Poor memory and poor concentration
QI.13. Nothing

What advice would you give to the youth on the use of drugs?

THANK YOU.
### Appendix II: Frequency Tables of Specific Variables

#### Form of respondent

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form two</td>
<td>117</td>
<td>49.0</td>
<td>49.0</td>
<td>49.0</td>
</tr>
<tr>
<td>Form three</td>
<td>122</td>
<td>51.0</td>
<td>51.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

#### Gender of respondent

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>112</td>
<td>46.9</td>
<td>47.1</td>
<td>47.1</td>
</tr>
<tr>
<td>Female</td>
<td>126</td>
<td>52.7</td>
<td>52.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Type of school

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day school</td>
<td>47</td>
<td>19.7</td>
<td>19.7</td>
<td>19.7</td>
</tr>
<tr>
<td>Boarding school</td>
<td>164</td>
<td>68.6</td>
<td>68.9</td>
<td>88.7</td>
</tr>
<tr>
<td>Both day and boarding</td>
<td>27</td>
<td>11.3</td>
<td>11.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Status of school

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls only</td>
<td>80</td>
<td>33.5</td>
<td>33.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Boys only</td>
<td>74</td>
<td>31.0</td>
<td>31.0</td>
<td>64.4</td>
</tr>
<tr>
<td>Mixed school</td>
<td>85</td>
<td>35.6</td>
<td>35.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
### Ethnic background

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maasai</td>
<td>30</td>
<td>12.6</td>
<td>13.2</td>
<td>13.2</td>
</tr>
<tr>
<td>Kalenjin</td>
<td>8</td>
<td>3.3</td>
<td>3.5</td>
<td>16.7</td>
</tr>
<tr>
<td>Kamba</td>
<td>31</td>
<td>13.0</td>
<td>13.6</td>
<td>30.3</td>
</tr>
<tr>
<td>Luo</td>
<td>8</td>
<td>3.3</td>
<td>3.5</td>
<td>33.8</td>
</tr>
<tr>
<td>Kikuyu</td>
<td>70</td>
<td>29.3</td>
<td>30.7</td>
<td>64.5</td>
</tr>
<tr>
<td>Luhya</td>
<td>10</td>
<td>4.2</td>
<td>4.4</td>
<td>68.9</td>
</tr>
<tr>
<td>Others</td>
<td>71</td>
<td>29.7</td>
<td>31.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>228</td>
<td>95.4</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>11</td>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date of birth

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>86-88</td>
<td>118</td>
<td>49.4</td>
<td>49.6</td>
<td>49.6</td>
</tr>
<tr>
<td>89-90</td>
<td>111</td>
<td>46.4</td>
<td>46.6</td>
<td>96.2</td>
</tr>
<tr>
<td>91-92</td>
<td>13</td>
<td>3.3</td>
<td>3.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>226</td>
<td>99.5</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Whom do you stay with

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents</td>
<td>202</td>
<td>84.5</td>
<td>85.2</td>
<td>85.2</td>
</tr>
<tr>
<td>My sister</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>88.2</td>
</tr>
<tr>
<td>My brother</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>89.9</td>
</tr>
<tr>
<td>Relatives</td>
<td>11</td>
<td>4.6</td>
<td>4.6</td>
<td>94.5</td>
</tr>
<tr>
<td>Friends</td>
<td>13</td>
<td>5.4</td>
<td>5.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Parental marital status

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>171</td>
<td>71.5</td>
<td>73.1</td>
<td>73.1</td>
</tr>
<tr>
<td>Single</td>
<td>20</td>
<td>8.4</td>
<td>8.5</td>
<td>81.6</td>
</tr>
<tr>
<td>separated/Divorced</td>
<td>28</td>
<td>11.7</td>
<td>12.0</td>
<td>93.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>15</td>
<td>6.3</td>
<td>6.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>97.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Father's Employment Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Unemployed</td>
<td>28</td>
<td>11.7</td>
<td>13.1</td>
<td>13.1</td>
</tr>
<tr>
<td>Self-employed (Business)</td>
<td>79</td>
<td>33.1</td>
<td>37.1</td>
<td>50.2</td>
</tr>
<tr>
<td>self-employed (Farmer)</td>
<td>35</td>
<td>14.6</td>
<td>16.4</td>
<td>66.7</td>
</tr>
<tr>
<td>Wage employed</td>
<td>71</td>
<td>29.7</td>
<td>33.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>89.1</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>26</td>
<td>10.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mother's Employment Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Unemployed</td>
<td>54</td>
<td>22.6</td>
<td>23.6</td>
<td>23.6</td>
</tr>
<tr>
<td>self-employed (Business)</td>
<td>82</td>
<td>34.3</td>
<td>35.8</td>
<td>59.4</td>
</tr>
<tr>
<td>Self-employed (Farmer)</td>
<td>40</td>
<td>16.7</td>
<td>17.5</td>
<td>76.9</td>
</tr>
<tr>
<td>Wage employed</td>
<td>53</td>
<td>22.2</td>
<td>23.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>95.8</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>10</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Academic Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Excellent</td>
<td>21</td>
<td>8.8</td>
<td>8.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Above average</td>
<td>77</td>
<td>32.2</td>
<td>32.5</td>
<td>41.4</td>
</tr>
<tr>
<td>Average</td>
<td>120</td>
<td>50.2</td>
<td>50.6</td>
<td>92.0</td>
</tr>
<tr>
<td>Below average</td>
<td>9</td>
<td>3.8</td>
<td>3.8</td>
<td>95.8</td>
</tr>
<tr>
<td>I don't know</td>
<td>10</td>
<td>4.2</td>
<td>4.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Feeling about Studies

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid I like it very much</td>
<td>124</td>
<td>51.9</td>
<td>52.1</td>
<td>52.1</td>
</tr>
<tr>
<td>I like it</td>
<td>68</td>
<td>28.5</td>
<td>28.6</td>
<td>80.7</td>
</tr>
<tr>
<td>I don't like it much</td>
<td>32</td>
<td>13.4</td>
<td>13.4</td>
<td>94.1</td>
</tr>
<tr>
<td>I don't like it at all</td>
<td>7</td>
<td>2.9</td>
<td>2.9</td>
<td>97.1</td>
</tr>
<tr>
<td>I don't know</td>
<td>7</td>
<td>2.9</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Ever drunk alcoholic beverage

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Yes</td>
<td>90</td>
<td>37.7</td>
<td>37.7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>149</td>
<td>62.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Drunk alcoholic beverage past 3 months

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>No</td>
<td>208</td>
<td>87.0</td>
<td>87.0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>31</td>
<td>13.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### You mostly drink alcohol with

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Parents</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
</tr>
<tr>
<td></td>
<td>Sisters and brothers</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Adult relatives</td>
<td>45</td>
<td>18.8</td>
<td>18.9</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>Alone</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Neighbour families</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>No one in particular</td>
<td>14</td>
<td>5.9</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>I do not take alcohol</td>
<td>158</td>
<td>66.1</td>
<td>66.4</td>
</tr>
<tr>
<td>Total</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Do you take alcohol during the term

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Yes</td>
<td>16</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>223</td>
<td>93.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### With who do you take alcohol during the term

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Classmates</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>Friends from other school</td>
<td>7</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>I do not take alcohol</td>
<td>222</td>
<td>92.9</td>
<td>92.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
### Where do you mostly buy your alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar</td>
<td>36</td>
<td>15.1</td>
<td>15.1</td>
<td>15.1</td>
</tr>
<tr>
<td>Supermarkets</td>
<td>26</td>
<td>10.9</td>
<td>10.9</td>
<td>25.9</td>
</tr>
<tr>
<td>Retail shops</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>27.6</td>
</tr>
<tr>
<td>Village/Homes</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>29.3</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>119</td>
<td>49.8</td>
<td>49.8</td>
<td>79.1</td>
</tr>
<tr>
<td>I don't take alcohol</td>
<td>50</td>
<td>20.9</td>
<td>20.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Which type of alcohol do you normally take

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>49</td>
<td>20.5</td>
<td>20.9</td>
<td>20.9</td>
</tr>
<tr>
<td>Home brew</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>22.1</td>
</tr>
<tr>
<td>Spirits</td>
<td>17</td>
<td>7.1</td>
<td>7.2</td>
<td>29.4</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>31.1</td>
</tr>
<tr>
<td>None</td>
<td>162</td>
<td>67.8</td>
<td>68.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>98.3</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>4</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of friends taking alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>57</td>
<td>23.8</td>
<td>24.1</td>
<td>24.1</td>
</tr>
<tr>
<td>One or two</td>
<td>44</td>
<td>18.4</td>
<td>18.6</td>
<td>42.6</td>
</tr>
<tr>
<td>All my friends</td>
<td>13</td>
<td>5.4</td>
<td>5.5</td>
<td>48.1</td>
</tr>
<tr>
<td>Many of my friends</td>
<td>71</td>
<td>29.7</td>
<td>30.0</td>
<td>78.1</td>
</tr>
<tr>
<td>I don't know</td>
<td>52</td>
<td>21.8</td>
<td>21.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ever smoked, chewed or sniffed tobacco

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>40</td>
<td>16.7</td>
<td>16.9</td>
<td>16.9</td>
</tr>
<tr>
<td>No</td>
<td>197</td>
<td>82.4</td>
<td>83.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### How often do you smoke, chew or sniff tobacco

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Once a week</td>
<td>12</td>
<td>5.0</td>
<td>5.1</td>
<td>5.1</td>
</tr>
<tr>
<td>More than once a week but not everyday</td>
<td>10</td>
<td>4.2</td>
<td>4.2</td>
<td>9.3</td>
</tr>
<tr>
<td>Everyday</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>11.8</td>
</tr>
<tr>
<td>I do not take tobacco</td>
<td>209</td>
<td>87.4</td>
<td>88.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sticks of cigarettes smoked in a week

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 cigarettes</td>
<td>10</td>
<td>4.2</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>6-10 cigarettes</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>5.1</td>
</tr>
<tr>
<td>11-15 cigarettes</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>5.5</td>
</tr>
<tr>
<td>More than 15 cigarettes</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>6.8</td>
</tr>
<tr>
<td>None</td>
<td>221</td>
<td>92.5</td>
<td>93.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of friends who smoke, chew or sniff tobacco

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid None</td>
<td>139</td>
<td>58.2</td>
<td>59.4</td>
<td>59.4</td>
</tr>
<tr>
<td>One or two</td>
<td>59</td>
<td>24.7</td>
<td>25.2</td>
<td>84.6</td>
</tr>
<tr>
<td>All my friends</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>87.6</td>
</tr>
<tr>
<td>Many of my friends</td>
<td>29</td>
<td>12.1</td>
<td>12.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>97.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ever taken bhang

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>28</td>
<td>11.7</td>
<td>11.7</td>
<td>11.7</td>
</tr>
<tr>
<td>No</td>
<td>211</td>
<td>88.3</td>
<td>88.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Taken bhang in the last 3 months

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid No</td>
<td>224</td>
<td>93.7</td>
<td>93.7</td>
<td>93.7</td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>6.3</td>
<td>6.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### How often do you take cannabis

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not take cannabis</td>
<td>221</td>
<td>92.5</td>
<td>93.2</td>
<td>93.2</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Every week but not everyday</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>98.3</td>
</tr>
<tr>
<td>Everyday</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### With whom do you mostly take cannabis

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Sisters and brothers</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Friends</td>
<td>11</td>
<td>4.6</td>
<td>4.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Alone</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>8.4</td>
</tr>
<tr>
<td>Neighbour families</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>9.2</td>
</tr>
<tr>
<td>No one in particular</td>
<td>17</td>
<td>7.1</td>
<td>7.1</td>
<td>16.3</td>
</tr>
<tr>
<td>I do not take cannabis</td>
<td>198</td>
<td>82.8</td>
<td>82.8</td>
<td>99.2</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of friends taking cannabis

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>168</td>
<td>70.3</td>
<td>70.6</td>
<td>70.6</td>
</tr>
<tr>
<td>One or two</td>
<td>48</td>
<td>20.1</td>
<td>20.2</td>
<td>90.8</td>
</tr>
<tr>
<td>All my friends</td>
<td>7</td>
<td>2.9</td>
<td>2.9</td>
<td>93.7</td>
</tr>
<tr>
<td>Many of my friends</td>
<td>15</td>
<td>6.3</td>
<td>6.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ever sniffed or inhaled things like glue or solvents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>No</td>
<td>211</td>
<td>88.3</td>
<td>88.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## How often do you sniff or inhale things like glue or solvents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not inhale or sniff things</td>
<td>220</td>
<td>92.1</td>
<td>92.8</td>
<td>92.8</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>95.4</td>
</tr>
<tr>
<td>Every week but not everyday</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>96.6</td>
</tr>
<tr>
<td>Everyday</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Number of friends who sniff or inhale things like glue

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>185</td>
<td>77.4</td>
<td>78.4</td>
<td>78.4</td>
</tr>
<tr>
<td>One or two</td>
<td>30</td>
<td>12.6</td>
<td>12.7</td>
<td>91.1</td>
</tr>
<tr>
<td>All my friends</td>
<td>10</td>
<td>4.2</td>
<td>4.2</td>
<td>95.3</td>
</tr>
<tr>
<td>Many of my friends</td>
<td>11</td>
<td>4.6</td>
<td>4.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>3</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Ever chewed miraa

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>33.1</td>
<td>33.1</td>
<td>33.1</td>
</tr>
<tr>
<td>No</td>
<td>160</td>
<td>66.9</td>
<td>66.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Chewed miraa in the last 3 months

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>206</td>
<td>86.2</td>
<td>86.6</td>
<td>86.6</td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>13.4</td>
<td>13.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### How often do you chew miraa

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid I do not chew miraa</td>
<td>195</td>
<td>81.6</td>
<td>82.3</td>
<td>82.3</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>18</td>
<td>7.5</td>
<td>7.6</td>
<td>89.9</td>
</tr>
<tr>
<td>Every week but not everyday</td>
<td>19</td>
<td>7.9</td>
<td>8.0</td>
<td>97.9</td>
</tr>
<tr>
<td>Everyday</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>99.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Who introduced you to the drug you are taking

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid My mother</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>My father</td>
<td>2</td>
<td>.8</td>
<td>.9</td>
<td>2.6</td>
</tr>
<tr>
<td>My brother</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>5.5</td>
</tr>
<tr>
<td>My sister</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>6.0</td>
</tr>
<tr>
<td>A close friend</td>
<td>40</td>
<td>16.7</td>
<td>17.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Others(specify)</td>
<td>14</td>
<td>5.9</td>
<td>6.0</td>
<td>28.9</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>167</td>
<td>69.9</td>
<td>71.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>98.3</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>4</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Age when drug was first taken

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid I have never taken drugs</td>
<td>148</td>
<td>61.9</td>
<td>62.7</td>
<td>62.7</td>
</tr>
<tr>
<td>5 years or younger</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>66.1</td>
</tr>
<tr>
<td>6-10 years</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>69.1</td>
</tr>
<tr>
<td>11-15 years</td>
<td>42</td>
<td>17.6</td>
<td>17.8</td>
<td>86.9</td>
</tr>
<tr>
<td>16 years and above</td>
<td>30</td>
<td>12.6</td>
<td>12.7</td>
<td>99.6</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>3</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Place where drug is mostly used

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home</td>
<td>11</td>
<td>4.6</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>In public drinking places</td>
<td>12</td>
<td>5.0</td>
<td>5.0</td>
<td>9.7</td>
</tr>
<tr>
<td>On the streets or in parks</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>10.9</td>
</tr>
<tr>
<td>In the bush</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>13.4</td>
</tr>
<tr>
<td>At school</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
<td>15.5</td>
</tr>
<tr>
<td>At a friends place</td>
<td>18</td>
<td>7.5</td>
<td>7.6</td>
<td>23.1</td>
</tr>
<tr>
<td>I do not drink alcohol or take other drugs</td>
<td>165</td>
<td>69.0</td>
<td>69.3</td>
<td>92.4</td>
</tr>
<tr>
<td>Other places(specify)</td>
<td>18</td>
<td>7.5</td>
<td>7.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reasons for taking alcohol or other drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be like adults</td>
<td>10</td>
<td>4.2</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>To get high</td>
<td>31</td>
<td>13.0</td>
<td>13.2</td>
<td>17.5</td>
</tr>
<tr>
<td>To be accepted by my friends</td>
<td>17</td>
<td>7.1</td>
<td>7.3</td>
<td>24.8</td>
</tr>
<tr>
<td>Other reasons(specify)</td>
<td>121</td>
<td>50.6</td>
<td>51.7</td>
<td>76.5</td>
</tr>
<tr>
<td>I don't take alcohol or other drugs</td>
<td>55</td>
<td>23.0</td>
<td>23.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>97.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Do your parents know that you take drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>102</td>
<td>42.7</td>
<td>42.7</td>
<td>42.7</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>14.6</td>
<td>14.6</td>
<td>57.3</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>102</td>
<td>42.7</td>
<td>42.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reaction of your parents if they knew you were taking alcohol/drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No reaction</td>
<td>16</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>Approve of it</td>
<td>21</td>
<td>8.8</td>
<td>8.8</td>
<td>15.5</td>
</tr>
<tr>
<td>Disapprove of it</td>
<td>24</td>
<td>10.0</td>
<td>10.0</td>
<td>25.5</td>
</tr>
<tr>
<td>Strongly disapprove</td>
<td>82</td>
<td>34.3</td>
<td>34.3</td>
<td>59.8</td>
</tr>
<tr>
<td>I do not know</td>
<td>65</td>
<td>27.2</td>
<td>27.2</td>
<td>87.0</td>
</tr>
<tr>
<td>I do not take alcohol</td>
<td>31</td>
<td>13.0</td>
<td>13.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Where do you get money to buy drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>233</td>
<td>97.5</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>From my parents</td>
<td>15</td>
<td>6.3</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>From friends</td>
<td>10</td>
<td>4.2</td>
<td>4.3</td>
<td>10.7</td>
</tr>
<tr>
<td>I steal</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>12.0</td>
</tr>
<tr>
<td>My pocket money</td>
<td>28</td>
<td>11.7</td>
<td>12.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Others(specific)</td>
<td>20</td>
<td>8.4</td>
<td>8.6</td>
<td>32.6</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>157</td>
<td>65.7</td>
<td>67.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>6</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### With whom do you mostly take alcohol and other drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>6</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Friends of my age</td>
<td>33</td>
<td>13.8</td>
<td>13.9</td>
<td>16.4</td>
</tr>
<tr>
<td>Friends younger than me</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>16.8</td>
</tr>
<tr>
<td>friends older than me</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>20.2</td>
</tr>
<tr>
<td>Sisters or brothers</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Adult relatives</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>23.1</td>
</tr>
<tr>
<td>Alone</td>
<td>8</td>
<td>3.3</td>
<td>3.4</td>
<td>26.5</td>
</tr>
<tr>
<td>Neighbour families</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>26.9</td>
</tr>
<tr>
<td>No one in particular</td>
<td>15</td>
<td>6.3</td>
<td>6.3</td>
<td>33.2</td>
</tr>
<tr>
<td>I do not take drugs</td>
<td>159</td>
<td>66.5</td>
<td>66.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Who among your relatives take drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>23</td>
<td>9.6</td>
<td>9.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
<td>.8</td>
<td>.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Sister</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>11.9</td>
</tr>
<tr>
<td>Brother</td>
<td>28</td>
<td>11.7</td>
<td>11.9</td>
<td>23.7</td>
</tr>
<tr>
<td>Others (specify)</td>
<td>62</td>
<td>25.9</td>
<td>26.3</td>
<td>50.0</td>
</tr>
<tr>
<td>None takes drugs</td>
<td>118</td>
<td>49.4</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>3</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### What type(s) of drug is taken by your family member

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Alcohol</td>
<td>82</td>
<td>34.3</td>
<td>35.2</td>
</tr>
<tr>
<td></td>
<td>Mira</td>
<td>17</td>
<td>7.1</td>
<td>42.5</td>
</tr>
<tr>
<td></td>
<td>Bhang</td>
<td>1</td>
<td>.4</td>
<td>42.9</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>10</td>
<td>4.2</td>
<td>47.2</td>
</tr>
<tr>
<td></td>
<td>Cocaine</td>
<td>1</td>
<td>.4</td>
<td>47.6</td>
</tr>
<tr>
<td></td>
<td>Heroine</td>
<td>7</td>
<td>2.9</td>
<td>50.6</td>
</tr>
<tr>
<td></td>
<td>Others(specify)</td>
<td>115</td>
<td>48.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>233</td>
<td>97.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>6</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Reasons young people give for taking drugs

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>To be like adults</td>
<td>58</td>
<td>24.3</td>
<td>24.6</td>
</tr>
<tr>
<td></td>
<td>To get high</td>
<td>104</td>
<td>43.5</td>
<td>68.6</td>
</tr>
<tr>
<td></td>
<td>To be accepted by friends</td>
<td>40</td>
<td>16.7</td>
<td>85.6</td>
</tr>
<tr>
<td></td>
<td>Other reasons(specify)</td>
<td>34</td>
<td>14.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>3</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Knowledge of other drugs taken by youth

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Yes</td>
<td>74</td>
<td>31.0</td>
<td>31.1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>164</td>
<td>68.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>238</td>
<td>99.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>1</td>
<td>.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### If yes, name the type of drug

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>None named</td>
<td>204</td>
<td>85.4</td>
<td>86.4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>236</td>
<td>98.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>System</td>
<td>3</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>239</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Valid Percent</td>
<td>Cumulative Percent</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Threats of violence</td>
<td>25</td>
<td>10.5</td>
<td>10.7</td>
<td>10.7</td>
</tr>
<tr>
<td>Fights</td>
<td>23</td>
<td>9.6</td>
<td>9.9</td>
<td>20.6</td>
</tr>
<tr>
<td>Argument with family</td>
<td>16</td>
<td>6.7</td>
<td>6.9</td>
<td>27.5</td>
</tr>
<tr>
<td>members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lost girlfriend/boyfriend</td>
<td>5</td>
<td>2.1</td>
<td>2.1</td>
<td>29.6</td>
</tr>
<tr>
<td>Lost a friend</td>
<td>3</td>
<td>1.3</td>
<td>1.3</td>
<td>30.9</td>
</tr>
<tr>
<td>Worked less at school</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>32.6</td>
</tr>
<tr>
<td>Poor school performance</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>35.6</td>
</tr>
<tr>
<td>Put in jail</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>36.1</td>
</tr>
<tr>
<td>Health problems</td>
<td>4</td>
<td>1.7</td>
<td>1.7</td>
<td>37.8</td>
</tr>
<tr>
<td>Engaged in unprotected</td>
<td>2</td>
<td>.8</td>
<td>.9</td>
<td>38.6</td>
</tr>
<tr>
<td>sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional instability</td>
<td>1</td>
<td>.4</td>
<td>.4</td>
<td>39.1</td>
</tr>
<tr>
<td>Poor memory and poor</td>
<td>7</td>
<td>2.9</td>
<td>3.0</td>
<td>42.1</td>
</tr>
<tr>
<td>concentration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing</td>
<td>25</td>
<td>10.5</td>
<td>10.7</td>
<td>52.8</td>
</tr>
<tr>
<td>I don't take drugs</td>
<td>110</td>
<td>46.0</td>
<td>47.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>233</td>
<td>97.5</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

239 100.0