International Journal of Humanities Social Sciences and Education (IJHSSE)
Volume 4, Issue 5, May 2017, PP 22-28
ISSN 2349-0373 (Print) & ISSN 2349-0381 (Online)
http://dx.doi.org/10.20431/2349-0381.0405003
www.arcjournals.org

Factors Contributing to the Onset and Continuation of Drug Abuse among Secondary School Students in Mombasa County, Kenya

Mbayi Oliver Omuyoma Ph.D

Department of Theatre and Film, Kenyatta University, NAIROBI, KENYA

Abstract: *Adolescence is a period of significant developmental changes associated with the onset of drug abuse worldwide. This study was set up to examine some of the factors associated with the onset and escalation of drug abuse among secondary school students in Mombasa, Kenya. It also investigated the intervention strategies used to control drug abuse among secondary school students. Stratified sampling was used to pick 120 students from secondary schools. A self-report questionnaire was used. Data was analysed using descriptive statistics and presented in tabular form. The findings of this study highlighted the importance of peer and family use of drugs in predicting both the onset and continuation of abuse of drugs among the secondary school students. Majority of student respondents reported high levels of awareness of harmful effects associated with substance use. The findings of this study suggest effective health guidance can assist secondary school students make rational choices away from drugs.*

Keywords: *Drugs, adolescents, health guidance*

1. Introduction

The abuse of drugs among adolescents is on the increase worldwide and has become a challenge to educators and mental health professionals. In Kenya, the drug problem in Mombasa is increasingly becoming acute. It has been established that there are more youths addicted to drugs at the Coast than in any part of the country (Beja & Oketch, 2009). The first ever national baseline survey on the abuse of alcohol and drugs in Kenya commissioned by the National Agency for Campaign against Drug Abuse (NACADA), showed that the abuse of drugs starts during the school-going age (Abang'a, 2004). According to the NACADA survey, 75% of young people aged between 20 and 25 years were on hard drugs while 68% between 15 and 20 years were hooked to drugs. Of note is that 20-30% of all secondary school students in Kenya, according to Murimi (2004) have tested at least one drug while 15% are addicted to an imported hard drug. According to the survey, 28% of school children in Kenya were using drugs (Ndanyi, 2009).

The drugs crisis in learning institutions has adversely affected the education of many children and the government has admitted that unless the problem is checked, it could disrupt attempts to achieve the educational goals of Vision 2030 (Ndanyi, 2009). According to Kramer & Cameron, 1975 (as cited in Tsering & Pal, 2009), many factors are thought to play part in the initiation and perpetuation of substance abuse.

1.1. Family Influence

A large body of research findings shows that parents and siblings play a key role in whether teens get involved in alcohol, tobacco and other drugs. Studies of family structure around the world have found that youth who live with both biological parents are significantly less likely to use substances, or to report problems with their use, than those who do not live with both parents. However, such studies have zeroed in on the quality of family relationships more than their structure. For instance boys who are in the care of their mothers and whose fathers are drug abusers have been found to be at increased risk for drug abuse (Lane, 2001). This is explained through family disruption and instability. A related line of study has identified parental values as related to adolescents' involvement in drugs. Coombs (2002) indicates that parents of adolescents who abstained from drugs had firmer standards regarding curfew, television, schoolwork, use of alcohol and other drugs. In a survey, the National Centre on

Addiction and Substance Abuse (CASA) at Columbia University in New York found out that sound family communication is necessary to keep teens away from drugs and tobacco (Rose, 1996). These findings support the fact that adolescents are likely to avoid drugs if parents play an active role in setting limits, providing counsel and advice and offering trust and encouragement.

1.2. Peer Influence on Drug Abuse

Research has shown that the key risk periods for drug abuse are during major transitions in children's lives. For instance, when adolescents enter high school, they face additional social, emotional and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers and social activities involving drugs (Coombs, 2002). These challenges can increase the risk that they will abuse alcohol, tobacco and other substances (Volkow, 2009).

Adolescents give in to peer pressure to derive a sense of belonging, or because they worry that others may make fun of them if they don't go along with the group (Rice, 1996). Coombs (2002) asserts that social settings provide arenas for teens and young adults to experience three notably rewarding effects of drugs; recreational, achievement and therapeutic. When together with their peers, they often find that drugs help them have fun with others (recreational rewards), fit in (achievement rewards) and forget their shyness, self-doubts and inhibitions (therapeutic rewards). Similar findings from Kenya (Gikonyo, 2005; Kamonjo, 1997) indicate that peer influence is a risk factor for drug initiation.

1.3. Awareness of Harmful Effects of Drugs

There are various reasons for drug use among adolescents, ranging from curiosity, because it feels good, to reduce stress, or to feel grown up. Results of attitude-related studies by Partnership for a Drug Free America and Monitoring the Future reveal that the perceptions young people have of different drugs vary widely, and often vary from generation to generation. Those perceptions have a direct affect on drugs' popularity and frequency of use (Anbor, 2001). The primary factors that seem to affect increased or decreased drug use among teens are perceived risk, perceived social approval (D'Amico & Mccarthy, 2006) and perceived availability. The more risky or less accepted a drug is thought to be; the less likely it will be used by teens. Perceived availability is often associated with overall social approval, and so, a drug that's readily available is considered socially acceptable and will likely increase in use (Anbor, 2001). Studies from Kenya reveal that some adolescents have positive attitudes towards drug use (Kyalo, 2010). However, the majority report negative attitudes. The implication is that students are aware of the dangers of drug abuse but the minority often influences other students.

1.4. Objectives

The objectives of this study were to:

i. Determine the influence of family on drug abuse among adolescents.

ii. Determine the extent of peer influences on drug abuse among adolescents.

iii. Establish the extent of awareness of harmful effects of substance use among secondary school students.

1.5. Theoretical Framework

1.5.1. Cognitive social learning theory

This study was based on the Cognitive Social Learning theory. Bandura (1977) underscores the importance of the process of imitation and modelling in learning. Both positive and negative behaviours are acquired through observational learning. One crucial factor that determines whether we imitate a model is the consequences of the model's behaviour. Models who are rewarded for behaving in a particular way are more apt to be emulated than models who receive punishment (Feldman, 2003). If one observes a model take drugs and thereafter appear innovative, energetic and sociable, the potential abuser may be influenced to imitate the behaviour. Whether models are rewarded or not is also anchored in society's tolerance for drug habits which seem to encourage the behaviours. Drug abuse is thus regulated by awareness or anticipation of consequences of a given or similar behaviour.

1.6. Conceptual Framework

The following conceptual framework was developed to illustrate the different variables that were the subject of research.

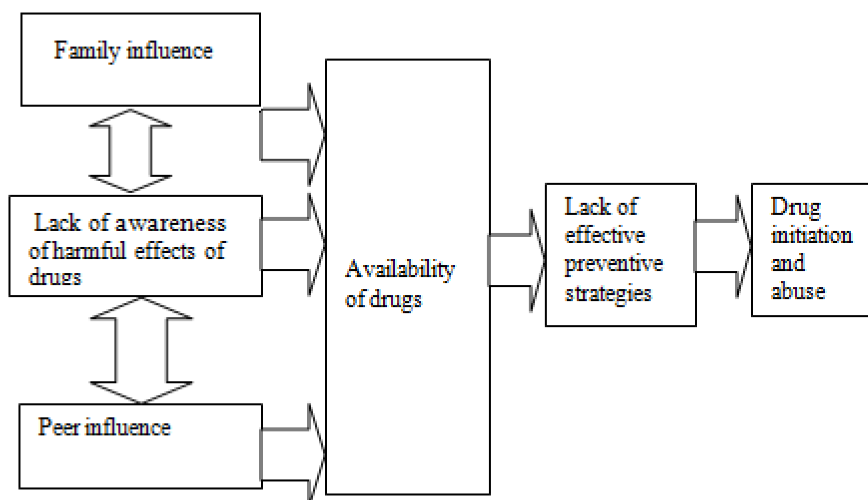

Figure1. *Interactions of variables leading to the onset and continuation of drug abuse*

The conceptual model shows the interaction of various independent variables related to the initiation and continuation of drug abuse. Peer influence, family influence, and lack of awareness of harmful effects of drugs and availability of drugs coupled with lack of effective preventive strategies are the independent variables hypothesised to influence the initiation and continuation of drug abuse (dependent variable).

2. Research Methodology

2.1. Research Design

The study employed a descriptive survey design. Family and peer influence and lack of awareness were the predictor variables while the initiation and continuation of drug abuse was the dependent variable.

3. Findings

Data was gathered from a total of 120 students in secondary schools in Mombasa County, Kenya. Demographic findings were presented in Table 1.

Table4.1. *Demographic data of respondents*

Variables		
	Frequency	%
Gender of students		
Male	66	55
Female	54	45
Age of students		
13-14	2	1.7
15	28	23.3
16-17	73	60.8
18-19	8	6.7
20	3	2.5
Head of family		
Father	93	77
Mother	20	16
Brother	2	2
Uncle	3	3
Grand parents	2	2
Parents' source of living		
Salaried	57	48

Business	42	35
Casual	4	3
Not employed	17	14
Parents' level of education		
No formal education	14	12
Primary level	13	11
Secondary level	47	39
Post-secondary level	46	38

Results from Table 1 show that 66 (55%) of the student respondents were male while 54 (45%) were female. A large number of the student respondents 73 (60.8%) had an average age of 16-17years. Most students came from father headed homes and most parents were salaried. Additionally, most parents had secondary education and above.

The first objective of the study was to investigate the role the family plays in influencing the initiation and escalation of drug abuse. Respondents were asked whether any of their family members used a wide range of drugs in the home. The results of the influence of the family on drug abuse were presented in Table 2.

Table2. *Influence of family on drug abuse*

Family	Mnazi		Chang'aa		Beer		Cigarettes		Bhang		Miraa		No response	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Father	12	10	8	6.7	36	30	28	23.3	6	5	12	10	18	15
Mother	3	2.5	2	1.7	5	4.2	15	12.5	6	5	12	10	76	63.3
Brother	15	12.5	5	4.2	20	16.7	10	8.3	19	18.8	11	9.2	40	33.3
Sister	2	1.7	2	1.7	15	12.5	3	2.5	0	0	6	5	92	76.7
Relatives	20	16.7	15	12.5	27	22.5	20	16.7	8	6.7	30	25	0	0

The results of Table 2 show that all the respondents came from families where either their father or relatives use mnazi, chang’aa, beer, cigarettes, bhang, or miraa.

The respondents were then asked the frequency of using the drugs at home. Results from Table 3 reveal that many drugs were used at home.

Table3. *Respondents drug use at home*

Drug	Always		Occasionally	
	Frequency	%	Frequency	%
Beer	7	6	17	14
Chang’aa	3	3	12	10
Mnazi	20	17	16	13
Cigarettes	35	29	32	27
Miraa	21	18	15	13
Bhang	26	22	16	13
Spirits	0	0	12	10

These results therefore indicated a strong family influence to drug use and abuse among secondary school students. These findings corroborate the findings of Tsering and Pal (2009) who found out that a drug usage was associated with one or more family members especially fathers using drugs. Similarly, Coombs (2002) showed that abstainers’ parents had firmer standards regarding curfew, television, schoolwork, use of alcohol and other drugs.

The second objective of this study was to find out the role that peer influence plays in initiating an individual to drug use and abuse. Respondents were asked to identify friends who used drugs, whether they had been influenced to take any of the drugs and the specific drugs offered. The findings were presented in Table 4.

Table4. *Peer influence*

Peer pressure	**f**	**%**
Friends who use drugs		
Have friends who use drugs	46	38
Do not have friends who use drugs	74	62

Total	120	100
Peer influence to abuse drugs		
Offered mnazi	10	8.3
Offered chang'aa	9	7.5
Offered beer	18	15
Offered bhang	8	6.6
Offered miraa	22	18.3
Told about exciting new drugs	13	11
Perceived naïve for not taking drugs or being loyal and obedient to parents and teachers	25	20.8
Approved by friends for using drug	15	12.5
Drugs tried after peer pressure		
Beer	29	24
Cigarettes	26	22
Miraa	19	16
Bhang	22	18
Cocain	5	4
Heroin	6	5
Mnazi	13	11

The results indicated that 46 (38%) of respondents had friends who use drugs while 74 (62%) reported that they did not have friends who use drugs.

Ten respondents (8%) reported that their friends normally asked them to go to parties where Mnazi is served; 10 (8%) reported that their friends ask them to go to parties where chang'aa is served and 18 (15%) said that their peers asked them to go to parties where beer is served. A smaller number 8 (7%) reported that their friends asked them to smoke bhang while 22 (18%) reported that they were asked to chew miraa. The results also revealed that 13 (11%) of the respondents' peers talk to them about exciting new drugs and another 15 (13%) indicated that their friends approved and became friendly when they joined them in drug use. It was worth noting that 25 (21%) reported that their friends' think that they are naïve for not taking drugs or by being loyal and obedient to parents and teachers. The results indicate that one of the reasons for starting use of drugs included peer influence and frustration.

The respondents were also asked to list the drugs they had tried because most of their friends use them. The responses indicate that the highest used drug was beer 29 (24%) followed by cigarettes. Other responses revealed that 22 (18%) reported that they had smoked bhang, 19 (16%) indicated miraa, 13 (11%) reported mnazi, 6 (5%) cited heroin while 5 (4%) reported that they had tried cocaine because most of their friends use it. This implies that some of the respondents try different drugs because their friends are already using the same drugs.

These findings support the study by D' Amico and McCarthy (2006) which highlighted the importance of peers in predicting both the onset and escalation of use. In addition, Rice (1996) argues that some children give in to peer pressure because they want to be liked to fit in, or because they worry that others may make fun of them if they don't go along with the group. Coombs (2002) asserts that social settings provide arenas for teens and young adults to experience three notably rewarding effects of drugs; recreational, achievement and therapeutic. This appears to be the most likely situation to some of the subjects of the present study.

The study further sought to establish the extent of awareness of harmful effects associated with substance use. The results were presented in Table 5.

Table5. *Ratings on the awareness of the harmful effects of drug abuse*

Variables		No risk	Slight risk	Moderate risk	Great risk
Smoking one or more packs a day	f	26	10	8	76
	%	22	8	7	63
Having five or more drinks of alcohol once or twice a week	f	23	26	30	41
	%	19	22	25	34
Chewing miraa every day	f	26	14	18	62
	%	22	12	15	52

Trying bhang once or twice a week	f	17	13	27	63
	%	14	11	23	53
Trying heroin once or twice a week	f	22	15	11	72
	%	18	13	9	60
Using cocaine once a month	f	25	21	10	64
	%	21	18	8	53

Table 5 reveals that in relation to smoking, 26 (22%) rated smoking one or more packs of cigarettes a day as no risk, 10 (8%) rated it a slight risk while 8 (7%) of the respondents rated it as moderate risk. Majority of the responses obtained indicated that 76 (63%) of the respondents rated smoking one or more packs of cigarettes a day as great risk. When asked to rate having five or more drinks of alcohol once or twice a week, 23 (19%) rated it as no risk, 26 (22%) reported that it was a slight risk, 30 (25%) rated moderate risk while 41 (34%) rated it as a great risk. The respondents were also asked to rate chewing miraa everyday. The responses reveal that 26 (22%) rated no risk, 14 (12%) reported that it was a slight risk, 18 (15%) rated moderate risk while 63 (52%) rated it as a great risk. Ratings obtained on trying bhang once or twice a week indicate that 17 (14 %) rated no risk, 13 (11%) reported that it was a slight risk, 27 (23%) rated moderate risk while 63 (53%) rated it as a great risk. While using cocaine once a month indicate that 25 (21%) rated that it no risk, 21 (18%) rated it slight risk, 10 (8 %) rated moderate risk while 53% rated it as a great risk. Finally the respondents were also asked to rate the risk of trying heroin once or twice a week. The researcher observed that 25 (21%) rated no risk, 21 (18%) reported that it was a slight risk, 10 (8%) rated moderate risk while 64 (53%) rated it as a great risk. The findings indicate that majority of the respondents rated the use of drug abuse as a great risk.

When asked to state if they were aware of any harmful effects of drugs, majority (68%) of the respondents reported that they were aware of any harmful effects of drugs. Only 32% indicated that they were not aware of any harmful effects of drugs.

The respondents were also asked to list the different harmful effects of drugs. The findings were presented in Table 6.

Harmful effects of drugs		
Variables	**Frequency**	**%**
Addiction	90	75
Depression	35	29
Lack of sleep	33	28
Poor performance in school	43	36
Leads to criminal activities	28	23
Brain damage	30	25
Stomach ulcers	16	13
Liver diseases	25	21
Throat cancer	15	13
Lung cancer	36	30
HIV Aids	42	35
Mental diseases	21	18
Heart diseases	25	21

Responses obtained in Table 6 indicate that majority of the respondents 90 (75%) listed addiction as the leading harmful effects of drugs. The second listed effect was poor performance in school at 43 (36%) and the third rated effect was HIV/AIDS at 43 (35%). Other effects that were listed included; lung cancer 36 (30%), depression (29%), lack of sleep (28%), brain damage 30 (25%), liver disease 25 (21%) and engaging in criminal activities 28 (23%).

Findings of this study corroborate other studies which indicate a relationship between the risk of substance abuse and risk perceptions (Rose, 1996; Volkow, 2008). It has been found that as the prevalence of risk perceptions decreases, the prevalence of drug use increases.

4. Conclusions and Recommendations

Many teenagers are exposed to a variety of drugs which range from diverted prescription drugs to street drugs, to inhalants to alcohol. Family based prevention programs should enhance family bonding and relationships and include parenting skills, practice in developing, discussing, and

enforcing family policies on substance abuse; and training in drug education and information. This is because healthy families provide a strong support system that ensures teens do not fall off-track. Secondly, awareness of harmful effects of drugs is not enough in discouraging the initiation and continued abuse of drugs. More needs to be done in information dissemination.

Therefore it is recommended that drug counselling in schools should focus on assessing levels of usage and potential for addiction. Additionally, it should provide education on the physical and mental effects of drug use and abuse and focus on life skills like assertiveness training. Finally, parents are to be involved in school-based intervention programs.

REFERENCES

Abang'a, L. (2004, May 27). Escalating drug abuse among the youth, Kenya Times, pp.13

Anbor, A. (2001). Factors of teen drug use. Retrieved February 26, 2010, from www.adolescent-substance- abuse.com

Bandura, A. (1977). *Social learning theory.* New Jersey: Prentice Hall

Coombs R .H. (2002) Cool parents, drug-free kids: A family survival guide. Boston: Allyn and Bacon.

D'Amico, E. & McCarthy, D. (2006). Escalation and initiation of younger adolescents' substance use: The impact of perceived peer use. Retrieved February 26, 2010, from http: linkinghub, Elsevier.com.

Feldman, R. S. (2003). *Essentials of understanding psychology (5 ed)* NewYork: McGraw Hill.

Gikonyo, M. W. (2005). Drug abusers and parental knowledge on factors predisposing the youth to drugs and substance abuse in Nairobi province, Kenya. Unpublished master's thesis, Kenyatta University. Nairobi, Kenya.

Kamonjo, B. N. (1997). The correlates, prevalence and attitudes towards drug use and abuse amongst first, second and fourth year students at Kenyatta University. Unpublished master's thesis, Kenyatta University. Nairobi, Kenya.

Kyalo, P. (2010). The perception of public secondary school students on drug and substance abuse in Morang'a district. A paper presented to Kenya Association of Professional Counsellors in September 2010, Nairobi, Kenya.

Lane, N. (2001). Substance abuse- family factors contributing to risk and resiliency. Retrieved December 2, 2010 from http:// family.jrank.org.

Murimi, J. (2004, May 19). Drug abuse cases up. East African Standard, pp, 12

Ndanyi, M. (2009, June 15). Drug abuse in schools worsening. Nacada report says. Nairobi Star, p.9

Rice, P. E. (1996). The adolescent: Development, relationships and culture. Boston: Allyn and Bacon. Inc.

Rose, E (1996) Influence of parents and family on children's drug use and other problem behaviours. Retrieved November 31, 2010 from www.jointtogether org.

Tsering, D. & Pal, R. (2009). Role of family and peers in initiation and continuation of substance use. Retrieved Feb 22, 2010, from http://www. Ijpm. Info/text. Asp? 009/31/1/30/53312.

Volkow, N. D. (2008). Preventing drug abuse among children and adolescents. Retrieved Dec 29, 2009, from http:// www.nida.nih.gov/ Prevention/preface.html

AUTHOR'S BIOGRAPHY

Oliver Mbayi Omuyoma, has a Phd in Theatre Arts and a Master of Education in Guidance and Counseling from Kenyatta University where he presently instructs in the Department of Film and Theatre Arts. As an artiste-trainer, he works with grassroots communities in Kenya by empowering them in aspects of Applied Theatre and Applied Psychology and thus enhancing participative engagements in health issues such as drug abuse and HIV/AIDS.