

**FACTORS INFLUENCING DRUG ABUSE AMONG THE
YOUTHS IN VIHIGA SUB COUNTY, KENYA**

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DECLARATION

This research project report is my original work and has not been presented to any university for academic award.

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This project report has been submitted for examination with my approval as the University supervisor.

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DEDICATION

I dedicate this project report to my mother Mrs. Oneya, my wife Mueni and son Israel for their support and bearing with me during this process. I will remain forever grateful.

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ABBREVIATIONS AND ACRONYMS

ADDOK	-	Anti Dangerous Drugs Organization of Kenya
AOD	-	Alcohol and Other Drug
ANOVA	-	Analysis of variance
DAPAR	-	Drug Abuse Prevention and Rehabilitation
EADIS	-	Eastern Africa Drug Information System
FOPADA	-	Foundation for the People against Drug Abuse
GAP	-	Global Assessment Programme
NACADA	-	National Agency for Campaign against Drug Abuse
NGOs	-	Non Governmental Organizations
SPSS	-	Statistical Package of Social Sciences
UN	-	United Nations
UNDCP	-	United Nations Drug Control Programme
UNODC	-	United Nations Office on Drugs and Crime
WHO	-	World Health Organization

ABSTRACT

Drug abuse amongst the youth in Kenya has become a serious problem affecting all the people of the country. Drug abuse is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families. The purpose of this study was to establish the factors influencing youth to drug abuse in Kenya focusing on Vihiga Sub County. Specifically the study sought to; investigate the demographic factors that influence youths to abuse drugs in Vihiga Sub County; ascertain the socio-cultural factors influencing youth abuse drugs in Vihiga Sub County; determine the economic factors influencing youth to abuse drugs in Vihiga Sub County; and establish the nature and extent of drug abuse and sources of knowledge and awareness on drug abuse and related issues among the youth in Vihiga Sub County. The study adopted a descriptive research design. The population for the purpose of this study was youth from Vihiga Sub County, Kenya. Purposive sampling will be used to select 365 respondents from shopping centres, rehabilitation centres and institutions such as schools and colleges due to proximity to the researcher, time available for research and budgetary constraints. The study relied on data collected through a questionnaire structured to meet the objectives of the study. Responses were tabulated, coded and processed by use of a computer Statistical Package for Social Science (SPSS) version 20.0 programme to analyze the data. Quantitative information was summarized into frequencies, percentages and graphs using tables. Qualitative information in the interview guide was transcribed and reported in narrative reports. Samples t test and one-way ANOVA were also used. The study found that there exists a positive association between; Demographic Factors and drug abuse in vihiga sub county, Socio - Cultural Factors and drug abuse in vihiga subcounty, Economic Factors and drug abuse in vihiga sub-county, and sources of knowledge and awareness on drug abuse among youth in Vihiga Sub County. This positive association suggests that when one factor increases, it courses acoresponding increase in another factor. The study therefore concludes that Demographic Factors, Socio - Cultural Factors, Economic Factors and sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County are factors influencing youths to abuse drugs in the sub-county. The study recommends that educators and other professionals need to act on drug abuse in Kenyan institutions; programs are now more than ever needed to educate people on drug problem in Kenya; there is need for the government to; take action should come in to play to end issues of corruption which has been indicated as the main challenge facing the fight against drug abuse in the study area; and the police should be empowered to handle even the so called influential drug dealers and distributors. The study further recommends that there is need to conduct a similar study which will attempt to find out the effects of drug abuse in Kenya; and to investigate the role of the government in the fight against drug abuse in the area

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Unpleasant youthful activities are widespread in Kenya and all over Africa, to the extent that they have been giving a lot of concern to the government and general public. Drug abuse among youths continues to be a major problem globally, and in particular, Kenya (United Nations Office on Drugs and Crime, 2009). Most teenagers and youth begin to experiment with substances at an early age (Jaffe, 2008). In primary schools, peers engage in organized crimes and disrupt normal academic programmes whilst in secondary schools and most African universities, the activities of secret cults are known to have been source of threat to lives and property (Aluede, 2000, Abudu, 2008). Escandon and Galvez (2006) define a drug as any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system.

According to world book Medical encyclopaedia (2006), drug abuse is the harmful use of mind altering drugs. The term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, such as in self medication. The impact of drug abuse among youths has been a hallmark of a morally bankrupt, decadent and wasted generation and loss of our societal values and ideals (Mohasoa, 2010). Majority of the youths around the globe ignorantly depend on one form of drug or the other for their various daily activities, such drugs include: tobacco, cocaine, morphine, heroine, alcohol, ephedrine, madras, caffeine, glue, and amphetamines among others. Madu and Matla (2003) state that the most widely abused

substances are alcohol, tobacco and cannabis because they are in excess. Most high schools encounter problems with youth who smoke cigarettes on the school premises. Some of these youth come to school under the influence of liquor.

According to the United Nations Office on Drugs and Crime-UNODC (2008), substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty and crime in general. These social ills are devastating many families and communities. Substances from all over the world currently flood Africa. Drug pushers are forcing young people into taking substances so that once they are hooked; they can manipulate their friends into taking substances (United Nations Office on Drugs and Crime, 2008). Too many youth seem to think of experimentation with substances as an acceptable part of transition into adulthood. Few take seriously the negative consequences of dependence on substances (Madu & Matla, 2003).

The World Drug Report (2005) reports that, the use of illicit drugs has increased throughout the world in recent years. The report further states that a major world trend is the increasing availability of many kinds of drugs to an ever widening socio-economic spectrum of consumers. The World Drug Report (2005) in Maithya (2009) argues that the main problem drugs at global level continue to be opiates (notably heroine) followed by cocaine. For example, for most of Europe and Asia, opiates continued to be the main problem drugs, accounting for 62 percent of all treatment in 2003. Reports from a total of 95 countries indicated that drug seizures increased four-fold in 2003, and more than half of these were of cannabis.

Despite eradication efforts in countries in Africa, the region still remains a major supplier of some drugs such as cannabis, which is one of the most widely abused drugs (Maithya, 2009). Simbee (2012) states, since the early nineteen eighties, Africa has been experiencing an escalating problem with drug abuse and trafficking. Although reliable information is scarce, data collected under the Eastern Africa Drug Information System/Global Assessment Programme (EADIS/GAP), country mission reports coupled and small-scaled research activities conducted by governments and non-governmental organizations all attest to this (Abdool, 2004). All the while, Africa's role in the global drugs supply chain is increasing. Already the continent is the second largest region for cannabis production, trafficking and consumption, accounting for 26 percent of global seizures of this drug in 2001 (UNODC, 2004). By country, the largest hauls in this period were in Kenya, Nigeria, and the Republic of South Africa, while Morocco is said to be one of the main producers of Cannabis resin (Maithya, 2009).

Substance abuse among adolescents and youth costs a country a lot of money every year (Mohasoa, 2010). This is evident in large sums of money that are used in prevention and treatment centres throughout Africa (United Nations Office on Drugs and Crime, 2008). Eventually this affects the whole country because these funds could be used in other avenues such as poverty alleviation programmes, since poverty is one of the reasons that lead to substance abuse. Most youths in their adolescence life start using drugs as young as 12 years of age (Karen Lesly, 2008; Parrott, Morinan, Moss & Scholey, 2004). The problem of substance abuse usually starts with smoking cigarettes at the toilets during school breaks. These adolescents would then proceed to use other drugs such as alcohol, cannabis and hard drugs

(Berk, 2007; Donald, Lazarus, & Peliwe, 2007). Youths use substances for various reasons and contributing factors include their developmental stage, peer group pressure, family problems and stress relief (Jaffe, 1998; Liddle & Rowe 2006; Rice & Dolgin, 2008). These youths seem not to be considering the long-term effect of these drugs on their lives.

The United Nations Drug Control Programme (UNDCP) report (2001) indicates that in Africa, like any continent in the world, alcohol is so far the most abused drug, causing the most harm to families and communities. Mutiso, Chebet, and Mwirigi (2012) note the UNDCP report carried out in 2001 in Kasundu that states that currently, traditional brew is adulterated with battery acid to speed the fermentation process and increase its potency. Cannabis sativa (bhang) is the most common abused illegal drug traditionally produced in Africa whereas khat production and use is traditional in the highlands of East Africa. The use and abuse of cannabis and khat is common in regions where they are grown. Acuda (1982) reviewed the research studies on substance abuse problems in Kenya for the first time and noted that formerly, the psychoactive substances that were commonly abused in Kenya were alcohol and Khat, but over the years there have been an upsurge in use and abuse of a variety of other substances like tobacco, cannabis sativa, and volatile substances. Acuda (1982) also found out that among the youth, between 50% to 60% drunk alcohol regularly. The practice was said to be more widespread in urban and peri-urban areas than in rural areas.

The Kenya government has ratified two major United Nations (UN) conventions on narcotic drugs and psychotropic substances in its quest to protect its citizens from the ravages of the

global drug abuse menace. These include the Single Convention on Narcotic Drugs (1961) and the Convention against Illicit Trafficking on Narcotic Drugs and Psychotropic Substances (1988). The government is currently working towards the ratification of the Convention on Psychotropic Substances (1971). In 1994, the government enacted a new anti-drug law, the Narcotics and Psychotropic Substances Control Act, as well as forming the Kenya Anti-Narcotic Unit. A number of academic research reports and law enforcement reports however, indicate that in the last few years, Kenya has had to deal with an increase in the drug abuse problem. It has been noted that drug abuse is fast spreading to rural areas especially Central, Western, Nyanza and Eastern provinces. Drug abuse among the youth in secondary schools has endangered their lives. This is causing a lot of concern as the vice, indeed, has been identified as a major cause of some of the problems experienced in secondary schools in Kenya (Gikonyo, 2005).

Within Kenya itself, drug abuse is becoming an increasing problem. According to studies carried out by Population Communication Africa (Masita, 2004), almost every Kenyan youngster at one time or another experiments with drugs, especially with beer and cigarettes. Although the regular users of hardcore drugs are much fewer than those of cigarette and alcohol, the study argues that the major cause of concern is that a high proportion of these young people eventually become addicted threatening their own health and safety, and causing difficulties for their families and friends. In response to global warnings on the dangers posed by drug abuse, the National Agency for Campaign against Drug Abuse (NACADA) is pushing for the establishment of a national drug control authority to enforce all drug trafficking laws in Kenya (Kaguthi, 2006). According to Kaguthi, although religious education has been instilled strongly in the youth, the majority still

abuse drugs and are likely to destroy their lives before they become adults. He argues that most secondary school students today are experimenting with drugs. Abusing drugs is considered to be a threat in the developed countries but it should be noted that it is becoming tragically prevalent in the developing world in which Kenya is a member and now parents are scared as the youths are turning to new deadly drugs (Ngirachu, 2014).

Oshikoya and Alli (2006) in their studies on perception of Drug Abuse amongst Nigerian undergraduates identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviours are use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm. In Kenya, some organizations such as National Agency for Campaign against Drugs (NACADA), Drug Abuse Prevention and Rehabilitation (DAPAR), Foundation for the People Against Drug Abuse (FOPADA), Anti Dangerous Drugs Organization of Kenya (ADDOK) etc, have been formed since to help Kenyans combat the drug abuse menace particularly among the youths of this country (Kimanthi, Hassan, and Thinguri, 2014). Despite their effort to control substance use among adolescents and youth, recent national survey data indicate that the use of substances is still on the rise. Drug use among the youths should be a matter of concern to all Kenyans especially the government, school heads, the leaders of religious groups and other Non Governmental Organizations (NGOs). It is against this background that the current study is undertaken. This study sought to establish the factors that influence youths to abuse drugs in Kenya to address the problem that exists.

1.1.1 Overview of Vihiga Sub County

Vihiga Sub County is an administrative region in the former Western Province of Kenya whose main County is Vihiga County. The county has a population of 138,656 (2009 census) and an area of 563 km². The larger Vihiga County was split from Kakamega County in 1990. Vihiga County constitutes 4 constituencies namely Emuhaya, Sabatia, Vihiga and Hamisi districts. Drug abuse has been termed as the main cause of mental illness among residents in Vihiga County and more so in Vihiga Sub County. Vihiga County Referral Hospital receives more than 100 mental illness patients per month due to drug abuse, a number that could increase in the near future if not well taken care of.

Kenya, like many other developing countries, is faced with the social problem of high rates of drug abuse. To make matters worse, the percentage of drug abusers in the population increases yearly despite the efforts to eradicate the problem. Failure to solve this problem not only threatens the life of individuals, but also the economic and social development of the country as a whole. The current study will contribute to the general body of knowledge in this area. Beyond that, however, it will also explore the potential of schools and colleges to curb the drug problem.

1.2 Statement of the Problem

Drug abuse amongst the youth in Kenya and for this case Vihiga sub county has become a serious problem affecting all the people of the country. Drug abuse has led many people and especially young people into a downward spiral of hopelessness that in some cases ends fatally (Maithya, 2009). Abuse of drugs is responsible for lost wages, destruction of property in schools,

soaring health care costs and broken families. In the recent past there was an outcry from educational administrators of the Kenyan system of education on the rate at which students used drugs. According to Otieno and Ofula (2009), some 68% of university youths in this country had abused alcohol. Many youths in this sub county have access to drugs like tobacco, miraa, and others (Maithya, 2009; & Chai, 2014). Despite the effort by many concerned bodies to curb this drug abuse menace, many youth are still lured into drugs and alcoholism which kills development of the of the region in question and brings forth a lot of menace in the society such as rise in crime among other vices.

Various studies have been carried out recently under the general theme of the abuse of drugs such by: Ngesu (2008); Maithya (2009); Otieno and Ofula (2009); Mbalu (2012); Korir (2013); Chesang (2013); Chebukaka (2014); and Ngirachu (2014) have been general or have failed to give detailed insights on factors influencing youth to drug abuse in Kenya. These studies also included non-schooling youth and according to the above studies and others, drug abuse indicators continue to show an upward trend in both urban and rural areas, especially in the use of substances such as alcohol, *cannabis sativa* (bhang), miraa (*khat*), tobacco etc, which are readily found in most places in Kenya Vihiga sub county being one of them. Although the studies attained their objectives they did not delve into the factors that influence youths to abuse drugs in Kenya. There is a paucity of published work on factors influencing youth to drug abuse, particularly in the context of developing countries in the dynamic African region and specifically in Kenya. This study intended to bridge this gap in knowledge that exists.

1.3 Purpose of the Study

The purpose of this study was to establish the factors influencing youth to drug abuse in Kenya focusing on Vihiga Sub County.

1.4 Objectives of the Study

The main objective of this study was to establish the factors influencing youth to drug abuse in Kenya with a focus on Vihiga Sub County. The study specifically sought;

- i. To investigate the demographic factors that influence youth to abuse drugs in Vihiga Sub County
- ii. To ascertain the socio-cultural factors influencing youth to abuse drugs in Vihiga Sub County
- iii. To determine the economic factors influencing youth to abuse drugs in Vihiga Sub County
- iv. To establish sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County

1.5. Research Questions

This study sought to answer the following questions;

- i. Do demographic factors influence youths to abuse drugs in Vihiga Sub County?
- ii. What socio-cultural factors influence youths to abuse drugs in Vihiga Sub County?
- iii. Do economic factors influence youths to abuse drugs in Vihiga Sub County?
- iv. What are the sources of knowledge and awareness on drug abuse among the youths in Vihiga Sub County?

1.6 Hypotheses Testing

This study was guided by the following hypotheses.

H₁: There is significant relationship between demographic factors and drug abuse in Vihiga Sub County.

H₁: There is significant relationship between socio-cultural factors and drug abuse in Vihiga Sub County.

H₁: There is significant relationship between economic factors and drug abuse in Vihiga Sub County.

H₁: There is significance relationship between source of knowledge and awareness and drug abuse in Vihiga Sub County.

1.7 Significance of the Study

The study will be significant to the County Governments, especially to decision makers involved in implementation of drug abuse tackling strategies for their Counties. The County heads will use the findings as the base upon which to review factors influencing youths to drug abuse. Necessary measures identified could be undertaken to enhance strategy formulation to counter drugs and substance abuse in the Counties and in the larger Republic of Kenya.

The study should help to make policy makers, administrators and teachers aware of the factors hindering the effectiveness of the approaches which attempt to curb drug abuse and, where possible, create opportunities to eradicate the problem. The proposed programme would be useful in educating all Kenyans, youths and adults, on the risks of drug consumption. Thus, this

study would play an important role in reducing, or even preventing high rates of drug use and abuse.

The regulators and the policy makers can use the finding as reference for policy guidelines on management and control of drug abuse in the country. They will be able to use the findings of the study to formulate viable policy documents that effectively will cope with the menace of drugs and substance abuse in the country. Based on the findings, recommendations are made. If followed, these recommendations would be useful to administrators and policy makers in curbing drug abuse in schools through improving existing educational programmes, and striving to develop ones that are even more efficient.

The study will provide additional information into the already existing body of literature regarding the youths and drug abuse. The findings of this study will enrich existing knowledge and hence will be of interest to both researchers and academicians who seek to explore and carry out further investigations. It will provide basis for further research.

1.8 Delimitation of the Study

The study was made successful by easy access of respondents by researcher in gathering information regarding factors influencing youth to drug abuse in Kenya.

1.9 Limitations of the Study

Uncooperative respondents; some respondents were unwilling to fill the questionnaire while others refused to be interviewed altogether. However this was minimized by creating rapport with the respondents and assuring them that the purpose of the research was only for academic purpose. The research handled the problem by carrying out an introduction letter from the university and assuring the respondent that the information was to be used purely for academic purposes.

1.10 Assumptions of the Study

The study assumed that people responding to questionnaires did so honestly and objectively. The researcher also assumed that demographic factors, economic factors, social cultural factors and sources of knowledge and awareness are the factors that influence youths to abuse drugs in Vihiga sub-county. The study also assumed that intervening and moderating variables also influence youths to abuse drugs.

1.11 Definitions of significant terms used in the study

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

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

Drug/substance of abuse: Any substance that, if taken by a person modifies perceptions of one or more of the five senses (sight, hearing, taste, touch and smell). It also modifies mood, cognition, behavior and motor function. Drugs include licit substance such as nicotine and alcohol, and illicit substance such as cannabis heroin, mandrax cocaine etc.

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

Youth: World Health Organization-WHO, (1993) defines youth as falling between the ages 10-24 years. For the purpose of this study youth will be defined according to WHO; and the terms adolescent and youth will be used synonymously.

1.12 Organization of the study

This chapter presented the background information, problem statement, purpose of the study, objectives of the study, research questions, significance of the study, scope of the study, limitations of the study and definition of terms used. Chapter two provided salient review of literature related to the study that illuminates work which has influenced this research and which justifies the need for extending the current research. Chapter three details the research methodology which will be employed in this research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter endeavours to provide an overview of various aspects and issues related to this research work through the review of studies already carried out on drugs and substance abuse. This chapter presents a review of literature pertinent to the study as presented by various researchers, scholars' analysts and authors. The review of literature can lead to draw some significant conclusions and serve as a guide mark for this study and also gives a fair chance to identify one gap that exists in the area of research. This section will also cover the theoretical framework whereby factors that influence youths to abuse drugs will be discussed. The chapter will review empirical literature and the conceptual framework of variables will be discussed.

2.2 Theoretical Literature

This sections presents literature as written and presented by other authors on drugs and substance abuse.

2.2.1 Literature on Drug Abuse

Studies have revealed that most of the drug addicts started smoking from their youths. As they grow older they seek new thrills and gradually go into hard drug abuse (King'endo, 2006). A nationwide survey of high school students reported that 65% used drugs to have good time with their friends 54% wanted to experiment to see what it is like, 20% to 40% used it to alter their moods, to feel good, to relax, to relieve tension and to overcome boredom and problems (King'endo, 2006).

Kenya along with other developing countries of Africa have been experiencing a rapid increase in production, distribution and consumption of multiple drugs of abuse/dependence (Kaguthi, 2004). The dreadful consequences of such spread have become a big issue of great concern to the public at large. The unpublished study by Kaguthi confirmed that there is rampant drug abuse in Kenya's learning institutions as shown in table 2.1.

Table 2.1: The variation in the use of drugs

Age	Alcohol		Tobacco		Bhang		Khat/miraa		Inhalants		Total % in age
10 – 14	328	22.4%	87	4.4%	17	0.9%	115	5.1%	38	2.2%	35.0
15 -19	838	31.4 %	378	11.1%	428	12.4%	428	12.4%	141	4.6%	71.9
20 – 24	991	55.9%	505	28.9%	443	23.3%	443	23.3%	110	6.0%	137.4
Total	2157		790		354		986		289		234.3

Source: Kaguthi, (2004)

From the above table 2.1 the study found out that the variation in the use of drugs according to age suggests that the degree of drug use increases as the age increases. Drug use is highest at the age of 20-24 the most abused drug being alcohol followed by tobacco, prevalence and risk ratios on drug abuse is shown in table 2.2.

Table 2.2: Prevalence and risk ratios

Age/OR	Alcohol	Tobacco	Bhang	Chewed miraa	Inhalants
<15	22.4(1)	5(1)	1.0 (1)	6.6 (1)	2.2 (1)
15-19	31.4 (2)	14.53 (3.2)	5.3(6.5)	16.7(2.8)	5. 4(3)
20-24	55.9 (4.5)	28.9 (7.6)	11.5(15.6)	25.7(4.9)	6.3(3.4)

Source: Kaguthi, (2004)

The study further found out that the prevalence of drug use increased from primary to tertiary institutions. The most frequently used drug was alcohol. It was followed by *miraa/ khat*, tobacco and then bhang. It was noted that children as young as ten years of age, could use alcohol, miraa, tobacco, inhalants and bhang in that order (Kaguthi, 2004). The report further indicated that there was a certain trend in the use of drugs both by students and non-students as shown in table 2.3.

Table 2.3: Substances commonly abused by students and non-students

Substance	Long use		Current use	
	Students %	Non-students %	Students %	Non-students
Alcohol	27.7	77.1	8.6	60.1
Tobacco	8.3	65.7	3.1	58
Bhang	2.8	34.9	0.6	21.1
Miraa	9.1	55.1	2.1	20.8
Inhalants	3.4	12.5	1.6	7.2

Source: Kaguthi, (2004)

NACADA (2007) suggests that educators and other professionals need to act on drug abuse in Kenyan institutions. Further recommendations are that programs are now more than ever needed to educate people on drug problem in Kenya. Drug problem is considered a crime in Kenya. It is not easy to research in this field as many abusers fear disclosing this information. But it is time the epidemic was declared a country disaster (Kaguthi, 2004). These studies give us very

valuable information on substance abuse in Kenya but their focus is not the secondary school students per se and incidence and extent of substance abuse. Specialized intervention measures clearly are also not one of their pre-occupation (King'endo, 2006).

Ndetei (2004) and King'endo (2006), in his survey among drug abusers along the coastal region of Kenya found out that majority of youths who abuse drugs are in secondary schools. Many of these young men and women drop out of school due to drug-related health problems. He further contends that it is important to address the problem of drug abuse as an emergency in schools and find a solution to it, which until now has not been found. The issue of drug abuse has affected the secondary school students. In these institutions research on drug abuse among students is necessary as lately there have been a lot of problems of school unrest, and students dropping out of schools due to indiscipline issues. Ndetei (2004) did not endeavour to carry out an in depth analysis of substance abused in secondary schools, and did not focus on intervention measures to rehabilitate the abusers.

2.3 Factors Influencing Youths to Drug Abuse

This section presents factors influencing youths to drug abused as presented by various authors.

2.3.1 Demographic Factors

Demographic factors such as age, gender, occupation, religion, marital status and education often influence the decision to indulge in drug abuse (Kasundu, Mutiso, Chebet, and Mwirigi, 2012). According to King'endo (2006) age is also a major factor which influences the onset of drug

abuse. Educated individuals are known to make self-enhancing decisions which are less harmful to them as compared to uneducated ones who might be frustrated and hence end up comforting himself/herself through drug abuse. Religion also plays a bigger role in socializing the individual by providing the pros and cons to guide one's behavior and social interactions (Kasundu et al., 2012).

In Tanzania, a study by Mbatia and Kilonzo (1996) found that cigarette smoking was more common among boys than girls. Ten years later Kaduri (2008) studying the same population it was found that males were significantly more likely to have ever smoked a cigarette (16.1%) than females (4.9%). In another comparative study between South African and American youths Priscilla, Kenneth, Riyadh, and Nilen (2007) found that in the US, prevalence rates of past-month alcohol use were significantly higher among female students than among male ($P < .05$); in South Africa, the opposite pattern was observed ($P < .01$). In South Africa, past-month cigarette use ($P < .01$) and binge drinking ($P < .01$) rates were significantly higher among male than among female students. These significant differences were driven by the very low rates of substance use among Black female students. In both the US ($P < .01$) and South Africa ($P < .01$), prevalence rates of past-month marijuana use were significantly higher among male students than among female students. There were no significant gender differences in either country in rates of illicit hard drug use. The resiliency of female gender was significantly more pronounced in South Africa than in the US (Priscilla, et al., 2007). However, in a study in the urban area of Pelotas, Southern Brazil by Horta, Horta, Pinheiro, Morales, and Strey (2007), among a sample of adolescents aged 15 to 18 years, found smoking was more prevalent among girls, while alcohol consumption in

the previous month was more common among boys and the proportion of adolescents that reported drug use in the previous month was unrelated to sex.

2.3.2 Socio - Cultural Factors

Kasundu et al. (2012) contends that social-cultural factors also play a major role in determining one's behavior. For instance, some cultures recommend taking of stimulants, depressants and hallucinogens such as beer, liquor, wine, tobacco and cannabis sativa during cultural functions. Some liquor or drugs are culturally accepted and during these cultural ceremonies or festivities, people are grouped in age sets and provided with the drugs. The social environment also plays a great role in influencing drug abuse ranging from the family environment to the peer group influence and the need to fit in a certain group (Horta et al., 2007; Kaduri, 2008; and Priscilla, et al., 2007).

Kasundu, et al. (2012) findings on their study on factors contributing to drug abuse among the youths in Bamburi location, Kenya, indicated that social cultural factors such as peer pressure and motivational factors such as accessibility of drugs in the area, need to experiment, need to relieve stress and need to enjoy the feeling out the potency has been blamed for the rise of the menace among the youths in the study area. In conclusion, the study findings revealed that influence from friends plays a great role in influencing drug abuse in the study area than any other social cultural factor.

2.3.3 Economic Factors

A study by Mbatia et al. (2009) on hazardous drinking and drug abuse in urban Tanzania, age range 15-59, found that both men and women who were employed, were household heads, and were between the ages of 25 to 34 reported hazardous drinking since they had greater access to money which enabled them to purchase alcohol. Ward et al. (2008) carried out a study on prevalence of substance abuse between both men and women South African primary care clinic patients, age range 18-25+, which found that being employed was cited as a reason for abuse since it made it possible for individuals to buy alcohol and other drugs.

In Kasundu, et al. (2012) study on factors contributing to drug abuse among the youths in Bamburi location, Kenya, the study findings indicated that economic factors such as unemployment, poverty and low cost of drugs in the area have contributed to drug abuse in the area. Though all these factors seemed to be contributing to drug abuse in general, poverty rate in the region has been blamed for the rise of drug abuse in the area. In conclusion, the study revealed that all economic factors have a great influence and are of great.

2.4 Empirical Literature

Myers (2006) conducted a study which aimed at providing surveillance information about the extent and consequences of alcohol and other drug (AOD) use by adolescents for three sentinel sites in South Africa (Cape Town, Durban and Gauteng Province). From 1997 to 2001, data was gathered from multiple sources, including specialist treatment centres, trauma units, school students, rave party attendees, and arrestees. Since the start of the surveillance, an increasing proportion of South African adolescents were using AODs. This survey points to high levels of

alcohol misuse among high school students, with alcohol being the most common substance of abuse. Cannabis was the most frequently reported illicit drug of abuse among adolescents.

A study carried out by Mwenesi (1996) on rapid assessment of drug abuse in Kenya revealed that the problem of drug abuse in Kenya is larger than expected, having permeated all strata of society, youth and young adults being the most affected groups. The other main findings of the study were that the abuse of "social" (alcohol, tobacco, *miraa*) and illicit (cannabis, heroin, cocaine, mandrax) drugs was rising perceptibly, and that solvents were being increasingly abused, and not only by the youths. The drugs are used, for example, to increase the potency of illicit local brews. Cough mixtures have entered the list of drugs being abused by the youth. Easy availability of dependence-producing drugs is one of the main causes of the upward trend in drug abuse in Kenya. This study however does not focus on drug abuse among secondary school students and neither does it zero in on specialized intervention programmes which were the focus of the present study.

In a survey conducted by NACADA team (2007) on drug abuse among the youth aged between 10 and 24 years, significantly, it was observed that the use of alcohol, bhang and *miraa* had indigenous roots. The team explored available support and recommended interventions to prevent or treat substance abuse. The survey team demonstrated that substance abuse was widespread, affected the youth mostly, but also cut across all social groups; alcohol, tobacco, bhang and *miraa* were the substances most often abused, and the youth were more and more abusing imported, illegal substances such as heroin, cocaine, and mandrax. At the same time, the

survey revealed that, though evidence demonstrates that a number of non-students to a large extent engaged in substance abuse, the majority of the students who abused substances were in secondary schools and universities. Such students who mainly come from rich or middle-class families entertained the falsehood that substance use enabled a student study for long hours. The survey revealed that while substance abuse by the youths ranges from the increasing use of illegal and hard drugs to legal and soft substances, the youths mostly abuse four substances in this order: alcohol, tobacco, bhang and inhalants (Kaguthi, 2004).

A study carried out by Ngesu, Ndiku, and Masese (2008) on drug dependency and abuse in Kenya secondary schools in Kisumu Municipality showed that the problem of drug abuse is not limited to western societies and is fast becoming a big challenge in the developing world. The study traces the use of drugs from medieval times for religious and social purposes to the 19th Century when problems emanating from drug abuse have become apparent. The study goes on to look at drug abuse among secondary school students in Kisumu Municipality and the reasons for the same, namely easy availability of drugs, peer group pressure, age factor, curiosity, parental influence, availability of cash and high handedness of school administrators. This study unlike the others reviewed came up with strategies for intervention. It also identified alcohol as the most abused drug and peer group pressure as the main reason for abuse of alcohol. The study also investigated the effects of drug abuse and identified some as aggressive behavior, depression and anxiety, irritability, memory loss and decreased confidence among others (Ngesu, et al., 2008).

Two studies carried out among Zambian students found that while up to 10% of the female students experimented with cannabis, only male students tended to become regular users (Otieno and Ofulla, 2009). In this study 58% of the males and 57% of the females had at sometime taken alcohol, 32% of the males and 10% of the females had at sometimes taken cannabis, and 24% of the males and 26% of the females had at sometimes in their lives taken other drugs, that included petrol sniffing, chlordiazepoxide and other minor tranquillizers, amphetamines and methaqualone (Haworth, 2001). Africa is therefore not spared from the issue of drug abuse in schools (Otieno and Ofulla, 2009).

In Uganda, a study by Kanyesigye, Basiraha, Ampaire, Wabwire, Waniaye, and Kangi (1997) noted that among the youth, 19% of the secondary school students and about 35% of the students in tertiary institutions including the medical school smoked cigarettes. This was attributed to a lot of tobacco products being advertised in relation to style/fashion; and due to peer influence. The mean initiation age for smoking was 13.4 years with a range from 6 to 22 years in Jinja district (Lukwiya, 2000). In a cross-sectional study carried out among 2789 high school students in Kampala district, Uganda, in 2002 among 13-15 year olds it was found that 17.5% reported to have smoked tobacco, with 37.9% (n = 148) of them trying or starting smoking before the age of 10 (Mpabulungi and Muula, 2004).

A preliminary survey of drug abuse was conducted among secondary school students in Kenya and the results of the study confirmed that drug abuse was quite prevalent among secondary school students (Acuda, 1981). For instance, up to 10% of students drunk alcohol more than

three times a week, 16% smoked cigarettes more than three times a week, and nearly 14% had smoked cannabis (bhang) and 16% admitted taking other drugs especially tranquillizers in order to feel high. The study revealed that the problem was more acute in urban schools compared to rural schools. A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students in Nairobi found that a total of 2246 (70.1%) were ever smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students 72.2% started at between age 12 and 16 years (Kwamanga, Odhiambo, and Amukoye, 2003).

2.5 Conceptual Framework

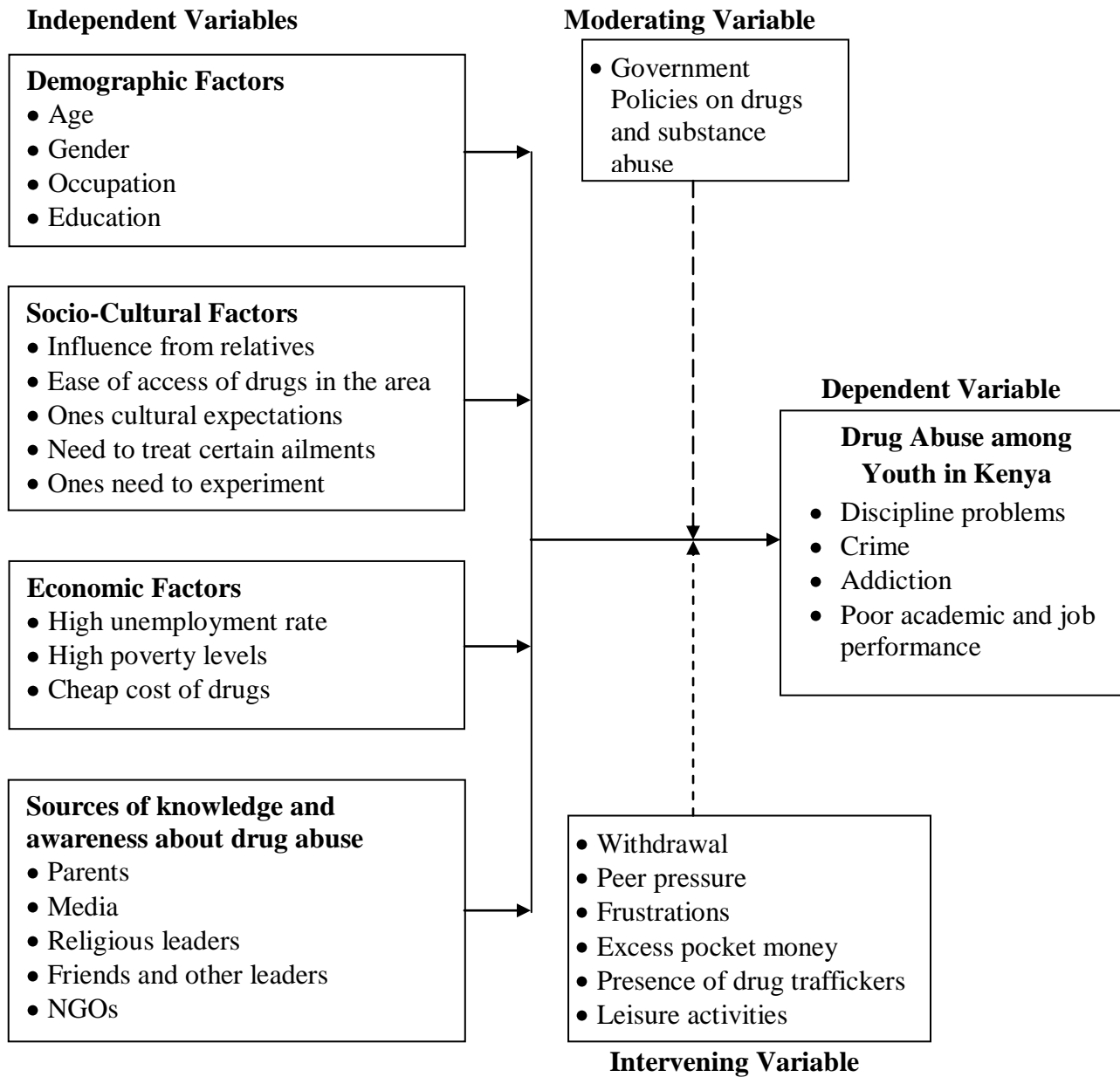


Figure 1: Conceptual Framework

A conceptual framework is a hypothesized model identifying the concepts under study and their relationships (Mugenda and Mugenda, 2003). In this conceptual framework, there are certain factors influencing youths to drug abuse in Kenya. These factors include but are not limited to demographic factors, socio-cultural factors, economic factors and sources of awareness and knowledge about drug abuse. Government policies on drugs and substance abuse are the moderating variables. Drug abuse among youth in Kenya is the dependent variable that is affected by the independent variables. The study will be guided by the conceptual framework as shown in Figure 1 relating the dependent and independent variables. Indicators of a drug abuse among youths in Kenya are discipline problems, crime, addiction, and poor academic and job performance.

Demographic factors such as age, gender, occupation, religion, marital status and education often influence the decision to indulge in drug abuse. Studies such by Mohasoa (2010); Kimanthi, Hassan, and Thinguri (2014); King'endo (2006); and Otieno and Ofulla (2009) have shown that men are more likely to engage in maladaptive behaviors such as drug abuse and misuse of money. Age is also a major factor which influences the onset of drug abuse. Some youth may take drugs with an aim of 'appearing old' desire to be perceived and perceive themselves as adults. Educated individuals are known to make self-enhancing decisions which are less harmful to them as compared to uneducated ones who might be frustrated and hence end up comforting himself/herself through drug abuse. Religion also plays a bigger role in socializing the individual by providing the pros and cons to guide one's behavior and social interactions.

Social-cultural factors also play a major role in determining one's behavior. For instance, some cultures recommend taking of stimulants, depressants and hallucinogens such as beer, liquor, wine, tobacco and cannabis sativa during cultural functions. Some liquor or drugs are culturally accepted and during these cultural ceremonies or festivities, people are grouped in age sets and provided with the drugs (Kasundu et al., 2012). The social environment also plays a great role in influencing drug abuse ranging from the family environment to the peer group influence and the need to fit in a certain group. Thus in societies where such factors exist, drug abuse may be at its peak. Economic factors such as one's economic class determine one's indulgence in drug abuse. Other economic factors such as unemployment, poverty and low cost of drugs in the area contribute to drug abuse in the society.

2.6 Research gaps

After analyzing and considering the above literature review on drug and substance abuse by youths, the researcher felt that still there was a gap that existed in this area which needed to be filled, much of the literature review gives us very valuable information on substance abuse but failed to examine on specialized intervention measures to rehabilitate the abusers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methods that were used for the study and adopted the following structure: research design, population and sample, population description, data collection methods, research procedures and data analysis and methods. The chapter outlines the methods employed by the researcher in collecting, assembling and analyzing data.

3.2 Research Design

Research design is a master plan that specifies the methods and procedures for collecting and analyzing needed information (Zikmund, 2003). The study adopted a descriptive research design. The study aimed at collecting data from respondents on factors influencing youths to drug abuse in Kenya with a focus on Vihiga sub County. Descriptive survey research designs are used in preliminary and exploratory studies to allow researchers to gather information and summarize, present and interpret data for the purpose of clarification (Orodho, 2003). Mugenda and Mugenda (2003) state that the purpose of descriptive research is to determine and report the way things are and it helps in establishing the current status of the population under study. The design was chosen for this study due to its ability to ensure minimization of bias and maximization of reliability of evidence collected.

3.3 Target Population

A population refers to an entire group of individuals, events or objects having a common observable characteristic (Mugenda & Mugenda, 2003). A population describes the parameters whose characteristics the research will attempt to describe. The population for the purpose of this study was youths from Vihiga Sub County, Kenya. Vihiga Sub County has 29,240 youths (aged between 15 to 25 years old) (Kenya National Bureau of Statistics, 2009).

3.4 Sample Size and Sampling Procedure

According to Mugenda and Mugenda (2003), sampling involves the researcher securing a representative group that will enable him/her to gain information about the entire population. Cooper and Schindler (2006) define sampling as the process of selecting a number of individuals for a study in such a way that the individuals selected represent the larger group from which they were selected. Choosing a sample is a key feature of any research undertaking. A sample allowed generalization of findings related to the population. The chosen sample was subjected to the study by use of questionnaires to obtain the necessary information.

3.4.1 Sample Size

The number of youths in Vihiga Sub County (aged between 15 to 25years) is 29,240 (KBS, 2009). In determining the sample size to be used, the Yamani Taro (1967) formula was used. It states that the desired sample size is a function of the target population and the maximum acceptable margin of error (also known as the sampling error) and it expressed mathematically thus:

$$n = \frac{N}{1+Ne^2}$$

Where:

n =sample size

N = target population

e =maximum acceptable margin of error (5%)

Thus in this study, the desired sample size given that the total youths population in the Sub County is 29,240 was:

$$n = \frac{29,240}{1 + 29,240 (0.05)^2}$$

Applying the above form obtained was 395. This implies 395 youths were involved in the study. Sal kind (2005) proposes a rule of the thumb for determining a sample size and says that a size of 30 to 500 is appropriate for most academic researches. Khan (1993) pp.47 warns that “there is no fixed number of percentages of subjects that determine the size of an adequate sample.” To him, the ideal sample is “large enough to serve as an adequate representation of the population about which the researcher wishes to generalize and small enough to be selected economically in terms of subject availability, expense in terms of time and money and complexity of data analysis”.

3.4.2 Sampling Procedure

Purposive sampling was used to select the respondents from shopping centres and institutions such as schools and colleges due to proximity to the researcher, time available for research and

budgetary constraints. The study used probability sampling techniques which included cluster sampling procedure, simple random sampling and systematic sampling procedure. To collect quantitative data, simple random sampling was applied to randomly pick the youths for administration of questionnaires. Once the youths were randomly identified, systematic sampling procedure was used to collect data through questionnaires. The advantage of systematic sample is that it really fast, it is very simple to use, saves time and cost, it checks bias in subsequent selections of samples, its variances are most often smaller than other alternative sampling technique, convenient when the researcher has a list of the units in the population and allows the researcher to add a degree of system or process into the random selection of subjects and has the assurance that the population is evenly sampled (Kothari, 2007).

3.5 Research Instruments

A questionnaire was used to collect primary data. Kothari (2007) terms the questionnaire as the most appropriate instrument due to its ability to collect a large amount of information in a reasonably quick span of time. It guarantees confidentiality of the source of information through anonymity while ensuring standardization. The researcher tried as much as possible to self-administer the questionnaires so as to clarify any issues that may not have been clear to the respondents. The questionnaires were divided into several sections; the first section delved into demographics data of the respondents while the rest of the sections looked into factors that influenced youths to abuse drugs as per the objectives of the study. Secondary data was gathered from literature from library materials, and various internet search engines covering factors that influence youths to abuse drugs.

3.6 Pilot Study

A pilot study was conducted in Vihiga High School in Vihiga Sub County during the vihiga sub county annual youth retreat, a function conducted once in a year. The research instrument was piloted on a small representative sample identical to but not including the group that was in the actual study. It involved 10 youths randomly selected, approached and interviewed. These respondents were included in the actual research sample size. The pilot study enabled the researcher check whether the items used are valid and reliable and also correct perfunctory problems, correct misunderstanding, check language level and eliminate ambiguity at the right time. The piloting elicited comments from respondents which helped in the improvement of the instruments modifying and making clear the instructions given in order to avoid misinterpretation during the actual data collection.

3.7 Validity of the research instrument

Validity indicates whether the instruments measure what they are designed to measure (Kothari, 2007). According to Kothari (2004) validity is the most critical criterion of sound measurement and indicates the degree to which an instrument measures what it purports to measure. The researcher used content validity to examine whether the instruments answered the research questions. Adjustments and additions to the research instruments consultations and discussions with the supervisor was done to establish content validity.

3.8 Reliability of the Research Instrument

Instrument reliability is the dependability, consistency or trustworthiness of a test (Kothari, 2007). Cronbach's Coefficient Alpha approach recommended by Cohen, Manion and Morrison (2007) for its ability to give average split-half correlation for all possible ways of dividing the test into two parts was used to measure internal consistency of the research instruments. Cronbach's Coefficient Alpha is a scale measurement tool appropriate in measuring internal consistency in descriptive survey researches. Computation of Cronbach's Alpha was done using SPSS programme. The questionnaires were accepted at reliability indices of 0.80. The study employed self-administration approach of data collection to ensure that the unintended people did not fill the questionnaire or were not interviewed and assistance was sought where possible thus raising the reliability.

3.9 Data Collection Procedures

The researcher first obtained a research permit from the University department offices to aid collect data from the study area. The study then used trained and qualified research assistants to assist with the questionnaire distribution. Primary data was collected using questionnaires, which were administered through drop and pick method. The questionnaire was intended to be self-administered.

3.10 Data Analysis

Data from the completed questionnaires was summarized, coded, tabulated and checked for any errors and omissions. Frequency tables, percentages and means were used to present the findings.

Responses in the questionnaires were processed by use of a computer Statistical Package for Social Science (SPSS) version 20.0 programme to analyze the data. The responses from the open-ended questions were listed to obtain proportions appropriately; the responses were then reported by descriptive narrative as qualitative analysis. Quantitative data was analyzed using descriptive statistics such as averages, percentages and means.

3.11 Operational Definition of Variables

Table 3.1 gives a summary of research objectives, variables of study, their indicators, level of measurement, tools of analysis for each objective and type of tool employed for each objective.

Table 3.1: Operational Definition of Variables

Research Objectives	Variable	Indicator	Measurement Scale	Tools of Analysis	Analysis Techniques
To investigate the demographic factors that influence youth to drug abuse in Kenya	Demographic factors	<ul style="list-style-type: none"> • Age • Gender • Occupation • Education 	-Interval -Nominal	SPSS	Percentages, frequencies and Measures of central tendency
To ascertain the socio-cultural factors influencing youth to drug abuse in Kenya	Socio-cultural factors	<ul style="list-style-type: none"> • Influence form relatives • Ease of access of drugs in the area • Ones cultural expectations • Need to treat certain ailments • Ones need to experiment 	-Interval -Nominal	SPSS	Measures of central tendency, mean
To determine the economic factors influencing youth to drug abuse in Kenya	Economic factors	<ul style="list-style-type: none"> • High unemployment rate • High poverty levels • Cheap cost of drugs 	-Interval -Nominal	SPSS	Measures of central tendency
To establish the nature and extent of drug abuse and sources of knowledge and awareness on drug abuse and related issues among the youth in Kenya	Sources of knowledge and awareness on drug abuse	<ul style="list-style-type: none"> • Parents • Media • Religious leaders • Friends and other leaders • NGOs 	-Interval -Nominal	SPSS	Measures of central tendency

Source: Researcher (2015)

3.12 Ethical considerations

While this research contributed to the knowledge of drug abuse among the youths it maintained utmost confidentiality about the respondent. The study made certain that all respondents were given free will to participate and contribute voluntarily to the study. In addition, the study ensured that necessary research authorities were consulted and consent approved and appropriate explanations specified to the respondents before commencement of the study.

3.13 Chapter Summary

This chapter outlined the overall approach that was taken in the research study, it described the populations. The chapter also described the research procedures indicating the data collection methods and data collection instruments; it then described the data analysis methods stating the various methods and procedures that were used. It indicated that how the data was analysed. It specifically dealt with determination of research design, determination of type and sources of data, estimation of research population, sampling design, data collection, design of data collection instrument and data analysis.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION INTERPRETATION AND DISSCUSSION

4.1 Introduction

In this chapter the key issues related to data presentation, analysis and interpretation have been discussed. This chapter is presented in one section looking into the youths from Vihiga Sub County, Kenya. The section presents study responses regarding factors that influence youths to abuse drugs in Kenya with a focus on Vihiga Sub County. First, the research response rate has been computed and presented for each section. Secondly, the demographic characteristics of the participants have been described. Thirdly, the findings on the four key objective areas of the study have been presented and interpreted. The responses were analyzed using descriptive and inferential statistics. The data has been presented in tables.

4.2 The Study Response Rate

Overall, the response rate was considered very high and adequate for the study as shown in Table 4.1;

Table 4.1: Distribution of the Respondents by Responses Rate

Response Rate	Frequency (f)	Percentage (%)
Returned	395	100.0
Not Returned	0	0.0
Issued	395	100.0

Out of 395 questionnaires which had been administered to the interviewees, 395 of them were returned for analysis. This translates to 100.0 percent return rate of the respondents.

4.3 Demographic Characteristics of the Respondents

The respondents in this section of the study were youth from Vihiga Sub County who were of different categories. The categories were characterized by gender, age, academic achievement, type of occupation, place lived in, people residing at home, rating the relationship with parent/guardian, confiding with parent/guardian, being understood by parents/guardian, being loved and respected by parent/guardian, parents/guardian interfering with life, person who the respondent spends their time with, and awareness when going out. The summary of the distribution of respondents by their gender is given in Table 4.2

Table 4.2: Distribution of respondents by Gender

Gender	Frequency (f)	Percentage (%)
Male	221	55.9
Female	174	44.1
Total	395	100.0

According to the data shown in Table 4.2, out of 395 youths who participated in the study, (55.9%) the majority were males while (44.1%) were female. The findings could be an indication that most of the youths in Vihiga sub County are males. The distribution of respondents by age is given in Table 4.3

Table 4.3: Distribution of respondents by Age

Age	Frequency (f)	Percentage (%)
15-16 years	45	11.4
17-18 years	55	13.9
19-20 years	74	18.7
21-22 years	123	31.1
23-24 years	98	24.8
Total	395	100.0

It is evident from the data shown in Table 4.3 that, majority of the youths(31.1%) were aged between 21-22 years,while, (24.8%) were aged 23-24 years, (18.7%) were aged 19-20 years, (13.9%) were aged 17-18 years and (11.4%) were aged 15-16 years. The findings implies that majority of youth in Vihiga sub-county fall under the age bracket 21-22 years. The distribution of the respondents by education level is given in Table 4.4

Table 4.4: Distribution of respondents by Education Level

Academic Achievements	Frequency (f)	Percentage (%)
Never been to school	15	3.8
Primary did not complete	26	6.6
Primary completed	36	9.1
Secondary did not complete	46	11.6
Secondary completed	134	33.9
College did not complete	29	7.3
College completed	76	19.2
Undergraduate	33	8.4
Total	395	100.0

The results in Table 4.4 indicate that, majority , of the youths (33.9%)have completed secondary education (19.2%) have completed college education, (11.6%) have not completed secondary

education, (9.1%) have completed primary education, (8.4%) are undertaking an undergraduate degree, (7.3%) did not complete college education, (6.6%) have not completed primary education, and (3.8%) never went to school. The findings points out that majority of youths in Vihiga sub County have completed basic education and that most families can support students up to this level and not beyond. The distribution of the respondents by type of occupation is given in Table 4.5.

Table 4.5: Type of occupation

Occupation	Frequency (f)	Percentage (%)
Student	179	45.3
Job	107	27.1
Jobless	109	27.6
Total	395	100.0

The findings on Table 4.5 indicate that majority of youths in Vihiga sub County are students (45.3%), while (27.1%) are jobless and (27.6%) are working and this is due to the fact that since we are studying a youthful group majority of them are usually students and job seekers. The distribution of the respondents by where they live currently is given in Table 4.6.

Table 4.6: Place lived in

Plaves	Frequency (f)	Percentage (%)
Home	291	73.7
Boarding school	73	18.5
Hostel	31	7.8
Total	395	100.0

The findings on Table 4.6 indicate that majority of the youths (73.7) live at home while (18.5%) live in boarding school and (7.8%) live in hostels. The distribution of respondents **by** who they live with at home is given in Table 4.3

Table 4.7: People residing at home with

People	Frequency (f)	Percentage (%)
father alone	15	3.8
mother alone	35	8.9
both parents	34	8.8
parent(s) and sibling(s)	85	21.5
parent(s) and other relative(s)	55	13.9
parent(s), siblings and other relative(s)	67	17.0
No response	104	26.3
Total	395	100.0

It is evident from the data shown in Table 4.7 that, majority of the youths (21.5%) live with parent(s) and sibling(s), (17.0%) live with parent(s), siblings and other relative(s), and (13.9%) live with parent(s) and other relative(s). The table further reveals that, (8.9%) of the respondents live with the mother alone, (8.8%) live with both parents and (3.8%) live with father alone. The interpretation here is that majority of them live with a guardian or someone to take care of them since at this age they are not independent. Those with no response can be an indication that they are total orphans or rejected by the relatives. The distribution of the respondents by how they rate their relationship with their parents/guardian is given in Table 4.8

Table 4.8: Rating the relationship with parent/guardian

Rating	Frequency (f)	Percentage (%)
Very positive	109	27.6
Positive	134	33.9
Negative	36	9.1
Neutral	116	29.3
Total	395	100.0

The results in Table 4.8 indicate that, majority; of the youths rate their relationship with their parents/guardian as positive (33.9%), while (29.3%) rate their relationship with their parents/guardian as neutral and (27.6%) rate their relationship with their parents/guardian as very positive. However, (9.1%) rate their relationship with their parents/guardian as negative. The explanations to these findings are that those with the positive relationship might be in good terms with their guardians while those with negative relationships might not be in good terms with their guardians or parents. The distribution of the respondents by if the respondent is able to confide in their parents/guardian is given in Table 4.9.

Table 4.9: Confiding in parents/guardian

Confide	Frequency (f)	Percentage (%)
Yes	143	36.3
No	252	63.7
Total	395	100.0

The findings on Table 4.9 indicate that majority of youths in Vihiga sub County do not confide in their parents/guardians (63.7%), while (36.3%) do. The distribution of the respondents by if they feel their parents/guardian understand them is given in Table 4.10.

Table 4.10: Being understood by parents/guardian

Parents/Guardian	Frequency (f)	Percentage (%)
Yes	93	23.6
No	302	76.4
Total	395	100.0

The findings in Table 4.10 indicate that majority of the youths (76.7%) feel that their parents/guardian do not understand them while (23.6%) do. The findings can be attributed to the fact that many parents tend to have a different opinion to that of the children as far as life is concerned. The distribution of the youths by if the respondent feel loved and respected by their parents/guardian is given in Table 4.11.

Table 4.11: Being loved and respected by parent/guardian

Loved and respected	Frequency (f)	Percentage (%)
Yes	278	70.3
No	117	29.7

The findings on Table 4.11 indicate that majority of youths in Vihiga sub County feel loved and respected by their parents/guardian (70.3%), while (29.7%) do not. Majority feel loved and

respected because most of them are under care of their guardians and those who do not feel so might be living under frustration. The distribution of the respondents by if they feel their parents/guardian interfere in their life is given in Table 4.12.

Table 4.12: Parents/guardian interfering with life

Interference	Frequency (f)	Percentage (%)
Yes	287	72.7
No	108	27.3
Total	395	100.0

The findings in Table 4.12 indicate that majority of the youths (72.7%) feel that their parents/guardian interfere in their life while (27.3%) do not. The findings interpretation is that majority of the respondents feel parents interfere with the life since they tend to criticize each and every move made by them. The distribution of the youths by whom they spend most of their time with is given in Table 4.13

Table 4.13: Persons whom the respondent spend their time with most

Persons	Frequency (f)	Percentage (%)
Spouse	0	0.0
Family	79	20.0
Friends	198	50.1
School mate	85	21.5
Alone	33	8.4
Total	395	100.0

The results in Table 4.13 indicate that, majority , of the youths spend their free time with friends (50.1%),while (21.5%) with their school mates, (20.0%) with their family and (8.4%) spend their time alone, the interpretation of this findings is that all the youths in vihiga sub county are not married most are single and this is best on the fact that none spends their time most with their spouses. The distribution of youths by if both of the parents/guardian are aware of the respondents when they go out is given in Table 4.14

Table 4.14: Awareness when going out

Mother/female guardian aware	Frequency (f)	Percentage (%)
Yes	267	67.5
No	128	32.5
Total	395	100.0

Father/male guardian aware	Frequency (f)	Percentage (%)
Yes	35	8.8
No	360	91.2
Total	395	100.0

The results in Table 4.14 indicate that, majority of the youths ensure that the Mother/female guardian is aware when they are going out (67.5%) while (32.5%) are not. The table further reveals that (91.2%) indicated that the Father/male guardian is not aware when they are going out while (8.8%) indicated that they are aware that they are going out. We can link the findings to the fact that the father figure is considered more harsh and strict as compared to the mother figure hence many youths will prefer to make their mothers be aware that their going out.

4.3.1 Drug abuse among youths in vihiga sub county

This section looks at the influence of Drug abuse among youths in the named county. The knowledge of drug abuse is given in Table 4.15.

Table 4.15: Knowledge of drug abuse

Knowledge	Frequency (f)	Percentage (%)
Totally understand	218	55.2
Partially understand	162	41.0
Don't understand	15	3.8
Total	395	100.0

It is evident from the data shown in Table 4.15 that majority of the respondents totally understand what drug abuse is (55.2%) while (41.0%) partially understand what drug abuse is. The table further reveals that (3.8%) don't understand what drug abuse is. This is so because majority of the youths have gone through basic education and so they have knowledge about drug abuse. Those who don't understand might be those a few who belong to the category of youth who have attended school at all. The type of drugs abused in the respondents' area is given in Table 4.16

Table 4.16: Trend in the type of drugs abused in the area

	Very often (%)	Often (%)	Less often (%)	Not often at all (%)
Alcohol	81.3	16.7	2.0	0.0
Miraa	55.2	12.3	32.5	0.0
Cigarette	95.5	4.5	0.0	0.0
Bhang	23.8	59.1	17.1	0.0
Tobacco	0.0	33.8	15.0	51.2
Heroin	0.0	0.0	25.2	74.8
Cocaine	0.0	5.9	13.4	80.7
Brown sugar	0.0	3.4	36.7	59.9
Mean	31.98	16.96	17.74	33.32

The results in Table 4.16 indicate that, majority of the youths agreed that the drugs that are abused very often include cigarettes (95.5%), alcohol (81.3%), miraa (55.2%) and bhang (23.8%). The table further reveals that the drugs that are abused often include: bhang (59.1%), tobacco (33.8%), alcohol (16.7%) and miraa (12.3%). A large proportion of the respondents indicated that brown sugar (36.7%) and miraa (32.5%) are abused less often. However, a large percentage of the respondents indicated that cocaine (80.7%), heroine (74.8%), brown sugar (59.9%) and tobacco 51.2%) are abused to no extent at all. The findings are in line with Kaguthi, (2004) who denotes that the most frequently abused drugs are cigarette and alcohol. It was followed by *miraa/ khat*, and then bhang. It was noted that children as young as ten years of age, could use

alcohol, miraa, tobacco, inhalants and bhang in that order. The abuse of drugs by the respondents is given in Table 4.17.

Table 4.17: Abuse of drugs by the respondent

Abuse	Frequency (F)	Percentage (%)
Yes	161	40.7
No	234	59.3
Total	395	100.0

The findings on Table 4.17 indicate that majority of the youths (59.3%) do not abuse drugs while 40.7% do. The drugs abused by the respondents with the Yes response included alcohol, cigarettes and bhang. We can therefore base the findings to the fact that majority know consequences of drug abuse because of basic education that they have unlike those with a yes response. The extent to which the respondent abuses drugs is given in Table 4.18

Table 4.18: Extent to which drugs are abused

Extent of drug abuse	Frequency (f)	Percentage (%)
Large extent	30	7.6
Moderate extent	73	18.5
Small extent	58	14.6
No extend at all	234	59.3
Total	395	100.0

The findings on Table 4.18 indicate that majority of the youths agreed that they abuse drugs to no extend at all ((59.3, (18.5%) abuse drugs to moderate extend, (14.6%) abuse drugs to a small extent and (7.6%) abuse drugs to a large extend. The above findings can be linked to the fact

that a large population of youths are aware of the consequences of drug abuse. The form of partaking drugs in the area is given in Table 4.19

Table 4.19: Form of partaking drugs

Form of partaking drugs	Frequency (f)	Percentage (%)
Oral administration	391	99.0
Intravenous injection	55	13.9
Smoking	365	92.4
Inhaling	221	55.9

The findings on Table 4.19 indicate that majority of the youths agreed that the form of partaking drugs in the area is oral administration (99.0%), smoking (92.4%), inhaling (55.9%) and Intravenous injection (13.9%). The explanation to the findings is that oral administration and smoking are the major forms of partaking drugs and this is because most easily affordable drugs in this region can be partaken in the mentioned forms. The reasons for abusing drugs is given in Table 4.20

Table 4.20: Reasons for abusing drugs

Reasons for drug abuse	Frequency (f)	Percentage (%)
Influence from friends	349	88.4
Influence from relatives	21	5.3
Experiment/ curiosity	279	70.6
Availability of drugs	210	53.2
Enjoy the feeling derived	67	17.0
Treating ailments	73	18.5
To relieve stress	134	33.9
A lot of pocket money	58	14.6

The findings on Table 4.20 indicate that majority of the youths agreed that the reasons for abusing drugs include influence from friends (88.4%), experiment/curiosity (70.6%), availability of drugs (53.2%), need to relieve stress (33.9%), treating ailments (18.5%), enjoy the feeling derived (17.0%), a lot of pocket money (14.6%) and influence from relatives (5.3%). Since this is an adolescent stage most of the youths tend to succumb to peer pressure and the need to seek for identity. The sources of drugs are given in Table 4.21

Table 4.21: sources of drugs

Sources	Frequency (f)	Percentage (%)
Matatu drivers/touts	55	13.9
Watchmen	67	17.0
Cooks	0	0.0
Kiosks/shops	379	95.9
Shoe cobblers	0	0.0
Slum areas	73	18.5
Pharmacy	34	8.6
Family members	134	33.9

The findings on Table 4.21 indicate that majority of the youths (95.9%) agreed that drugs come from Kiosks/shops, while family members (33.9%), Slum areas (18.5%), watchmen (17.0%). Matatu drivers/touts (13.9%) and pharmacy (8.6%). The interpretation here is that the most common and easily accessible sources within the youth and environment are shops, kiosks, family members, watchmen as indicated in the table.

4.3.2 Influence of demographic factors on drug abuse among youths in Vihiga Sub County

This section looks critically at the influence of demographic factors on drug abuse among youths in vihiga Sub County which is the first objective of the study. The extend to which the factors that influence youths to abuse drugs in vihiga sub county is given in the Table 4.21

Table 4.21: Extent to which the following demographic factors influence drug abuse among youths in Vihiga Sub County

	No. extent at all %	Little extents %	Moderate extent %	Great extent %	Very great extent %
Age	0.0	0.0	0.0	30.0	70.0
Gender	0.0	0.0	8.0	26.0	66.0
Occupation	0.0	0.0	11.0	30.0	59.0
Education	0.0	0.0	0.0	17.0	83.0
Religion	0.0	0.0	90.0	10.0	0.0
Mean	0.0	0.0	21.8	22.6	55.6

The results from the table indicate that majority of the youths to a very great extent agreed that education(83%) ,age(70%) ,gender(66%) and occupation(59%) are demographic factors that influence youths to abuse drugs in vihiga subcounty. The table further reveals that to a great extent age,(30%) occupation,(30%)gender,(26%)education,(17%)and religion(10%) are demographic factors that influence youths to abuse drugs in vihiga subcounty. Its still evident from the table that to a moderate extent religion,(90%)occupation,(10%)and gender,8%are demographic factors that influence youths to abuse drugs. the above findings are inline with mohasoa(2010) and kingendo (2006) who showed that education gives one alee way to make self enhancing decions, in addition to the fact that men are likely to engage in maladaptive behaviors

such as drug abuse ,age is also another factor that influences youths to abuse drugs, their findings indicated that age is the onset to drug abuse.

4.3.3 Influence of socio-cultural factors on drug abuse among youths in Vihiga Sub County

This section looks at the influence of socio-cultural factors on drug abuse among youths in Vihiga Sub County which is the second objective of the study. The extent to which the following socio-cultural factors influence youths to abuse drugs in Vihiga sub County is given in Table

Table 4.22: Extent to which the following socio-cultural factors that influence youths to abuse drugs in Vihiga sub County

	No extent at all (%)	Little extent (%)	Moderate extent (%)	Great extent (%)	Very great extent (%)
Influence from friends	0.0	0.0	0.0	2.7	97.3
Need to relieve stress	0.0	0.0	0.0	23.3	76.7
Ease accessibility of drugs in the area	0.0	0.0	0.0	13.8	87.2
Need to enjoy the feeling of the potency	0.0	0.0	0.0	34.6	65.4
Ones need to experiment	0.0	0.0	0.0	20.4	79.6
Ones cultural expectations	0.0	0.0	0.0	18.7	81.3
Ones need to treat stomach ailments	0.0	0.0	0.0	43.3	56.7
Influence from relatives	0.0	0.0	0.0	9.2	90.8
Mean	0.0	0.0	0.0	83.0	79.4

The results in Table 4.22 indicate that, majority of the youths agreed to a very great extent that Influence from friends (97.3%), influence from relatives (90.8%), ease accessibility of drugs in

the area (87.2%), ones cultural expectations (81.3%), ones need to experiment (79.6%), need to relieve stress (76.7%), need to enjoy the feeling of the potency (65.4%), and ones need to treat stomach ailments (56.7%) are socio-cultural factors that influence youths to abuse drugs in Vihiga sub County. The table further reveals that a large proportion of the respondents agreed to a great extent that; ones need to treat stomach ailments (43.3%) and need to relieve stress (34.6%) are socio-cultural factors that influence youths to abuse drugs in Vihiga sub County. The findings are in line with Kasundu et al. (2012) who contend that social-cultural factors also play a major role in determining one's behavior. For instance, some cultures recommend taking of stimulants, depressants and hallucinogens such as beer, liquor, wine, tobacco and cannabis sativa during cultural functions. Some liquor or drugs are culturally accepted and during these cultural ceremonies or festivities, people are grouped in age sets and provided with the drugs. The social environment also plays a great role in influencing drug abuse ranging from the family environment to the peer group influence and the need to fit in a certain group (Kaduri, 2008; and Priscilla, et al., 2007).

4.3.4 Influence of economic factors on drug abuse among youths in Vihiga Sub County

This section looks at the influence of economic factors on drug abuse among youths in Vihiga Sub County which is the third objective of the study. The Extent to which the following economic factors influence drug abuse among youths in Vihiga sub County is given in Table 4.23.

Table 4.23: Extent to which the following economic factors influence youths to abuse drugs in Vihiga sub County

Factors	No extent at all (%)	Little extent (%)	Moderate extent (%)	Great extent (%)	Very great extent (%)
High unemployment rate	0.0	0.0	0.0	3.3	96.7
High poverty level	0.0	0.0	0.0	0.0	100.0
Cheap cost of drugs	0.0	0.0	0.0	5.0	95.0
Mean	0.0	0.0	0.0	2.8	97.2

The results in Table 4.23 indicate that, majority of the youths agreed to a very great extent that High poverty level (100.0%), High unemployment rate (96.7%) and Cheap cost of drugs (95.0%) are economic factors that influence youths to abuse drugs in Vihiga sub County. The table further reveals that a large proportion of the respondents agreed to a great extent that; cheap cost of drugs (5.0%) and high unemployment rate (3.3%) are economic factors that influence drug abuse among youths in Vihiga sub County. The findings are in line with Kasundu, et al. (2012) who implied that economic factors such as unemployment, poverty and low cost of drugs in the area have contributed to drug abuse in the area. Though all these factors seemed to be contributing to drug abuse in general, high poverty levels in the region has been blamed for the rise of drug abuse in the area. He further denotes that all economic factors have a great influence.

4.3.5 Influence of sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County

This section looks at the influence of sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County which is an objective of the study. The Extent to which the sources of knowledge and awareness on drugs influences youths to abuse drugs in Vihiga sub County is given in Table 4.24.

Table 4.24: Extent to which the sources of knowledge and awareness on drugs influence drug abuse among youths in Vihiga sub County

	No extent at all (%)	Little extent (%)	Moderate extent (%)	Great extent (%)	Very great extent (%)
Parent	0.0	0.0	0.0	1.3	98.7
Media	0.0	0.0	0.0	0.0	100.0
Friends	0.0	0.0	0.0	1.3	98.7
Religious leaders	0.0	0.0	0.0	43.3	56.7
Local leaders	0.0	0.0	50.0	43.3	6.7
Faith based organizations	0.0	19.4	47.3	33.3	0.0
Non-governmental organizations	0.0	0.0	25.5	23.3	51.2
Mean	0.00	2.77	17.54	20.82	58.86

The results in Table 4.24 indicate that, majority of the youths agreed to a very great extent that media (100.0%), parents (98.7%), friends (98.7%), religious leaders (56.7%) and Non-governmental organizations (51.2%) are sources of knowledge and awareness on drugs abuse among youths in Vihiga sub County. The table further reveals that a large proportion of the

respondents agreed to a great extent that religious leaders (43.3%) and local leaders (47.3%) are sources of knowledge and awareness on influence of drug abuse among youths in Vihiga sub County. A large proportion of the respondents agreed to a moderate extent that local leaders (50.0%) and faith based organizations (47.3%) are sources of knowledge and awareness on drugs abuse influence among youths in Vihiga sub County. The study findings support Ward et al. (2008) who assert that parents, friends and media proved to be the main sources of knowledge and awareness in reference to drug abuse in the study area and later followed by the religious leaders. This shows how parents have been replaced as a source of knowledge and awareness as far as drug abuse and related issues are concerned. The effects of drug abuse experienced in Vihiga sub County is given in Table 4.25

Table 4.25: The effects of drug abuse experienced among youths in Vihiga sub County

Challenges	No extent at all (%)	Little extent (%)	Moderate extent (%)	Great extent (%)	Very great extent (%)
Loss of appetite	0.0	0.0	0.0	6.3	93.7
Poor health/malnutrition	0.0	0.0	0.0	12.9	87.9
Poor personal hygiene	0.0	0.0	0.0	22.0	78.0
Lack of concentration in class	0.0	0.0	0.0	0.0	100.0
Rejection by friends	0.0	0.0	0.0	0.9	99.1
Death	0.0	0.0	0.0	12.5	87.5
Crime rise	0.0	0.0	0.0	0.3	99.7
Homosexuality, rape cases and immorality	0.0	0.0	0.0	2.5	97.5
Rise in early pregnancies among the school-going youths	0.0	0.0	0.0	1.7	98.3
Mean	0.0	0.0	0.0	5.91	84.17

The results in Table 4.25 indicate that, majority of the youths(100%) agreed to a very great extent that Lack of concentration in class was the largest effect of drug abuse while, Crime rise (99.7%), Rejection by friends (99.1%), Rise in early pregnancies among the school-going youths (98.3%), Homosexuality, rape cases and immorality (97.5%), Poor health/malnutrition (87.9%), death (87.5%) and poor personal hygiene (78.0%) are the effects of drug abuse experienced in Vihiga sub County. The table further reveals that a large proportion of the respondents agreed to a great extent that; poor personal hygiene (22.0%) is an effect of drug abuse experienced in Vihiga sub County. The findings are in line with Ngesu, et al., (2008) who identifies some effects of drug abuse as aggressive behavior, depression and anxiety, irritability, memory loss and decreased confidence among others.

4.3.6 Youth suggestions/recommendations for improvement/action towards factors influencing youths to drug abuse in Kenya

The study sought to find out from youths suggestions/recommendations for improvement/action towards factors that influence youths to abuse drug in vihiga subcounty. The responses given include: educators and other professionals need to act on drug abuse in Kenyan institutions; programs are now more than ever needed to educate people on drug abuse problem in Kenya; Drug abuse having been prevalent in the study district, Guidance and Counseling Departments in schools should be reorganized such that they can offer counseling on drug abuse in a systematic manner meaning that these departments should streamline counseling syllabus to put more weight on drug abuse; Adults and teachers in particular should set good examples by role modeling the youths; Churches, mosques and other religious organizations should preach against

drugs abuse as much as they preach against social evils; The County Governments should stop brewing of illicit beers in the villages and prevent selling of cigarettes to students in shops and other places near the schools which would be in line with the Mututho laws; the government and concerned parties should make concerted effect in curbing the spread of the scourge of drug abuse among our youths through awareness programmes; NACADA must also intensify their anti drug campaigns in order to have a drug –free society with a special focus on the youths; Parents should sincerely re-orientate their children on the adverse effects of drug abuse on their health, society and human dignity, since charity, they say begins at home; Government action should come in to play to end issues of corruption which has been indicated as the main challenge facing the fight against drug abuse in the study area; the police should be empowered to handle even the so called influential drug dealers and distributors; strict policies should be enacted to handle drug issues in the country; within the schools, methods such as guest speakers, peer education programmes, guidance and counseling, suspension and expulsion should be introduced; teamwork between parents and the school; forums for parents on open days; incorporation of parents in school counseling sessions especially those with special expertise; peer counseling; training and creating awareness among parents to equip them with skills to address drug abuse among their children; and enhancing communication between administration and students by encouraging a free atmosphere.

4.4 Correlation Analysis

Table 4.26 Correlation Analysis for effects of drug abuse experienced in Vihiga County

		Loss of appetite	Poor health/malnutrition	Poor personal hygiene	Lack of concentration in class	Rejection by friends	Death	Crime rise	Homosexuality, rape cases and immorality	Rise in early pregnancies among the school-going youths
Loss of appetite	Pearson Correlation	1								
Poor health/malnutrition	Pearson Correlation	.706**	1							
Poor personal hygiene	Pearson Correlation	.214	.358**	1						
Lack of concentration in class	Pearson Correlation	.916	.139	.261*	1					
Rejection by friends	Pearson Correlation	.152	.154	.061	.173	1				
Death	Pearson Correlation	.447	.018	.124	.015	.324**	1			
Crime rise	Pearson Correlation	.703	.175	.140	.018	.067	.006	1		
Homosexuality, rape cases and immorality	Pearson Correlation	.783	-.044	.079	.297*	.030	.225	.142	1	
Rise in early pregnancies among the school- going youths	Pearson Correlation	.317**	.258*	.184	.020	.331**	.257*	.023	.047	1

The Pearson's correlation co-efficient of effects of drug abuse experienced in Vihiga sub County and Poor health/malnutrition is 0.706, Poor personal hygiene (0.214), Lack of concentration in class (0.916), Rejection by friends (0.152), Death (0.447), Crime rise (0.703), Homosexuality,

rape cases and immorality (0.783) and Rise in early pregnancies among the school-going youth is (0.317). These coefficients imply that there exists a positive association of Poor health/malnutrition is 70.6%, Poor personal hygiene (21.4%), Lack of concentration in class (91.6%), Rejection by friends (15.2%), Death (44.7%), Crime rise (70.3%), Homosexuality, rape cases and immorality (78.3%) and Rise in early pregnancies among the school-going youth is (31.7%) to effects of drug abuse experienced in Vihiga sub County. This positive association suggests that when one increases, effects of drug abuse experienced in Vihiga County increases.

Table 4.27 Correlation coefficient of factors that influence youths to abuse drugs in Vihiga sub-county

Correlation coefficient of factors that influence youths to abuse drugs in Vihiga sub county are socio economic factors 0.68 (moderate correlation), economic factors 0.751 (strong correlation) and sources of knowledge and awareness among youths in Vihiga sub county 0.42 (moderate correlation).

		Demographic factors	Social economic factors	Economic factors	Sources of knowledge and awareness
Demographic factors	Pearsons correlation	1			
Socio economic factors	Pearsons correlation	.68	1		
Economic factors	Pearsons correlation	.751	.841	1	
Sources of knowledge and awareness	Pearsons correlation	.412	.545	0.41	1

4.5 Hypothesis Testing

H₀: There is no significant relationship between demographic factors and drug abuse in Vihiga Sub County.

H₁: There is significant relationship between demographic factors and drug abuse in Vihiga Sub County.

Table 4.28: Hypothesis testing for relationship between demographic factors and drug abuse in Vihiga Sub County

Demographic Factors	B	SE	Beta	T	p-value
Constant	22.794	2.356		9.675	0.000
Gender	0.056	0.379	0.010	0.881	0.050
Age	0.089	0.068	0.100	0.191	0.012
Education level	0.029	0.90	0.003	0.966	0.043
Occupation	0.016	0.016	0.069	0.290	0.016

R²=0.112; F=1.800

B=Unstandardized regression coefficient;

SE = Standard error of B

Beta = Standardized regression coefficient; t = t value for B

R = Correlation coefficient;

R² = Coefficient of determination;

F = F value for regression model

Adjusted R-squared of 0.112 implies that gender, age, education level and occupation explain about 11.2 percent of the variables in demographic factors influencing drug abuse in Kenya. The F value of 1.800 is significant to the 0.001 level at 5 degrees of freedom hence all the variables

as a group in regression model significantly explain that demographic factors influences drug abuse in Kenya. This is because the significance level of gender (0.050), age (0.012), education level (0.043) and occupation (0.016) are all $p < 0.05$. Therefore, a p value should be no more than a 0.05 probability of Type 1 Error. Since the p value in all the statements (< 0.05) is lower than this, we can be confident that a Type 1 Error has not occurred. The result would be called “statistically significant,” meaning that we will **reject** the null hypothesis (H_0) that there is no significant relationship between demographic factors and drug abuse in Vihiga Sub County and **accept** that there is significant relationship between demographic factors and drug abuse among youths in Vihiga Sub County.

H₀: There is no significant relationship between socio-cultural factors and drug abuse in Vihiga Sub County.

H₁: There is significant relationship between socio-cultural factors and drug abuse in Vihiga Sub County.

Table 4.29: Group statistics relationship between socio-cultural factors and drug abuse in Vihiga Sub County

	Group Statistics				
	GEN	N	Mean	Std. Deviation	Std. Error Mean
Influence from friends	FEMALE	174	1.00	.000	.000
	MALE	221	1.39	.493	.069
Need to relieve stress	FEMALE	174	1.00	.000	.000
	MALE	221	1.06	.238	.033
Ease accessibility of drugs in the area	FEMALE	174	1.00	.000	.000
	MALE	221	1.37	.488	.068
Need to enjoy the feeling of the potency	FEMALE	174	1.00	.000	.000
	MALE	221	1.69	.469	.066
Ones need to experiment	FEMALE	174	1.00	.000	.000
	MALE	221	1.18	.385	.054
Ones cultural expectations	FEMALE	174	1.00	.000	.000
	MALE	221	1.53	.504	.071
Ones need to treat stomach ailments	FEMALE	174	1.16	.373	.053
	MALE	221	2.63	.937	.131
Influence from relatives	FEMALE	174	1.00	.000	.000
	MALE	221	2.39	1.358	.190

Table 4.30: Independent samples Test relationship between socio-cultural factors and drug abuse in Vihiga Sub County

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Influence from friends	Equal variances assumed	9.84	.000	.007	395	.007	.087	.007	.007	.007
Need to relieve stress	Equal variances assumed	13.66	.000	.016	395	.016	.086	.016	.016	.016
Ease accessibility of drugs in the area	Equal variances assumed	6.91	.000	.036	395	.036	.016	.036	.036	.036
Need to enjoy the feeling of the potency	Equal variances assumed	2.98	.000	.011	395	.011	.011	.011	.011	.011
Ones need to experiment	Equal variances assumed	66.67	.000	.032	395	.032	.092	.032	.032	.032
Ones cultural expectations	Equal variances assumed	1.38	.000	.049	395	.049	.059	.049	.049	.049
Ones need to treat stomach ailments	Equal variances assumed	92.72	.000	.038	395	.038	.078	.038	.038	.038
Influence from relatives	Equal variances assumed	3.52	.000	.042	395	.042	.087	.042	.042	.042

The results come as two Tables. The first Table presents descriptive statistics for the two groups.

The second presents the t-test results. The t value, degrees of freedom, and p values are the most

important parts of this table. Degrees of freedom (df) reflects the sample size ($df = N-1$) The p value indicates the probability of Type 1 Error (rejecting the null when it is actually true) for the analysis.

Thus: males reported the Influence from friends more frequently than females, $t(395)=0.007$, $p<.05$, $M_s = 1.0$ and 1.4 , respectively. Males reported the Need to relieve stress more frequently than females, $t(395)=0.016$, $p<.05$, $M_s = 1.0$ and 1.1 , respectively. Males reported the Ease accessibility of drugs in the area more frequently than females, $t(395)=0.036$, $p<.05$, $M_s = 1.0$ and 1.4 , respectively. Males reported the Need to enjoy the feeling of the potency more frequently than females, $t(395)=0.011$, $p<.05$, $M_s = 1.0$ and 1.7 , respectively. Males reported the Ones need to experiment more frequently than females, $t(395)=0.032$, $p<.05$, $M_s = 1.0$ and 1.2 , respectively. Males reported the Ones cultural expectations more frequently than females, $t(395)=0.049$, $p<.05$, $M_s = 1.0$ and 1.5 , respectively.

Males reported the Ones need to treat stomach ailments more frequently than females, $t(395)=0.038$, $p<.05$, $M_s = 1.0$ and 2.6 , respectively. Males reported the Influence from relatives more frequently than females, $t(395)=0.042$, $p<.05$, $M_s = 1.0$ and 2.4 , respectively.

Therefore, a p value should be no more than a 0.05 probability of Type 1 Error. Since the p value in all the statements (<0.05) is lower than this, we can be confident that a Type 1 Error has not occurred. The result would be called “statistically significant,” meaning that we will **reject** the null hypothesis (H_0) that there is no significant relationship between socio-cultural factors and

drug abuse in Vihiga Sub County and **accept** that there is significant relationship between socio-cultural factors and drug abuse in Vihiga Sub County.

H₀: There is no significant relationship between economic factors and drug abuse in Vihiga Sub County.

H₁: There is significant relationship between economic factors and drug abuse in Vihiga Sub County.

Table 31: Group statistics for relationship between economic factors and drug abuse in Vihiga Sub County

		Group Statistics			
	GEN	N	Mean	Std. Deviation	Std. Error Mean
High unemployment rate	MALE	174	2.43	1.555	.089
	FEMALE	221	2.72	1.637	.100
High poverty level	MALE	174	2.92	1.432	.082
	FEMALE	221	3.22	1.490	.091
Cheap cost of drugs	MALE	174	2.38	1.344	.077
	FEMALE	221	2.44	1.291	.079

Table 32: Independent Samples Test for relationship between economic factors and drug abuse in Vihiga Sub County

	Independent Samples Test									
	Levene's Test for Equality of Variances					t-test for Equality of Means				
	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
							Lower	Upper		
High unemployment rate	3.256	.072	-.0218	395	.029	-.292	.134	-.554	-.030	
High poverty level	2.397	.122	-0.044	395	.015	-.299	.122	-.539	-.059	
Cheap cost of drugs	1.369	.242	-.0321	395	.550	-.066	.110	-.283	.151	

The results come as two tables. The first table presents descriptive statistics for the two groups. The second presents the t-test results. The t value, degrees of freedom, and p values are the most important parts of this table. Degrees of freedom (df) reflects the sample size (df = N-395) The p value indicates the probability of Type 1 Error (rejecting the null when it is actually true) for the analysis.

Males reported High unemployment rate more frequently than females, $t(395)=0.02$, $p<.05$, $M_s = 2.72$ and 2.43 , respectively. Males reported High poverty level more frequently than females, $t(395)=0.04$, $p<.05$, $M_s = 3.2$ and 2.9 , respectively. Males indicated Cheap cost of drugs more frequently than what females indicated, $t(395)=0.03$, $p<.05$, $M_s = 2.4$ and 2.38 , respectively.

A p value should be no more than a 0.05 probability of Type 1 Error. Since the p value in all the statements (<0.05) is less than this, we can be confident that a Type 1 Error has not occurred. The result would be called “statistically significant,” meaning that we will **reject** the null hypothesis (H_0) that there is no significant relationship between economic factors and drug abuse in Vihiga Sub County and **accept** that there is significant relationship between economic factors and drug abuse in Vihiga Sub County.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The basic purpose of this chapter is to give the summary, discussions, conclusions and recommendations of the study. This chapter provides the summary, discussion, conclusions and recommendations of the study. This was based on the research findings that is presented and discussed in the previous chapters. The study established several findings which make a direct contribution to knowledge and policy formulation. Recommendations both for further research as well as policy and practice have been made.

5.2 Summary of Research Findings

This study aimed at establishing the factors influencing youths to drug abuse in Kenya with a focus on Vihiga Sub County. The task included; investigating the demographic factors that influence youths to drug abuse in Vihiga Sub County; ascertaining the socio-cultural factors influencing youths to drug abuse in Vihiga Sub County; determining the economic factors influencing youths to drug abuse in Vihiga Sub County; and establishing the nature and extent of drug abuse and sources of knowledge and awareness on drug abuse and related issues among the youths in Vihiga Sub County. The study reviewed previous studies with a view to establish academic gaps which the present study sought to bridge. This was done through library research.

This study adopted a descriptive survey design and employed quantitative research as the main approach to guide the study. The study targeted 395 youths in Vihiga Sub County (aged between

15 to 25years) from shopping centers' and institutions such as schools and colleges and church youth groups in Vihiga sub County. The research instrument used in data collection was a questionnaire to draw information from the respondents. To ensure validity of the instruments, expert opinion was sought. Data analysis was started immediately after the field. Data was summarized into frequencies and percentages and presented in tables. This section comprises of discussions based on the specific research objectives of the study.

The study findings reveal that majority of youths in Vihiga County are males aged between 21-22 years who have completed secondary education. The findings also reveal that majority of youths in Vihiga County are students, who live at home with their parent(s) and sibling(s). The study results indicate the youths rate their relationship with their parents/guardian as positive. The study results reveal that majority of youths in Vihiga County feel that their parents/guardian do not understand them but they feel loved and respected by their parents/guardian. The findings reveal that majority of youths in Vihiga sub County feel that their parents/guardian interfere in their life. . The findings further reveal that youths in Vihiga sub County spend their free time with friends. The findings also reveal that majority of the youths ensure that the Mother/female guardian is aware when they are going out while the Father/male guardian is not aware when they are going out. Majority of the youths totally understand what drug abuse is. Majority of the youths agreed that the drugs that are abused very often include cigarettes, alcohol, miraa and bhang. The findings further reveal that majority of the youths do not abuse drugs. The drugs they abused by the respondents with the Yes response included alcohol, cigarettes and bhang. From the results, the majority of the youths agreed that they abuse drugs to a moderate extent.

The findings reveal that majority of the youths agreed that the form of partaking drugs in the area is oral administration. The findings reveal that majority of the youths agreed that the reasons for abusing drugs include influence from friends and that the drugs come from Kiosks/shops.

5.2.1 Major Findings on the influence of demographic factors on drug abuse among youths in vihiga Sub County

The first objective was to establish the influence of demographic factor and drug abuse among youths in vihiga Sub County. The measurement of this objective was based on the indicator demographic factors. Major findings of this objectives revealed that majority of the youths agreed to a very great extend that factors such as age, occupation, gender, marital status, and education often influence the decision to indulge in drug abuse among youths in vihiga sub county.

5.2.2 Major Findings on the Influence of socio-cultural factors on drug abuse among youths in Vihiga Sub County

The third objective was to establish the Influence of socio-cultural factors on drug abuse among youth in Vihiga Sub County. The measurement of this objective was based on one indicator namely; socio-cultural factors. The major finding of this objective was that majority of the youths agreed to a very great extent that Influence from friends, influence from relatives, ease accessibility of drugs in the area, ones cultural expectations, ones need to experiment, need to relieve stress, need to enjoy the feeling of the potency, and ones need to treat stomach ailments are socio-cultural factors influencing youths to abuse drugs among in Vihiga sub County.

5.2.3 Major Findings on the Influence of economic factors on drug abuse among youths in Vihiga Sub County

The third objective was to establish the Influence of economic factors on drug abuse among youths in Vihiga Sub County. The measurement of this objective was based on one indicator namely; economic factors. The major finding of this objective was that majority of the youths agreed to a very great extent that High poverty level; High unemployment rate and Cheap cost of drugs are economic factors influencing youths to abuse drugs in Vihiga sub County.

5.2.4 Major Findings on the Influence of sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County

The fourth objective of the study was to establish Influence of sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County. The measurement of this objective was based on one indicator namely; sources of knowledge and awareness on drug abuse. The major finding of this objective was that youths agreed to a very great extent that media, parents, friends, religious leaders and Non-governmental organizations are sources of knowledge and awareness on drugs influencing youths to abuse drugs in Vihiga sub County. The findings further reveal that majority of the youths agreed to a very great extent that Lack of concentration in class, Crime rise, Rejection by friends, Rise in early pregnancies among the school-going youths, Homosexuality, rape cases and immorality, Poor health/malnutrition, death and poor personal hygiene are the effects of drug abuse experienced by youths in Vihiga sub County.

5.3 Conclusion of the Study

The study found that there exists a positive association between; Demographic Factors and drug abuse, Socio - Cultural Factors and drug abuse, Economic Factors and drug abuse, and sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County. This positive association suggests that when one factor or variable increases it causes another variable to increase. The study therefore concludes that Demographic Factors, Socio - Cultural Factors, Economic Factors and sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County are factors influencing youths to abuse drugs in vihiga Sub County.

5.4 Recommendations of the Study

On the basis of the above, conclusions, the following recommendations were made for factors that influence youths to drug abuse in Kenya a case of vihiga sub county

5.4.1 Recommendations for policy and practice

Owing to the findings of the research carried out in vihiga subcounty the study recommends that;

- i. Educators and other professionals need to act on drug abuse in Kenyan institutions; programs are now more than ever needed to educate people on drug problem in Kenya;
- ii. Drug abuse having been prevalent in the study district, Guidance and Counseling Departments in schools should be reorganized such that they can offer counseling on drug abuse in a systematic manner meaning that these departments should streamline counseling syllabus to put more weight on drug abuse;

- iii. Adults and teachers in particular should set good examples by role modeling the youths; Churches, mosques and other religious organizations should preach against drugs as much as they preach against social evils;
- iv. Parents should sincerely re-orientate their children on the adverse effects of drug abuse on their health, society and human dignity, since charity, they say begins at home;
- v. within the schools, methods such as guest speakers, peer education programmes, guidance and counseling, suspension and expulsion should be introduced; teamwork between parents and the school; forums for parents on open days; incorporation of parents in school counseling sessions especially those with special expertise; peer counseling; training and creating awareness among parents to equip them with skills to address drug abuse among their children; and enhancing communication between administration and students by encouraging a free atmosphere.
- vi. The study recommends there is need for the government to; take action should come in to play to end issues of corruption which has been indicated as the main challenge facing the fight against drug abuse in the study area; the police should be empowered to handle even the so called influential drug dealers and distributors;
- vii. Strict policies should be enacted to handle drug issues in the country; NACADA must also intensify their anti-drug campaigns in order to have a drug –free society with a special focus on the youths; The County Governments should stop brewing of illicit beers in the villages and prevent selling of cigarettes to students in shops and other places near the schools which would be in line with the Mututho laws; and the government and concerned parties should make concerted effort in curbing the spread of the scourge of drug abuse among our youths through awareness programmes.

5.4.2 Recommendations for further research

This study sought to establish the factors influencing youths to drug abuse in Kenya attempting to bridge the gap in knowledge that existed. Although the study attained these, it mainly focused on One County that is Vihiga Sub County. Then there is need to replicate the study using many other Counties in Kenya in an attempt to compare the findings.

There is need to conduct a similar study which will attempt to find out the effects of drug abuse in Kenya; and to investigate the role of the government in the fight against drug abuse in the area.

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APPENDICES

APPENDIX I: LETTER OF TRANSMITAL

Joel Oyundi,
P.O Box 90126,
Mwingi,
5 February 2015.

Dear Respondent,

RE: **DATA COLLECTION**

I am a student at the University of Nairobi currently undertaking a research study to fulfill the requirements of the Award of Master of Project Planning and Management on the **factors influencing youth to drug abuse in Kenya focusing on Vihiga Sub County**. You have been selected to participate in this study and I would highly appreciate if you assisted me by responding to all questions in the attached questionnaire as completely, correctly and honestly as possible. Your response will be treated with utmost confidentiality and will be used only for research purposes of this study only.

Thank you for your co-operation.

Yours faithfully,

Joel Oyundi

L50/72285/2014

Researcher

APPENDIX II: QUESTIONNAIRE

Questionnaire Number

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Instructions: kindly complete the following questionnaire using the instructions provided for each set of question. Tick appropriately.

Confidentiality: The responses you provide will be strictly confidential. No reference will be made to any individual(s) in the report of the study.

Part A: Respondent's background information

1. What is your gender?

- a) Male () b) Female ()

2. In which of the following age brackets do you belong?

- a) 15-16 years() b) 17-18 years () c) 19-20 () d) 21-22 years()
e) 23-24 years ()

3. What is your education level (state the highest level?)

- a) Never been to school () b) Primary did not complete () c) Primary completed ()
d) Secondary did not complete () e) Secondary completed ()
f) College did not complete () g) College completed e) other _____

4. What is your occupation? a) Student () b) Job _____ c) Jobless ()

5. Where do you currently live?

- (a) At home () b) boarding school () c) hostel () d) other _____

6. If you currently reside at home, whom do you live with?

- a) Father alone () b) mother alone () c) both parents d) parent(s) and sibling(s) ()
e) Parent(s) and other relative(s) () f) parent(s), siblings and other relative(s) ()

7. How do you rate your relationship with your parents/guardian?
 (a) Very positive () (b) Positive () c) Negative () d) Neutral ()
8. Are you able to confide in your parents/guardian? a) Yes () b) No ()
9. Do your parents/guardian understand you? a) Yes () b) No ()
10. Are you loved and respected by your parents/guardian? a) Yes () b) No ()
11. Do your parents/guardian interfere in your life? [] Yes [] No
12. With whom do you spend most of your time?
 a) Spouse () b) Family () c) Friends () e) School mate ()
 f) Alone () e) Other _____
13. When you go out, are both of your parents/guardian aware of you where about?
 a. Mother/female guardian aware a) Yes () b) No ()
 b. Father/male guardian aware a) Yes () b) No ()

Part B: Drug abuse among youth in Kenya

14. Do you understand what Drug Abuse is?
 a) Totally understand () b) Partially understand () c) Don't understand ()
15. What type of drugs is abused in your area? Kindly tick where appropriate, whereby 4- Very Often, 3- Often, 2- Less Often, 1- Not At All

Drug	Very Often (4)	Often (3)	Less Often (2)	Not At All (1)
Alcohol				
Miraa				
Cigarette				
Bhang				
Tobacco				
Heroin				
Cocaine				
Brown sugar				
Others (Specify)				

16. (a) Do you abuse drugs? a) Yes () b) No ()

(b) If Yes to Q.16 kindly indicate which drugs _____

(c) If Yes to Q.16 kindly indicate to what extent

a) Large extent () b) Moderate extent () c) Small extent d) No extent at all ()

17. What is the form of partaking drugs in the area?

a) Oral administration () b) Intravenous injection () c) Smoking ()

d) Inhaling ()

18. In your opinion what are the reasons for drug abuse?

a) Influence from friends () b) Influence from relatives () c) Experiment/ curiosity ()

d) Availability of drugs () e) Enjoy the feeling derived () f) Treating ailments ()

g) To relieve stress () h) A lot of pocket money ()

19. Where do these drugs come from?

- a) Matatu drivers/touts () b) Watchmen () c) Cooks () d) Kiosks/shops ()
 e) Shoe cobblers () f) Slum areas () g) Pharmacy () h) Family members ()

Part C: Influence of socio-cultural factors on drug abuse among youth in Vihiga Sub County

20. To what extent do the following socio-cultural factors influence drug abuse among youth in Vihiga County? Indicate your response based on a 5-point scale by using a tick (√) or X to mark the applicable box.

	Not at all (1)	Little extent (2)	Moderate extent (3)	Great extent (4)	Very great extent (5)
Influence from friends					
Need to relieve stress					
Ease accessibility of drugs in the area					
Need to enjoy the feeling of the potency					
Ones need to experiment					
Ones cultural expectations					
Ones need to treat stomach ailments					
Influence from relatives					
Others (specify)	1. 2.				

Part D: Influence of economic factors on drug abuse among youths in Vihiga Sub County

21. To what extent do the following economic factors influence drug abuse among youth in Vihiga County? Indicate your response based on a 5-point scale by using a tick (√) or X to mark the applicable box.

	Not at all (1)	Little extent (2)	Moderate extent (3)	Great extent (4)	Very great extent (5)
High unemployment rate					
High poverty level					
Cheap cost of drugs					
Others (specify)	1. 2.				

Part E: Influence of sources of knowledge and awareness on drug abuse among youths in Vihiga Sub County

22. To what extent do sources of knowledge and awareness on drugs influence drug abuse among youths in Vihiga sub County? Indicate your response based on a 5-point scale by using a tick (✓) or X to mark the applicable box.

	Not at all (1)	Little extent (2)	Moderate extent (3)	Great extent (4)	Very great extent (5)
Parent					
Media					
Friends					
Religious leaders					
Local leaders					
Faith based organizations					
Non-governmental organizations					
Others (specify)	1. 2.				

23. What are the effects of drug abuse experienced in Vihiga sub County? Indicate your response based on a 5-point scale by using a tick (√) or X to mark the applicable box.

	Not at all (1)	Little extent (2)	Moderate extent (3)	Great extent (4)	Very great extent (5)
Loss of appetite					
Poor health/malnutrition					
Poor personal hygiene					
Lack of concentration in class					
Rejection by friends					
Death					
Crime rise					
Homosexuality, rape cases and immorality					
Rise in early pregnancies among the school-going youth					
Others (specify)	1. 2.				

24. Please give suggestions/recommendations towards factors influencing youth to drug abuse in Kenya

THANK YOU FOR YOUR TIME AND COOPERATE

APPENDIX III: RESEARCH PERMIT