

Impact of Peer Influence on Substance Abuse among Students in Public Day Secondary Schools in Thika Sub-County, Kiambu County

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Abstract

The purpose of the study was to find out impact of peer influence on substance abuse among students in public day secondary schools in Thika Sub-County, Kiambu County. The specific objectives of the study were; to find out the type of drugs abused by students in public day secondary schools in Thika Sub-County; to establish the impact of peer influence on the use of drugs by secondary school students in Thika Sub-County; to determine the relationship between gender and drug abuse by secondary school students in Thika Sub-County; and to assess the role of counseling in mitigating substance abuse in secondary schools in Thika Sub-County. The study used descriptive research design. The target population was 720 public day secondary school students. The sample size was 72 form 3 students from 6 public day secondary schools in Thika Sub-County. Simple random sampling technique was used to select the sample size. Primary data was collected using a questionnaire. The data obtained was first checked for completeness, coded, tabulated and analyzed using SPSS version 20 by both descriptive statistics and inferential statistics. The results were presented using tables and graphs. Based on the correlation results, the study concluded that there is a positive and significant association between type of drugs abused, peer influence, gender differences and substance abuse in secondary schools. However, the study concluded that there is a negative and significant association between counseling and substance abuse in secondary schools. From the regression results, the study concluded that there is a positive and significant relationship between type of drugs abused, peer influence, gender differences and substance abuse in secondary schools. However, the study concluded that there is a negative and significant relationship between counseling and substance abuse in secondary schools. Based on the findings, the study recommends that the government should take measures to neutralize the supply of drugs in the Country. Further, the study recommends that the education stakeholders should develop programs aimed at encouraging positive peer influence, such as sports. In addition, the study recommended that there is need for both boys and girls to be educated on matters pertaining to drug abuse. Finally, the study recommended the need for improved guidance and counseling department in all secondary schools. Further, the department should have well trained and experienced personnel who understand the plight of the students and are able to offer guidance accordingly.

Keywords: *Administrative Leadership, Performance, Public Secondary Schools*

1.0 Introduction

According to the World Drug Report (2005), the use of illicit drugs has increased throughout the world in recent times. The pharmacological effects of these products, including the nature, intensity and duration of the new strange and desirable sensations would determine the eventual use of the product (Ngesu, Ndiku & Masese, 2008). For example, the Chinese knew cannabis about 2700 BC while the Egyptians knew opium since 1500BC. It is said that the Greeks originated the fermentation of alcohol and in fact, alcohol was widely consumed in classical Greece and Rome such that some ancient scholars mentioned the problems of alcohol abuse. The Incas of South America used cocaine which was a part of their religious and social systems throughout their socialization from around 1200AD to 1500AD (Wolmer, 1990).

It is interesting to note that many drugs which are routinely used today were once prohibited in the ancient times whereas some of the drugs prescribed today were once freely available (Wolmer, 1990). In the Ottoman Empire for example, coffee was illegal and in parts of Russia and Germany, smoking was punished by death or cutting off the offender's nose. According to Wolmer (1990), in the Early 19th century Britain, opium could be bought over the counter without a prescription and in the United States as well as in Britain, both cocaine and cannabis was legal.

The 18th century saw a dramatic increase in the usage of drugs especially in the United States. In the 19th century, more drugs were developed and drug taking became a social issue with attention focusing on the social problems related to widespread abuse of alcohol, cocaine and opium (Ngesu, Ndiku & Masese, 2008).

Alcohol was not readily available before the coming of foreigners. Although a cultural stigma attached to drunkenness, alcohol was liberally consumed on special occasions such as weddings, birthdays, harvest festivals, funeral ceremonies and other social events. In pre-colonial days, drugs and alcohol were used and consumed as part of the cultural traditions of the community. The traditional rules and values of most African cultures strictly prescribed the circumstances under which drugs and intoxicants could be obtained, used and consumed. Drinking alcohol was generally the prerogative of the elders-more often than not, of the male elders. So was the use of tobacco. Restrictions were placed on youth, but both men and women elders were free to use it.

Substance use often develops in the transitional phase of adolescence, a time when puberty and physical growth are occurring and a young person is becoming more independent (Gilvarry, 2000). Furthermore, adolescents tend to start looking towards their peers for guidance in preference to family, and become less subject to parental control. This can also be a time for experimentation in risky behaviours (Feldstein and Miller, 2006). Previous research has shown that substance use during adolescence can lead to continuation in later life, and possible problems of dependence (Viner & Taylor, 2007).

Morrison (2004) conducted a research on drugs and adolescents in Morocco and found that 13% of teens are introduced to drugs by the intermediary of peers. This rate indicates the salient and strong influence that peers have on each other, especially drug abuse. Kawaguchi (2004) inserts, "Peer effects or peer pressure is identified as a critical determinant, since the use of substance is considered to be a highly social behavior."

Individuals often identify themselves as members of a group on the basis of shared behaviours and/or beliefs. They may adopt behaviours in order to increase their sense of belonging to a group, or to become accepted as a group member. Peer pressure to conform to a group norm

or to gain acceptance by its members can focus attention on the need to adopt or reject certain behaviour. Peers may influence other young people to engage in or refrain from substance use through peer group structure (Kuntsche & Jordan, 2006).

It was noted that youths are highly represented among population groups who use drugs. Studies have provided strong evidence that friends play a central role in individual's initiation, escalation and short term temporal variations in substance use. To corroborate this, other researchers have also noted the findings of several studies which indicated a strong influence of perceived substance use of close friends. That associating with substance using peers can lead to both initiating and escalation in tobacco and alcohol use. According to Pilkington (2007) peer effects on risk taking and risky decision making are stronger among adolescents and youths than adults. These findings support the idea that adolescents are more inclined toward risky behavior and risky decision making than adults and that peer influence plays an important role in explaining risky behavior during adolescence (Gardner & Steinberg, 2005). A country-wide needs assessment study undertaken by NACADA (2012) revealed that drug abuse has permeated all strata of Kenyan society, the youth and young adults being the most affected groups.

Drug use and abuse has many implications on both the individual user and the society in which he lives. Steinberg (2005) notes that a lot of accidents including car crashes, falls and drowning can be attributed to intoxication with drugs. Addiction and dependency on drugs exposes the user to long term health risks such as various forms of cancer, kidney and liver damage. Young people who abuse drugs are more likely to experience problems at school, psychological distress, depression, engage in risky sexual behaviors and engage in deviant and dangerous activities like crime and arson (Steinberg, 2005). In Kenya, student indiscipline has been blamed on drug use with many people noting the resent waves of school strikes.

Drug abuse also carries an economic cost since the users become less productive and more dependent with time and the government has to spend a lot of resources in trying to curb the drug menace and provide health care for those already afflicted (Otieno & Ofulla 2009).

The drug abuse situation in Kenya is alarming and requires urgent and combined efforts to deal with it. As Otieno and Ofulla (2009) proclaim, it is necessary to ascertain the reasons why students are taking these drugs if public health personnel and other interested parties like guidance and counseling teachers are to establish effective intervention strategies. Therefore, this study will investigate peer influence on substance abuse among secondary school pupils in the specified area of study to act as a basis on which solutions can be formulated.

1.1 Research Problem

In the past few decades there have been a large number of studies on drug use. It has been clearly shown that drug use is a major issue among the youth in our society. Substance use in adolescence, particularly when initiated as early as sixth to eighth grade, is a serious public health concern that is related to far greater risk for eventual abuse or dependence and associated problem behavior outcomes, including aggression, delinquency, early or risky sexual behavior, and school dropout. The prevention of substance use at its earliest stages, before additional negative outcomes result, is an important end goal of research on adolescent substance use.

Recent studies have found that over 22% of primary school children take alcohol and in the University, up to 68% abuse alcohol. A large number of students across all age groups have been exposed to alcohol, tobacco, miraa (khat), glue, marijuana, heroin and cocaine. About 22% of secondary school student abuse drugs and the prevalence of drug abuse increases from

primary to tertiary institutions. About 20% of youths in Kenya aged 14-18 smoke cigarettes and 9% smoke marijuana. 23% drink alcohol. About 400,000 students in secondary schools in Kenya are addicted to drugs of which 16,000 are girls.

Drug abuse especially among the adolescent is responsible for poor performance, truancy, destruction of property in schools, soaring health care costs and broken families. It is a problem which affects us all as parents, children, teachers, government officials, taxpayers and workers. Alcohol and other drugs used are becoming more and more a public health concern and they represent one of the leading causes of preventable death, illness and injury. Though research has been done on substance abuse not much focus has been given on the role that peer influence has on substance abuse among students in public day secondary schools in Thika Sub-County, Kiambu County.

1.2 Objectives of the Study

1. To find out the type of drugs abused by students in public day secondary schools in Thika Sub-County.
2. To establish the impact of peer influence on the use of drugs by secondary school students in Thika Sub-County.
3. To determine the relationship between gender and drug abuse by secondary school students in Thika Sub-County.
4. To assess the role of counseling in mitigating substance abuse in secondary schools in Thika Sub-County.

2.0 Theoretical Framework

Peer group learning theory

The peer group learning theory, according to Steinberg (2005) is associated with Paschke (1970). The theory underscores the importance of peer influence on an individual's behavior. This theory is derived from Hull's learning theory and it assumes that drug taking behavior is a learned behavior and as a habit, it is strengthened through repetition and reward.

According to Paschke, the initial decision to experiment with drugs can be placed on an approach- avoidance gradient. At the beginning, the responses of taking drugs are of minimal habit strength because such behavior has not been engaged in previously. This low position in the hierarchy operates in the direction of avoidance when such factors as fear of consequences and moral reservations reduce the tendency of taking drugs.

On the other hand, incentives like curiosity and desire for peer approval will encourage the drug taking behavior hence producing approach on the approach-avoidance gradient. Thus the adolescent resolves the approach avoidance conflict in favor of taking the drugs.

If the adolescent's first experience with drugs is rewarded by social approval and physical pleasure, the drug taking behavior is reinforced. The behavior is likely to be repeated with the habit strength increasing whenever the behavior is rewarded.

This theory postulates that peer group values and norms are implanted in an individual through consistent rewarding of conforming behavior. The individual's initial and continued drug use are subject to membership in a peer group which is involved in and approves of drug taking behaviors.

The social incentive for drug taking is obvious and varies according to the individual's perceived value of group membership. If group membership is highly valued, the pressure to

conform to the groups' behavior norms will be strong. The group reinforces conformity by providing support to and approval of the individuals taking the drugs.

Peer group pressures have been implicated in the situations of a relapse. A former addict may find himself unable to join non drug using groups. Once he ventures back to the former peer group, renewed peer pressure is likely to reactivate the drug taking habit.

Paschke's Peer Group Learning Theory will be relevant in this study as it relates peer influence to the initiation and continued use of drugs. Several studies have shown that peer support and instruction is responsible for a large percentage of initiation and sustenance of drug taking behavior in adolescents.

The Social Learning Theory

Social Learning Theories are concerned with the relationship between social and environmental factors, and their influence on behavior. Social learning theory (Bandura, 1977) suggests continuous and reciprocal interaction between the individuals' cognition and behavior exist within the ecological environment where human behavior is developed. According to Bandura (1977), human behavior is not inborn. Rather it is learned through our socialization process.

Individual observational learning is acquired by attention to and retention of activities. Such activities are determined by interpersonal interactions and behaviors of people with whom individuals regularly associate. Modeling is the stage where individuals have strong motivation to deliberately shape their behaviors in accordance with symbolic behaviors of others.

According to the SLT, adolescents are vulnerable to alcohol and drug use through regular observation and interaction with family and peers who use substances. Regular observation and interaction enables adolescents attend to, memorize, and want to imitate substance use behavior.

Bandura and Walters emphasize that children learn through observing the behavior of others and imitating them, a process referred to as modeling. Modeling then becomes a socialization process through which habitual response patterns develop. As children grow, they imitate different models from their social environment. Parents, siblings and extended family members are some of the most significant individuals in adolescents' lives. Actions are acquired primarily through observational learning rather than operant conditioning or classical conditioning. Through observation and internalization of other people's experiences, people learn good or bad behaviors.

According to this theory, people observe their social world, extract information from it, generate expectations and then make choices that maximize environmental rewards, maintain an inner feeling of competence while at the same time avoiding negative outcomes.

A person observes significant others taking drugs. If the model seems to be rewarded, that is seems elated, sociable or aggressive, the potential user is likely to imitate the behavior. If the model is punished, that is, he appears sickly, gets into legal trouble or loses friends; the potential user will refrain from imitating the habit.

The potential user has foreknowledge of what the consequences of taking drugs are. The individual may desist from using the drugs because the anticipated consequences are undesirable.

Successful imitation of drug use occurs in four major cognitive processes: attention, retention, motoric reproduction and reinforcement. To begin with the potential abuser must attend to and process the distinctive features of the models performance. The adolescent will observe the

drug taking behavior of models such as parents, media celebrities and friends. Once the distinctive features have been perceived, the individual must store the model's performance so that it can be recalled in future. The observed behavior is transformed into a symbolic image which is then stored in the memory. This is the retention part of the process. In the motoric reproduction stage, the person recalls the symbolic representation of an observed pattern of behavior and uses this symbolic representation as a map to guide his own behavior. Performance of any motoric behavior is based on reinforcement and motivation. People observe and remember both specific action patterns and the outcomes of these responses for the model. If the outcome is positive, the potential abuser is likely to try the same behavior in a similar situation.

This theoretical formulation will be significant in the study since it underscores the importance of observational learning in the acquisition and sustenance of drug taking behavior. Adolescents who are potential abusers of drugs observe drug taking behavior in people who are significant in their lives such as parents and friends. Based on the outcomes the models experience, the adolescent might choose to imitate the same drug taking behavior.

2.1 Empirical Review

Florenzano *et al.* (2012) carried out a study on substance abuse among students in public schools in Santiago. Data collected revealed that majority of the students abused tobacco, cannabis and tranquilizers. It further showed that 70% of the students used alcohol, 56.3% tobacco, 7.1% cannabis and 2.5% tranquilizers together with stimulants. Frequent alcohol consumption was found among 14.55% of the students and 11.1% of them smoked more than one cigarette a week.

Peer pressure has been found to be one of the strongest contributors to drug abuse among adolescents. It refers to a group of people with identical social standing. This has attributed to teenagers drugs abuse, entrench drug using habits and mold attitudes towards drugs. Peer pressure is a huge motivator to drug use especially when the teenagers of interests come from single parents compared to those from homes with both parents. Peer pressure is a contributing factor to drug abuse but the strength of this association depends on the structure of the family (University of Michigan, 2013). Teenagers have an urge to belong and loved, hence this can lead to one doing what is not expected to be done to gain group approvals and identity. This is more serious when one has low self-esteem, sense of lack of security and dependency.

Steinberg (2008) notes that investigation have shown that having many substance-using friends makes it more likely for boys to begin using substances or move from experimenters to heavy users than girls; and low substance use by friends makes girls more likely to stop experimenting with substance use and maintain their sobriety. Peers' attitudes have stronger effects on adolescent girls than adolescent boys, indicating that adolescent girls are less likely to use substances if they receive unfavorable attitudes toward substance use from friends than boys (Mason & Zaharakis, 2014). Adolescent girls receive more peer support than boys (Wills & Mendoza, 2004) and peer disapproval is more influential for them than boys (Mrug & McCay, 2013).

Guidance and counseling is necessary but not a luxury to be afforded by fortunate schools. Education system goes hand in hand with guidance and counseling which constitutes an integral part of education and not just aside function (Botvin, 2010). He further notes that guidance is a broad area of educational activities and services aiming at assisting students in making and carrying out adequate plans and achieving satisfactory adjustment in life. While

counseling is the part of the guidance process which essentially helps students to deal with or remove frustrations and obstacles that interfere with their daily lives.

3.0 Research Methodology

The study used descriptive research design. The target population was 720 public day secondary school students. The sample size was 72 form 3 students from 6 public day secondary schools in Thika Sub-County. Simple random sampling technique was used to select the sample size. Primary data was collected using a questionnaire. The data obtained was first checked for completeness, coded, tabulated and analyzed using SPSS version 20 by both descriptive statistics and inferential statistics.

4.0 Results and discussion

4.1 Descriptive Statistics

4.1.1 Type of Drugs Abused

The first objective of the study was to find out the type of drugs abused by students in public day secondary schools in Thika Sub-County.

The respondents were asked whether there was use of drugs among students in their school. Results in table 1 reveal that majority (82.8%) of the respondents indicated yes while 17.2% indicated no. This implies that there is prevalence of drug use in public day secondary schools.

Table 1: Drug Abuse by Students

Response	Frequency	Percent
No	11	17.2
Yes	53	82.8
Total	64	100

Further, the respondents were asked whether they have had any experience in dealing with drug problems in their schools. Results in table 2 reveal that majority (51.6%) of the respondents said yes while 48.4% said no. This implies that the problem of drug abuse in secondary schools is real.

Table 2: Experience in dealing with drug problems

Response	Frequency	Percent
No	33	51.6
Yes	31	48.4
Total	64	100

The respondents were asked to indicate which Forms are mostly involved in drug abuse. Results in table 3 reveal that 43.8% of the respondents indicated Form 3, 34.4% indicated Form 2 while 21.9% indicated Form 4. This implies that Form 3 and 2 students are mostly likely to engage in drug abuse.

Table 3: Forms involved in drug abuse

Response	Frequency	Percent
Form 2	22	34.4

Form 3	28	43.8
Form 4	14	21.9
Total	64	100

The respondents were asked to indicate the type of drugs that students use. Results in table 4 reveal that 32.8% of the respondents indicated alcohol, 28.1% indicated bhanghi, 25% indicated Tobacco, 10.9% indicated miraa while 1.6% of the respondents indicated Cocain and Heroine respectively. This implies that the students abuse a variety of drugs.

Table 4: Type of drugs used by students

Response	Frequency	Percent
alcohol	21	32.8
Tobacco	16	25
Bhanghi	18	28.1
Cocain	1	1.6
Heroine	1	1.6
Miraa	7	10.9
Total	64	100

The respondents were asked to rate the extent to which drug abuse contributes to the following behaviors. The responses were rated on a five point likert scale as shown in table 5. Majority of 85% (48.4%+37.5%) of the respondents agreed that drug abuse contributes to lack of discipline, 88% agreed that drug abuse contributes to poor performance, 89% agreed that drug abuse contributes to School dropout, 86% agreed that drug abuse contributes to Risky sexual behavior. Further, 81% of the respondents agreed that drug abuse contributes to Rebelliousness, 89% agreed that drug abuse contributes to Violence/aggression, 83% agreed that drug abuse contributes to Absenteeism/truancy, 86% agreed that drug abuse contributes to Delinquency while 80% agreed that drug abuse contributes to drug abuse.

On a five point scale, the average mean of the responses was 4.14 which means that majority of the respondents were agreeing with most of the statements; however the answers were varied as shown by a standard deviation of 1.01. The results herein imply that drug abuse contributes to behavioral change among students.

Table 5: Drug Abuse

Response	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Dev
Lack of discipline	4.70%	4.70%	4.70%	48.40%	37.50%	4.09	1.02
Poor performance	1.60%	6.20%	4.70%	37.50%	50.00%	4.28	0.93

School drop out	1.60%	4.70%	4.70%	46.90%	42.20%	4.23	0.87
Risky sexual behavior	1.60%	4.70%	7.80%	42.20%	43.80%	4.22	0.90
Rebelliousness	4.70%	10.90%	3.10%	43.80%	37.50%	3.98	1.13
Violence/aggression	1.60%	4.70%	7.80%	39.10%	46.90%	4.25	0.91
Absenteeism/truancy	6.20%	6.20%	4.70%	43.80%	39.10%	4.03	1.13
Delinquency	3.10%	7.80%	3.10%	39.10%	46.90%	4.19	1.04
Stealing	6.20%	7.80%	6.20%	37.50%	42.20%	4.02	1.18
Average						4.14	1.01

4.1.2 Peer Influence

The second objective of the study was to establish the impact of peer influence on the use of drugs by secondary school students in Thika Sub-County.

The respondents were asked whether peer influence contributes to drug abuse among students. Results in table 6 reveal that majority (84.4%) of the respondents said yes while only 15.6% who said no. This implies that peer influence contributes to drug abuse by students.

Table 6: Peer Influence

Response	Frequency	Percent
No	10	15.6
Yes	54	84.4
Total	64	100

The respondents were asked to indicate the extent to which peer influence contributes towards drug abuse. Results in table 7 reveal that majority (60.9%) of the respondents indicated great extent, 31.3% indicated moderate extent while 7.8% indicated small extent. This implies that peer influence contributes to a great extent towards drug abuse.

Table 7: Peer influence contribution to drug abuse

Response	Frequency	Percent
Small extent	5	7.8
Moderate extent	20	31.3
Great Extent	39	60.9
Total	64	100

Further, the respondents were asked to respond to the following questions on peer influence. The responses are rated on a five likert scale as shown in table 8. Majority of 81% (46.9%+34.4%) of the respondents agreed with the statement that most students use drugs as a result of peer pressure/influence, 89% agreed that there is always a tendency of wanting to fit into a peer group by taking drugs, 84% agreed that students who take drugs are likely to influence their friends to start taking while 87% agreed that students take drugs as a source of enjoyment. However, 75% of the respondents disagreed that students who are anti-social are more likely to take drugs compared to students who are social.

On a five point scale, the average mean of the responses was 3.75 which means that majority of the respondents were agreeing with most of the statements; however the answers were varied as shown by a standard deviation of 0.97. The results herein imply that peer influence contributes towards substance abuse among students.

Table 8: Peer Influence

Response	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Dev
Most students use drugs as a result of peer pressure/influence	3.10%	4.70%	10.90%	46.90%	34.40%	4.05	0.97
There is always a tendency of wanting to fit into a peer group by taking drugs.	1.60%	4.70%	4.70%	54.70%	34.40%	4.16	0.84
Students who take drugs are likely to influence their friends to start taking.	1.60%	6.20%	7.80%	46.90%	37.50%	4.13	0.92
Students who are anti-social are more likely to take drugs compared to students who are social.	28.10%	46.90%	6.20%	14.10%	4.70%	2.20	1.14
Students take drugs as a source of enjoyment.	3.10%	6.20%	3.10%	40.60%	46.90%	4.22	1.00
Average						3.75	0.97

4.1.3 Gender Differences

The third objective of the study was to determine the relationship between gender and drug abuse by secondary school students in Thika Sub-County.

The respondents were asked to indicate who was more prone to take drugs in their schools. Results in table 9 reveal that majority (62.5%) indicated boys while 37.5% indicated girls. This implies that boys are more likely to take drugs compared to girls.

Table 9: Likelihood of taking drugs between Boys and Girls

Response	Frequency	Percent
Boys	40	62.5
Girls	24	37.5
Total	64	100

Further, the respondents were asked to respond to the following questions on gender differences. The responses are rated on a five likert scale as shown in table 10. Majority of 76% (35.9%+40.6%) of the respondents agreed with the statement that boys are more likely to engage in drug abuse compared to girls, 56% disagreed that girls are more likely to engage in drug abuse compared to boys, 82% agreed that teenagers, both boys and girls are at a risk of getting into drug abuse, 73% agreed that the consequences of drug abuse is the same for both boys and girls while 75% agreed that drug abuse by girls is taken more seriously than drug abuse by boys.

On a five point scale, the average mean of the responses was 3.71 which means that majority of the respondents were agreeing with most of the statements; however the answers were varied as shown by a standard deviation of 1.15. The results herein imply that gender differences influences substance abuse among students

Table 10: Gender Differences

Response	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Dev
Boys are more likely to engage in drug abuse compared to girls	1.60%	9.40%	12.50%	35.90%	40.60%	4.05	1.03
Girls are more likely to engage in drug abuse compared to boys	25.00%	31.20%	21.90%	15.60%	6.20%	2.47	1.21
Teenagers, both boys and girls are at a risk of getting into drug abuse	6.20%	4.70%	6.20%	48.40%	34.40%	4.00	1.08
The consequences of drug abuse is the same for both boys and girls	6.20%	10.90%	9.40%	23.40%	50.00%	4.00	1.27
Drug abuse by girls is taken more seriously than drug abuse by boys.	3.10%	12.50%	9.40%	29.70%	45.30%	4.02	1.16
Average						3.71	1.15

4.1.4 Role of Counseling

The fourth objective of the study was to assess the role of counseling in mitigating substance abuse in secondary schools in Thika Sub-County.

The respondents were asked whether there is need for counseling on matters pertaining to drug abuse. Results in table 11 reveal that majority (89.1%) of the respondents indicated yes while

only 10.9% who indicated no. this implies that counseling plays a significant role in mitigating substance abuse among students.

Table 11: Role of counseling in mitigating drug abuse

Response	Frequency	Percent
No	7	10.9
Yes	57	89.1
Total	64	100

Further, the respondents were asked to indicate the extent to which students need counseling on matters pertaining to drug abuse. Results in table 12 reveal that majority (56.3%) of the respondents indicated to great extent, 37.5% indicated to moderate extent while 6.35 indicated to small extent. This implies that there is need for counseling on matters pertaining to drug abuse among students.

Table 12: Need for Counseling on matters pertaining to drug abuse

Response	Frequency	Percent
Small extent	4	6.3
Moderate extent	24	37.5
Great Extent	36	56.3
Total	64	100

The respondents were asked to respond to the following questions on counseling. The responses are rated on a five likert scale as shown in table 13. Majority of 80% (42.2%+37.5%) of the respondents agreed with the statement that students need counseling on matters pertaining to drug abuse, 86% agreed that there is need for schools to have properly trained counseling personnel, 83% agreed that most of the teachers lack counseling skills, 76% agreed that the counseling department does not fully understand the needs of the students while 76% agreed that most students are reluctant to seek help from counselors.

On a five point scale, the average mean of the responses was 4.05 which means that majority of the respondents were agreeing with most of the statements; however the answers were varied as shown by a standard deviation of 1.02. The results herein imply that counseling plays an important role in mitigating substance abuse among students.

Table 13: Role of counseling

Response	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Dev
Students need counseling on	1.60%	7.80%	10.90%	42.20%	37.50%	4.06	0.97

matters pertaining to drug abuse								
There is need for schools to have properly trained counseling personnel	1.60%	6.20%	6.20%	50.00%	35.90%	4.13	0.90	
Most of the teachers lack counseling skills	3.10%	7.80%	6.20%	37.50%	45.30%	4.14	1.05	
The counseling department does not fully understand the needs of the students	4.70%	7.80%	10.90%	37.50%	39.10%	3.98	1.12	
Most students are reluctant to seek help from counselors.	1.60%	12.50%	9.40%	43.80%	32.80%	3.94	1.04	
Average						4.05	1.02	

4.1.5 Substance Abuse in Secondary Schools

The dependent variable of the study was substance abuse in public day secondary schools. The respondents were asked to respond to the following statements on substance abuse. The responses were rated on a five likert scale as presented in Table 14.

Majority of 75% (39.1% +35.9%) of the respondents agreed with the statement that cases of substance abuse in secondary school continues to increase with time, 75% agreed that the variety of drugs available in the market contributes to increased cases of substance abuse, 91% agreed that peer influence is the major contributor of substance abuse among secondary students, 84% agreed that the schools' counseling department has failed to handle matters pertaining to substance abuse while 91% agreed that all the stakeholders have a role to play regarding substance abuse by secondary students.

On a five point scale, the average mean of the responses was 4.20 which means that majority of the respondents were agreeing with most of the statements; however the answers were varied as shown by a standard deviation of 0.85. The results herein imply that substance abuse is a serious problem in secondary schools.

Table 14: Substance Abuse in Public Day Secondary Schools

Response	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. Dev
Cases of substance abuse in secondary school continues to increase with time	3.10%	4.70%	17.20%	39.10%	35.90%	4.00	1.01
The variety of drugs available in the market contributes to increased cases of substance abuse	0.00%	6.20%	15.60%	43.80%	34.40%	4.06	0.87
Peer influence is the major contributor of substance abuse among secondary students.	0.00%	3.10%	6.20%	46.90%	43.80%	4.31	0.73
The schools' counseling department has failed to handle matters pertaining to substance abuse	1.60%	4.70%	9.40%	42.20%	42.20%	4.19	0.91
All the stakeholders have a role to play regarding substance abuse by secondary students.	0.00%	1.60%	7.80%	37.50%	53.10%	4.42	0.71
Average						4.20	0.85

4.2 Correlation Analysis

Table 15 presents the results of the correlation analysis. The results revealed that type of drugs abused and substance abuse in secondary schools are positively and significantly associated ($r=0.912$, $p=0.000$). The results further indicated that peer influence and substance abuse in secondary schools are positively and significantly associated ($r=0.967$, $p=0.000$). It was further established that gender differences and substance abuse in secondary schools are positively and significantly associated ($r=.900$, $p=0.000$). Finally, results showed that counseling and substance abuse in secondary schools are negatively and significantly associated ($r=-0.958$, $p=0.000$). The results imply that type of drugs abused, peer influence, gender differences and substance abuse change in the same direction. However, counseling and substance abuse change in opposite directions.

Table 15: Correlation Results

		Substance Abuse	Type of Drugs	Peer Influence	Gender Differences	Counseling
Substance Abuse	Pearson Correlation	1.000				
	Sig. (2-tailed)					
Type of Drugs	Pearson Correlation	.912**	1.000			
	Sig. (2-tailed)	0.000				
Peer Influence	Pearson Correlation	.967**	.865**	1.000		
	Sig. (2-tailed)	0.000	0.000			
Gender Differences	Pearson Correlation	.900**	.884**	.873**	1.000	
	Sig. (2-tailed)	0.00	0.000	0.000		
Counseling	Pearson Correlation	-.958**	-.895**	-.946**	-.919**	1.000
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	

** Correlation is significant at the 0.01 level (2-tailed).

4.3 Regression Analysis

The results presented in table 16 present the fitness of the regression model in explaining the study phenomena. Type of drugs abused, peer influence, gender differences and counseling were found to be satisfactory variables in explaining substance abuse in secondary schools. This is supported by coefficient of determination also known as the R square of 96%. This means that type of drugs abused, peer influence, gender differences and counseling explain 96% of the variations in the dependent variable which is substance abuse. This results further means that the model applied to link the relationship between the variables was satisfactory.

Table 16: Model Fitness

Indicator	Coefficient
R	0.981
R Square	0.962

Table 17 provides the results on the analysis of the variance (ANOVA). The results indicate that the overall model was statistically significant. Further, the results imply that the independent variables are good predictors of substance abuse in secondary schools. This was supported by an F statistic of 377.255 and the reported p value (0.000) which was less than the conventional probability of 0.05 significance level.

Table 17: Analysis of Variance

Indicator	Sum of Squares	df	Mean Square	F	Sig.
Regression	8.430	4	2.107	377.255	0.000
Residual	.330	59	.006		
Total	8.759	63			

Regression of coefficients results in table 18 shows that type of drugs abused and substance abuse in secondary schools are positively and significantly related ($\beta=0.272$, $p=0.001$). The results further indicate that peer influence and substance abuse in secondary schools are positively and significantly related ($\beta=0.518$, $p=0.000$). It was further established that gender differences and peer influence and substance abuse in secondary schools are positively and significantly related ($\beta=0.019$, $p=0.001$). Finally, counseling and peer influence and substance abuse in secondary schools were found to be negatively and significantly related ($\beta = -0.169$, $p=0.023$). The results herein imply that type of drugs abused, peer influence and gender differences contribute towards substance abuse in secondary schools. On the other hand, counseling helps to mitigate substance abuse in secondary schools.

Table 18: Regression of Coefficients

Variable	B	Std. Error	T	Sig.
(Constant)	1.741	0.67	2.597	0.012
Type of Drugs Abused	0.272	0.077	3.552	0.001
Peer Influence	0.518	0.076	6.841	0
Gender Differences	0.019	0.0049	3.877	0.001
Counseling	-0.169	0.072	-2.329	0.023

Thus, the optimal model for the study is;

$$\text{Substance Abuse} = 1.741 + 0.272 \text{ Type of drugs abused} + 0.518 \text{ Peer Influence} + 0.019 \text{ Gender Differences} - 0.169 \text{ Counseling}$$

5.0 Conclusion

Based on the correlation results, the study concluded that there is a positive and significant association between type of drugs abused and substance abuse in secondary schools. This means that the two variables change in opposite direction. Further, from the regression results the study concluded that type of drugs abused leads to increase in substance abuse in secondary schools.

From the correlation results, the study concluded that there is a positive and significant association between peer influence and substance abuse in secondary schools. This means that the two variables change in opposite direction. Further, from the regression results the study concluded that peer influence leads to increase in substance abuse in secondary schools.

Based on the correlation results, the study concluded that there is a positive and significant association between gender differences and substance abuse in secondary schools. This means that the two variables change in opposite direction. Further, from the regression results the study concluded that gender differences lead to increase in substance abuse in secondary schools.

From the correlation results, the study concluded that there is a negative and significant association between counseling and substance abuse in secondary schools. This means that the

two variables change in the same direction. Further, from the regression results the study concluded that counseling leads to decrease in substance abuse in secondary schools.

6.0 Recommendations

Based on the findings, the study recommends that the government should take measures to neutralize the supply of drugs in the Country. For example, the government should pass laws that impose heavy sentences to suppliers of illegal drugs. This will serve to reduce the increasing availability of drugs.

Further, the study recommends that the education stakeholders should develop programs aimed at encouraging positive peer influence, such as sports. Peer influence is not all that bad, especially, when it results to good behavior. At the same time, the stakeholders should educate the students against the dangers of negative peer influence.

In addition, the study recommended that there is need for both boys and girls to be educated on matters pertaining to drug abuse. It is not prudent to assume that only boys are likely to engage in substance abuse. Both boys and girls are at a risk of engaging in drug abuse. Therefore, the stakeholders must focus on both genders.

Finally, the study recommended the need for improved guidance and counseling department in all secondary schools. Further, the department should have well trained and experienced personnel who understand the plight of the students and are able to offer guidance accordingly.

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