

AN EXAMINATION OF THE FACTORS AFFECTING PREVENTION OF DRUG
ABUSE AMONG ADOLESCENTS IN PCEA NGECHA PRESBYTERY BOYS'
AND GIRLS' BRIGADE IN KIAMBU COUNTY

by

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APPROVAL

FACTORS AFFECTING PREVENTION OF DRUG ABUSE AMONG ADOLESCENTS IN PCEA NGECHA PRESBYTERY BOYS' AND GIRLS' BRIGADE IN KIAMBU COUNTY

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DECLARATION

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BRIGADE IN KIAMBU COUNTY

I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIC	Africa Inland Church
AIDS	Acquired Immunodeficiency Syndrome
B & G B	Boys' and Girls' Brigade
HIV	Human Immunodeficiency Virus
NACADA	National Authority for the Campaign Against Drug Abuse
NACOSTI	National Commission of Science Technology Innovation
NCKK	National Council of Churches of Kenya
NIDA	National Institute on Drug Abuse
PCEA	Presbyterian Church of East Africa
SAMHSA	Substance Abuse and Mental Health Services Administration

ABSTRACT

Drug abuse among adolescents has been a global phenomenon for the past few years. Adolescents in Kenya have not been spared by the menace either; they too have continued to use addictive substances despite their devastating consequences. This study aimed at examining factors that affect prevention of drug abuse among adolescents in Presbyterian Church of East Africa Ngecha Presbytery Boys and Girls Brigade in Kiambu County. Its objectives were to identify the level of awareness of etiology of drug abuse, establish the major components for successful prevention programs for drug abuse and to find out strategies being used for prevention of drug abuse. The primary socialization theory was used to explain how adolescents are influenced by their primary agents into drug abuse. The social learning theory was also used to show the interaction between the environment and the people in the initiation of drug abuse among adolescents. The study employed a descriptive research design with a sample size of 82 respondents. Data was collected using questionnaires and interviews and analyzed using Statistical Package for Social Sciences version 23 and content analysis respectively. The findings indicated that adolescents were aware of majority of the causes for drug abuse that the program had the right components and the strategies being used were found relevant in drug abuse prevention. However, majority of the officers lacked professional training and guidance to handle drug abuse from the PCEA National office that coordinates drug abuse prevention. The study concluded that there were a myriad of reasons associated with drug abuse among adolescents and therefore to curb drug abuse among adolescents, measures geared to addressing the reasons should be put in place and targeted at the most vulnerable individuals. This study recommended that the Brigade officers be empowered with professional training in drug abuse prevention. The PCEA National office for drug abuse might also consider cascading their services to the congregational.

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

Introduction

Drug abuse among adolescents has become a global phenomenon in the past few decades. The number of adolescents abusing drugs has increased to alarming rates (Chung & Martin, 2011). This poses a significant threat to their well-being. Adolescence growth and development consists of the physical, cognitive, affective and social changes. These domains are important in determining future behaviours when one becomes an adult. The drug that is frequently abused by adolescents is alcohol (Sells & Blum, 1996). In addition, alcohol consumption during adolescence has been found to be a precursor for progressing to other drugs (Allen, Leadbeater, & Aber, 1994). Adolescents mostly begin abusing drugs which are licenced for adults such as beer and cigarettes and then continue to marijuana and other illegal drugs.

Drug abuse is dangerous to the health of an individual and may lead to greater complications. Once drug abuse is initiated, it is followed by regular use and finally the individual is likely to become an excessive consumer throughout life (Barreto, Duarte, Malta, Mascarenhas, & Porto, 2011). Excessive consumption of drugs for example alcohol is associated with disorders that affect the mind such as extreme fear (Degenhardt, Hall, & Lynskey, 2001) and depression (Haarasilta, Marttuned, Kaprio, & Aro, 2004). Rehabilitation of adolescents who are addicted to drugs is an uphill task. A lot of resources are required to help the individual start functioning well again due to the relapsing nature of addiction. Prevention would therefore serve to reduce the negative impact in the adolescents' health, relationships and also give them an opportunity of become more productive in the society.

Background to the Study

Adolescence phase is a time when young people are prone to develop diseases caused by the use of addictive drugs. During this period, the brain is still immature; complete development is attained during the the mid-twenties (Winters & Arria, 2011). The reward system in the brain matures first during childhood and it greatly influences drug abuse. The prefrontal cortex and its connections to other regions of the brain is incompletely developed until mid twenties (National Institute on Drug Abuse, 2010). The prefrontal cortex assists the brain to analyse situations, make correct decisions and control emotions and impulses (Jurado & Rosseli, 2007). This part of the brain matures in adulthood. This may explain why adolescents are not able to weigh risks accurately or make sound decisions. Although they may be aware of the negative consequences of using drugs, they would still continue to use them because of the rewards they get; feelings of relaxation and a way of escaping from reality in circumstances they find stressful.

Exposing the brain to drugs may interfere with the normal process of maturation and other major functions of maturation (Clark, Tampart, & Thatcher, 2008). This may affect the brain structure and function. Research indicates that exposing the brain to drugs decreases the mass of the hippocampus, an important organ that is involved with the learning of new ideas (Cohen-Zion, Medina, Nagel, Schweinsburg, & Tampert, 2007). Adolescents who drink heavily have difficulty in forming new memories. Abuse of drugs has other devastating effects to the user other than brain damage. Individuals who abuse alcohol are more likely to suffer from conditions such as cancer, heart problems, cirrosis (Kaplan, Sallis, & Patterson, 1993) car crash, aggression and delinquency (Gorman & Speer, 1996; Kodjo, Auinger, & Ryan, 2002; Miczek, Fish, de Almeida, Faccidomo, & Debold, 2004).

Experimenting with drugs may also form a pattern of risky behaviour which may lead to infectious diseases like HIV via risky sexual behaviours, poor performance in schoolwork, bad interpersonal relationships and being in conflict with the law. Some adolescents may lose interest in normal healthy activities, while others finally die because of overdosing. When these factors are put into consideration, adolescents become a major target for prevention programs. The aim of these programs should be to promote healthy, drug-free behaviour, encouraging adolescents and equipping them with skills that would help them avoid pressure to experiment with drugs (David, Rao & Robertson, 2003).

The Responsibility of the Church in Prevention of Substance Abuse Among Adolescents

The church has been a major stakeholder in child protection. According to Garland & Chamiec-Case (2005), the history of child protection was started by faith-based institutions such as the Protestants and Catholics. These organizations are equipped with structures for the inclusion of children and adolescents within the faith community. During infancy there are rituals for welcoming children into the society while in adolescence, there are opportunities created to help them to participate in the community and its governance. This is done through camps, youth councils, and scout troops (Melton & Anderson, 2008). As such, there are no major gaps left void for nurturing adolescents holistically in the church.

The Presbyterian Church of East Africa (PCEA) is one of the mainstream churches in Kenya that has programs for nurturing adolescents holistically. One major program is the Boys' and Girls' Brigade (B & G B). This is an Inter-denominational and International program used by the larger global church to help its members become better people in the society. The Boys' Brigade was founded by William Alexander

Smith in 1881 in Scotland (Peacock, 1985). Smith formed a unique movement and program framework based on Christian ideal. It was designed to help Sunday school members aged 12 years and above achieve their personal goals.

The Boys' Brigade was founded in order to promote the Kingdom of God among boys by encouraging discipline, self-respect and true Christian manliness (Peacock, 1995). Their Motto was and still is "Sure and Steadfast". Smith engaged boys in simple form of parade drill, gymnastics and team games. The focus for the Brigade was to solve increasing number of social problems that arose from the industrial revolution; Children had become unruly and undisciplined due to lack of close supervision by their parents who worked for long hours in the factories (Heystead, 1995).

The Girls' Brigade came up a few years later in 1893. It was founded in Dublin, Ireland under twin pillars; Bible class and physical training (The Boys' Brigade-Kenya, 2001). The aim of its formation was to help girls become believers and follow Jesus Christ through self-control, reverence, being responsible and to find fulfilment in their daily living. The slogan for the Girls' Brigade is "Seek, Serve and Follow Christ". Currently the Girls Brigade has members in over 50 countries worldwide; they are in Africa, Asia, Caribbean and Americas, Europe and Pacific regions (Girls' Brigade Worldwide, 2017).

The first Boys' Brigade in Kenya was started by a clergy called Dr. J. W. Arthur at Kikuyu in 1909 (Presbyterian Church of East Africa, 1998). In 1960, the National Council of Churches of Kenya (NCCCK) was appointed to be in charge of the Brigade work in the PCEA, Methodist, Anglican and African Inland church (AIC). In the PCEA, the Boys' and Girls' Brigade is anchored in the Church constitution under article 2 of the PCEA Practice and Procedure Manual (PCEA, 1998).

The Brigade has structured activities aimed at helping boys and girls maintain physical, social, mental and spiritual maturity. It also encourages them to continue expressing and practicing what they learn while at home, in the community and also in the Church. This programme is implemented in the church by members who are referred to as the “Brigade officers”. The Brigade lessons are structured in age appropriate groups; 5 to 8 years are Explorers, 8 to 11 years are the Junior Section, 11 to 14 years are the Senior section while 14 to 18 years are the Brigaders (PCEA, 1998).

Drug abuse falls under the social domain of the Brigade pillars. However, the other domains of physical, education (mental) and spiritual also play a part in the commencement of abusing addictive substances. Research has established that religious practices or religiosity has acted as a shield in preventing adolescents against using illegal drugs (Beuhring et al, 2003). Those who follow the teachings of their declared religion, value religion and have received religious education as children are likely to abstain from experimenting with drugs and alcohol. When adolescents become aware that drug use has negative consequences, they are likely to abstain or reduce their level of use (Bachman, Johnston, Miech, O'Malley, & Schulenberg, 2014).

Statement of the Problem

Given the relationship between substance abuse and a variety of problems that adversely impact the adolescent's health (motor vehicle accidents, school problems, delinquency and violence); additional research has been done to establish if there is any link between religion and substance abuse (Bachman, Johnston, & O'Malley, 2002). Catalano, Hawkins, & Miller (1992) posited that lack of religion (church practices) has shown a probability of increased substance abuse. Adolescents who are engaged in religious practices might not abuse drugs compared to those that are not religious (Bachman et al., 2002). The PCEA Ngecha Presbytery B & G B offers such an opportunity to adolescents who are in the program.

Different churches have had successful initiatives that have assisted adolescents abstain from drug abuse. For instance, The Campaign for Tobacco Free Kids Faith-based Initiative has had a great impact in the United States of America (Meyers, Osai, & Wallace, 2005). Religious groups that include the Presbyterian Church, Methodist, Seventh Day Adventists and the Evangelical Lutheran church have had a great impact on the reduction of smoking among adolescents. They have pulled other faith-based organizations and their voices have been heard. They have been able to influence the policy makers on the importance of protecting adolescents from tobacco addiction (Meyers, Osai, & Wallace, 2005).

The Empowerment Zone Coalition Parent Power Program has also been a successful initiative (Meyers Osai, & Wallace, 2005). This program empowers parents with techniques and skills in areas of effective discipline, family communication and values, and child development. This programme is based on research that indicates “Parenting is Prevention” and that teenagers may not abuse drugs if their caregivers are effective in their parenting skills.

The PCEA has a national office that coordinates issues on drug abuse among its members. However, the researcher is not aware of any investigation that has been conducted and recorded in relation to the prevention of drugs abuse among adolescents. PCEA Ngecha Presbytery is in the Central part of Kenya, which has been experiencing serious problems with alcohol abuse. A study done by NACADA (2010) on alcohol use in this Province indicated that the number of under age (below 18) abusing alcohol was high. This may be a pointer that adolescents in this Presbytery may be vulnerable to abuse.

Purpose of the Study

This study sought to examine factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery Boys’ and Girls Brigade.

Objectives of the Study

The objectives of this study were to:

1. Identify the level of awareness of the etiology of drug abuse among adolescents in the PCEA Ngecha Presbytery B & G B.
2. Establish the major components of successful prevention programs for drug abuse among adolescents in PCEA Ngecha Presbytery B & G B.
3. Find out strategies that were used for prevention of drug abuse among adolescents in PCEA Ngecha presbytery B & G B.

Research Questions

These were the research questions:

1. What was the level of awareness of the etiology of drug abuse among adolescents in the PCEA Ngecha Presbytery B & G B?
2. What were the major components of the prevention programs for drug abuse among adolescents in PCEA Ngecha presbytery B & G B?
3. What were the strategies used for prevention of drug abuse among adolescents in PCEA Ngecha Presbytery B & G B?

Justification of the Study

Drug abuse in Kenya has increased tremendously and has penetrated to almost every part of this country in the past two decades (Maseke, Ngesu, & Ndiku, 2008). Adolescents at the age of 14 years are already experimenting with drugs (NACADA, 2012) and this poses a great risk in their lives and the country at large. Drugs expose adolescents to diseases caused by toxic chemicals, crime, accidents, and dropping out of school. Their life expectancy is also reduced as some die prematurely from overdosing. There is need to protect them from experimentation and delay their initial contact with addictive substances.

Experimenting with drugs has higher odds of one shifting from regular use to dependence (Penchansky, Scivoletto & Szobot, 2004). The consequences for dependence are devastating to the individual, his or her family and the entire society. The PCEA Ngecha Presbytery has been involved in prevention of drug abuse among adolescents through the B & G B program, however, a survey that was done by Kamau, Matogo and Waweru (2011) show that a significant number (48.9%) of adolescents in Kiambu and Nairobi Counties were abusing alcohol. Church announcements in local congregations under PCEA Ngecha Presbytery indicate that there have been fears from parents that their children could be abusing drugs. Some adolescents have been sent away from schools due to involvement with drugs. This therefore creates a need for examining factors that could be affecting prevention of drug abuse among adolescents in this Presbytery. This is in consideration that the PCEA has a national office that campaigns against drug abuse among its members.

Significance of the Study

The findings of this research may benefit the PCEA Ngecha Presbytery B & G B to modify their approach on the best practices in prevention of drug abuse among adolescents. The Presbytery may also consider offering specific training on drug abuse to the Brigade officers to help them become more efficient in the prevention efforts. This training may also help the Brigade officers in ways of addressing other contemporary issues that stem out from drug abuse. Such issues may include adolescents dropping out of school, violence, crimes and infections such as HIV/AIDS.

Prevention of drug abuse among adolescents would help them stay in the church and get involved in activities that engage them. In some cases, when adolescents begin experimenting with addictive substances, some depart from the church and continue to expose themselves to more risks. However when they are in the church, they grow and mature to become responsible members of the society. This is helpful to the church in

that they are able to take leadership positions from the youth and other church committees. They also carry on the vision and mission of the PCEA church.

Kenya as a country may also benefit from this study economically because drug abuse drains resources that would be used for the betterment of the society. The best brains are wasted by drugs, crimes increase and human resource is also wasted as addicts do not work. Money that would be used for treatment and rehabilitation can be used for other courses that are profitable to the nation.

Assumptions of the Study

The study assumed that;

There could be deficits in training among the Brigade officers in issues relating to drug abuse prevention in the PCEA Ngecha presbytery B & G B effectively.

The presence of the national desk that coordinates drug abuse in the PCEA may not be felt in Ngecha Presbytery.

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Scope of Study

The targeted adolescents aged between 12-17 years and the Brigade officers of PCEA Ngecha Presbytery in Kiambu County. PCEA Ngecha Presbytery has a total of five parishes. There are several congregations under each parish apart from Kabuku which doubles as a congregation and a parish. The total number of congregations that make up the PCEA Ngecha Presbytery are 16. The respondents were selected from one congregation in each parish; specifically those with the highest recorded number of adolescents in the Boys' and Girls' Brigade. PCEA Ngecha Presbytery is in Limuru constituency, Tigoni ward. The occupation of individuals who live there is farming (both dairy and crop farming). The social economic status of most families in this area can be described as low.

Limitations and Delimitations of the Study

This study touches on drug abuse which is a very sensitive issue affecting families. There is a lot of stigma attached to addiction. Individuals who abuse drugs are negatively judged by the society. They are seen as weak and not morally upright (Ketcham & Asbury, 2000). The Moral model of addiction supports this view as it posits that individuals who use drugs do so out of choice based on bad values (Wibanks, 1989). An adolescent's value system comes from the parents, thus, parents who could be respondents in this research may feel that they have failed in their parenting. This may not be the case, there are many factors outside the family that cause adolescents to use drugs. To address this the researcher took time to empower the respondents by explaining to them that parents are not the only source of values passed to adolescents. Other primary agents that play a part include the peers, school and neighbourhoods.

Individuals who abuse drugs are perceived as self-indulgent, lacking in self-control and weak willed (Cook, Foster, & Tindal, 2010). These statements tend to

judge the drug abuser. In view of these assumptions, respondents who abuse drugs, or have parents and siblings who abuse drugs may not have wanted to disclose information on this subject. This could have influenced the data collection process by subjects desiring to reveal what is acceptable in the society. To counter this, the researcher held brief talks with the B & G B teams in the congregations that were involved in the study before process of collecting data begun. The aim was to correct any myths or misconceptions in regard to drug abuse and the importance of early detection for those already abusing drugs.

The respondents in this study were adolescents aged between 12 and 17, thus, consent had to be sought from their parents or caregivers (Greig, Taylor, & Mackay, 2007; Tisdall, Davis, & Gallagher, 2009). There were instances where some adolescents did not attend the same church with their parents. Getting a written consent for such individuals to participate in the research was not possible. To handle this concern, Greig et al. (2007) and Tisdall et al. (2009) recommend that teachers and social workers are adult gatekeepers who can give consent on behalf of such minors. Due to this, the Brigade officers signed the consent forms for children whose caregivers were not available to do so.

There were also instances whereby respondents made an assumption that money would be given after participating in the study. As a result, some respondents asked whether the study was to generate money for the researcher. To delimit this, clarity was made from the beginning that the researcher would not make money out of the study. The researcher however explained to the respondents how the community involved will benefit from the study. Taking part in the study was on free will, not compulsory.

The researcher used questionnaires for the minors and interviews for the Brigade officers. The researcher assured the respondents of confidentiality by

reminding them that the information given would not be divulged to any other source other than for academic purposes. The respondents did not write their names on the questionnaires and interview forms. The research tool was written in English; respondents who had challenges in understanding or interpreting the questions were assisted by the research assistants who interpreted the questions in a language they were able to understand.

Definition of Terms

The following definitions were be used in this study

Drug: This is any unrefined product that when ingested changes how the mind works; it changes beliefs, thinking, feelings and actions (Nolen-Hoeksema, 2004). For the purpose of this study, drugs and substances was used to mean one and the same thing and was used interchangeably. Drugs in this study refers to any legal or illegal substance that when used by adolescent's changes their perceptions, thoughts, emotions and behaviours.

Brigade: This is a group of foot soldiers who are split into small categories that form a division (Oxford University, 2010). In this study, Brigade refers to an interdenominational organization for the youth that combines drill and fun activities with Christian values.

Adolescent: This is a young person aged between 13 to 19 years (United Nations Children's Fund, 2011). In this study an adolescent refers to a young person aged between 12 and 17 years. This word was interchanged with teenager or a young person.

Church: This is a well-structured institution that sets out to accomplish clear defined roles (Van Reken, 1999). In this study, church describes a gathering of those that believe in Jesus Christ as a Saviour and Lord, who are committed to meet regularly for worship, teaching, fellowship and prayer.

Officer: An officer is a member of the Presbyterian Church of East Africa who is 18 years and above and is nominated by his/her local congregation, institution or PCEA sponsored schools (PCEA, 1998). They must be commissioned, and have basic training in brigade work. The same definition applied in this study.

Drug abuse: This refers to a dysfunctional way of coping using drugs despite the individual being aware of the danger involved in relation to interpersonal relationships, work performance, mental and physical health (World Health Organization, 1994). In this study, drugs abuse refers to the use of addictive substances to the extent that they interfere with the health and social function of an adolescent.

Adolescence: This is a developmental phase between the beginning of puberty and establishment of social life (Steinberg, 2014). For the purpose of this study, adolescents refers to individuals between 12 – 17 years.

Addiction: Is an irresistible urge to continue using addictive substances despite their harmful side effects (Malenka, Nestler, & Hyman, 2009). Addiction in this study describes the use of drugs to the extent that the adolescent is intoxicated. Addiction and dependence were used interchangeably.

Protective factors: These are characteristics or behaviours that increase the likelihood of experiencing a positive result in life (McNeely & Blanchard, 2009). Protective factors refers to characteristics that influence the adolescent to function positively in order to abstain from drug abuse.

Summary

The chapter has provided the background of the study, problem statement, the purpose, research objectives, questions, and the significance of the study. The assumptions, scope, limitations and delimitations, and the definitions of key terms in the study have also been provided. The next chapter discusses the literature review which touches on the theoretical framework, general literature, empirical literature, and the conceptual framework.

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CHAPTER TWO

LITERATURE REVIEW

Introduction

Drug abuse has continued to be a widespread health problem because of its damaging effects to adolescents, schools and communities (Gerberding, Marks, Mokdad & Stroup, 2004). Drug abuse has caused premature deaths (through motor accidents), violence, poor school performance, impaired work performance, depression and anxiety (Mahajan, Arora, Gupta & Kapoor, 2010). As a consequence, the number of prevention programs has gone up over the past thirty years.

The aim of these programs has been to reduce drug abuse among adolescents. Such programs have been based on present-day researched scientific theories and findings. The interventions have been used in schools, communities and family set ups. For preventive programs to be successful, individuals dealing with adolescents should be equipped with knowledge about the causes of drug abuse and major elements that are vital and necessary for the success of these programs. The major components include structure, content and delivery. There are also strategies that have been researched on and have been found to be successful in addressing prevention of drug abuse among adolescents. All these aspects were discussed in this chapter.

Theoretical Framework

The primary socialization theory has been cited in explaining how adolescents start using drugs through the influences of the primary sources that include the peers, family and their neighborhoods. The social learning approach was used to illustrate how adolescents learn new behaviors through their interaction with the environment and those around them. They learn through imitation, modeling and observation of rewards and punishments.

Primary Socialization Theory

This approach was invented by Oetting and Donnermeyer (1998). Its purpose was to create a better understanding of adolescent substance use. This theory postulates that adolescents learn social behaviours such as substance abuse predominantly from interactions with their primary sources. Primary sources include the family, school, peers, and neighbourhoods (Deffenbacher, Donnermeyer, & Oetting, 1998).

The socialization processes involve establishing relationships with the adolescent, discussing openly about norms that relate to drug use, direct supervision, and also come up with rewards and sanctions that relate to drug abuse standards and behaviours (Oetting & Donnermeyer, 1998). Parents can create a positive impact by modelling behaviour that discourages drug abuse among adolescents. This may include not keeping alcohol in the house, not using alcohol and having an opportunity of talking about facts and consequences of drug abuse. Monitoring the adolescent's behaviour might also help parents in knowing who their children are associating with, noting any early signs of deviance and use of drugs.

This theory has two assumptions; one, any agent of socialization can spread abnormal standards. However, well-functioning households and effective education systems are likely to teach pro-social standards that deter adolescents from using drugs. Secondly, peer groups can either transmit pro-social or deviant norms; however, they are the major cause of digressive behaviour (Oetting & Donnermeyer, 1998). Colder, Trucco, Bowker, and Wieczorek (2011) supported this by affirming that adolescents would probably abuse substances when they think this would increase their popularity among their peers.

Peer influence as a socialization agent has a moderate to strong effect on risky behaviour (Blanton, Jaccard, & Dodge, 2005). Adolescents are likely to participate in risky behaviour in groups rather than alone. They lack autonomy and as a result rely of

their peers to a great extent. Due to lack of independence they are easily swayed by their peers towards engaging in risky behaviour such as drug use. Lack of impulse control may also cause adolescents to engage in drug abuse. Adolescents who exhibit aggressive behaviour show absence of impulse control; this may lead to non-acceptance by one's companions, rebuke from teachers and may eventually lead to poor academic performance. When these problems are not addressed through preventative interventions, they expose an adolescent to the risk of abusing drugs and relating with friends who also engage in drug abuse (Kumpfer, Molgaard, & Spoth, 1998).

Adolescents who affiliate themselves with peer clusters of those that abuse drugs are at risk of using drugs and alcohol themselves. For example in smoking, peers do offer cigarettes and as a result, adolescents become initiated into smoking in the context of peer groups. According to Oetting and Beauvais (1986), small, well-integrated, tight subgroups of peers singly create the the greatest effect on substance abuse throughout adolescence. These groups dictate the place, time and how drugs are used. The peer group influences the views and beliefs about drugs.

Schools play a key role in protecting adolescents from drug abuse by creating close associations in the school. This can be achieved through having caring school employees, having a safe environment and having a belief system that discourages drug abuse (Ennett & Haws, 2010). School bonding entails having close emotional relationships between adults and adolescents, investing in school and ensuring that adolescents perform well in school. When adolescents have a great connection with the school, the number of those who abuse cigarette, alcohol and marijuana use is significantly reduced (Catalano, Flemming, Hawkins, & Oesterle, 2004).

Academic achievement for an adolescent and the perceptions of the teacher being friendly has been linked with low levels of drug use among young people. When adolescents are found with misbehaviors at school, are disengaged in learning

institutions and have strained relations with teachers, there are chances of high levels of drug use (Bonnell, Fletcher, & Hargreaves, 2008). On the other hand, when teachers disapprove myths and beliefs that encourage drug use adolescents feel safe (Bonnell, Fletcher, Sorhaindo, & Strange, 2009). Chances are that such adolescents will not experiment with drugs.

The family processes are important in inducing or protecting adolescents against social and behavioural concerns. Families that are close and show tenderness towards one another help reduce risky behaviours that may be exhibited by adolescents such as drug abuse (Canffman & Steinberg, 2000). Parents have a duty to set health-promoting behaviours and protect adolescents against acquiring behaviours that expose them to health issues. Parents can also communicate important health related knowledge and encourage appropriate behaviours. They have a role of approving behaviours that discourage drug abuse and also disapproving norms that may lead to drug abuse. They assist in guiding and strengthening of behaviour in most adolescents (Swain, Ackerman, & Ackerman, 2006). Where such health promoting habits are not modelled, adolescents are likely to copy what they observe and practice the same.

The composition of the family affects how an adolescent grows up. Where parents have divorced, adolescents are twice likely to display delinquent behaviour (like drug abuse) compared to their counterparts from intact families. Adolescents with both parents may not become routine drinkers (Hendry, Schucksmith, & Glendinning, 1997). Family characteristics such role confusion and misunderstandings can expose an adolescent's health to risk. For example, when family members perform correct roles and have effective communication between adolescents and parents there are few chances that adolescents would develop problem behaviours (Shek, 1997). On the other hand, living in an environment that is not conducive increases the likelihood for drug use (Walker-Barnes & Mason, 2004).

Parental affection and support, and reliable discipline reinforcement can prevent behavioural issues. Adolescents who have quality relationships with their parents have less behavioural problems (Shek, 2003). Adolescents whose parents support them through praising, encouraging and hugging feel loved and accepted (Barnes, Dintcheff, Farrel, & Rifman, 2000). Such adolescents can express themselves and discuss their challenges. Communication gives parents opportunities for correcting any myths and misconceptions raised by their (adolescent's) peers who abuse drugs.

Neighbourhoods whose socioeconomic status is low, there are stores that sell drugs and have social unity are linked with adolescence drug abuse (Duncan, Duncan, & Strycker, 2002). Such neighbourhoods have poor housing conditions, inadequate social amenities and unemployment (Scottish Drug Forum, 2007). Drug abuse is also prevalent among adolescents who live in streets, those that have dropped out of school and those who engage in crimes or have mental health problems (Neale, 2002). The social environment strongly predicts health and social outcomes. Societal frameworks such government guidelines, taxation systems, law and services such as welfare, education, health and justice influence adolescence drug use indirectly, thus, increased attention to social determinants is required.

Presence of stores for selling drugs makes it easy for adolescents to access and buy addictive drugs. Where there is social cohesion in the neighbourhood, drug abuse may reduce (Enminger, Latkin, Olsen, Steinwachs, Stitzer, & Winstanely, 2008). However, disorganization within the neighborhood exposes teenagers to drug use. Disorganization can be through exposing adolescents to violence and drug activity within their environment. Such neighborhoods are perceived as unsafe for growing adolescents because they are linked with increased availability of tobacco, alcohol and marijuana (Brown, Ialongo, Lambert & Phillips, 2004).

The Social Learning Theory

The Social Learning Theory (SLT) by Albert Bandura (1977) focuses on learning that takes place in a social context. An individual can learn behaviour by observing or receiving instructions (Bandura, 1963). People learn from one another by imitating, modelling, and observing of rewards and punishments (vicarious learning). Other than the behavioural aspect, this theory also integrates a cognitive aspect making it a more comprehensive model that is able to explain how more learning experiences occur in the real world.

The Social Learning Model and Drug Abuse

The Social learning model posits that drug abuse can be caused by factors within the environment (Schaler, 1991) with individuals making choices in a predetermined or controlled setting. The belief is that an adolescent can learn how to abuse drugs from the peers. The behaviour can be unlearned when the adolescent is removed from the environment that reinforces that behaviour. Behaviour can also be re-learned when for instance an adolescent views using drugs as a way of relaxation from stressful situations.

The social learning theory also focuses on self-efficacy and agents which have to do with the perceptions about one's abilities to have control over their own lives. Adolescents create a belief in efficacy in relation to their personal outcomes from family, peer, educational and socioeconomic influences (Bandura, 2001). Adolescence is especially a challenging period in that this is when adolescents have to adapt to biological (e.g. puberty), educational (e.g. passing into high school) and social (e.g. broadened peer network, partnerships, sexuality) transitions. It is also a time of growth in independence, which can result in decision making that leads to involvement in risky behaviours (Bandura, 1997). Bandura (1986) found that persons who have low self-

efficacy are prone to abusing alcoholic drinks whereas those that are in control of their lives are able to withstand the pressures. This implies that apart from parental and peer influences, self-efficacy plays an important factor that helps determine individual choices in regard to alcohol and other addictive drugs.

Imitation is important in the learning process as adolescents attempt to recreate the behaviours that are modelled and reinforced by the actions of others. As such, adolescent's behaviour is shaped by the positive reinforcement (rewards) and/or negative reinforcement (removal of a punishment) that are lined with the consequences of the specific actions taken (Akers, Krohn, Lanza-Kaduce, & Radosevich, 1979). An adolescent may observe his or her peers "having a good time" when they drink alcohol or use drugs. Some may feel good or "high", while others may seem relaxed. For individuals who are shy to interact, all their inhibitions are dropped and they become sociable. An adolescent who is in the company of such peers is likely to imitate and start using drugs because of such positive rewards.

Adolescents prefer associating themselves with their peers rather than their parents because of group validation (Schunk, 2005). This is the time when they are looking for acceptance from their peers, thus, if the peers are using addictive substances, one may start using the same because it has a positive reward of gaining acceptance and approval. If the peers are not using substances, the adolescent is not likely to use for the same reasons of acceptance.

Adolescents also learn behaviours through modelling from those around them. Siblings and parents are seen as important socializing agents within this theoretical perspective (Branje, De Goede, & Meeus, 2009). When parents use alcohol, then it is likely that the adolescents will also copy what their models are doing. Apart from using drugs, adolescents may learn a variety of behaviours being modelled by authority

figures in their homes. The family environment is an important context in learning behaviour.

Patterson (1982) brings to attention the negative reinforcement cycle that he calls the coercive family processes. In this aspect, parents may employ coercive tactics with adolescents and as a result, a child may resolve to use alcohol and other substances in order to avoid compliance with the rules. Research findings indicate that adolescents whose parents use authoritarian parenting style have an increased risk for drinking, smoking and/or using drugs (DeVore & Ginsburg, 2005). For example, in situations where a child's grades in school have gone down, some parents may tend to withdraw privileges without giving guidance or understanding the causes. In the process of being coercive, the adolescent may result to other aggressive behaviours that expose the child to more risks of drug abuse.

General Literature Review

Literature review is the process of identifying, locating and analyzing information on drug abuse among adolescents that has been researched by different authors. This section will look into information that addresses the causes of drug abuse among adolescents, the major components of drug abuse prevention program and the strategies that have been used and found to be successful in prevention of drug abuse among adolescents.

Awareness of the Etiology of Drug Abuse

Adolescents will experiment with drugs for different reasons. The brain development plays a crucial role when addressing the issue of drug abuse. This is because during adolescence the brain is still under-going considerable development (NIDA, 2010). This is a period when adolescents are vulnerable to stress and as a result indulge in risk-seeking behaviours (Bava & Tapert, 2010). Stressful circumstances that

include family, social tensions and mistreatment during adolescence can push adolescents into drug abuse.

Familial Factors

There are several causes for adolescent drug abuse that emanate from the family. These factors include maltreatment during childhood, a family member abusing drugs, marital status, level of education, relationship between a parent and a child, economic status of the family and when a teenager believes that his or her parents do not disapprove their substance use (Whitesell, Bachand, Peel, & Brown, 2013).

Childhood Maltreatment and Parental Drug Abuse

Maltreatment can be in form of beating and/or verbally using harsh words towards an adolescent, commercial or sexual abuse, abandonment or other forms of exploitations that may put to risk the health, ability to stay alive, growth or integrity of a child (World Health Organization, 1999). In families where there is parental drug abuse, children and adolescents can be affected directly in their physical and cognitive functions (Peterson, Rothfleisch, Zelazo, & Pihl, 1990). This is because the effect of drugs reduces self-control and may cause an individual to become violent towards adults and children (Giancola, 2000). Illicit drugs and alcohol abuse by parents and caregivers can also compromise the amount of time and money to spend on a child. As a result, the basic needs of a child such as nutrition, supervision and nurturing are neglected.

There is a connection between physical and sexual abuse and teenage substance abuse. A study conducted by Singh, Thorntorn, and Tonmyr (2011) established that 29% of children who had undergone through mistreatment during childhood had abused drugs. Adolescents exposed to a combination of physical, sexual abuse and

abandonment have shown to report more severe drug use compared to those with a single type of maltreatment and those without maltreatment (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007; Danielson et al., 2009).

An adolescent who has experienced physical or sexual assault has an increased risk of using substances from two to four times (Wall & Kohl, 2007). One may result to using drugs as a way of managing distress caused by the effects of abuse. Sexual abuse has especially been linked to post-traumatic symptoms (Canton & Canton-Cortes, 2010). To deal with post-traumatic stress, some adolescents may start using substances in order to numb themselves from the experiences of any intense negative emotions.

Drug Abuse in the Family

Literature shows that adolescents who have been brought up in homes where parents previously used drugs are vulnerable to substance use (McGue, 1994). In situations where caregivers were alcoholics, adolescents may persist using over time (Chassin, Presson, Pitts, & Sherman, 2000). Gelenter and Kranzler (2009) also conducted family studies among both alcoholics and nonalcoholics. Their results indicated that genes can cause alcoholism. The family and adoption studies also provide evidence that heredity plays a key role in initiation and alcohol dependence (Foroud, Edenberg, & Crabbe, 2010).

Gang Affiliation

Literature reveals that there is a remarkable association between being a gang member and substance use. This relationship exceeds the influence of typical deviant peer groups (Walker-Barnes & Mason, 2004). Most of these gangs use alcohol and marijuana. Gangs enhance the cycle of substance use which in turn can attract adolescents to the gang (Battin, Hill, Abbot, Catalano, & Hawkins, 1998). Once an adolescent becomes a member of a gang, it is easy to foster deviant behaviours. Some

adolescents are pushed to join gangs by negative familial factors. For instance where there is decrease in positive parent-child relationships and authoritarian parenting, adolescents may easily join gangs where they feel accepted by their peers. This puts them at risk of engaging substance use (Mason & Walker-Barnes, 2004).

Social Risk Factors

Sociaetal elements can predispose adolescents to drug abuse. These elements include associating with delinquent peers, need for fame and peer pressure. Social and family influences often occur concurrently (Crump, Eitel, Haynie, Saylor, & Simons-Morton, 2001). This relationship gives rise to a complicated system of risk factors that predict adolescent drug abuse.

Deviant Peer Relationships and Peer Pressure Popularity

Unconventional peer relationships among adolescents is a major cause of drug abuse. This is where the adolescent interacts with friends who use substances or those perceived as famous (Bowker, Colder, Trucco, & Wieczorek, 2011). Research has established that associating with peers who are delinquent can cause adolescents to abuse substance (Bates, Dodge, Lansford, Malone, Pettit, & Shari, 2009). The assumption is that drug use attracts delinquent individuals who may be looking for acceptance; they easily conform to the norms of groups that embrace them.

Negative parent-child relationships have been associated with adolescents' entry into deviant peer groups (Bates et al., 2009). On the other hand, when parents are concerned with the lives of their children, and teach them to respect, they do not abuse drugs (Crump, Eitel, Haynie, Saylor & Simons-Morton, 2001). This is affirmed by research findings on the effect of positive parent - child relationships (Piko & Balazs, 2012). Positive parent-child relationships create room for discussions where rules to be

followed are explained. The parents and children are also able to maintain healthy boundaries.

Peer pressure and the desire to become popular have been closely associated with the probability for adolescent drug use (D'Amico, Green, Miles, Shih, Tucker, & Zhou, 2011). When adolescents perceive that they will become more popular among their friends if they abuse drugs, chances are that they are likely to use such substances. Adolescents who view themselves as accepted by their peers have a probability of increased substance abuse compared to the rest (D'Amico et al., 2011). Adolescents who desire to stand out as leaders and have authority over a group may use drugs and alcohol as a sign of maturity.

Individual Risk Factors

The reasons that lead to adolescent substance use are mostly visible; nevertheless, some causes such as Attention deficit hyperactivity disorder (ADHD) and depression have also contributed greatly (American Psychiatric Association, 1994). These are common among adolescents who abuse substances. Research findings have shown that ADHD diagnosed during childhood may contribute to the genesis of substance use disorders later on in life (Charach, Climans, Lillie, & Yeung, 2011). Barkley, Fischer, Edenbrock, and Smallish (1990) also supported this through their findings which indicated that young people who were hyperactive during childhood indulged in cigarette smoking, alcohol and marijuana use than the control group. Milberger, Biederman, Faraone, Chen, and Jones (1997) also reported that cigarette smoking was more among adolescents with childhood ADHD than the control participants.

Depression causes an individual to feel sad, pain, gloom or anger. Depression may be due to genetic predisposition, when parents divorce, parents using drugs, when a family member is depressed or feelings of incompetence (Taylor, 2011). These

stressors have been reported to be a motivator for individuals to begin using substances. Research conducted by Kapur and Mann (1992) indicated that depression is caused by having low supply of dopamine in the brain; this may cause a person to seek ways of increasing this level. Adolescents who have also been diagnosed with Post-traumatic stress disorder (PTSD) are at great risk for abusing drugs.

There are personality traits that are linked to alcohol and drug abuse among adolescents. These include sensation seeking and anger personalities (Nichols, Mahadeo, Bryant, & Botvin, 2008). Zuckerman (1994) defined sensation seeking as an inborn trait that motivates an individual to take extreme risks that involve physical, social, legal and financial experiences. These experiences are more during adolescence, which may be the reason for increased drug use during this phase (Andrews, Barckley, & Hampson, 2008).

Yanovitsky (2005) gave three explanations in literature regarding sensation seeking and adolescent drug abuse. One, drug abuse involves taking illegal risks, thus, high sensation seekers find it stimulating. Secondly, high sensation seekers underestimate the risk of drug use and therefore do not see drug use as dangerous. Finally, high sensation seekers use drugs in order to arouse the brain using addictive substances.

Anger is a characteristic that makes individuals view situations as annoying and as a result react with displeasure (Spielberger, Johnson, Russel, Crane, Jacobs, & Worden, 1985). Males and females do not differ as far as the anger trait is concerned (Thomas & Williams, 1991). However, proneness to anger and frustrations have been associated with more females abusing substances compared to males. This is attributed to how boys are trained by being encouraged to express their feelings of anger. On the other hand girls are socialized to hold back their feelings of anger. As a result, this produces emotional distress that leads to high levels of drug abuse.

Brain Development

During adolescence, the grey matter in the brain becomes less while the white matter grows bigger. There are also elevated levels of dopamine connections into the prefrontal cortex as the limbic system continues to develop (Bava & Tapert, 2010). The grey matter is the neuron cells that are responsible for specialized functions in the brain. The white matter contains axons whose work is to pass information from the sensory organs to the cerebral cortex. Its functions include regulating emotions and hormones. Most addictive drugs that adolescents use are described as euphoric, and increase positive emotions (Jaffe & Jaffe, 1989). They also help to reduce uncomfortable emotions such as anxiety, sadness and depression. The positive effects of these drugs lead to positive reinforcement and increase the likelihood of future use.

The work of the prefrontal cortex is to process and make decisions based on memory and reward assessment (Crews & Boettiger, 2009). It does this by stimulating dopamine. Dopamine is also responsible for pleasure and reward, as well as emotions. During adolescence, the prefrontal cortex is still developing and matures in the mid-twenties. As a result, adolescents are not able to weigh the outcomes of using drugs, rather, they look at the rewards associated with the drugs.

The limbic system also undergoes through significant changes during adolescence. This system consists of the hypothalamus, amygdala, hippocampus and nucleus accumbens (Crews, He, & Hodge, 2007). The limbic system controls memory, emotions, motivation and also strengthens behaviour. All these contribute to repetitive patterns of substance abuse. When the adolescent finds that abusing drugs is pleasurable, then one may develop a tendency of repeating its use. A majority of drugs such as nicotine, opiates and stimulants often increase the release of dopamine in the human brain. This can lead to low natural production of the neurotransmitter and as a result lead to addiction.

The Major Components of Prevention of Drug Abuse

In recent years, programs for prevention of drug abuse have become of great importance in the society. These programs have been tested using robust designs in different communities and settings (family, schools and churches). These programs have been found to yield greater positive outcomes. Successful prevention programs for drug abuse have three major elements that may be considered; structure, content and delivery. Retaining these elements ensures that the program is not distorted (National Institute on Drug Abuse, 2003).

Structure

The structure of a program addresses the type of programme, audience and setting (National Institute on Drug Abuse, 2003). The type of program includes target group, and the final positive outcomes. The program is expected to meet the needs of the participants by having clear goals and objectives (Small & Huser, 2015). Such a program's goals must be in line with the needs of the adolescents who are being targeted (Kettner, Martin & Moroney, 2013). For example, there are school-based programs that aim at reaching out to all children and adolescents in schools regardless of whether they have experimented with drugs or not. Some churches also facilitate the same programs for adolescents in their prevention programs for drug abuse.

Setting also focuses on the audience who the adolescents interact with in their neighbourhood. Adolescents do not develop in isolation; they grow within the family, schools, family, peer group and neighbourhood. An effective program that would yield good results may seek to target different settings with the same audience. For example having family-based interventions would be beneficial because parents and siblings continue to play a key role in the development of an adolescent (Kumpfer & Alvarado, 2003). The PCEA Ngecha presbytery congregations can plan to have prevention

programs that reach out to parents and children. Empowering parents with effective parenting skills is a way that may help reduce drug abuse among adolescents. Structure also describes where drug abuse prevention programs take place. Such programs aim at reaching people in their primary settings (NIDA, 2003). These include schools, churches or in youth organizations such as camps.

Content

Content consists of a combination of information, skills development, methods, and services. Drug abuse prevention programs should match with the attributes of the target population such as developmental stage, willingness to change, psychosocial needs, cultural aspects and peer influence. Age, materials, activities, syllabus and language should all be considered (Dusenbury, Falco, & Lake, 1997). Both parents and adolescents may be given information that includes facts relating to the effects of drugs, as well as laws and policies regarding drugs.

The Prevention programs should be tailored to address the cultural beliefs and customs for adolescents. This may increase the number of those joining the program, retaining them and increase the effectiveness of the program (Cooney, O'Connor, & Small, 2007). Apart from racial and ethnic background, a family's culture also includes socio-economic class, urban, suburban or rural community locality, religious affiliation, and educational attainment. These factors may promote drug abuse among adolescents who fall in any of the above category.

Drug abuse prevention programs for adolescents should emphasize on life skills that affect their attitudes and behaviour towards drug abuse. These are more effective in minimizing drug abuse compared to programs whose main focus is imparting knowledge (SAMHSA, 2000). These programs should also aim at creating strong bonds between adolescents and parents through shared activities. These have proved to be more successful compared to programs that do not include relational aspects between

adults and children (SAMHSA, 2000). Emphasis should also be put on learning approaches that empower adolescents to examine their behaviours and how they impact on others or themselves.

Delivery

Quality programs have well-trained staff to deliver programs rigorously and consistently (Valleman, 2009). This can be indicated by recruiting staff with the relevant professional training, a variety of working personnel, frequent staff in-services, and high retention. For trainers to be effective, they would require continuous training, motivation, and recognition from the program managers. Staff members on the other hand should be able to establish a close relationship with participants; one that encourages trust, relating well with others, being non-judgemental and completing the duration of the programme before exiting. Such attributes create greater impacts and higher retention rates for the learners.

Prevention programs that incorporate both parents and adolescents are able to take care of a wider set of risk and protective factors compared to focusing on one component. Thus, during delivery of such programs, it is important to have sessions for adolescents and their families. This is because family dysfunctions may cause substance use among adolescents (for instance ineffective parenting and chaotic home environments). Creating strong family bonds, encouraging parental involvement and administering stable discipline can reduce the effects of the risk factors (National Institute of Drug Abuse, 2003). Effective intervention programs therefore need to involve the family because it serves as a strong protective mechanism for adolescents (Dembo & Walters, 2003).

Preventive programs should use interactive methods such as demonstrations, discussions, brainstorming, cooperative learning and active problem solving

(Brounstein, Gardner, & Schinke, 2002). The amount of time spent on lecturing should be limited. These approaches include imitation and behavioural rehearsal (trainer acts out a new skill and the participants practice it during the lesson). The sessions may provide moments whereby the participants are placed in the role of the experts and have them demonstrate a new knowledge and skill. Participants may also be assigned homework activities whose aim is to strengthen understanding concepts. Out of session activities may enhance techniques that help an individual to become more aware of their behaviour.

Prevention Strategies for Drug Abuse Among Adolescents

Substance abuse has become a major public concern that has contributed greatly to morbidity and mortality of individuals globally (Griffin & Botvin, 2010). As a result, all stakeholders in the field of addiction have kept working on different strategies of prevention. Interventions for drug abuse may focus on prevention, the drug users or intercept the drug supply. Out of these strategies, prevention stands out as the easiest and most effective method of controlling drug abuse in the society. It takes less effort to stop the experimentation rather than rehabilitation. It is however not as easy and simple (Deviux, Jennings, Malow, & Stein, 2002). Growing evidence shows that prevention works and therefore, it should be emphasized on children and adolescents. Initiation into drug abuse occurs during childhood and adolescence. If not addressed in its early stages, drug abuse may later progress to create serious health problems.

Basic Approaches of Prevention

Drug abuse prevention programs carried out before adolescence may be more effective in behaviour adjustment compared to programs implemented later in life; this is especially so for high risk populations (Jamila, Mary, & Webster-Stratton, 2008). Programs targeting adolescents can start earlier, before or at the beginning of this stage.

These programs can be specifically tailored to enhance the adolescent's social competence and also help in establishing skills for prevention of drug abuse. Such programs can be done in a classroom set up with the adolescents while others may involve their families and the community. Drug abuse prevention strategies may include the following.

Information Giving

Lack of factual information on drugs may be a contributing factor to adolescents' drug abuse. The assumption is that individuals start using psychoactive drugs because they are not aware of the serious consequences of these substances. Such programs of prevention rely on providing factual information about drugs and their negative effects which presumably helps the adolescent come up with well thought out decisions of abstaining from using substances. Such initiatives are designed in form of a classroom curriculum, inviting guest speakers and watching educational films related to drug abuse. Some of the methods of disseminating information include anxiety provoking approaches together with sermons and teaching (Cervantes, Duenas, & Ruan, 2004).

Affective Education

The affective education approach would entail teaching adolescents skills that would improve their self-esteem, and also help them make responsible decisions. Not many programs use this approach alone. Adolescents can also come up with other healthier alternative activities of their choice instead of descriptive drug use activities (National Institute on Drug Abuse, 2002). For example, NIDA (2002) has developed the Choose Your Path Interactive videos where an adolescent watches two interactive videos. One adolescent is given a unique situation to choose from and decide whether to abuse drugs or not. During this scenario, those watching the episode are given an

opportunity to suggest the choice the actor is likely to take. These illustrations show real life situations that may confuse the adolescent when in the company of those abusing drugs.

Psychological Inoculation

The inoculation theory was developed by an American psychologist called William McGuire in 1961 (McGuire, 1961). Later, in the late 1970's, Evans (1978) came up with a strategy that focuses on how adolescents can engage in communication that is convincing. Psychological inoculation adopts the idea of immunization against infectious diseases. This approach focuses on social and psychological factors that cause adolescents to experiment with drugs. Adolescents can be sensitized through media about situations which may promote drug abuse and how to deal with such. Becoming aware of drug promoting situations and being equipped with ways of dealing with such scenarios would help in prevention of drug abuse among adolescents. Risk factors for drug abuse may emanate from the family, peer or the media (Brodbeck, Matter, & Moggi, 2006).

Resistance Training Skills

This approach involves teaching adolescents precise techniques that would help them stay away from negative peer and media influences that relate to drug abuse (Abrantes, Brown, Lewinson, & Ramsey, 2005). The main focus of this approach is to teach adolescents to be able to decline any offers of drugs from any social forum (Paulo-Ebhohimhen, Poobalan, & Van Teijlingen, 2008). These programs include identifying high risk situations and avoiding them. Mostly these programs use peers who dramatize the skills through acting. The program also includes correction of myths and the universality of the spread of drug abuse among adolescents.

There is also a component that informs the adolescents on ways that the media advertises tobacco or alcoholic brands in order to entice them into drug use. They also empower adolescents with skills to refuse such temptations (Bachman, Deleva, John, O'Malley, & Wallace, 2005). One of the strategies used in Kenya is the primary intervention borrowed from the Public Health Model of drug abuse. The primary prevention targets all children and adolescents in a particular setting without considering if they have experimented with drugs or not (Perkins, Haines & Rice, 2005). This strategy helps in deterring adolescents from the initial contact with drugs.

Personal and Social skills training

This method aims at imparting adolescents with common individual and social skills. These include skills to help them solve problems, general cognitive skills to stay away from media or problematic relationships. It also teaches skills for improving their self-worth, self-control, ability to handle distressing situations, assertiveness and relational skills (Caldwell, Flisher, Mpofu, Palen, & Smith, 2006). The advantage of teaching personal and social skills is that it has more positive outcomes compared to one skill for resisting drug use.

Family-Based Programs

Family programs are developed so that they can empower parents with parenting skills and create unity within the families affected by drug abuse (Cleveland, Mark, & Mark, 2010). These programs provide precise and factual information to families about alcohol and drugs; they support parents on how to express their views about substance use when they are together with their children. Between the stages of infancy to adolescence, parental guidance has a great impact on a child's behaviour. Parents who are available for their children can greatly impact prevention efforts (Elizabeth, Haggerty, Martie, & Richard, 2007). These interventions are carried out in

order to sensitize families on challenges experienced when transiting from childhood to adolescence. Factors such as how the family functions, effective communication and supervising adolescents are vital in drug abuse prevention programs.

Programs for High Risk Families

Prevention of drug abuse among high risk families is yet another program that targets adolescents who are vulnerable to abusing addictive substances. This may be done through giving additional individual therapy sessions. High-risk families include those that have one parent, new adolescent mothers, and parents who have previously abused drugs (Hemovich & Crano, 2009). Prevention programs should be designed to help individuals with identified characteristics that make them vulnerable to drug abuse. For instance, poor families have benefited from such programs because of their situation (Cleveland, Damon, & Mark, 2012). Adolescents whose parents have had addiction issues or neglected their children have benefited from programs that incorporate interaction sessions for the whole family.

One of the programs that has benefited high risk families for drug abuse is the Family Skills Training. The aim of this program is to strengthen the family protective factors such as family communication, values and expectation (Taylor & Bilgan, 1998). The families are also equipped with life skills for conflict resolution, attachment and bonding. The interventions are delivered in groups of families. A typical session entails children and parents attending their own group training and at the end combining them together for practice time. A research conducted by Petrie, Bunn, and Byrne, (2007) found that the most effective family skills training program in addressing substance abuse among adolescents is the one that incorporates parents, teaches social skills and responsibility.

Churches working in Collaboration with schools

Problem behaviours that involve abusing alcohol and other drugs often begin during the school-age years. As a result, when the church works in collaboration with schools in implementing prevention programs, this may increase ways of preventing drug abuse (Tobler & Stratton, 1997). School prevention programs are all-inclusive and are tailored to target a large audience. However, when programs are done in interactive formats with small groups of adolescents, this has produced positive and lasting results (Tobler & Stratton, 1997). The PCEA can work with schools through camps or weekend challenge programs to help out the adolescents.

School-based drug prevention programs are usually conducted in class rooms. However, parents can also be incorporated in the school-based programs with the aim of improving the relationship between parents and the adolescents, and parents sharing responsibility for the children's progress in school (Ranaweera & Samarasinghe, 2006). Parents are also trained on child management practices such handling diverse and difficult situations at home, and how to reward children positively or negatively. The PCEA Ngecha Presbytery has schools that it has sponsored within the community. With proper planning, the school administrations and the church can incorporate drug and alcohol prevention programs which can be implemented during weekends.

Empirical Literature Review

Abuse of drugs is a global problem which is very expensive to treat. United Nations Office on Drugs and Crime (2016) world report indicated that a population of a quarter billion people aged between 15 and 64 years tasted a drug at least once in 2014. Out of this number, approximately 29 million people were suffering from drug induced-disorders. This led to diseases, impairment, and failure to accomplish key roles at school, home and at work. According to the same report (UNODC, 2016), individuals

who died out of complications related to drug use in 2014 was approximately 207,400. This corresponds to 43.5 deaths per a million people aged between 15 – 65 years. These deaths can be reduced through preventative measures.

Statistics for drug abuse situation in the African region have been scanty (UNODC, 2014). However, this report cited West and Central Africa as high consumers of cannabis at 12.4%. This figure was higher than the global average usage which by then was at 3.85%. Bhang is the most commonly abuse drug of choice substance among teens in Africa apart from alcohol (Waithima, 2017). In South Africa, substance abuse has been reported to be twice the rate of the world norm (Tshitangano & Tosin, 2016). Over 15% of the population suffers from drug problems while 60% of all crimes in South Africa are drug related (Thornson, 2015).

South Africa has also been greatly affected by drug abuse among children and adolescents. There is increased access to illegal and legal substances. This has resulted to intentional and unintentional injuries among these adolescents (Flisher , Lombard, Mathews, & Mukoma, 2006). Alcohol, tobacco and cannabis are the most abused substances. Use of drugs is a major cause of aggression and delinquency, injury and early initiation to sex (Hosegood, McGrath, Newell, & Nyirenda, 2009), scholastic problems, dropping out of school, mental and physical health. Among 8th – 11th grade learners, a National Survey conducted among adolescents in 2008 reported that 50% of the learners had atleast drunk alcohol, just under 30% had smoked cigarettes and 13% had used marijuana in their life time (Funani et al., 2010). Almost a third (29%) had been involved in binge drinking (consuming five or more drinks on one occasion) during the preceding one-month period.

In East Africa, drug abuse has continued to increase with over 30% of students abusing various types (Kyalo, 2010). Citing Tanzania, children being in possession of bhang was ranked second to stealing among the cases received by juvenile courts

(Janvier, 2012). In Uganda, Kizza, Hjelmeland, Kinyanda, and Knizek (2012) found out that alcohol abuse contributed to nearly 68% of all the suicide cases in Northern Uganda. In Rwanda, consumption of tobacco and other drugs by teenagers has also become increasingly worrisome (Republic of Rwanda, 2009). The data available shows that 24% of secondary school students were using tobacco products in 2008. As a result the number of hospital admissions and psychiatric consultations related to drug use problems among the youth in Rwanda had increased.

In Kenya, alcohol and drug abuse has penetrated all regions of the society with adolescents becoming the major consumers. According to National Campaign on Drug Abuse (2007) report, 13% of all people from the 8 provinces in Kenya apart from the North Eastern province were found to be consumers of alcohol. Half of these were adolescents aged between 10 to 19 years, with over 60% living in the urban areas and 21% in rural areas (United Nations Office of Drugs and Crime, 2004).

A baseline survey conducted by Kamau, Matogo, and Waweru (2011) indicated that 48.9% of adolescents had consumed alcohol with 18.5% maintaining usage. NACADA (2012) also carried out a survey on substance abuse among youth aged 15 – 24. The survey was to assess how the youth were using drugs. The results indicated that 11.7% of the youths were using alcohol, 6.2% tobacco, 4.7 miraa and 1.5% cannabis. The study also established that the average age of initiation to alcohol and tobacco among 10 – 14 year olds was 10 years. This is a dangerous trend and more strategies have to be put in place to avert it.

The PCEA has been very aggressive in campaigning against alcohol and drug abuse among its members. Although the researcher is not aware of any research that has been done in regard to adolescents' alcohol and drug abuse, the above statistics may be a pointer that children in the PCEA Ngecha Presbytery are also vulnerable to abusing

drugs. The PCEA through the B & G B has been working with adolescents and one of its aim is to have hollistic adolescents who abstain from drug abuse.

Conceptual Framework

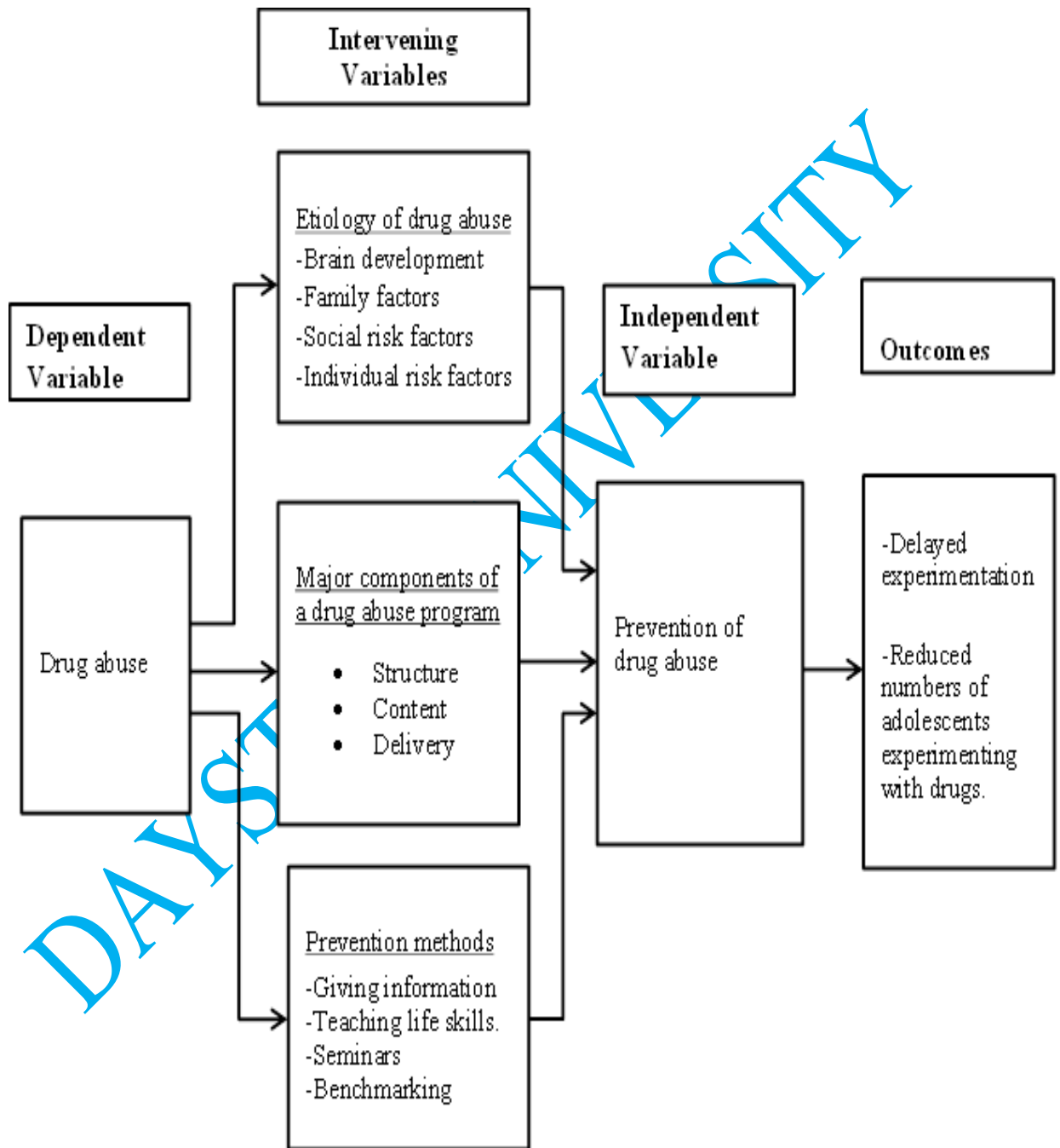


Figure 2.1: Relationship Between Variables
Source: Researcher (2018)

Discussion

The conceptual framework highlights the variables and how they interact to bring out positive outcomes of controlled numbers of adolescents experimenting and/or delaying the initial contact with drugs. The independent variable is prevention; the dependent variable is drug abuse. Drug abuse among adolescents depends on several factors among them the brain development, family, social and individual factors. Awareness of the causes for drug abuse would help in formulating the right intervention strategies for prevention of drug abuse.

There are major components that have to be considered when designing a successful program for drug abuse. The structure, content and delivery of a program would determine if adolescents would reap the benefits of delaying or avoiding experimentation with drugs. When structuring a prevention program, it should be noted that adolescents grow in different settings; the home, school and neighbourhood. These need to be incorporated in the program because they continue to influence an adolescent's development.

The content for the drug abuse programs consists of factual information on drugs, skills for empowering the adolescents and the services. The developmental stage, psychosocial and cultural characteristics of adolescents should be incorporated. The program should be tailored to address the cultural practices and traditions for the adolescents and their families. Professional training in drug abuse for the Brigade officers is also very important. This equips the Brigade officers in detecting early symptoms of drug abuse, as well as having the right interventions for those who have already started abusing drugs.

Prevention strategies are featured in the conceptual framework because; their effectiveness would also determine whether adolescents would experiment early with drugs. There are strategies that deal with empowering the adolescents in specific areas

such as poor self-worth; such makes adolescents become vulnerable to drug abuse. Other strategies involve both adolescents and their parents, especially adolescents who come from homes where parents and siblings abuse drugs.

The intervening variables also affect each other. The etiology of drug abuse among adolescents would influence the structure, content and delivery. For example in order to deal with the familial factors of drug abuse, the target population would be the adolescents, siblings and their parents. The content such as knowledge and skills would have to take care of the needs of the whole family. Prevention strategies would also affect the target populations. For example citing brain as an individual factor, it would be important to hold seminars for parents in order to empower them with skills on how to handle adolescents who have issues like ADHD or depression. This may minimise their frustration in dealing with adolescents in this developmental phase.

Summary

In this chapter, the primary socializing theory has been used to explain how adolescents are initiated into drug abuse by the social agents in their lives. The Social learning theory was also used to explain how adolescents learn behaviours through observation, imitation, role modelling and reinforcement. The general literature has discussed the etiology of drug abuse, the core-elements of successful prevention programs and prevention strategies that have found to be successful. Finally, the conceptual framework was used to show how the variables interact with one another in order to reduce the numbers of adolescents who would experiment with drugs. The following chapter discusses the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter of the research study describes the procedures the researcher followed in conducting the actual research. It encompasses a step-by step plan of what was done in the study and the reason behind using every technique. This is important in the sense that the results of the study can be evaluated by the researcher or other researchers (Kothari, 2004). The researcher identified the appropriate design, target population, location of study, the type of data to be collected, sources of data, the sampling methods, and data collection techniques and how the data was analysed. Finally, the ethical considerations were discussed.

Research Design

According to Bryman and Bell (2007) a research design should provide the overall structure and orientation of an investigation as well as blue print within which data can be collected and analyzed. In this study, the researcher adopted a descriptive survey. This method sought to describe the present status of the given phenomenon. In this study, the descriptive survey aimed at providing insights into understanding the challenges that the PCEA Ngecha Presbytery was facing in prevention of drug abuse among adolescents.

Population of the Study

Population is the total number of the large habitations of people in one geographical area (Adeniyi, Oyekanmi, & Tijani, 2011). These are the objects, items or materials that fall within the geographical location in which a researcher intends to conduct the study. The population for this research were adolescents and the brigade officers from the PCEA Ngecha Presbytery congregations. E.N. Maina (personal communication, July 20, 2017) stated that PCEA Ngecha Presbytery has five parishes

namely Redhill, Kabuku, Nyathuna, Ngecha Mother church and Solomon Githinji Memorial. Each of these parishes have several congregations which make a total of 16. The congregations have different committees that are elected yearly to run the affairs of women, men, youth, adolescents and children. The adolescents fall under the B & G B committee which comprises of trained officers who teach and train the adolescents. The Presbytery has a total of 158 officers.

Target Population

Target population are individuals to whom the survey applies; these are subjects who can be able to give feedback in relation to the questions asked. The results of the survey also describes them (Kitchenham & Pfleeger, 2002). The target population were the adolescents and the Brigade officers from PCEA Ngecha Presbytery, Kiambu County.

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Table 3. 1: Population of PCEA Ngecha

Name of PCEA Parish	Name congregations	No. of adolescents aged 12-17		Total no. of adolescents	Number of officers		Total Officers
		Boys	Girls		Male	Female	
Redhill	St. Cuthbert	16	20	36	8	5	13
	Karura Church	3	3	6	1	0	1
	Rwinu Church	26	40	66	5	5	10
KABUKU	Kabuku Church	30	40	70	5	15	20
NGECHA	Mother Church	24	31	55	9	12	21
	Thing'ati Church	7	8	15	3	12	15
	Gitangu Church	22	16	38	4	7	11
NYATHUNA	Nyathuna Church	10	20	30	2	8	10
	Ruku Church	5	11	16	2	3	5
	Gikuni Church	17	21	38	6	7	13
	Githunguri Gichamu	10	10	20	2	3	5
KAHUHO	Solomon Githinji Memorial Church	20	20	40	2	6	8
	Kaiba Church	15	12	27	2	5	7
	Gatuanambu Church	9	15	24	4	2	6
	Kiamutung'u Church	13	17	30	2	3	5
	Kanjeru Church	18	22	40	4	4	8
Total	16	245	307	552	61	97	158

Sample Size

When a sample population is less than 10,000, a researcher can use a sample size of between 10% and 30% of the target population (Mugenda & Mugenda, 2003) and this is adequate for analysis. Kothari (2004) affirmed that a sample size of 10% to 30% would be adequate. In this study, the researcher used 30% sample size from the selected congregations within the parishes. Thus, the sample size for both adolescents between 12 and 17 years and their trainers were at 30% (Mugenda & Mugenda, 2003).

The sample population was picked from congregations with the highest recorded numbers of adolescents in the Brigade. These were the PCEA Rwinu in Redhill (66), PCEA Kabuku (70) in Kabuku Parish, PCEA Mother Church (55) in Ngecha Parish, PCEA Gikuni (38) in Nyathuna parish and PCEA Solomon Githinji Memorial (40) in Kahuho Parish. The total number of subjects who were expected to participate in the research study were 82 adolescents and 25 Brigade officers.

Table 3. 2: Sample Size of the PCEA Ngecha Presbytery

Selected PCEA Ngecha Presbytery Parish congregations	No. of adolescents		No. of Trainers		30% of the target population of adolescents	30% of the brigade trainers
	Boys	Girls	Male	Female		
PCEA Rwinu	8	12	2	2	20	4
PCEA Kabuku	9	12	2	5	21	7
PCEA Gikuni	5	7	2	2	12	4
PCEA Ngecha- Mother church	7	10	3	4	17	7
PCEA Solomon Githinji Memorial (Kahuho)	6	6	1	2	12	3
Total	35	47	10	15	82	25

Sampling Techniques

Sampling is the process whereby the researcher selects participants for a study to represent the larger group from which they were selected (Mugenda & Mugenda, 1999). The researcher used purposive sampling in the PCEA as one of the mainstream churches in Kenya who have been engaged in prevention of drug abuse among its members. The church has a ministry for adolescents who are also vulnerable to drug abuse. According to Kothari (2004) purposive sampling is a deliberate move to select particular units of the universe to represent the rest in a study.

The sample population came from congregations with the highest registered number of adolescents in the B & G B in the presbytery. The researcher picked 30% of the respondents (Mugenda & Mugenda, 2003) randomly from adolescents who were

available. The characteristics for inclusion included one being able to communicate, must a member of B & G B in Ngecha Presbytery and aged between 12 – 17 years. The reasons for choosing subjects in age bracket of 12 to 17 years is because they fall in the ages which have been found to be early abusers of drugs (NACADA, 2007).

Data Collection Instruments

Data can be collected through tests, questionnaires, interviews, classroom observations, diaries, and journals. Qualitative methods of collecting data are mainly interviews, diaries, journals, classroom observations and open-ended questionnaires (Zohrabi, 2013). For the purposes of this research, questionnaires and interviews were used.

Questionnaires

The questionnaires had 2 sections; A and B. Section A had the demographic information of the respondents, both the adolescents and brigade officers. Section B had items based on the objectives of the study whereby the adolescents had different questions formulated by the researcher. These questions required the respondents to put a tick [✓] on statements they agree with. The researcher used the questionnaires with the adolescents because some may not be able to express themselves or give elaborate explanations. The questionnaires are also easy to administer and cost effective (Selinger & Shohamy, 1989). The researcher administered the questionnaires face-to-face; this helped in giving clarity and eliminating any ambiguity (Gillham, 2000).

Interviews

Interviews are basically used for collecting qualitative data. They help the researcher to get original information directly from the respondents. Interviews can be done on a person-to-person basis or in collective formats (Zohrabi, 2013). They allow the researcher to probe and this can assist in providing in-depth information (Johnson

& Turner, 2003). The researcher used person-to-person interviews with the officers. She formulated the interview questions which were unstructured. The researcher had freedom to ask questions in any sequence and also explain them to the respondents. This helped in bringing out their experiences in training and teaching the adolescents in the Brigade classes.

Types of Data

Sources of data for this study were original in nature and directly collected by the researcher from the field using the questionnaires and interviews. The quantitative data was obtained from the adolescents and was in numerical form. On the other hand, Qualitative data was collected from the Brigade officers from the interviews conducted using the interview schedules. The data was in narrative form.

Data Collection Procedures

Two research assistants were recruited from the Presbytery. The adolescents were able to identify and relate with them at ease. This helped in eliminating any anxiety of dealing with the researcher alone. The research assistants were then oriented on the study by the researcher. The researcher took time to explain to them the importance of gathering accurate data. They were then taken through the questionnaires systematically ensuring that they understood all the questions. The interviews were conducted by the researcher on a one-on-one with the respondents. The raw data for the adolescent questionnaires was recorded in the same questionnaires while the interviews were recorded in a note book and later typed by the researcher.

Pretesting

For every research design, the data collection instruments must pass the test of validity and reliability to ensure that the measures are considered efficient. A measure is termed as reliable when it repeatedly measures the concepts it is supposed to measure without bias (Sekaran, 2003). The reliability is termed as high if the repeated use of a

research tool, under the same conditions gives the same results. The test was repeated after two weeks of the initial test to check if the results were the same. The Cronbach's Alpha measure of internal consistency was then used to determine the reliability of the data collection instruments. The Alpha measures internal consistency by establishing whether certain items measure the intended variable. Table 3 presents the reliability test results.

Table 3. 3: Cronbach's Alpha Coefficients

Scale	Cronbach's Alpha	Number of Items
Level of awareness	0.799	12
Major components	0.746	18
Strategies	0.754	8

Nunnally (1978) set the Alpha value threshold at 0.7 which this study used as a guideline. The Alpha Coefficients in Table 3.3 reveal that all the scales were relevant, having an alpha above the given threshold of 0.7. The highest level of reliability was established in Level of Awareness ($\alpha=0.799$) followed by the Strategies Used ($\alpha=0.754$). Major Components was also reliable at an Alpha level of 0.746. The study thus found that the data collections instruments were reliable and could be used for further investigation.

Validity on the other hand is a measure of accuracy in obtaining data (Mugenda, 2008). In other words, validity checks whether the instruments measures the characteristics it is designed to measure. Pre-testing was conducted with a sample from PCEA St. Cuthbert. The researcher pre-tested with a 30% sample of both adolescents and Brigade officers (Mugenda & Mugenda, 2003). These were 11 adolescents and 3 Brigade officers. To ensure validity of the tools, guidance was sought from the supervisors and experts in the field of Child Development. The results were used to adjust the instruments.

The pre-testing assisted the researcher to identify any ambiguous statements, or any areas that require adjustments. This added value and made the entire project more valid (Van Wijk & Harrison, 2013). The researcher did the pre-testing at PCEA St. Cuthbert in Redhill Parish. Adolescents and officers who were used for pre-testing were not the same as those who were used in the study. From the repeat test, conducted two weeks after the initial test, the researcher readjusted the questionnaire by removing a statement under the sub-section of part II which addressed delivery as a core element for successful prevention program. Initially, the participants had one option to either tick (✓) or (x). Respondents were required to show their levels of agreement on a 3 Point Likert scale. This readjustment was deemed necessary because the responses obtained to the question in the repeat test were not consistent with those obtained in the initial test. It was also noted that a majority of the Brigaders did not understand the statement as most did not respond to it.

Data Analysis Plan

Data analysis is an activity that entails sorting out, creating meaning, interpreting and theorizing data that is not specific (Schwandt, 2007). Thus, the data collected was organized and recorded well to enable the researcher to make correct interpretation. Analysis was made quantitatively and qualitatively. In the quantitative method, analysis aims at reducing the volume of raw information through selecting notable patterns and establish a way for conveying what the data reveals numerically. The quantitative data collected using the questionnaires was coded and keyed into the SPSS version 24 software. This generated frequencies, percentages, mean, and deviations. This was then presented in graphs, pie charts and tables.

In qualitative analysis, the researcher creates meaning from the narrative of the data collected from the field in order to understand the situation under the study (Leedy & Ormrod, 2010). Robson (2011) agrees with the views of Leedy and Ormrod (2010)

and further confirms that qualitative analysis is easier to comprehend than deriving meaning from figures. Qualitative data from the interviews were entered into the content analysis. It was then coded according to the emerging themes. This was then presented in narratives, bar charts, tables and pie charts.

Ethical Considerations

The researcher got approval from Daystar University's Institute of Child Development, the National Commission of Science Technology and Innovation (NACOSTI) and from the PCEA Ngecha Presbytery. This is in accordance with research ethics in relation to protecting the dignity of the respondents and the publication in research. One of the ethical issues that the researcher considered addressing is the informed consent. Informed consent entails an individual making an informed decision without being coerced to be part of the research process (Armiger, 1997). Informed consent seeks to uphold the autonomy of the subjects and prevent assault on the integrity of the the subject. This was entirely a voluntary process and at any given time, the subjects were allowed to withdraw from the study if they felt compelled to do so.

Confidentiality of the identity of the subjects was also observed to ensure that the names of the subjects were not linked with their personal responses (Fouka & Mantzorou, 2011). The researcher ensured that disclosure of any information regarding the study was avoided, thus, the respondents did not write their names on the questionnaires. The brigade officers did not either have to write their names in their consent forms. This helped in protecting the respondents from any psychological harm that may be caused from any sensitive information shared.

There is increased concern about using vulnerable groups in research. Vulnerable groups in relation to this study were the adolescents who fall in the bracket of children (minors) as defined by the Children's Acts (Republic of Kenya, 2016). They

are vulnerable because they are not able to give an informed consent. They are also in a greater risk of being misguided, taken advantage of, intimidated, exploited or forced to participate. To address this concern, the researcher sought approval from their caregivers. This also offered an opportunity for the researcher to explain the importance of the research to the community. The researcher also clarified that the study is not for purposes of making money but for academic use only. For this reason, the subjects were not paid any money and neither did the researcher make any money out of the study.

Summary

This chapter has discussed the research design used in the field while collecting data. Items discussed under this chapter include the population, target population, the sample size and the sampling techniques. The data collection instruments, type of data to be used, data collection procedures, pre-testing, data analysis and ethical considerations have been discussed. The following chapter discussed data analysis, interpretation and presentation.

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CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

Introduction

This chapter delves into the data analysis, interpretation and presentation. The purpose of this study was to examine the factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery Boys' and Girls Brigade. Specifically, the study sought to identify the level of awareness of the etiology of drug abuse among adolescents in the PCEA Ngecha Presbytery B & G B; to establish the major components of successful prevention programs for drug abuse among adolescents in PCEA Ngecha Presbytery B & G B; and to find out strategies being used for prevention of drug abuse among adolescents in PCEA Ngecha presbytery B & G B.

Before data collection begun, the researcher held seminars relating to drug abuse among adolescents. The aim of the seminars was to diffuse any misconceptions and myths related to drug abuse that would affect the results during data collection. The researcher highlighted (without mentioning the causes) that there were many factors that cause drug abuse and that abusing drugs is a personal decision for many individuals. This is regardless of whether they were aware of the consequences or not. Thus, no one was held accountable for members of family who abused drugs. The researcher emphasised the need for prevention and early detection because such individuals could be assisted through prevention from going deeper into addiction. The researcher also gave hope to those with family members already using drugs; such individuals can be assisted through rehabilitation programs.

Presentation, Analysis and Interpretation

Response Rate

A response rate of 70.7% was achieved among adolescents with 58 respondents reached out of the 82 targeted. Conversely, a 56.0% response rate was realized among Brigade officers, with the study having interviewed a total of 14 officers out of the 25 targeted. Findings are tabulated in table 4.1.

Table 4. 1: Response Rate

Responded	Adolescents		Brigade Trainers	
Reached	58	70.7%	14	56.0%
Unreached	24	29.3%	11	44.0%
Total no. of respondents	82	100.0%	25	100.0%

The foregoing response rates were considered satisfactory by Mugenda and Mugenda (2003) who postulate that a feedback of 50% is sufficient for analysis and reporting; 60% is good and 70% and over is exceptional. The response rate can in part be attributed to the brief talks the researcher held with the B & G B teams in the congregations involved. The aim was to correct any myths or misconceptions in regard to drug abuse, minimize stigma and the importance of early detection for those already abusing drugs. Failure to sensitize the respondents would have led to non-response for fear of victimization.

Demographic Information

This section presents respondents' demographic information with regard to age, gender, respective levels of education and the duration of service among Brigade officers in dealing with adolescents in the B & G B.

Response by Age

The study considered age an important demographic characteristic in order to have a summary on how age was distributed among the adolescents reached in the study area. Age differences were also substantial with regard to the impact of the various prevention programs for drug abuse on adolescents across the ages. Figure 4.1 presents the findings.

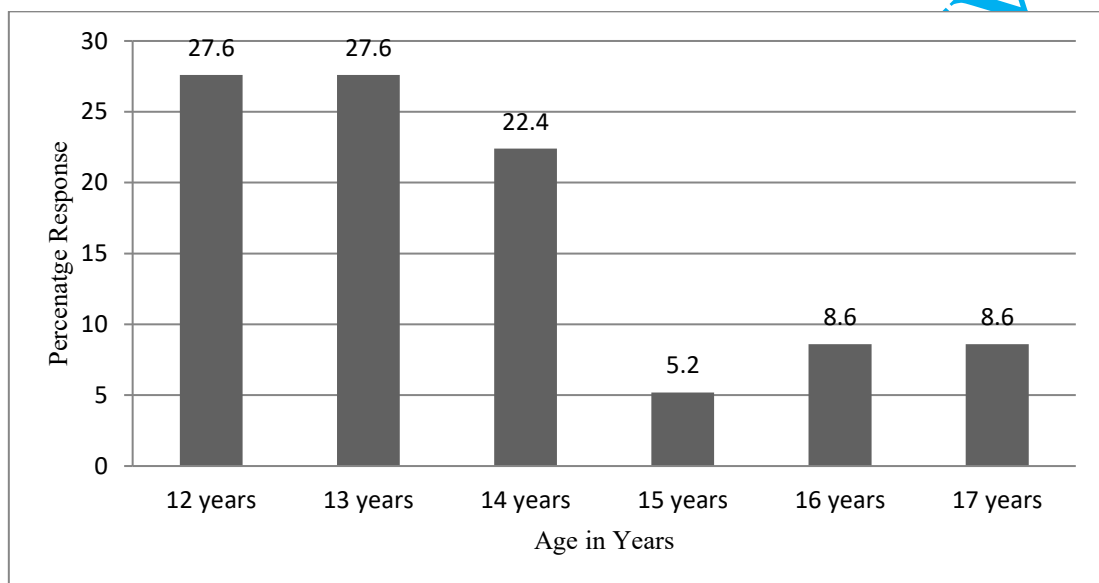


Figure 4.1: Response by Age

Results as illustrated in Figure 4.1 reveal that respondents aged 12 years were 16 (27.6%), 13 years were 16 (27.6%), 14 years were 13 (22.4%), 15 years old were 3 (5%), 16 years old were 5 (8.6%) and 17 years were 5 (8.6%).

As such, it can be deduced that the study reached respondents distributed across the ages of 12 and 17 years. The study found the foregoing age bracket of interest to the present study owing to the increasing reports of adolescent youth engaging in alcohol and drug abuse in the country. A study done by NACADA (2010) on alcohol use in the Central Province indicated that the number of under age (below 18) abusing alcohol was high. This may be a pointer that adolescents in this Presbytery may also be at risk of using alcohol and other illicit drugs. In a separate study, NACADA (2012)

reports that adolescents at the age of 14 years are already experimenting with drugs and this poses a great risk in their lives and the country at large. Further, according to the United Nations Office on Drugs and Crime (2016) world report, it is estimated that a population of a quarter billion people aged between 15 and 64 years tasted a drug at least once in 2014.

Response by Gender

In order to show the gender distribution and consistency across the respondents reached in the survey, the study aimed at establish the respondents' gender. Respondents were asked to choose their gender by selecting either male or female response options provided. Results are presented in Figure 4.2.

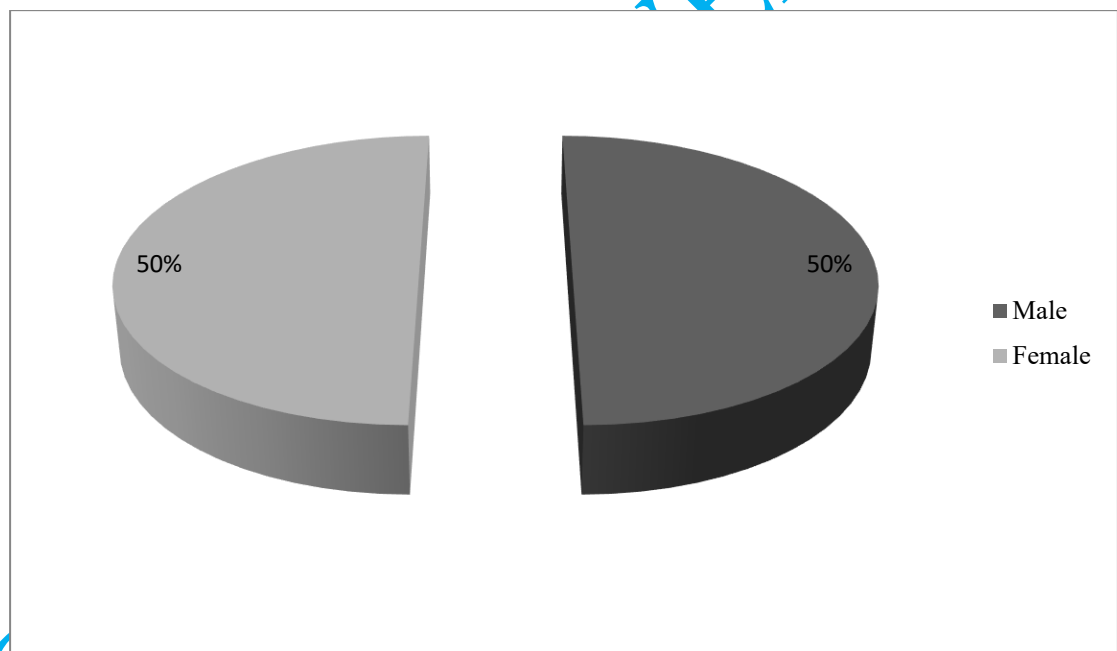


Figure 4.2: Response by Gender

As presented in Figure 4.2, the study established an equal representation of male and female respondents (50.0%). It follows then from the finding that gender parity was established in the study and results are therefore representative of the diverse gender perspectives on pertinent issues relating to the factors affecting prevention of drug abuse among adolescents in the study area.

Gender differences in drug abuse was also a key consideration in the strategies adopted towards preventing the same as adolescents of either gender are sensitive to different causative factors. Thomas and Williams (1991) intimated that males and females do not differ as far as the anger trait is concerned, however, the tendency to become angry and frustrated corresponds with higher rates of substance use among girls. The reason for this may lie in the fact that socially, it is acceptable for boys to express their feelings of anger whereas girls are expected suppress theirs (Thomas and William, 1991). This may produce emotional discomfort that may lead many girls to abuse drugs.

Response by Level of Education

Participants were required to state their level of education. This was to show the distribution of participants with respect to levels of education. Findings are as shown in Figure 4.3.

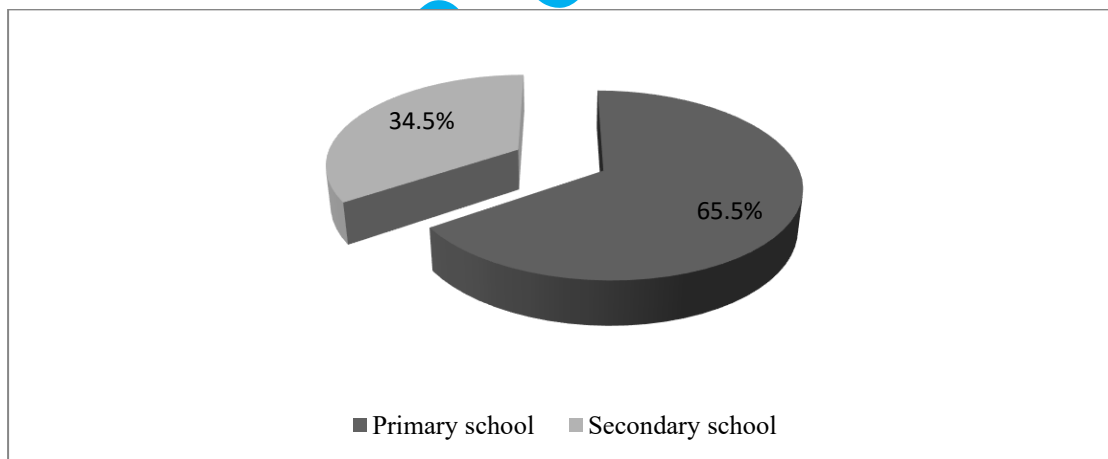


Figure 4.3: Response by Education Level

From the findings, a great number of respondents (65.5%) were drawn from primary school level, while 34.5% were in secondary school. The observed levels of

education were in tandem with the respective observed ages. Level of education was a considerable factor with regard to drug abuse among adolescents owing to the different levels of exposure and peer influence as well as the effect drug abuse has on education which includes dropping out of school.

According to Republic of Rwanda (2009), 24% of young people in secondary schools were using tobacco in 2008. Accordingly, Funani et al. (2010) report that among 8th – 11th grade learners, a National Survey conducted among adolescents in 2008 show that 50% of the learners had drunk alcohol, just under 30% had smoked cigarettes and 13% had used bhang in their life time. Gerberding et al. (2004) point out in their study that drugs expose adolescents to diseases caused by the toxic chemicals, crime, accidents, dropping out of school and also reducing their life expectancy as some die prematurely from overdosing. Mahajan et al. (2010) further argued that drug abuse has been stated as health disaster due to its negative effects to the adolescent, schools and communities.

Response by Duration of Service in the B & G B

Among the Brigade officers, the study sought to find out the duration the Brigade officers had served in the B & G B. The results are indicated in the following pie-chart.

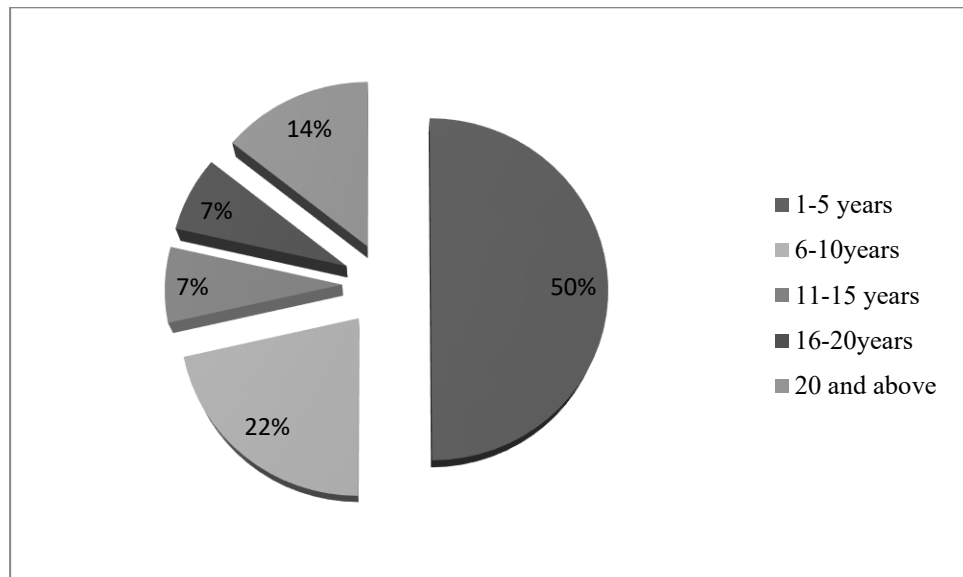


Figure 4.4: Response by Duration of Service in the B & G B

Figure 4.4 shows that the duration of service in the Boys' and Girls' Brigade was well distributed. Half the number of the trainers had served between 1-5 years (50%), while 14 % had been working with the adolescents for over 20 years.

Level of Awareness of Causes for Drug Abuse

The study sought to identify the level of awareness of the etiology of drug abuse among adolescents in the PCEA Ngecha Presbytery B & G B. To this end, the subjects were asked what in their opinion and experiences were the major causes of drug abuse among adolescents. This was on a 5 point Likert scale where 1 = strongly disagree, 2 = disagree, 3 = I am not sure, 4 = agree, 5 = strongly agree. Findings are as presented in Table 4.2.

Table 4. 2: Level of Awareness

	Mean	Std. Dev
Neglecting or mistreating a child.	4.07	1.006
When a parent uses drugs.	3.43	1.378
Bad relationships between parents and children.	3.24	1.247
When a parent is not educated	2.05	1.033
When a child comes from a poor or rich family.	2.91	1.261
Beating or abusing a child sexually.	4.05	1.099
Abusing a child by using by using hurting words.	3.40	1.270
Being friends with children who do not going to school or those that steal people's things.	3.33	1.468
Desiring to become popular among your friends.	3.17	1.353
Being a member of a gang or children who use drugs.	4.19	1.131
Being bored/depressed	2.81	1.146
Some diseases like depression	3.33	1.330

As presented in Table 4.2, a majority of respondents strongly affirmed to as key reasons, being a member of a gang or children who used drugs (4.19); neglecting or mistreating a child (4.07); and beating or abusing a child sexually (4.05). A majority further moderately affirmed to when a parent used drugs (3.43); abusing a child by using hurting words (3.40); being friends with children who do not go to school or those that steal people's things (3.33); some diseases like depression (3.33); and bad relationships between parents and children (3.24). A majority further disagreed with when a parent is not educated (2.05) as a contributing factor to adolescents' indulgence in drug abuse. Asked to point out any other reasons, a majority of respondents cited peer pressure and poor parenting.

Table 4. 3: Level of Awareness of Etiology of Drug Abuse Among Adolescents

Causes of drug abuse	F	%
Parental negligence	7	13.2075
Seeking for recognition	1	1.8868
Looking for attention	1	1.8868
Negative peer pressure	11	20.7547
Lack of knowledge on consequences of drug abuse	2	3.7736
Low self-esteem	1	1.8868
Availability of drugs in the neighborhood	2	3.7736
Idleness	2	3.7736
Negative medial influence	4	7.5472
Developmental Challenges during adolescence	1	1.8868
Lack of corporal punishment	1	1.8868
Lack of respect	1	1.8868
Parental Drug use	4	7.5472
Communication barrier	1	1.8868
Curiosity	1	1.8868
Family instability	5	9.4340
Pleasure / Fun	2	3.7736
Poverty	1	1.8868
Stress management	2	3.7736
Myths; drugs help one to pass exams	3	5.6604

In identifying the level of awareness of the causes of drug abuse among the adolescents with the officers, a majority of the trainers agreed that negative peer pressure at 78.57% played a major role in initiation of drug abuse among adolescents. Parental negligence at 50%, family instability at 35.71% and Media influence at 28.57% were found to moderately cause substance abuse. Citing peer influence, one of the officers reported that...

...technology has affected our children so much. They can watch people abusing drugs; they watch pornography through their mobile phones. This goes in hand with drug abuse...you can't separate them

...

It was further established that other causes of drug abuse among adolescents included poverty, stress management, myths; the fact that drugs made adolescents perform well academically, curiosity and fun, peer acceptance, a parent using drugs, lack of knowledge about drugs and their effects, low self-esteem, developmental challenges and idleness.

The study further probed to find out from the interviewees, what the signs of an adolescent who abused drugs were. Responses in this regard included rebellious/naughty behavior, drug peddling, argumentative behavior, arrogance, poor performance in class, low concentration in school/home, lack of self-control, indiscipline, irresponsible sexual relationships resulting in unwanted pregnancies and contracting of HIV/AIDS, absenteeism from school, dropping out of school and hallucinations.

The study further asked the interviewees what the consequences of drug abuse among adolescents were. A majority of them cited dropping out of school, becoming a thief, poor academic performance, developing psychiatric conditions, getting infections like sexually transmitted diseases due to engaging in early sex, and unwanted pregnancies. Other consequences included developing health problems such as damaging the liver; loss on memory, ruining relationships, depression, disciplinary cases at school and some dying due to overdosing with drugs. Citing one of the trainers in relation to an adolescent becoming a thief, she reported that

“...some become thieves because they need money to continue buying drugs once they become addicts. They become a problem to their parents, neighbors and the community...”

The foregoing findings point to a myriad of reasons associated with drug abuse among adolescents. It can be deduced from the findings that prominent among these reasons include adolescents' associations and affiliations to cliques and gangs that

abuse drugs; poor parenting including neglect and abuse; media influence, poverty, stress management, myths that drugs make adolescents perform well academically, domestic quarrels and violence, curiosity as well as parents' involvement in drug abuse. As such, curbing drug abuse among adolescents presupposes measures that address the foregoing reasons and targeted at the most vulnerable individuals.

This finding is in agreement with Bava and Tapert (2010) who opined that adolescents are vulnerable to stress and as a result indulge in risk-seeking behaviours; and that stressful circumstances that include family, social tensions and mistreatment that takes place during this period can cause adolescents to begin abusing drugs. The finding also agrees with Whitesell et al. (2013) who argued that maltreatment during childhood, parents and other family members abusing drugs, marital status of parents, a parents level of education, how parents and children relate, economic status of the family and if a child feels that parents approve their substance use.

Peterson et al. (1990) further argued that in families where there is parental drug abuse, children and adolescents can be affected directly in their physical and cognitive functions. Further, a study conducted by Singh, Thorntorn, and Tonmyr (2011) showed that 29% of children who were mistreated participated in some level of drug abuse. Battin et al. (1998) is in agreement that gangs promote the cycle of substance use which in turn can attract adolescents to the gang.

Major Components of Drug Abuse Prevention Programs

The study sought to establish the major components of successful prevention programs for drug abuse among adolescents in PCEA Ngecha Presbytery B & G B. To this end, the structure and content, key characteristics, delivery and techniques employed at the program were assessed as hereby elaborated.

Structure and Content of the Program

In trying to establish the structure and content for a successful program on alcohol and drug abuse, the respondents were asked to indicate the groups which Boys' and Girls' Brigade worked together with in prevention of drug abuse in their respective churches. These are the people who the adolescents interacted with and played an important role in the initiation of drug abuse. Respondents were required to indicate their responses to pertinent questions as whether yes, no or not sure. Findings are as elaborated in Table 4:4.

Table 4. 4: Structure and Content of the Program

	Yes		No		Not sure	
	F	%	F	%	F	%
Schools neighboring our church	15	25.9	22	37.9	21	36.2
Our parents, brothers, sisters, cousins and others related to us	31	53.4	15	25.9	12	20.7
Our friends who go to other/different churches	25	43.1	15	25.9	18	31.0
People in our neighborhood	18	31.0	20	34.5	20	34.5

It was established as Table 4.4 presents that a majority of respondents affirmed that their respective churches worked with adolescents' parents, brothers, sisters, cousins and others related to adolescents (53.4%); and friends who go to other/different churches (43.1%). It was also established that a majority of respondents (37.9%) indicated that their respective churches do not work with neighboring schools as well as people in the neighborhood (34.5%).

The finding indicates that the B & G B in Ngecha presbytery worked in collaboration with adolescents' parents, brothers, sisters, cousins and others related to them as well as friends who go to other/different churches. The adolescents did not grow in isolation but within the family system, schools, peer group and neighborhood. This is in agreement with Crump et al. (2001) who observed that social and family

influences often occur concurrently. This relationship forms a complicated system of risk factors that predict adolescent drug abuse.

Characteristics of Successful Prevention Programs

The study sought to find out the characteristics associated with successful prevention programs for drug abuse among the adolescents. This would show the key features that ought to be incorporated in drug abuse prevention programs for adolescents. Table 4.5 presents the findings.

Table 4. 5: Characteristics of Successful Prevention Programs

	Mean	Std. Dev
The Boys' and Girls' Brigade gives us social support like helping us choose the right friends and staying away from drugs.	4.17	1.094
This program helps me feel accepted by other adolescents and the Brigade officers.	4.53	.599
When I have trouble at school or at home I feel free to ask for help from Brigade officers	3.59	1.229
The program helps in counseling adolescents who come from homes where parents use drugs, or are separated.	3.59	.992
We assist the officers to know our needs for training, planning, implementing and evaluating the success in the program.	3.34	1.069
We are assigned leadership roles in the program.	3.91	1.031
We work in our communities to help create a safe place free from drugs.	2.83	.976
Boys' and Girls' Brigade holds events/seminars for us and our families so that we can better understand the negative effects of drugs.	3.55	1.216

A majority of respondents affirmed that the program helped them feel accepted by other adolescents and the Brigade officers at 4.53; Boys' and Girls' Brigade gave them social support like helping them choose the right friends and staying away from drugs at 4.17; they were assigned leadership roles in the program at 3.91; when they had trouble at school or at home they felt free to ask for help from Brigade officers at 3.59; the program helped in counseling adolescents who came from homes where parents used drugs, or were separated at 3.59; and that Boys' and Girls' Brigade held

events/seminars for them and their families so that they could better understand the negative effects of drugs at 3.55.

It can be deduced from the finding that as does the Boys' and Girls' Brigade, drug abuse prevention programs for adolescents exhibit particular characteristics including instilling a sense of belonging and acceptance by peers; offering advice on the kind of friends to choose; assignment of leadership roles; offering counseling services as well as offering platforms such as events and seminars for sharing experiences among adolescents. These among others not only offer guidance and direction on key issues facing adolescents, but also preoccupation to avoid boredom and idling.

In agreement with the foregoing finding, the National Institute on Drug Abuse (2002) posited that besides increased self-esteem and self-reliance, adolescents can be provided with facilities that encourage them to suggest their own unique activities that are interesting, productive and healthy. These are to serve as an alternative to the descriptive drug use activities. Accordingly, Dusenbury et al. (1997) provided that drug abuse prevention programs should match with age, motivation for change, psychosocial needs and cultural aspects. When structuring such a program, age, teaching material, activities, the syllabus and language should be considered.

Delivery of drug abuse prevention programs

The study further sought to explore delivery strategies as a major component of successful prevention programs for drug abuse among adolescents. To this end, respondents were asked to indicate what best describes the officers that train them in Boy's and Girls' Brigade. Table 4.6 presents the finding.

Table 4. 6: Delivery of Drug Abuse Prevention Programme

	Yes		No		Not sure	
	F	%	F	%	F	%
The officers in Boys' and Girls' Brigade are well trained to handle drug abuse problems among adolescents	47	81.0	3	5.2	8	13.8
Counselors, pastors or community workers assist the Brigade officers in the prevention of drug abuse	28	48.3	13	22.4	17	29.3
Brigade officers do not keep changing or leaving the group	38	65.5	10	17.2	10	17.2
The Brigade officers are given presents (like certificates) by our church for their good work in helping us stay from drugs	27	46.6	11	19.0	20	34.5
The officers get good support and motivation from the Department that deals with drug abuse in our church	18	31.0	9	15.5	31	53.4

A majority of respondents at 81% were found to agree that the officers in Boys' and Girls' Brigade were well trained to handle drug abuse problems among adolescents at 81.0%; counselors, pastors or community workers assisted the Brigade officers in the prevention of drug abuse at 48.3%; Brigade officers did not keep changing or leaving the group at 65.5%; the Brigade officers were given presents (like certificates) by the church for their good work in helping them stay from drugs at 46.6%; and that the officers got good support and motivation from the department that deals with drug abuse in their respective churches at 31.0%.

Delivery of drug abuse prevention programs from interviews

The researcher sought to find out if the Brigade officers had any professional training in drug abuse prevention. The findings are presented in Figure 4.5.

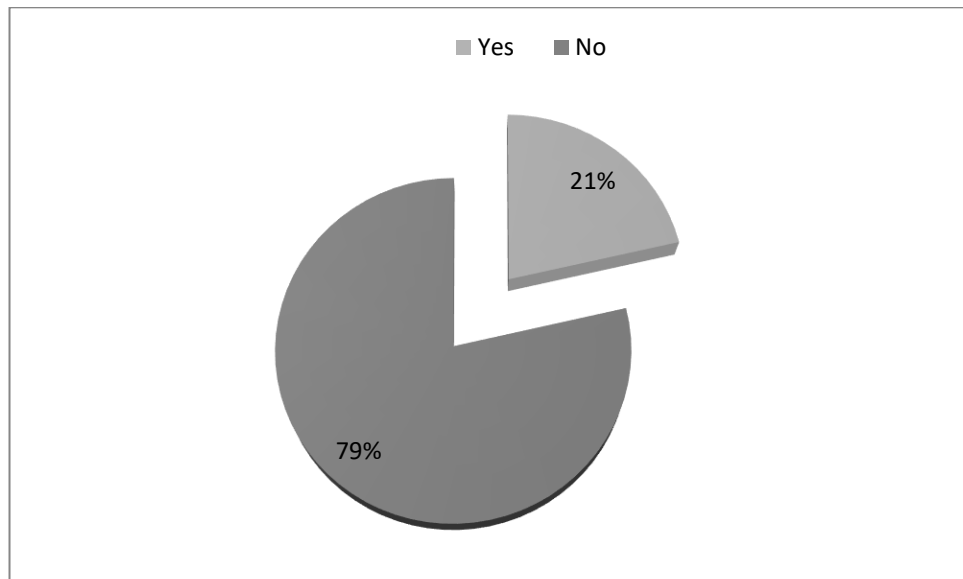


Figure 4.5: The Level of Training on Drug Abuse Prevention

Accordingly, Brigade officers were asked in interviews conducted during the survey, whether they had any training on drug abuse prevention among adolescents, to which a majority (79%) dissented. Among those who had training, it was established that this was a unit either during their training on Early Childhood Education course or in their undergraduate. Probed on how the training assisted them in drug prevention among adolescents, officers with training argued that they had been able to help children by giving hope to their families and by discussing with the parents whose children have shown signs of abuse. An officer however noted that...

"...The training is however not adequate to deal effectively with all issues relating to drug abuse among adolescents..."

Dealing with High Risk Adolescents

The study further sought to find out how the brigade officers were dealing with high risk adolescents. These are adolescents who may come from single parent families, first time adolescent mothers and those with parents who have a history of drug abuse. The outcomes are presented in Figure 4.6.

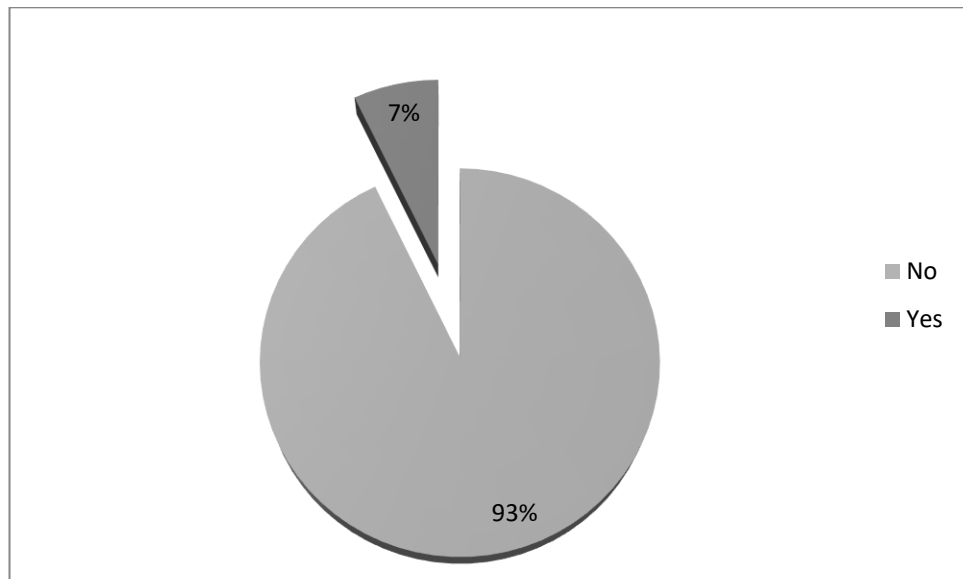


Figure 4.6: Dealing with Adolescents who are at High Risk of Abusing Drugs

There are many adolescents who were in the brigade who fall in this category. However, a majority of the brigade officers at 93% were not able to assist them due to lack of professional training on drug abuse prevention. One of the officers reported that...

“...such adolescents are there but I fear what their parents would think of me. Due to lack of training I do not have confidence in handling such...”

The data collected shows only a minority (7%) had tried to assist adolescents who were at a high risk of engaging in drug abuse. One officer gave hope to the adolescents and their families.

Working with Other Professionals in Prevention of Drug Abuse Among Adolescents

The research sought to establish if the Brigade officers worked with other professionals trained in drug abuse from their congregations. Such included counselors, social workers or pastors. The results are presented in Figure 4.7.

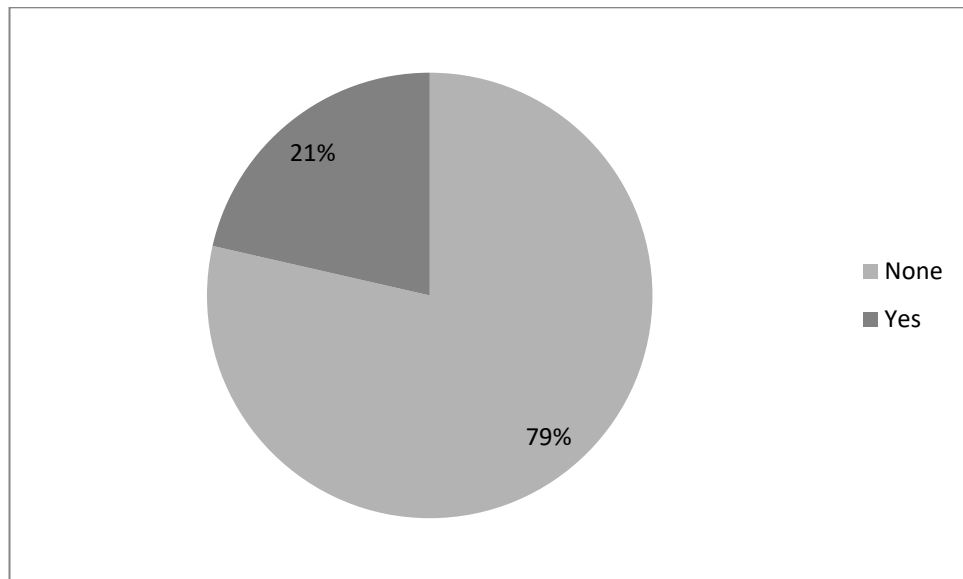


Figure 4.7: Professional who Assist Brigade Officers in Dealing with Drug Abuse

When officers were further probed on whether they had professional counselors who assisted them in dealing with cases of drug abuse in their churches, a majority of the Brigade officers (79%) reported they did not have any. However a minority (21%) agreed that they had an addiction counselor who was a member of their congregation.

Prevention Strategies Used by Brigade Officers in Prevention of Drug Abuse

Among Adolescents

The researcher wanted to find out what factors were affecting prevention efforts of drug abuse among adolescents. The responses are presented in the following Table 4.7.

Table 4. 7: Factors Affecting Prevention of Drug Abuse Among Adolescents

Factors affecting prevention	F	%
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Lack of knowledge	1	3.57
Lack of teamwork between church and Brigade officers	1	3.57
Lack of financial support	1	3.57
Lack of training	9	32.14
Lack of teamwork between the brigade officers and their congregations	1	3.57
Adolescents unavailability	4	14.25
Lack of trained drug abuse professionals in the church	1	3.57
Stigma associated with drug abuse prevents parents from referring their children using drugs	1	3.57
Lack of teaching materials on drug abuse	8	28.57
Lack of sensitization seminars	1	3.57

Asked what major factors they would consider as a hindrance in their efforts on prevention of drug abuse among adolescents, 9 (64.28%) officers cited lack of training and having inadequate and outdated teaching materials at 57.14%. Other factors included lack of knowledge on drug abuse, lack of teamwork between church and Brigade officers, lack of financial support, lack of teamwork between the brigade officers and their congregations, adolescents not being unavailable, and stigma associated with drug abuse prevents parents, from referring their children using drugs, and lack of sensitization seminars.

There were considerable high satisfaction levels among the adolescents with the training officers at the adolescent drug abuse prevention program in the study area. It is however apparent from the interviews that a majority of the trainers are not trained professionally in handling drug abuse. It is also revealed from the interviews that the trainers are not receiving any professional support from the church. Valleman (2009) argued that quality programs have well-trained staff to deliver programs rigorously and consistently. This can be evidenced by suitable professional training, staff trained in various fields, regular staff in-services, and rare staff turnover. The finding is also in

agreement with Dembo and Walters (2003) who offer that for trainers they should have refresher courses, get moral support, and appreciation from the employers.

Techniques for prevention of drug abuse

The study sought to find out the different techniques of delivering lessons for drug abuse. To this end, respondents were asked to indicate the ones that are frequently used during the Boys' and Girls' Brigade program. Findings are as presented in Figure 4.8.

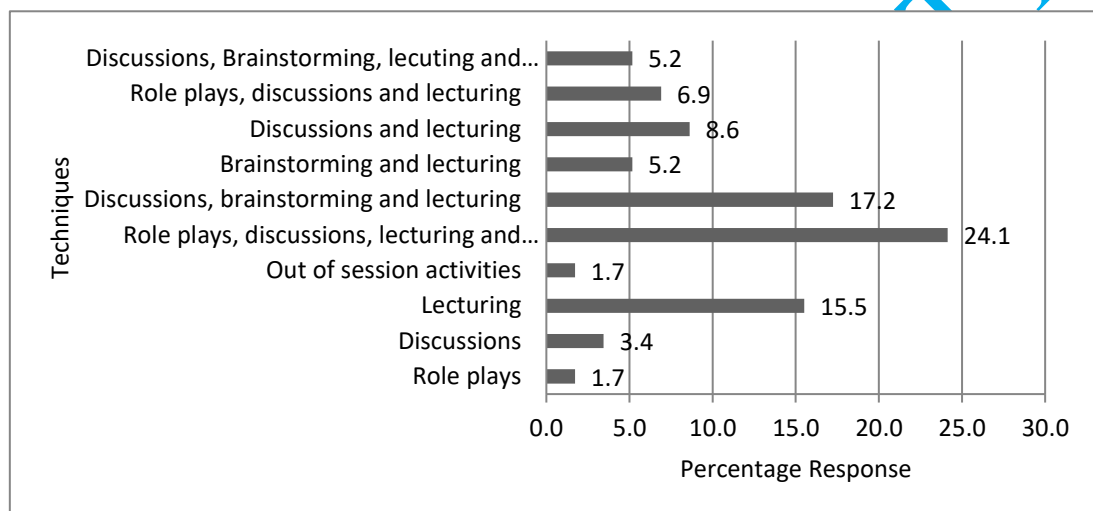


Figure 4.8: Techniques

As illustrated in Figure 4.8, adolescents reported that a variety of techniques were employed in the adolescent drug abuse prevention program under study. A number of respondents at 14 (24.1%) affirmed to the use of a combination of role plays, discussions, brainstorming and lecturing. This was closely followed by 10 (17.2%) respondents who stated that the officers combined discussions, brainstorming and lecturing.

As such, the findings indicate that at any point in time, a variety of techniques were employed at the program other than the use of just one technique. This is excepted as the use of a combination of methods enriches a program, breaks monotony and makes

learners active. The finding agrees with Brounstein et al. (2002) who offered that preventive programs may use a combination of skills and techniques and opportunities. The duration used on lecturing in lessons should be limited. These strategies include imitation and behavioural rehearsal (trainer performs a new skill), the participants then perform the new skill within the session.

Accordingly, Griffin and Botvin (2010) added that the sessions may provide moments whereby the participants are placed in the position of the experts and have them perform a new knowledge and skill. Participants may also be assigned take away activities whose aim is to reinforce concepts. Take away activities may involve incorporation of techniques that strengthen their ability to recognise and approve desired behaviour.

Strategies Used for Prevention of Drug Abuse

The study sought to find out strategies being used for prevention of drug abuse among adolescents in PCEA Ngecha presbytery B & G B. To this end, respondents were asked to point out the methods that have been used in prevention of drug abuse among adolescents at the program. This was on a 5 point Likert scale where 1 = strongly disagree, 2 = disagree, 3 = I am not sure, 4 = agree, 5 = strongly agree. Findings are as presented in Table 4.8.

Table 4. 8: Strategies for Prevention of Drug Abuse

	Mean	Std. Dev
We get factual information (such as causes, signs and effects) on drugs and drug abuse.	3.88	1.010
We are taught skills that can help improve self-esteem, self-reliance and responsible decision making about drugs.	4.22	.899
We watch videos that help us to detect negative media influence on drug abuse	2.90	1.373
We have motivational speakers who are invited to help us make the right decisions on staying away from drugs.	3.40	1.138
We are taught skills that can help us stay away or reduce negative peer pressure.	3.93	.915
We learn skills that help in problem solving, self-control and how to form healthy relationships with other adolescents.	4.00	.955
We are given talks on drug abuse with our parents.	3.16	1.309
Have seminars/talks with adolescents who come from high risk families for drug abuse (parents using drugs, poor families)	2.90	1.347

The interviews also sought to find out the prevention approaches the Brigade officers used in the training with the adolescents. The findings are presented in the following Figure 4.9.

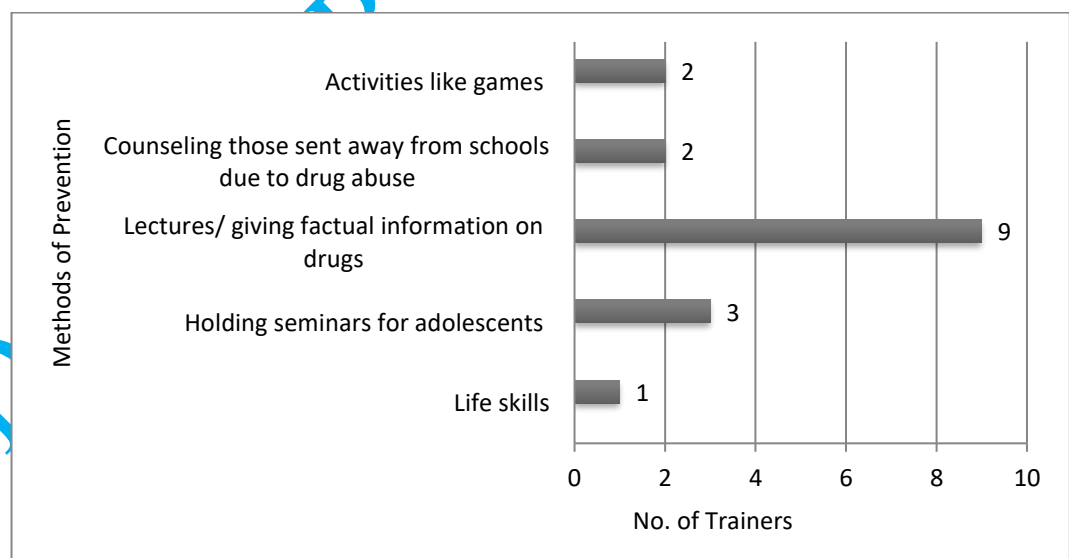


Figure 4.9: Prevention Approaches Used for Drug Abuse Prevention

From the findings, 9 Brigade officers used lecturing and giving factual information on drug abuse. Seminars were used moderately (3). The other methods

used included engaging in activities like games to keep the adolescents busy (2), counseling (2) and teaching life skills (1).

The finding implies that a variety of strategies were employed at the program aimed at curbing drug abuse among adolescent. Key among them included acquiring skills that can help improve self-esteem, self-reliance and responsible decision making; improved problem solving, self-control and how to form healthy relationships as well as to reduce negative peer pressure. This is commendable as adolescents were a vulnerable lot emotionally, psychologically and physically and may easily give in to such factors of peer pressure and individual weaknesses. They hence need the sort of training they receive at the program.

The finding is in agreement with Abrantes et al. (2005) who offered that as one of the strategies aimed at curbing drug abuse among adolescents, it is necessary to teach adolescents specific skills that would help them resist negative peer pressure and media influence. This approach is also known as refusal training. Paulo-Ebhohimhen et al. (2008) add that the focus of this approach is to teach adolescents on how to refuse any offers or any negative social influences. Caldwell et al. (2006) equally point out that individual and general skills training approach involves coaching in social ability such as problem solving, and reasoning to resist media or interpersonal influences.

Awareness of a drug abuse coordinating office.

The interviewees were asked on whether they were aware of a national office in PCEA that coordinates issues of drug abuse. Their responses are indicated in the following Figure 4.10.

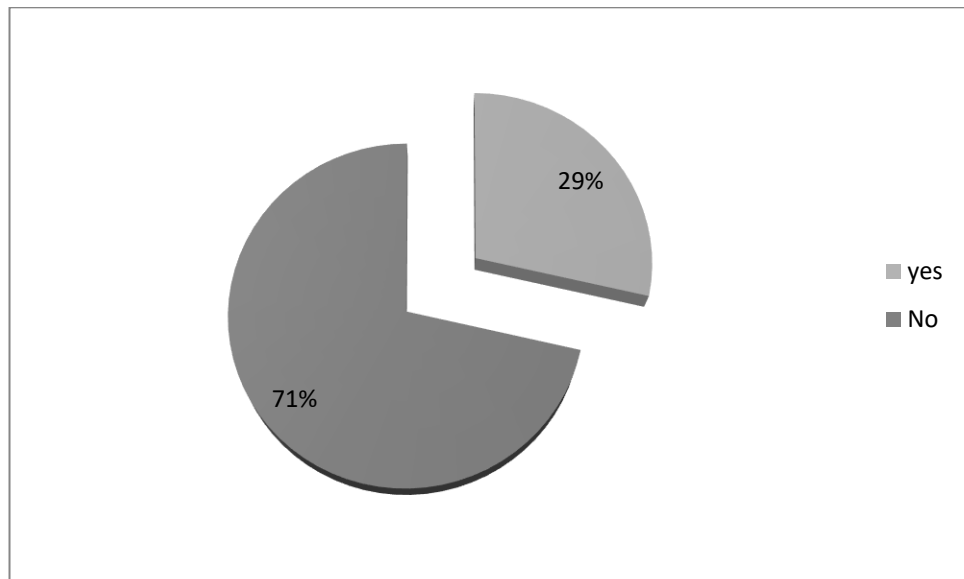


Figure 4.10: Awareness of a PCEA National Office for Drug Abuse

The findings indicate that a great number of the officers (71%) were not aware. Probed on how the PCEA Department of Drug abuse supported them in prevention of drug abuse among adolescents, a majority dissented. A majority however noted that they require support from the PCEA Department of Drug abuse in form of programs that educate adolescents in the church about drug abuse; teaching and reading material for reference; training on drug abuse to brigade officers; facilitate seminars for the congregations; as well as hold annual camps on drug abuse for adolescents. One of the officers reported that...

"...the national office should be felt from the grassroots level...if we knew of their existence, we would be consulting them in issues on drug abuse..."

Summary of Key Findings

- i. The respondents were highly aware of the various causes to which drug abuse among adolescents in the study area can be attributed.

- ii. It was found that in the study area, adolescents learned social behaviours such as substance abuse predominantly from their interactions with their primary sources. Primary sources include the family, school, peers, and neighbourhoods.
- iii. The findings indicated that a successful prevention program for drug abuse among adolescents in the study area could be attributed to a structure and content that instills a sense of belonging and acceptance by peers; offered advice on the kind of friends to choose; assigned leadership roles; offered counseling services as well as provided platforms such as events and seminars for sharing experiences among adolescents.
- iv. It was also found that it was critical for a successful prevention program to employ different techniques of delivering lessons for drug abuse.
- v. It was found that a variety of strategies employed in the program aimed at imparting key skills for curbing drug abuse among adolescent; key among which included skills that can help improve self-esteem, self-reliance and responsible decision making about drugs.

Summary

In this chapter, the findings from the questionnaires and interviews were reported. These findings were in line with the objectives of the research study. The following chapter discusses the key findings, conclusions made and the recommendations from the study.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter discusses the major findings of the study in relations to the research objectives, draws conclusions and makes recommendations. The purpose of the study was to examine the factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery Boys' and Girls Brigade.

Discussion of Key Findings

The study sought to identify the level of awareness of the etiology of drug abuse among adolescents in the PCEA Ngecha Presbytery B & G B. Respondents stated key reasons which predisposed them to drug abuse which included being a member of a gang or children who use drugs (4.19); neglect or mistreating a child (4.07); beating or abusing a child sexually (4.05). A majority further moderately affirmed to when a parent uses drugs (3.43); abusing a child by using hurting words (3.40); being friends with children who do not go to school or those that steal people's things (3.33); some diseases like depression (3.33); and bad relationships between parents and children (3.24).

A majority further disagreed with when a parent was not educated (2.05) as a contributing factor to adolescents' indulgence in drug abuse. Asked to point out any other reasons, a majority of respondents cited peer pressure and poor parenting. In interviews with the Brigade officers, it was further established that other causes of drug abuse among adolescents include media influence, poverty, stress management, myths; that drugs make adolescents perform well academically, domestic quarrels and violence, curiosity and for fun.

The foregoing findings are in line with the Primary socialization theory developed by Oetting and Donnermeyer (1998). As the theory postulates, it was found that in the study area, adolescents learn social behaviors such as substance abuse predominantly

from their interactions with their primary sources. Primary sources include family, school, peers and neighborhoods (Deffenbacher et al., 1998). Oetting and Beauvais (1986) also opined that well integrated subgroups of peers were the greatest single influence on substance abuse during adolescence. These groups determined where, when and how drugs were used. It was particularly found in this regard that parents, peers, neighbors and misconceptions among schoolmates might influence adolescent's drug use by modeling behavior that discourages drug abuse.

The study sought to establish the major components of successful prevention programs for drug abuse among adolescents in PCEA Ngecha Presbytery B & G B. To this end, the structure and content, key characteristics, delivery and techniques employed at the program were assessed. The study found in this regard that a successful prevention program for drug abuse among adolescents in the study area could be attributed to a structure and content that instills a sense of belonging and acceptance by peers; offers advice on the kind of friends to choose; assigns leadership roles' offers counseling services as well as offering platforms such as events and seminars for sharing experiences among adolescents.

It was also found that it is critical for a successful prevention program for drug abuse among adolescents to employ different techniques of delivering lessons for drug abuse. A majority of the respondents affirmed their respective churches work with adolescent's parents, brothers, sisters, cousins and others related to them (53.4%); and friends who attend different churches (43.1%). A majority of respondents further affirmed that the program helps them feel accepted by other adolescents and the Brigade officers (4.53); and that Boys' and Girls' Brigade gives them social support like helping them choose the right friends and staying away from drugs (4.17).

A majority of the respondents were found to agree that the officers in Boys' and Girls' Brigade officers were well trained to handle drug abuse problems among

adolescents (81.0%); and that counselors, pastors or community workers assisted the Brigade officers in the prevention of drug abuse (48.3%). Accordingly, Brigade officers were asked in interviews conducted during the survey, whether they had any training on drug abuse prevention among adolescents, to which a majority dissented. Of those that had a training, it was established that this was a unit either during their training on Early Childhood Education course or in their undergraduate. A majority of the Brigade officers further noted that they do not receive any support.

The study sought to find out strategies being used for prevention of drug abuse among adolescents in PCEA Ngecha presbytery B & G B. A majority of respondents affirmed that they were taught skills that could help improve self-esteem, self-reliance and responsible decision making about drugs (4.22); they learned skills that helped in problem solving, self-control and how to form healthy relationships with other adolescents (4.00); they were taught skills that could help them stay away or reduce negative peer pressure (3.93); and that they got factual information (such as causes, signs and effects) on drugs and drug abuse (3.88).

These findings are in accordance with the social learning model which posts that drug abuse can be influenced by elements factors within the environmental (Schaler, 1991), with individuals making choices in fixed or controlled settings. The social learning theory also focuses on self-efficacy and agents which have to do with the perceptions about one's abilities to have control over their own lives. Adolescents create a belief in efficacy in relation to their personal outcomes from family, peer, educational and socioeconomic influence (Bandura, 2001). The study found that prevention programs for drug abuse among adolescents in the study area aimed at instilling a sense of self-efficacy among adolescents on the kind of friends to choose, assigning leadership roles which are meant to create a belief of adolescents abilities to have control over their own lives despite the many influences in the environment;

imparting key skills that can help improve self-esteem, self-reliance, responsible decision making, problems solving and self-control.

Conclusion

Based on the foregoing findings, the study hereby concludes that a myriad of reasons were associated with drug abuse among adolescents. Prominent among these reasons include adolescents' associations and affiliations to cliques and gangs that abuse drugs; poor parenting including neglect and abuse; media influence, poverty, stress management, myths that drugs make adolescents perform well academically, domestic quarrels and violence, curiosity as well as parents' involvement in drug abuse. As such, curbing drug abuse among adolescents presupposes measures that address the foregoing reasons and targeted at the most vulnerable individuals.

That most congregations in PCEA Ngecha presbytery preferred working with adolescents' parents, brothers, sisters, cousins and others related to them as well as friends who went to other/different churches. This can be deemed considerate of the closest people to the adolescents and people who associate with them on a daily basis. It was also concluded that as does the Boys' and Girls' Brigade, drug abuse prevention programs aimed at adolescents exhibited particular characteristics including instilling a sense of acceptance by peers and being offered advice on the kind of friends to choose.

There were considerably high satisfaction levels among the adolescents with the training officers at the adolescent drug abuse prevention program in the study area. It was however apparent from the interviews that a majority of the trainers were not trained professionally on handling issues that relate to drug abuse. It was also revealed from the interviews that the trainers were not receiving any professional support from the church.

The study further concluded that a variety of strategies were employed key among which included acquiring skills that could help improve self-esteem, self-reliance, responsible decision making, improved problem solving, self-control, forming healthy relationships as well as reducing negative peer pressure. This is commendable as adolescents were a vulnerable lot emotionally, psychologically and physically and may easily give in to factors such as peer pressure and individual weaknesses. They hence need the sort of training they receive at the program.

Recommendations

The study made the following recommendations based on the foregoing findings and conclusions:

- i. Through the National office, there may be need for PCEA Ngecha Presbytery to assist local congregations in getting materials for drug abuse training, advice on which materials are relevant so that congregations can also buy for their Brigade trainers.
- ii. The PCEA national office for drug abuse may need to carry out campaigns on drug abuse among adolescents within the Presbytery and purpose to target children who are not members of the church but interact with the Brigaders.
- iii. The Presbytery may consider equipping Brigade officers by offering professional training on drug abuse prevention from the presbytery to the parish levels.
- iv. The PCEA Ngecha Presbytery in collaboration with the local congregations may consider giving financial support to the Boys' and Brigade teams. This may be by creating a specific kitty or vote head for drug abuse prevention among adolescents and provide materials (books, videos, reference materials) to congregations.

- v. There may be need for PCEA Ngecha Presbytery and similar establishments to create more forums for drug abuse sensitization in the local congregations for all members because drug abuse affects everyone in the family (children, adolescents, caregivers and parents).
- vi. The PCEA Ngecha presbytery may consider coming up with programs that target the neighboring schools as well as the general public in the neighborhood. This is important because neighborhoods sometimes can act as sources of supply for drugs for the adolescents.
- vii. There is need for PCEA Ngecha presbytery to form committees for drug abuse from the Presbytery to the congregations specifically for drug abuse prevention among adolescents and other populations in the church.
- viii. The PCEA Ngecha presbytery may further consider making drug abuse prevention among adolescents a priority by creating awareness of issues related to drug abuse among all the members of the church.
- ix. PCEA Ngecha Presbytery may structure programs for visiting members; both parents and children affected by drug abuse and create opportunities for more seminars on drug abuse for both adolescents and parents.
- x. Finally, the PCEA Ngecha may consider appointing a contact person from the presbytery who has the ability to work and coordinate drug abuse prevention and work with all populations within the congregations.

Suggestions for Further Research

- i) The research was conducted using one presbytery, however, this can be repeated at regional or national level to compare the findings.
- ii) Similar study could also be conducted on a different study area with a view to note any corresponding findings and patterns.

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APPENDICES

Appendix A: Adolescent's Questionnaire

My name is Mary Ng'ethe, a student at Daystar University, Nairobi, Kenya. I am pursuing a Masters of Art in Child Development. Drug abuse among adolescents has become a major concern for most parents and the community at large. The Presbyterian Church of East Africa has a department that deals with drug abuse among its members who include adolescents. Despite these efforts, drug abuse has remained a challenge to the community. For this reason I am doing a research that is looking at the factors that hinder prevention of drug abuse among adolescents in PCEA Ngecha Presbytery in Kiambu County. Awareness of these factors may help a long way in helping adolescents to avoid early initiation to drugs.

I am therefore requesting to fill in the answers to the questions as honestly as you can.

Consent form for the Parent/Caregiver

I have read and understood the accompanying information on the questionnaire. I give permission to my child to participate in the study. I am aware that the child does not have to answer all the questions and he/she can also decide to discontinue with the process any time.

Name.....
 Relationship with the child
 Signature.....Date.....

SECTION A

DEMOGRAPHIC INFORMATION

Answer the following questions by putting a tick as appropriate [✓]

1. What is your age?
 a) 12 [] b) 13 [] c) 14 [] d) 15 [] e) 16 []
 f) 17 []
2. Please state your gender
 a) Male [] b) Female []
3. Level of education
 a) Primary school [] b) Secondary school []
 c) Others -----

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Section B: Part I

Part I focuses on the level of awareness of etiology of drug abuse among adolescents

The following are thought to be the major causes of drug abuse among adolescents. Using the scale given Tick [✓] on the responses depending on whether you strongly agree, agree, I am not sure, disagree or strongly disagree.

Which of the following reasons do you agree are causes of drug abuse among adolescents?						
		Strongly agree	Agree	Not sure	disagree	Strongly disagree
1.	Neglecting or mistreating a child.					
2.	When a parent uses drugs.					
3.	Bad relationships between parents and children.					
4.	When a parent is not educated					
5.	When a child comes from a poor or rich family.					
6.	Beating or abusing a child sexually.					
7.	Abusing a child by using by using hurting words.					
8.	Being friends with children who do not going to school or those that steal people's things.					
9	Desiring to become popular among your friends.					
10	Being a member of a gang or children who use drugs.					
11	Being bored/depressed					
12	Some diseases like depression					
13	Any other reasons					

Part II

Part II addresses the Core elements of Prevention of Drug abuse

This sub-section of part II focuses on the structure and content for a successful program on alcohol and drug abuse. Tick [✓] the most appropriate.

The Boys' and Girls' Brigade works together with the following groups in prevention of drug abuse in our church

i) Schools neighboring our church

Yes { } No { } Not Sure { }

ii) Our parents, brothers, sisters, cousins and others related to us

Yes { } No { } Not Sure { }

iii) Our friends who go to other/different churches

Yes { } No { } Not Sure { }

iv) People in our neighborhood

Yes { } No { } Not Sure { }

The following characteristics are associated with successful prevention programs for drug abuse among the adolescents.

Tick [✓] characteristics that you feel have been part of the Boys' and Girls' Brigade program based on whether you strongly agree, agree, I am not sure, disagree or strongly disagree.

Which of the following characteristics do you feel are associated with the Boys' and Girls' Brigade program in your church?						
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1	The Boys' and Girls' Brigade gives us social support like helping us choose the right friends and staying away from drugs.					
2	This program helps me feel accepted by other adolescents and the Brigade officers.					
3	When I have trouble at school or at home I feel free to ask for help from Brigade officers					
4	The program helps in counseling adolescents who come from homes where parents use drugs, or are separated.					
5	We assist the officers to know our needs for training, planning, implementing and evaluating the success in the program.					
6	We are assigned leadership roles in the program.					
7	We work in our communities to help create a safe place free from drugs.					

8	Boys' and Girls' Brigade holds events/seminars for us and our families so that we can better understand the negative effects of drugs.					
---	--	--	--	--	--	--

This sub-section of part II addresses the delivery as a major component of successful prevention programs for drug abuse among adolescents. Tick [✓] what best describes the officers that train you in Boy's and Girls' Brigade.

The following characteristics describe the officers who train in the Boys' and Girls' Brigade		YES	NO	NOT SURE
1	The officers in Boys' and Girls' Brigade are well trained to handle drug abuse problems among adolescents.			
2	counselors, pastors or community workers assist the Brigade officers in the prevention of drug abuse			
3	Brigade officers do not keep changing or leaving the group.			
4	The Brigade officers are given presents (like certificates) by our church for their good work in helping us stay from drugs.			
5	The officers get good support and motivation from the Department that deals with drug abuse in our church.			
6	Do you know if PCEA has a national office that can help adolescents in the church not abuse drugs?			

The following are different techniques of delivering lessons for drug abuse. Indicate the ones that are frequently used during the Boys' and Girls' Brigade program. Please tick [✓] on the techniques that are used by the officers during the Boys' and Girls' Brigade sessions.

- Role plays
- Discussions
- Brain storming
- Lecturing
- Out of session activities

Part III

This section focuses on some of the best approaches used for drug abuse prevention among adolescents

These are methods that are have been used in prevention of drug abuse among adolescents. Using the scale given below, tick [✓] the most appropriate responses which are used by the officers in the Boys and Girls Brigade program in your Church.

Which of the following methods of prevention of drug abuse do brigade officers in Boys' and Girls' Brigade use in your church.						
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
i	We get factual information (such as causes, signs and effects) on drugs and drug abuse.					
ii	We are taught skills that can help improve self-esteem, self-reliance and responsible decision making about drugs.					
iii	We watch videos that help us to detect negative media influence on drug abuse					
iv	We have motivational speakers who are invited to help us make the right decisions on staying away from drugs.					
v	We are taught skills that can help us stay away or reduce negative peer pressure.					
vi	We learn skills that help in problem solving, self-control and how to form healthy relationships with other adolescents.					
vii	We are given talks on drug abuse with our parents.					
ix	Have seminars/talks with adolescents who come from high risk families for drug abuse (parents using drugs, poor families)					

Appendix B: The Officer's Interviews

SECTION A

My name is Mary Ng'ethe, a student at Daystar University, Nairobi. I am pursuing a Masters of Art in Child Development. Drug abuse among adolescents has become a major concern for most parents and the community at large. The Presbyterian Church of East Africa has a department that deals with drug abuse among its members who include adolescents. Despite these efforts, drug abuse has remained a challenge to the community. For this reason I am doing a research that is looking at the factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery in Kiambu County. Awareness of these factors may help Adolescents to avoid early initiation to drugs.

I am therefore requesting for your assistance in the process.

Section A

Gender Male [] Female []

Your position in the Boys' and Girls' Brigade.....

The period you have served in the Boys' and Girls' Brigade program.....

SECTION B

This section contains the interview schedule for Boys' and Girls' Brigade officers.

1. As an officer dealing with adolescents in the Boys' and Girls' Brigade program, what major factors do you feel contribute to drug abuse among adolescents?
2. What are the signs of an adolescent who abuses drugs?
3. Describe any effects/consequences you know that are caused by drug abuse among adolescents.
4. Do you have any training on drug abuse prevention among adolescents?
Yes [] No []
A i) if yes, please explain up to what level?
ii) How has the training been of help in prevention of drug abuse among adolescents?
B. If no, what type of training do you feel you would help you become more effective in prevention of drug abuse among adolescents?
5. How have you dealt previously with adolescents who are at high risk of abusing drugs? (Those from parents who use drugs, single parents, low academic performers and school drop outs).
6. Which other professionals have been assisting you in prevention efforts of drug abuse among adolescents?
7. (I) Are you aware that PCEA has a national office that helps its members on issues of drug abuse?
(ii) How has the PCEA Department of Drug abuse supported you in prevention of drug abuse among adolescents?
iii) If No, what support would you require from them?
8. Describe the methods of prevention of drug abuse you been using with the adolescents?
9. What major factors would you consider as a hindrance in your efforts on prevention of drug abuse among adolescents?

10. What suggestions would you recommend improving drug abuse prevention among adolescents in PCEA Ngecha Presbytery?

Thank you for your support.

DAYSTAR UNIVERSITY

Appendix C: Introduction Letter from Daystar University



Athi River Campus
P. O. Box 17 - 90145
Daystar University, Kenya
Tel: 045 6622601 (2) (3)
Fax: 045 6622420
E-mail: admissions@daystar.ac.ke

Nairobi Campus
P. O. Box 44400 - 00100,
Nairobi, Kenya
Tel: 020 2723 002 (3) (4)
Fax: 020 2728338
E-mail: admissions@daystar.ac.ke

www.daystar.ac.ke

4th December 2017

National Commission For Science, Technology and Innovation
8th - 9th Floor, Utalii House
off Uhuru Highway, Nairobi
P. O. Box 30623, 00100
Nairobi KENYA

Dear Sir/Madam,

RE: MARY NGETHE (15-0334)

The above named is a student in the Master of Arts in Child Development program at Daystar University Nairobi Campus. She is about to complete her coursework for the Master's program, and is required to do research as part of her final requirements. The topic of study is '*An examination of the factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery Boys' and Girls' Brigade in Kiambu County*'. Her proposal has been passed and approved by the Institute of Child Development.

She is hereby authorized by the University to carry out her study by collecting data from the field. She requires your authorization such that she can be able to access and identify her target population under your Ministry.

Thank you in advance for your willing to give this opportunity. We are truly grateful for your partnership in this, and for your organization's contribution in the education of Daystar University students.

If you have any queries, please do not hesitate to contact me.

Yours faithfully,

Roseline Olumbe
ASSISTANT COORDINATOR, INSTITUTE OF CHILD DEVELOPMENT

Ref:hd/ministry letter

"...until the day dawn and the daystar
arise in your hearts"
2 Peter 1.19 KJV

Appendix D: Research Permit

**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: 020 400 7000,
0713 788787,0735404245
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/79834/20535**

Date: **8th December, 2017**

Mary Njoki Ngethe
Daystar University
P.O Box 44400-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*An examination of the factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery boys and girls brigade in Kiambu County*" I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **7th December, 2018.**

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

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

GP Kalerwa

**GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

National Commission for Science, Technology and Innovation ISO9001:2008 Certified

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

**RESEARCH CLEARANCE
PERMIT**

Serial No.A **16888**

CONDITIONS: see back page



**THIS IS TO CERTIFY THAT:
MS. MARY NJOKI NGETHE
of DAYSTAR UNIVERSITY, 33690-600
NAIROBI, has been permitted to conduct
research in *Kiambu County***

**Permit No : NACOSTI/P/17/79834/20535
Date Of Issue : 8th December,2017
Fee Received :Ksh 1000**

**on the topic: *AN EXAMINATION OF THE
FACTORS AFFECTING PREVENTION OF
DRUG ABUSE AMONG ADOLESCENTS IN
PCEA NGECHA PRESBYTERY BOYS AND
GIRLS BRIGADE IN KIAMBU COUNTY***

**for the period ending:
7th December,2018**



M. Ngethe
.....
**Applicant's
Signature**

J. Kalerwa
.....
**Director General
National Commission for Science,
Technology & Innovation**

Appendix E: P.C.E.A Authorization Letter



PRESBYTERIAN CHURCH OF EAST AFRICA
NGECHA PRESBYTERY
P.O. BOX 73-00218
NGECHA.

Email: ngechapceapresbytery@gmail.com

Tel: 0722252899(Moderator)

0722939934(Clerk)

0720395619(Treasurer)

Our ref:

Your ref:

11/12/2017

MARY NJOKI NG'ETHE
 P.O BOX 33690-00600
 NAIROBI.

Dear Madam,

REF: ACADEMIC RESEARCH WITHIN THE PRESBYTERY

Receive Christian greetings.

We refer to your dated 8th December, 2017 requesting to carry out academic research in our five parishes targeting the following congregations:

- Ngecha Parish - Mother Church
- Kahuho Parish - P.C.E.A S.G.M Church
- Kabuku Parish - Kabuku Congregation
- Nyathuna Parish - P.C.E.A Gikuni Church
- Red Hill Parish - Rwinu Congregation

By a copy of this letter, permission is therefore granted; kindly accord her the assistance that deems necessary.

Yours faithfully,

for: [Signature]

Rev. Simon Mwaura
PRESBYTERY CLERK



cc:-

The session clerks:

- Kahuho parish
- Nyathuna parish
- Red hill parish
- Kabuku parish
- Ngecha parish

.....Go ye therefore and teach all nations (Mathew 28:19)

Appendix F: Anti-Plagiarism Report

Factors affecting prevention of drug abuse among adolescents in PCEA Ngecha Presbytery boys' and Girls' Brigade

ORIGINALITY REPORT

19%

SIMILARITY INDEX

16%

INTERNET SOURCES

12%

PUBLICATIONS

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STUDENT PAPERS

PRIMARY SOURCES

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4	"Encyclopedia of Adolescence", Springer Nature, 2018 Publication	<1%
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6	Submitted to University of East London Student Paper	<1%
7	www.chestnut.org Internet Source	<1%
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Appendix G: Ethical Clearance

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