INFLUENCE OF GUIDANCE AND COUNSELLING SERVICES ON REDUCTION OF DRUG ABUSE AMONG UNDERGRADUATE STUDENTS IN PUBLIC UNIVERSITY CAMPUSES IN NAIROBI COUNTY, KENYA
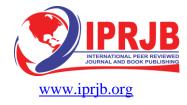
Joyce G. Pere

INFLUENCE OF GUIDANCE AND COUNSELLING SERVICES ON REDUCTION OF DRUG ABUSE AMONG UNDERGRADUATE STUDENTS IN PUBLIC UNIVERSITY CAMPUSES IN NAIROBI COUNTY, KENYA

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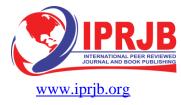
Abstract

Purpose: The study aimed at establishing the extent to which guidance and counselling services influence reduction of drug abuse among undergraduate students in public university campuses in Nairobi County, Kenya.

Methods: The study used Triangulation mixed methods design that adopted convergent parallel mixed method model. Cross-sectional survey research design was used for quantitative data while phenomenological design for qualitative data. Stratified random sampling and purposive sampling was used to select the sample. The sample consisted of one thousand, five hundred and twenty four (1524) participants who included 1500 students, 20 peer counsellors, two university counsellors and two deans of students. Questionnaires, interview and Focus Group Discussions (FGD) guides were used to collect data. Statistical Package for Social Science (SPSS) version 21 was used to analyse quantitative data while NVIVO was used to analyse qualitative data. Descriptive statistics were used in analysis of quantitative data while thematic and content analysis techniques were used to analyse qualitative data.

Results: The researcher concludes that parents have contributed to continuous abuse of drugs among students rendering the preventative strategies ineffective.

Unique contribution to theory, practice and policy: The study recommends that the university administration should ensure that drug abuse policies are pinned on all notice boards particularly on students' notice boards so that they can read them every time they are checking on what is new on the notice boards.

Keywords: *Guidance, counselling services, reduction, drug abuse, undergraduate students, public university campuses, Nairobi County, Kenya*

1.0 INTRODUCTION

1.1 Background of the Study

Drug abuse has been on the increase and of global concern particularly in developing countries where there are few interventions towards its prevention (United Nations Drug Campaign Programme **-** UNDCP, 2010). The World Health Organisation (WHO, 2011) estimated that between 149-272 million people accounting for 3.3% to 6% of the world total population aged 15-64 years abuse drugs annually. According to this report a significant percentage (45%) of this population comprise of students in colleges and universities. The same report indicated that 2.5 million people die each year from alcohol related complications and that university students accounted for 30% of this population. The rate of drug abuse is considerably high in universities as indicated by various researchers worldwide (Atwoli, Mungla, & Ndungu, 2011; UNDCP, 2010). A study by UNDCP (2010) revealed that the most widely abused drugs among students are alcohol, tobacco, marijuana, opium and its derivatives, cocaine and heroin. Riley-Cook (2012) and UNDCP (2010) revealed that alcohol abuse leads with 95% of the participants having reported to have abused alcohol at least twice in a year, followed by tobacco with 65% and cannabis derivatives accounting for 45%.

In Africa, the problem of drug abuse among students has been a constant presence for years. In Nigeria for instance, abuse of drugs such as alcohol, tobacco, bhang and Khat have been on the increase among college and university students with varying prevalence rates found for both overall and specific drug of abuse (Oshodi, Aina & Anajole, 2010; Abasiubong, Alphonsus, & Uwemendimbuk, 2012). A study carried out at the Ilorin University of Nigeria showed that, the lifetime prevalence rate of drug abuse among university students was found to vary between 5.0% for tobacco, 47% for alcohol, 3.5% for bhang while cocaine and heroin varied at 1.5% (Oshikoya & Alli, 2006). In Sokoto, a cross-sectional study by Sue (2014) among the undergraduate students in Usmanu Danfodiyo University revealed an increase in prevalence rates of drug abuse from 10.9% to 17.8%. On the other hand, Cromer (2009) reported prevalence rates of between 19.5% to 50.7% in Rivers State College of Science and Technology in the Niger Delta region of Nigeria.

Tanzania, is the second country after Kenya in East Africa with an increasing number of drug abusers mainly being school going teenagers (Mwakyus, 2015). The drug control commission (DCC) Report (2011) stated that the actual number of drug addicts in general was estimated to be at between 150,000 and 500,000 nationwide. Statistics issued by Mirembe Hospital in Dodoma region that were incorporated in the DCC report showed that the number of young people who abused drugs and attended clinics at the hospital increased from 290 in 2000 to 569 in 2005, equal to a 96.2 % increase.

In Kenya, drug abuse among college and university students remains an important area of concern due to the implications of early drug dependence on the future of the youth (Atwoli et al., 2011). Other studies (Chesang, 2013; Rintaugu, Ngetich & Kamande, 2012; Rintaungu, Mwisukha & Mundia, 2011) have reported high rates of drug abuse among students in Kenyan public universities, with rates as high as 84% for alcohol abuse and 54.7% for tobacco abuse. According to national agency for campaign against drug abuse (NACADA, 2012) drug abuse continues to emerge as a strategy for most students to cope with their prevailing problems such

as sexual abuse, poor academic performance, and financial difficulties. In addition, statistics from the rapid situation assessment of drug and substance abuse in Kenya (NACADA, 2010) showed that 11.7% of students aged 15 to 24 years are current abusers of alcohol, 6.2% abuse tobacco, 4.7% khat and 1.5% abuse cannabis.

1.2 Statement of the Problem

Universities in Kenya have been struggling with the problem of drug abuse like other universities in developed and developing countries worldwide (Atwoli et al., 2011). Preventative strategies have been put in place to lower drug abuse prevalence rate, reduce drug abuse related indiscipline cases, and improve academic performance and lower riots, which were characterised by destruction of property. However, drug abuse seems to be increasing among the university students. According to a national survey on rapid situation assessment of drug and substance abuse in Kenya (2012), 11.7% of the youth aged 15-24 years are current abusers of alcohol, 6.2% tobacco, 4.7% miraa and 1,5% cannabis. The age bracket in this study shows that majority of these abusers are students in secondary schools and in the universities.
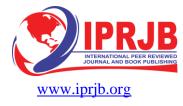
In Nairobi the undergraduate students have continued to abuse drugs. Statistics indicate that 37.7% of students in learning institutions in Nairobi are abusers of drugs. The proportion of the students who abuse bhang, khat and inhalants was 44.9%, 35.2% and 50.1% respectively while alcohol accounted for 66.5%. These indications are scary given that majority of Kenyan population is aged between 12-35years (Wambua, 2014). The risks caused by drug abuse among students have also been evident in the recent past. In some instances, students have dropped out of universities; others have constantly performed poorly in their academic while others have been involved in fatal road accidents after abusing drugs. Suicidal cases, violence, HIV/AIDS, and also killings have also risen. This has caused a great public outcry from the parents, ministry of health, university administrators, lecturers and other ant-drug abuse agencies questioning the effects of preventative strategies in reducing drug abuse among students.

Recent studies (Mazuri, 2014; Mwali, 2014; & shirazy, 2013) on drug abuse have paid key attention to Mombasa County and little seems to have been done in Nairobi. Yet Okwarah, Gakunju, & Thungu, (2013) found that Nairobi ranked second highest in drug abuse prevalence rates among the undergraduate students after Mombasa County. In addition Nairobi being a capital city holds more students than Mombasa. Equally, little attention has been paid on how the preventative strategies influenced the reduction of drug abuse among undergraduate students. Thus the opinions and attitude of the students towards influence of preventative strategies on drug abuse reduction has not being explored.

In view of these discrepancies, there was need to examine the influence of guidance and counselling services in reducing drug abuse among the undergraduate students in public university campuses in Nairobi County. If these problems remained unattended, most young, educated and energetic Kenyans would continue to abuse drugs which would make them unable to provide manpower needed for the growth of the country. As a result the country would experience political, social and economic decline.

1.3 Research Question

To what extent does guidance and counselling services influence reduction of drug abuse among undergraduate students in public university campuses in Nairobi County?

1.4 Theoretical Framework

1.4.1 The Social Learning Theory

The social learning theory rests on the assumption that behaviours are learnt and since they are learnt they can as well be unlearnt. Social learning theory was an improvement of the behavioural views of learning which overlooked important elements of social influences on learning. Such elements include the cognitive processes of the behaviour or information observed. According to Bandura (1986) learning takes place through observation. Observational learning is a cognitive process that takes place in a social context. According to Bandura's argument observational learning takes four major cognitive processes which include; attention, retention, reproduction or performance of the observed behaviour and motivation or reinforcement.

Bandura (1986) asserts that, for learning to take place, an individual must pay attention to the modelled behaviour. This is mainly determined by individual's personality, which involves perception, past experience and how much the modelled behaviour arouses the interest of the observer. Another factor that influences a person's attention is the nature of the behaviour or event being modelled. Here an individual tends to ask whether the modelled behaviour is relevant or of any value to the observer.

The other cognitive process involves retention; the theory posits that for an individual to perform or reproduce what has been observed, the storing of the modelled behaviour is of great importance. Moshe (2010), in his analysis of social learning theory asserted that retention involves representation of the behaviour to be learned in verbal or image form for long term memory. The third stage is the reproduction or performance stage. The stage involves physical ability to perform the observed or desired behaviour.

The final cognitive process of observational learning involves the motivation or reinforcement that one gets from performed behaviour. According to Bandura (1986), the decision to reproduce or refrain from performing the observed behaviour depends on the motivation and expectations of the observer. According to Moshe (2010) reinforcement forms the basis for understanding and predicting what individuals do or will do. Bandura (1986) adds that positive reinforcement (reward) increases the probability that the same action or behaviour will be repeated in similar circumstances while negative reinforcement (punishment) will deter the repeat of the same behaviour.

The theory further held that most of new behaviours are learned by observing of models. Bandura (1986) argues that there are three ways of modelling: the live model where a person demonstrates the desired behaviour, verbal instruction modelling in which an individual describes behaviour in detail and instructs the participant on how to engage in the behaviour, and symbolic modelling where modelling occurs through media in form of movies, television, internet, literature and radio. In agreement with Bandura, Hill (2013) observed that many of the stimuli that influence human behaviour are those from other people which were normally acquired through modelling.

Sonnedecker (1992) defines modelling as behavioural, cognitive and affective changes derived from observing one or more models. His definition concurs with Bandura's argument that observational learning involves cognitive processes. Okul (2010) adds that modelling is not

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only a simple imitation of one person by another; rather it involves more pervasive processes often referred to as identification in which a person tries to be the same kind of a person as another.

The implication here was that imitation of models is greatly influenced by the reinforcement that the models receive. If the modelled behaviour is positively reinforced (rewarded) there will be high probability of that behaviour being imitated by the observer. However, if the modelled behaviour is negatively reinforced (punished) then the chances of the modelled behaviour being imitated is reduced. Hill (2013) asserts that the process by which consequences to the model influence the behaviour of the observer is called vicarious conditioning or reinforcement.

Bandura (1986) believed in reciprocal determinism which implies that learning and behaviour have a triadic reciprocal relationship with environment. This means that through learning new knowledge, a person's behaviour is changed. This implies that just as an individual's behaviour is influenced by the environment, the environment and personal qualities all reciprocally influence each other. Therefore when students are sensitised on the danger of abusing drugs and how to avoid drug abuse there is likelihood that some of them will avoid engaging or stop abusing drugs. According to the theory, the environment in which one lives shapes the behaviour of that particular individual. Thus the environmental features such as role models who are abusing drugs, availability of drugs and cultural norms will determine whether students will abuse drugs or not. In addition, how people behave determines the kind of environment in which they live in. For instance, if people in a particular environment abstain from drug abuse, then the environment will definitely be a drug free environment since there will be no market for the drugs.

Bandura (1986) asserts that human behaviour is continuously and reciprocally influenced by the interaction between cognitive and environmental factors. The theory further states that people's behaviours determine the environment in which they live in. This means that both people and their environments are determinants of each other. It is important to note that environment consists of a series of interacting variables which contribute either negatively or positively to learning of new behaviour.

Gorful (2010), in agreement, argued that when the nature of a social environment adequately provide towards the social and personal needs of a growing child, the child will develop into a balanced, well-adjusted and emotionally stable person who is ready to learn and lead a full life in the society. However, when the social environment is one of difference, ignorance, social discord, improper family care, permissiveness, lacking guidance or condoning deviant behaviour, then a growing child is bound to become an ill- behaved, socially maladjusted and feeble minded person who is an uncaring, indifferent or irresponsible member of the society. This simply tells us that there must be some balance of different variables in the society for a child to develop responsible and socially acceptable behaviours.

According to Bandura (1977) self-efficacy comprise of a person's attitude, abilities and cognitive skills. The social learning theory therefore holds that self-efficacy determines how people perceive situations and how they behave in response to different situations. Bandura (1977) defines self-efficacy as the belief in one's capabilities to organize and execute the courses

of action required to manage prospective situations. This refers to a person's belief in his or her ability to succeed in a particular situation.

According to this theory, self-efficacy determines how people think, behave and feel in relation to a particular situation in life. The theory argues that people with a strong sense of self efficacy view challenging problems as tasks to be mastered, develop deeper interest in the activities in which they participate, form a strong sense of commitment to their interest and activities, and they recover quickly from setbacks and disappointments.

This is totally opposite to people with a weak sense of self-efficacy, who avoid challenging tasks, believe that difficult tasks and situations are beyond their capabilities, focus on personal failings and negative outcomes and quickly lose confidence. The theory outlines four major sources of self-efficacy as vicarious experiences, social modelling, verbal persuasion and psychological responses which is also referred to as emotional arousal.

1.4.2 Strengths of Social Learning Theory

Akers and Sellers (2004) asserted that one of the strengths of social learning theory is that it encompasses four main variables that explain how behaviour is learned and maintained. The main variables include; associations (interactions), interpretations, reinforcement and imitation. The four variables are crucial in explaining why the university students will continue abusing drugs despite the preventative measures having been put in place. In addition, Blair, Jones, and Simpson (1968) contended that a highly significant contribution of the social learning theory to the change of behaviour is contained in the careful details with which it presents the role of the environment in the behavioural change. They added that transformation of behaviour as a result of experience is a crucial consideration for any adequate theory of personality development.

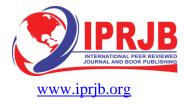### 1.4.3 Weaknesses of Social Learning Theory

The theory places more weight on the people and community that the child is part of, and not enough weight is put on how the child handles and processes new information (Moshe, 2010). This therefore means that the theory does not place any responsibility on the individual student. Thus, it neglects the student's accountability to his/her own behaviour. The researcher overcame this weakness by engaging the students to come up with alternative ways in which the problem of drug abuse can be prevented.

2.0 REVIEW OF RELATED LITERATURE

2.1 Review of Related Theories

2.1.1 Ecological Systems Theory (Bronfenbrenner, 1944)

The proponent of ecological theory is Urie Bronfenbrenner, a Russian American Psychologist born in 1917. Ecological systems theory provides a behavioural, environmental and socio-ecological approach to health promotion and prevention. This theory postulates that individuals, families and communities are not isolated entities but rather are an interrelated ecological system with each adapting to change that occurs in other parts of the organisation (Guttmacher, Kelly, & Ruiz-Janecko, 2010). Bronfenbrenner (1944) proposes five systems which contain roles, norms and rules which play a big role in shaping individual development namely, Microsystems, Mesosystem, Exosystem, Macro system and Chronosystem.

Microsystem refers to the immediate environment the individual comes from such as the peers, family and the neighbourhood. A person's closest social circle consisting of peers, partners and family members do influence their behaviour and contributes to their range of experience. Prevention strategies at this level may include mentoring and peer programmes designed to reduce conflict, foster problem solving skills, and promote healthy relationships. Mesosystem refers to the interactions between and among different Microsystems and the contexts that form them such as relationships among university prevention programmes and the neighbouring community (Brofenbenner, 1944). Exosystem demonstrates connection between social settings and the individual's immediate context. Individual Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviours that ultimately prevent drug abuse. Specific approaches may include education and life skills training. At macro system level, culture plays a crucial role in determining the way people exchange their relationships. Prevention strategies at this level are typically designed to impact the climate, processes, and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote healthy relationships (Brofenbenner, 1944)

Chronosystem refers to the patterning of environmental events and transitions over the life of an individual. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. In a university setting, interactions exit at all the diverse levels mentioned by Brofenbenner (1944). Relationships exist among individual students, neighbouring communities and the members of the entire university community. These relationships are determined by values, practices, beliefs, norms and regulations that deter or encourage drug abuse. It is necessary to approach drug abuse prevention from all these interacting factors so that thoroughness is achieved in reducing the abuse.

Botvin and Griffin (2007) summarises this concept concerning campus environment that, perceptions of campus abuse, campus climate, availability of drugs of abuse, awareness of campus policies and enforcement and students" family histories of drug abuse impact the extent of drug use and abuse on any given campus. He emphasises that the campus and surrounding community exert profound influence on innumerable facets of student life. Recognition of the environment in shaping and maintaining individuals' behaviour is important in addressing individuals and the policies, practices, and social norms that affect them on campus or in the community. This is in line with Margolis and McCabe (2006), and Conner and Norman (2009) postulation of complementary interaction of aspects in ecological system. The researchers enlisted these factors as; intrapersonal factors consisting of characteristics of individuals themselves, such as knowledge, attitudes, behaviour, self-concept, learning history, and skills; interpersonal processes and primary groups which constitute formal and informal social network and social support systems, including family, work group, living group, and friendship networks; institutional factors composing of social institutions to which individuals belong with particular organisational characteristics and formal and informal rules and regulations for operation; community factors which entail relationships among organisations, institutions, and formal and informal networks within defined boundaries and lastly, public policy on levels of local, state, and national laws and policies.
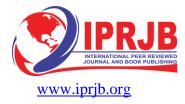
Coreil (2010) suggests analysis within a social ecological framework at intrapersonal level which includes characteristics of individual such as knowledge, attitudes, behaviour perceptions of risk and self-concept. He further advances that adolescent peer culture plays a key role in the development and maintenance of health risk behaviours. Proponents of systems theory (Ludwig, 1968; Bronfenbrenner, 1944) advance several ideas through their basic concepts namely; a system interfaces with other systems that may be of a similar or different type, the functioning of a system affects multiple other systems and is effected by multiple other systems and that there is a constant interaction between systems resulting in a constant state of change.

They contended further that time is a significant dimension and different effects occur over time. This is relevant to a typical university setting which goes through several changes as social and intellectual demands dictate. Ecological systems theory suggests fundamental principles underpinning multi-faceted person-focused and environmentally based components in establishing prevention programmes. In view of ecological systems theory, prevention programmes need perceive high impact leverage points and intermediaries that can facilitate successful implementation of prevention programmes. It is essential as well for prevention programs to measure the scope, key players and sustainability of the outcome of prevention programs due to societal interactions and functionalism (Weiss & Lonnquist, 2012). Rogers (2006) in support of these facts argues that when assessing and developing an intervention, there is need to consider all the factors that fall in the individual's life at all levels.

The concept of individualism and collectivism hold relevance in community interaction (Myers, 2010). These precepts suggest that, prevention programmes need to consider various student's psychosocial, behavioural and environmental characteristics which influence different levels of drug abuse prevention from the onset of drug abuse to addiction and recovery on individual and social basis at the university since individual health and behaviour are influenced by their social and physical environment (Issel, 2004). This also covers the various changes that occur in availability, course and abuse of drugs at the university. Prevention strategies ought to give adequate consideration to the impact being created by drug abuse dynamism. This is practically possible if all the above mentioned concepts of interacting systems are examined to comprehend their role in drug abuse correlates. Changes take place in terms of entry, course and outcome of drug abuse. Attention on new ways in which drugs get accessed, abused and camouflaged by students is important in determining prevention approaches useful to students who have not started abusing, or those already in abuse and those addicted to the problem. Attention needs to focus on the influence of drug abuse preventative strategies in drug abuse reduction.

2.2 Influence of Guidance and Counselling Services on Drug Abuse Reduction

Personal, social and emotional challenges contribute a great deal to students' drug abuse (Leong, Kim, & Gupta, 2011). The researchers have found that such challenges require counselling and therapeutic attention mainly offered through guidance and counselling services in the universities. However, different studies (Lee, 2012; Midford, 2011; Wesley & Smith, 2010) have shown that only a small percentage of students actually make use of guidance and counselling services.

Schertzer and Stone (1990) described guidance and counselling as a preventative force. To them optimum development of individuals came through providing an emotional climate and environment that assist positive healthy attitudes and feelings. This implied that people with healthy attitudes and feelings were not likely to involve themselves in behaviour that was not acceptable. They argued that a person who suffered emotional depression or frustrations would find life generally miserable and experience adjustment problems. The researchers added that unpleasant emotions could upset a person's mental and physical wellbeing and that a healthy emotional climate could be created by assisting new students arriving in colleges and universities to adjust to their new environment. Considering that most students in universities and colleges are in their adolescent stage, emotional stability is a central issue. According to Shertzer and Stone (1990), emotional changes in this period include frequent mood shift leading to anger, hostility, frustrations, emotional stress, embarrassment and anxiety. They added that such problems could be prevented if students in colleges and universities could be guided and counselled on how to deal with such emotions, meaning that a healthy emotional climate could be achieved through guidance and counselling.

3.0 METHODOLOGY

The study used Triangulation mixed methods design that adopted convergent parallel mixed method model. Cross-sectional survey research design was used for quantitative data while phenomenological design for qualitative data. Stratified random sampling and purposive sampling was used to select the sample. The sample consisted of one thousand, five hundred and twenty four (1524) participants who included 1500 students, 20 peer counsellors, two university counsellors and two deans of students. Questionnaires, interview and Focus Group Discussions (FGD) guides were used to collect data. Statistical Package for Social Science (SPSS) version 21 was used to analyse quantitative data while NVIVO was used to analyse qualitative data. Descriptive statistics were used in analysis of quantitative data while thematic and content analysis techniques were used to analyse qualitative data.

4.0 DATA PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Return Rate of Research Instruments

In order to describe the sample for demographic information, descriptive statistics was used. To obtain data from the students, questionnaires were distributed to students in the two public university campuses in Nairobi County that is, Egerton and Moi University campuses. Two focus group discussion guides, one from each university campus were used to gather data from the peer counsellors while in-depth interview guides were used to collect data from the university counsellors and the deans of students. Table 1 shows the expected and actual participants who participated in the study.

Table 1

Return Rate of Research Instruments by Participants

Item	Proposed participants	Actual participants	Percentage
Students	1,500	1,430	95.3
Peer counsellors	20	20	100
University counsellor	2	2	100
Dean of students	2	2	100
Total	**1,524**	**1,454**	**95.4**

Table 1 shows the return rate for the four groups of participants. From the 1,500 questionnaires distributed to the students, 1,430 (95.3%) were filled and returned. For the peer counsellors, university counsellors and deans of students there was 100% response rate. The percentage return rate was considered adequate in providing valid and reliable presentation of the population. The high percentage return rate was attributed to the fact that the questionnaires, the in-depth interviews and the focussed group discussions were conducted by the researcher personally with assistance of two assistant researchers.

4.2 Demographic Information of Participants

4.2.1   Demographic Information of Students

The students who participated in this study were full time students and in their third year of study. Their demographic information included the gender, age and marital status.

Table 2 indicates the findings of the demographic information of the students.

Table 2

Demographic Information of Students

Demographic information	F	%
Gender		
Male	670	44.6
Female	830	55.4
Age		
18-20	406	27.1
21-23	711	47.4
24-26	255	17.0
Above 26	128	8.5
Marital status		
Single	1,265	84.3
Married	185	12.4
Separated	20	1.3
Divorced	30	2.0

The gender of the students who participated in this study was sought in order to ensure representativeness. Slightly more than half (55.4%) of the participants were female while 44.6%

were male. This showed a good representation of the study population by gender. The findings on gender of the students showed there was equal gender representation in the study.

The participants were asked to indicate their age bracket. This was categorised into the following age brackets: 18-20 years, 21-23 years, 24-26 years and above 26 years. The findings in Table 2 indicate, that the age of a vast majority (74.5%) of the students indicated that they were aged between 18 and 23 years. Another (25.5%) of them were aged 24 years and above. The results indicated that majority of undergraduate students were aged between 18 to 26 years.

The participants were asked to indicate their marital status. This was categorised into the following: divorced, single, separated or married. The results showed that majority (84.3%) of the students were single, while 12.4% were married, and a small percentage 2% and 1.3% were divorced and separated respectively. The findings showed that a higher percentage of students were not married.
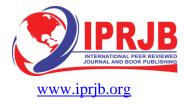
4.2.2 Demographic Information of Peer Counsellors

This section gives information on the demographic characteristics of the peer counsellors involved in this study. The section was presented under various demographic factors. Table 3 shows the demographic information of the peer counsellors.

Table 3
Demographic Information of the Peer Counsellors

Demographic information	F	%
Gender		
Male	8	40
Female	12	60
Age		
18-20	4	20
21-23	12	60
24-26	4	20
Above 26	-	-
Marital status		
Single	20	100
Married	-	-
Separated	8	-
Divorced	-	-
Duration of service		
1 Year	8	40
2 Years	7	35
3 Years	4	20
Above 4years	1	5

The gender of the participants in this study was sought in order to ensure representativeness. With reference to the gender of the peer counsellors, the first focus group had an equal gender representation while the second group had seven females and three males. Thus there were 60% females and 40% males. This indicated that public universities had more female peer counsellors than males. Flansburg (2012) identified gender as one of the factors that determine the effectiveness of guidance and counselling services in reducing drug abuse among students. Some students may seek counsel from opposite gender while others would prefer counsellors of the same gender.

The findings indicate that majority of the peer counsellors aged between 21-24 years. This is important because most of the students are also in the same age bracket which may make it easy for most students to associate and share their problems with them since the age difference is narrow. None of the peer counsellors was above twenty six years of age. Duration of service is a good indicator of how peer counsellors handled issues of drug abuse among students and the challenges they faced. The peer counsellor's years of service was sought in order to gather the background experiences in curbing drug abuse among their fellow students. The findings also revealed that all the peer counsellors were single.

The findings showed that, more than a third (40%) of the peer counsellors had worked for one year. Another 35% had worked for a period of two (2) years and 20% of the peer counsellors had worked for three (3). Another 5% of the peer counsellors had worked for more than 4 years because of various reasons ranging from lack of university fees and sicknesses. The fact that majority (60%) of the peer counsellors have done peer counselling for more than two years was an indication that most of the peer counsellors had enough experience to handle most drug abuse cases which may have contributed to effective reduction of drug abuse among students.

The results also suggested that most of students had adequate experience of what goes on in the public university campuses as far as drug abuse preventative strategies are concerned. Flansburg (2012) argued that the experience and knowledge of the counsellor determined whether the students would continue seeking counselling services or not. It is therefore important that peer counsellors are trained continuously to equip them with current counselling skills and especially in counselling drug abuse among students.

4.2.3 Demographic Information of University Counsellors

There were only two university counsellors from the two selected university campuses in Nairobi County. Both the counsellors were female. Counsellor from university campus X was aged fifty (50) years while counsellor from university campus Y was sixty (60) years old. Further counsellors from university campus X had a Master's degree in guidance and counselling while the other one held a doctorate degree in counselling psychology. These background results of the university counsellors showed disparity in gender representation. This disparity may have discouraged most male students from seeking counselling assistance when confronted with life challenges. This is because some students will prefer to share their problems with same gender counsellors while others prefer the opposite gender. The age of the participants showed a wide age gap between the students and the counsellors. The counsellors' academic qualification indicated that the counsellors were highly qualified to handle students' challenging issues. One of the counsellors had an experience of five years while the other one had fifteen years'

experience. This indicated that they had adequate experience of handling issues related to drug abuse in the universities.

4.2.4 Demographic Information of Deans of Students

Two deans of students were interviewed. This was because each university campus has one dean of students who are considered reliable in providing detailed and adequate information concerning drug abuse preventative strategies among the university students. The deans of students from university campus X was a male while the one from university campus Y was a female. The two deans of students were aged 45 to 55 years respectively. Thus the deans were in a position to interact freely with the students since the age gap between them and the students was not too wide nor were they too young to command respect as parents to the students. The two deans of students had doctorate degrees in educational administration which indicated that they were highly qualified to handle students' matters. Both deans of students had worked for at least three years showing that they had interacted well with the undergraduate students well.

4.3 Influence of Guidance and Counselling on Drug Abuse Reduction

This study sought to examine the influence of guidance and counselling on drug abuse reduction in public university campuses in Nairobi County. Various items were presented to the students, peer counsellors, deans of students and the university counsellors. The students were asked to indicate whether they: Strongly Agree (SA), Agree with (A), Undecided (UD), Disagree (D) or Strongly Disagree (SD) with the statements. Table 4 shows the distribution of students' responses.

Table 4

Influence of Guidance and Counselling on Drug Abuse Reduction among students

Item	SA		A		UD		D		SD	
	F	(%)	F	(%)	F	(%)	F	(%)	F	(%)
Has helped to avoid drug abuse	659	46.1	449	31.4	129	9	119	8.3	74	5.2
Has helped to solve problems that led to drug abuse	440	30.8	556	38.9	271	19	122	8.4	41	2.9
Has helped me to stand against peer influence	588	41.1	519	36.3	164	11.5	117	8.2	42	2.9
I have settled most of my indiscipline cases related to drug abuse	350	24.5	598	41.8	173	12.1	192	13.4	117	8.2
Has helped me to reduce drug abuse	398	27.8	603	42.2	243	17	140	9.8	46	3.2

Students have acquired effective communication so that they don't abuse drugs to communicate	393	27.5	612	42.8	168	11.7	187	13.1	70	4.9
Has made students to have a negative attitude towards the drug abuse	327	22.9	449	31.4	256	17.9	257	18	141	9.8
I often attend counselling sessions due to drug abuse	290	20.3	379	26.5	215	15	299	20.9	247	17.3
made me to mend my relationship with my parent which had made me abuse drugs	412	28.8	556	38.9	200	14	130	9.1	132	9.2
Has made me to adhere to university drug abuse policies	414	28.8	533	37.3	186	13	210	14.7	87	6.2

The findings on the influence of guidance and counselling on drug abuse reduction established that majority of students in public university campuses supported that guidance and counselling had helped to reduce drug abuse among students. This was as indicated by the higher percentage in each of the questions asked about influence of guidance and counselling in drug abuse reduction. Most students 78% agreed that guidance and counselling had helped them to avoid abuse of drugs while 69.7% were for the opinion that guidance and counselling has helped to solve problems that would have led to drug abuse. This agreed with students (66.3%) who were for the opinion that students had settled most of indiscipline cases related to drug abuse through guidance and counselling. These findings concurred with Leong et al. (2011) who argued that personal, social and emotional challenges contributed to students' drug abuse and that only counselling and therapeutic attention offered through guidance and counselling could help to solve these problems. In agreement with these sentiments one of the peer counsellor stated:

> Counselling has helped the abusers come to terms with the negativity of abusing drugs and looking at the positivity of not abusing. Further most of the students who were abusing drugs have been on the forefront advocating for abstinence (FGD B in University X, February 19, 2016).

This sentiment was in agreement with the reviewed literature by Schertzer and Stone (1990) who asserted that a healthy emotional climate can be created by assisting students to adjust to the new situations. Clarifying on the role of guidance and counselling in the fight against drug abuse, one of the university counsellors stated that counselling was not mainly an investigative department but a corrective process and had proved effective in the fight against drug abuse in the university. According to her some of the students she had counselled had

reduced the abuse while others had completely gotten rid of the drugs and had rebuilt a drug-free life.

Equally appalling according to the findings was that many students (70.3%) indicated that guidance and counselling had enabled them to acquire effective communication skills. This implied that students did not need to abuse drugs in order to gain confidence to express themselves before their peers. Likewise 66.1% of the students were of the views that guidance and counselling had helped them to adhere to the university's policy on drug abuse. These findings showed that students who sought help from guidance and counselling were possibly sensitised on the university policies.
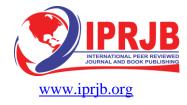
Understanding the views of students on the influence of guidance and counselling on drug abuse reduction was important because as Bandura (1986) in his social learning theory argued, an individual's behaviour was determined by the level of self-confidence that individual held. This meant that students with high self-efficacy would always seek amicable ways of solving challenges in life whereas students with low self-efficacy believed that difficult tasks and situations were beyond their capabilities which would lead them to drug abuse. Therefore the findings on students' views about the influence of guidance and counselling on drug reduction showed that a great number of the university students were attaining higher levels of self-confidence due to guidance and counselling. Therefore enhancing guidance and counselling services would contribute greatly to drug abuse reduction. Although the findings from the students' questionnaire showed that guidance and counselling effectively reduced drug abuse among students, the findings from the peer counsellors' discussions and university counsellors' interviews showed contrary findings. For instance in FGD A, one of the peer counsellors has this to say:

> Guidance and counselling in most cases is not effective in the fight against drug abuse since most of the counsellors are not trained to handle issues related to drug abuse. I have seen cases where a student would be counselled but after a while re-embark on the abuse of drugs (FGD A in University Y, February 19, 2016).

In support of this statement the counsellor from university Y said:

> In as much as counselling has proved effective in the recent past, the new generation is hard to deal with. Most of the students that come for counselling are either compelled to do so out of curiosity or just because they were referred to us by the dean of students thus sometimes it is difficult to convince these students of the harmful effects of drugs. I believe that change is an intrinsic aspect rather than an extrinsic aspect of human beings. If a drug addict really wants to change, guidance and counselling can prove to be effective rather than changing as a result of the pressure from the external sources (University counsellor 2, in University Y, February 14, 2016).

The findings in this study were in agreement with the findings from the reviewed literature (Flansburg, 2012) which discovered that some students did not seek guidance and counselling services because of various reasons. Some of the reasons cited included breach of confidentiality which created mistrust among students, lack of adequate time allocated for guidance and counselling while other students have negative attitude towards counselling services because they have a misconception that guidance and counselling is an investigative

department. According to Flansburg (2012) guidance and counselling played an insignificant role in the fight against drug abuse because most of the affected students were afraid of seeking counselling services as a result of fear to disclose personal information to strangers, while others feared that their social circle would become aware that they were seeing a therapist. From these findings therefore it is important that university counselors and the peer counselors to observe ethical principles in counseling so as to win trust and confidence of the students.

4.4 Test of Hypothesis

Hypothesis 1: Association between Guidance and Counselling and Drug Abuse Reduction in Public Universities

The hypothesis was tested using chi-square statistical testing procedures. The decision rule was that, if the results showed p value of 0.05 or better, it would lead to the rejection of the null hypothesis and more especially if the results were found to be significant at 95% confidence level or higher, the null hypothesis would be rejected. The p value that would fall below the 0.05 level would mean that the null hypothesis will not be rejected. The findings are as shown in the table 5.

Table 5

Chi-square test for association between guidance and counselling and drug abuse reduction in public universities

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	215.907[a]	144	.000
Likelihood Ratio	206.971	144	.000
Linear-by-Linear Association	2.470	1	.116
N of Valid Cases	1430		

a. *0 cells (0.0%) have expected count less than 5.*

The results in table 5 show zero (0) cells (0.0%) have expected count less than 5. This indicates that the assumptions of chi-square test have not been violated, thus the results are valid and reliable. The Pearson chi-square value is 215.907 at 144 degrees of freedom and the P-value of 0.000 at 5% significant level. P-Value is less than the Alpha value 0.05 (P<0,005). This implies that there is statistical significant association between drug abuse reduction and guidance and counselling 0.05, χ^2 (144, N = 1430) = 215.907, p<0.05, thus the null hypothesis is rejected. The results therefore indicate that drug abuse reduction in public universities is significantly attributed to guidance and counselling of the affected students. This does not agree with Flansburg (2012) who argued that 65% of college students viewed counselling and psychotherapy as uncomfortable, upsetting, risky and tough for students to engage in.

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Study

5.1.1 Influence of Guidance and Counselling Services on Drug Abuse Reduction

The study analysed the influence of guidance and counselling on drug abuse reduction in public university campuses in Nairobi County. This information was sought from undergraduate students, peer counsellors, deans of students and university counsellors using students' questionnaire, focus group discussions and interview guides. Guidance and counselling services greatly influenced drug abuse reduction among the undergraduate students. The study found out that guidance and counselling has helped to solve problems that would make students to abuse drugs. In addition, the study found out that guidance and counselling has enabled students to acquire effective communication skills which they lacked. The study also established that most students who seek guidance and counselling are aware of drug abuse policies and adhere to them.

5.2 Conclusions

Parents have contributed to drug abuse among the students either knowingly or unknowingly. Some of the parents have condoned drug abuse while others have failed to follow up with their children behaviours at the university. For affluent families, excessive money has been given to students making it easy for them access drugs. Some parents on the other hand abuse drugs and thus they always not in a position to fight drug abuse. Therefore, the researcher concludes that parents have contributed to continuous abuse of drugs among students rendering the preventative strategies ineffective.
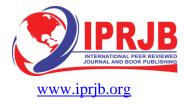
5.3 Recommendations

The study recommends that the university administration should ensure that drug abuse policies are pinned on all notice boards particularly on students' notice boards so that they can read them every time they are checking on what is new on the notice boards. In addition, the study recommends that the university administration should be more vigilant when recruiting staffs and exercise close supervision on the hired staff so that block every possible opening leading to drug abuse among students. This can be done by identifying the roles and responsibilities of staff in implementing and evaluating drug abuse preventative programmes and policies. On top of that, the researcher recommends that the university discipline committee should apply drug abuse policies to all students without discrimination. This will enable the students to respect and take any measures of correction positively.

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