Impediments against Peer Counselling Strategy for Alleviating Drug Abuse in Zimbabwean Rural Learning Ecologies

Munyaradzi Chidarikire

School of Education, Educational Psychology, Student Bachelor of Honours in Educational Psychology – Great Zimbabwe University, Zimbabwe

Abstract: - There is high drug abuse in Zimbabwe rural learning ecologies, many learners are failing academically, and have behavioural and other social problems. To mitigate the drug abuse problems in Zimbabwean rural learning ecologies, peer counselling strategy has been mooted as one of the key methods of dealing with drug abuse. This study used qualitative approach and used Participatory Action Research as methodology and Critical Emancipatory Research as theoretical framework and focus group discussions to generate data. Critical discourse analysis was used to analyse data after transcribing, verified and put it in themes.However, some of the impediments generated from the research empirical data were: inadequate knowledge and lack of understanding of what a peer counselling strategy entails, the fact that the Guidance and Counselling subject is not examinable; Some recommendations: more training workshops to enhance peer counselling knowledge; examining Guidance and Counselling and giving teacher counsellors and peer counsellors incentives.

Key words: peer counselling, rural learning ecologies, peer counsellors, participatory action research, drug abuse, learners, communities

I. INTRODUCTION

There are threats to a peer counselling strategy. The need for a peer counselling strategy is based on the abuse of drugs by the Zimbabwean rural learners. This resonates with literature which states that there is a high level of drug abuse in Zimbabwean rural learning ecologies, for example, the study done in Zimbabwean rural areas by Cooper (2009:136), who confirmed that “rural secondary pupils should an 18.5% prevalence rate of tobacco usage and 42.9% admittance rate of smoking and alcohol consumption among the patients.” In addition, in 2016, at Mucheke High School in Zimbabwe, the headmaster wrote in the school newsletter informing parents about school children who are expelled from school after abusing drugs. The Mucheke High School Newsletter (2016:2) reported that “this year (2016) four form 3 students are excluded for taking alcohol and drugs.” Unfortunately, the drug abuse problem is currently there, and Chidarikire (2017:5) concluded that ‘there is need to utilise specific peer counselling strategy to alleviate drug abuse in Zimbabwean schools’. Moreover, the threat to peer counselling strategy is that, teacher counsellors and peer counsellors in Zimbabwe are using Western counselling methods to try and mitigate drug abuse in rural areas. The Western counselling methods are defined by Stewart (2007:55), as “counselling methods that are dominant cultural attitudes and beliefs that are based on Western European philosophies and practices that inform counselling approaches and counselling training.” Moreover, Beauline (2011:10), argued Western counselling methods are “centred on Western cultures, values and norms.” Therefore, the Western counselling practices are divorced from Zimbabwean indigenous cultural beliefs and are shunned by most local people. This resonates with the argument of Gross and Olusegun (2014:2) who posit that “the practice counselling in Africa may not be very comparable with way they are practised in the western world.” I have observed that most teacher counsellors are not trained to use these Westernformed peer counselling techniques. There is research evidence that clearly shows that Zimbabwe rural learners abuse drugs, for example, the evidence in the research study by Cooper (2009:135), who confirmed that a “study on adolescent drug use assessed by teachers should solve it. Hence, this research study seeks to explore challenges militate against peer counselling strategy to alleviate drug abuse in Zimbabwean rural learning ecologies.

II. REVIEW OF THE RELATED LITERATURE

Peer counselling and it’s rational

Marangu, Bururia and Njonge (2012:79) defined peer counselling as “a process of sharing, that enables two people, the counsellor and the counselee, to enter into a relationship that makes possible the clarification of a problem, an issue or a situation at hand through good listening”. In addition, peer counselling was defined by Kamore and Tiego (2015:254) as “a process in which trained and supervised students offer listening, support, alternatives and other verbal and non-verbal interactions, but little or no advice to students who refer themselves”. My definition is that peer counselling is the situation in which the counsellor and the client of the
same age group range assist each other in the realisation of the problem and offer solutions to mitigate them. This is made possible by the professional counsellor-counselee relationship. Peer counsellors are trained learner counsellors or paraprofessional counsellors from Zimbabwean rural learning ecologies, who assist other learners from their communities to deal with any problem they may encounter. These peer learner counsellors are skilled to offer assistance to learners in rural learning ecologies to deal with drug abuse problems, using peer counselling strategy. According to Bett (2013:478), the "rationale of peer counselling is based on the assumption that people who share similar characteristics and age tend to influence one another’s behaviour significantly". The peer counsellor learners must have certain characteristics, such as being good listeners, having empathy, good communication skills, and confidentiality. They must adhere to counselling ethics, such as confidentiality. These characteristics are essential in assisting peer counsellors to be effective in their work. It is evident from other research studies that peer counsellors are able to successfully assist students to behave well at institutions of learning and outside. Marangu, Bururia and Njonge (2012:79) found that "in schools where peer education programmes have been established and peer educators equipped with relevant knowledge and skills, there has been significant degree of success in positive behaviour". Based on the recorded success stories of peer counselling in dealing with students’ problems in many countries, I therefore advocate for the formulation of a peer counselling strategy that alleviates drug abuse in Zimbabwean rural learning ecologies. My rationale behind this study is two-fold, namely a) that currently, there is are challenges militating against peer counselling strategy that addresses drug abuse in Zimbabwean rural learning ecologies, and b) the high prevalence of drug abuse in rural learning institutes. Therefore, to counteract drug abuse predicament, I have to employ solutions to mitigate these problems, as observed by the Department of Basic Education of South Africa (2013:20), which reported that it “has recognised the fact of importance of peer led strategies and has created conducive environment for the implementation of peer education programmes within school setting”. The above literature reflects that the peer counselling strategy is effective and its demand has been high in learning institutions across the world.

The high prevalence of drug abuse among learners

The United Nations on Drug Control (2010:23) stated that “[i]licit drug users in Africa make up roughly 17% to 21% of global illicit drug users and the majority of treatment demand in Africa is for cannabis abuse (63%).” This statistical data paints a gloomy picture and call for strategies that are inclusive of all stakeholders’ views in order to fight this epidemic. Moreover, Soobrayan (2013: i) mentioned the following

“Drug abuse has been linked to academic difficulties, absenteeism, thus negatively impacting on the attainment of quality basic education. It is also associated with a host of high risk behaviours, including unprotected sex, crime and violence, traffic accidents, mental and physical health problems”.

The negative effects of drug abuse are numerous – it has devastating effects on the academic performance of learners, and leads to unacceptable behaviours and health negative effects. The devastating repercussions of drug abuse on the well-being of learners and other stakeholders are of such high proportions, one cannot afford to ignore them.

Many research studies have been done in Zimbabwe that reflect that there is a culture of high drug abuse in Zimbabwe. For example, the research study by Mutsvanga (2011:65) indicated that “the substance use culture in Zimbabwe is fast spiralling out of control, sucking into its vortex, adolescents”. Another research study that substantiated drug abuse in Zimbabwe, was done by Maseko, Ngwenya and Maunganidze (2014:185), who found that “reports in Zimbabwe are consistent in telling remarkable expansion in students’ interest in drugs and use of substances”. From another angle, Oliha (2014:2) claimed that “many drug abuse behaviours are heavily tied to peer culture, as children learn from and imitate the peers they like and admire”. To mitigate this drug abuse problem affecting learning ecologies, I used the PAR methodology and the CER theoretical framework. PAR and CER recognise that different stakeholders should give their inputs in how to mitigate challenges militating against peer counselling strategy, as Dube (2016:64) postulated that “PAR allows multiple voices and players to engage in dialogue through emphasis of the principles of CER such as emancipation, social justice and recognition”. In addition, on the emancipatory perspective of PAR, Kemmis and McTaggart (2008:88) argued that PAR “helps people recover and release themselves from the restrictions of irrational, infertile, unjust, and unsatisfying social structures that limit self-development and self-determination”.

III. RESEARCH METHODOLOGY AND DESIGN

The study was anchored on the following questions:

- What are the challenges that militate against peer counselling strategies?
- Which are the solutions to mitigate challenges that militate against peer counselling?

This study used qualitative design, Participatory Action Research. Fifteen participants were involved in this study and were purposively sampled from Chivi rural community. The respondents were divided into two groups one with adults and the other one with learners. These focus groups were used to generate data. Data was analysed through critical discourse analysis. The data analysis process involved transcribing focus group discussions outcomes,
verification, coding and categorising data into themes and interpreting it.

IV. FINDINGS AND DISCUSSION

Inadequate knowledge of what a peer counselling strategy entails

One of the impediments raised during empirical generating of data, was the lack of knowledge of peer counselling, experienced by most participants. This was evident when Parent 1 asked, “What is Peer Counselling Strategy? Today it is my first time to hear it. Please help me”.

Chief said: “I have limited knowledge on the meaning of peer counselling strategy and how it helps in reducing drug abuse in our area. I really need more education on this.”

Hence, this comment by Parent 1 and Chief made me to realise that there were some rural community members who did not have any knowledge about peer counselling strategies. One should be knowledgeable in issues of peer counselling, such as confidentiality as alluded Dynamic Learning (2016:1) that “a counsellor’s knowledge base must include the five universal human needs of physical III-being: security, belonging, appreciation, and personal development.” Lack of knowledge in peer counselling strategies incapacitates the peer counsellors, renders peer counselling ineffective and fails to deal with drug abuse in Zimbabwean rural learning ecologies. Therefore, some community members are not aware of peer counselling strategies, and this might have contributed to the failure of participants to formulate and implement peer counselling strategies.

Solution: One of the solutions to mitigate lack of peer counselling knowledge among rural communities offered by the research team was to have training workshops following the example of the Harare Institute of Technology:

“HIT student leaders recently attended a training program on Basic Communication and Systemic Peer Counselling held at the Monomotapa Crowne Plaza Hotel from 29 March to 2 April 2016. The workshop covered topics such as Gender Based Violence, HIV/AIDS, drug abuse, self-awareness and counselling skills. The Zimbabwe Institute of Systemic Therapy (CONNECT) facilitated the training programme, urged the participants to go out, assist and guide their peers using the learning experience and critical knowledge that they had acquired… Understand and read around the major issues that are causing havoc among the youth and you will be able to assist your peers successfully” (Harare Institute of Technology Newsletter, 2016:1).

However, it should be noted that the above training programme was done in Zimbabwe’s capital city, which is an urban environment, and no such programmes have been done in rural areas. This was explained by:

Peer counsellor 1: “We have never had peer counsellors’ training workshops or seminars. Our teacher counsellor gave us pamphlets and small booklets and told us to go and read. If we have any questions we should ask him.”

Parent 2 posed the question, “Is there anyone among us who was trained in using the current peer counselling strategy being used to deal with drug abuse if it is there?”

Hence there is great need to have workshops and training seminars in rural areas to enhance peer counselling knowledge among peer counsellors and counsellor teachers in rural learning ecologies to effectively deal with drug abuse problem. All participants in this study stated that they had never seen the current or previous peer counselling strategy being used to specifically deal with drug abuse in Zimbabwean rural learning ecologies. Therefore, they were not aware of its contents. The participants in this study, implored the government and Non-Governmental Organisations to make sure that the peer counselling strategy we are formulating and implementing should be easily accessible in both hard and soft copies.

Guidance and Counselling subject is not examinable

The other challenge noted from the research empirical evidence is that this subject was not being examined in Zimbabwe. Therefore, it was neglected by teachers and learners.

Teacher Counsellor 2 said, “The Guidance and Counselling is not an examinable subject, and this shows that this subject is not important. Teachers and learners have negative perceptions on Guidance and Counselling.”

Educational Psychologist said: “Our education system in Zimbabwe is pays much attention on subjects that are examinable. Some learners, teachers and schools heads have negative attitudes towards subjects such as Guidance and counselling. It is waste of time to teach them because at the end of year one does not get recognized.”

Hence, I concluded that the current Zimbabwe education thrust was on subjects that are examined at the end of the term, such as Geography. Teachers and learners in Zimbabwean rural learning ecologies do not take seriously subjects that are not examinable at the end of the year.

Solution: I highly recommend that the Guidance and Counselling subject be examined in the same manner that mathematics and other subjects are examined. The fact that this subject has not been examined, has contributed to the ineffectiveness of peer counselling strategies to alleviate drug abuse in learning ecologies. Some teachers are using the time allocated to the teaching of Guidance and Counselling, to teach subjects such as mathematics and English, which are examinable. This has deprived learners to get adequate knowledge and skills in matters of peer counselling.
strategies. Consequently, they fail to deal with drug abuse in Zimbabwean rural learning ecologies.

Lack of collective engagement of community members in the formulation and implementation of a peer counselling strategy

Parent 2 remarked, “Isu vekumamisha, pfungwa dzedu hapana anodzinzwa. Tinongopiwazvinhuwatzovakudhorobha or mhirkwanakungwakutitizvisihandiseasizvising apindirainchivanhuyenetsikanemagariroedu.” (Our views as community members are not heard and we are not consulted, we only receive information and solutions that are made in towns and other foreign lands. Most of these programs does not have our cultural values).

Social Worker: “The painful truth is that, we the rural community workers and other stakeholders are not adequately consulted concerning our social problems and the provision of solutions to these problems.”

Learner 2 stated, “I have never attended a meeting or gathering where I contributed to the formulation of peer counselling strategies.” Learner 3 further explained, “Learners are the end users of peer counselling strategies; therefore, they should be consulted first.”

At the discursive level analysis, I concluded that previous peer counselling strategies used by peer counsellors did not reflect their perspectives. This made peer counsellors fail to understand the contents of peer counselling strategies and, therefore, led to the unwanted outcomes in relation to alleviating drug abuse in Zimbabwean rural learning ecologies.

Hence, the previous peer counselling strategies to alleviate drug abuse are formulated without the collective engagement of Zimbabwean rural communities. Therefore, they are formulated in the foreign lands. This created an attitude of resistance. The reason is that most peer counselling strategies are formulated from far geographical locations with different cultural beliefs to Zimbabwe rural learning ecologies. This is alluded to by Charema and Shizha (2008:45): “however, the influence of the Eurocentric counselling theory, research and practice among the Shona people, has demonised and oppressed individuals and groups, whose culture lies outside the Eurocentric counselling culture”.

Solution: The researchers should note that Zimbabwean rural communities want to be actively involved in research studies, as Tsikira (2014:157, 178) posited that “the philosophy of traditional African Societies encompassed the principle of communalism, the education is provided by the community in a collective manner, it takes a village to raise a child”. There should be a collective decision by teachers, headmasters, educational officials in the Department of Education, such as educational psychologists, as well as learners and other stakeholders to implement recommendations by the 1999 Nziramasanga Commission about teaching of Guidance and Counselling. The research vision of formulating peer counselling strategies should come from the Zimbabwean rural learning community members, as observed by Kuyayama-Tumbare and Takaendesa (2015:314), who wrote that the “principle of research vision and community development cannot succeed without a clear vision. Without a clear idea of what is needed to be achieved, how and why, some people may not understand the value of change and development.” Furthermore, Kuyayama-Tumbare and Takaendesa (2015:328) noted that “disrespect for community knowledge, failure to recognise, value and integrate with those from the community with your own ideas for community development, may result in resistance from the community.”

The non-involvement of research participants is against research ethics considerations, such as respect of participants or participants. The community members should actively participate to reduce drug abuse, as shown by research findings by the Rural Health Information Hub (2016:2), which affirmed that “a community-based prevention initiative was formed to reduce youth violence, delinquency, alcohol and tobacco use. The results of community based prevention have seen significant reductions in substance abuse among local youth in the 30 rural towns they serve.”

By comparison, I actively engaged rural community members through PAR. Lephoto (2016:1) maintained that PAR “was considered an appropriate research methodology for its compatibility to CER principles, especially in their endeavour to empower people affected by the issue of concern, so that they can liberate themselves.” This implies that when the main researchers ignore the views of the community members in Zimbabwean rural learning ecologies, they are disempowering them, and they act in an autocratic manner, in terms of how I conducted our research.

On the contrary, I used CER, which was empowering to participants. Lephoto (2016:1) concluded that CER “was favoured as a theoretical framework for this study, because of its articulation for emancipator praxis for social justice and democratisation to transformation.” This research study was empowered through active participation in all stages of research, and allowed Zimbabwean rural community members to articulate their opinions in formulating peer counselling strategies to alleviate drug abuse among their learners and community members. Learners should be knowledgeable in peer counselling strategies, in order to solve the problem of drug abuse. Tsikira (2014:179) also stated that “African Education is essential to prepare young people for the work that they are called upon to do in the society”.

Lack of expertise in the monitoring of peer counselling strategies

The successful formulation and implementation of peer counselling strategies is incapacitated by the lack of a peer counselling monitoring system and monitoring expertise.
Counsellor teacher 2 stated, “Most of the strategies fail because they are not properly monitored, and no adequate support is given to make the strategies work effectively.”

To elaborate on this, the educational psychologist commented, “Surprisingly, we – the educational psychologists working in rural areas – have never been invited to workshops to deal with peer counselling strategy challenges. We realised that our colleagues – educational psychologists working in urban areas – have been invited many times to strategic meeting. This is discouraging, to say the least.”

Moreover, the social worker stated, “In our department, I have been invited to a few meetings to deal with peer counselling problems in monitoring.”

Using discursive analysis, Hence, lack of expertise in monitoring the peer counselling strategies makes it impossible to understand the effectiveness of peer counselling in alleviating drug abuse in rural learning ecologies. Monitoring helps in dictating challenges facing peer counsellors, teacher counsellors and peer counselling strategy and immediately provide solutions. I concluded that there should be effective monitoring systems to monitor all processes of peer counselling strategy content, peer counselling checking compliance with drug abuse, peer counselling strategy outcomes and assessment standards. As a solution, I concur with Mahoso and Kuyayama-Tumbare (2014:265-265) posited that “the curriculum evaluation should focus on its clients – pupils, teachers, designers, the government and parents, these are central to curriculum implementation and all the gaps should be identified, and one way of bridging them should be identified”.

Similarly, in line with PAR, I included all participants in the monitoring and evaluation, and further recommend that, in future, everyone should be engaged and allowed to deliberate on the peer counselling strategy content, and address inconsistencies and identified gaps that may arise. The Ministry of Primary and Secondary Education in Zimbabwe clearly stated that there must be collaboration of all stakeholders in solving problems affecting the Education Ministry. Kuyayama-Tumbare and Takaendesa (2015:23) wrote:

“[T]he Principal Director’s circular No. 46 of 2010 states that there is collaboration with victim friendly stakeholders, who include Police Victim Friendly Unit, Ministry of Justice and Legal Affairs, Ministry of Health and Child welfare and Ministry of Labour and Social Service”.

Counsellor teacher 4 stated, “Monitoring a peer counselling strategy is a process, and is a huge challenge to us teachers, who are already teaching in the classroom.”

Equally, counsellor teacher 6 added, “I am teaching three subjects at Advanced level, and I am not paid extra money for being counsellors and this demotivates.” The chief stated, “One counsellor teacher recently resigned from his work due to the high workload. He is suffering from stress related diseases due to the workload.”

From text analysis, as a result, teacher counsellors and other community members have other work commitments. For example, counsellor teachers in rural areas are full-time classroom practitioners, as well as full-time counsellors. This overburdens the counsellor teachers, and makes it difficult for them to monitor the peer counselling strategy. Monitoring a peer counselling strategy is a process that is taxing, and needs total commitment from peer counsellors, teacher counsellors and all other stakeholders. I noted that some teacher counsellors are teaching two or more subjects to almost 200 students. The views forwarded by counsellor teachers should that the monitoring of peer counselling strategies was limited and, in some instances, peer counselling monitoring was non-existent.

Most rural schools in Zimbabwe have few counsellor teachers, one educational psychologist and two social workers in the entire district. This creates monitoring challenges, which Zimbabwean rural learning ecologies will experience. This may demotivate and lead qualified and experienced counsellor teachers and others to seek transfers from rural learning ecologies to urban schools, where there are better working conditions. The MP stated as follows:

“Many qualified teachers and health professionals, such as educational psychologists and social workers, are shunning rural learning ecologies because of poor working conditions which they encounter. I proposed that the Government should partner with other NGOs and businesses to incentivise the professionals working in rural learning ecologies.”

The Zimbabwean rural learning communities should collaborate with other internal and external stakeholders to support peer counselling strategies. Kisii University (2015:4) delivered the following statement:

“[A]san educational institution, Kisii University Counselling Section, in collaboration with Alcohol and Drug Abuse (ADA) Committee, is committed to providing an environment that enhances and supports intellectual, spiritual, social and cultural processes. Thus, the administration, faculty staff, and students, have the collective responsibility of ensuring that the environment is conducive for healthy intellectual and spiritual growth”.

Teacher 2 explained, “The number of learners in Zimbabwean rural schools is one of the determining factors of the number of teachers allocated to the school, and the
numbers of subjects taught by the teachers are less considered.”

My experience as a teacher from the Zimbabwean rural areas agrees with the above submission. At the rural school where I was teaching, one teacher who was the only Physics teacher, was teaching Form 1 to Form 4 classes, with a total of 120 students. He was also the Head of Department and a qualified school counsellor. As per school timetable, this teacher had a total of 27 lessons per week. On the other hand, the same teacher was mandated to monitor peer counsellors and render support to teachers in his department.

Solution: In response to the issue of teachers’ being demotivated, the Chief “appreciate the work of monitoring and counselling which they are doing in assisting our children in solving their emotional, psychological and physical problems. We are going to give financial incentives to our teacher counsellors.”

Parent 3 said: “We as school development committee we are going to request Ministry of Primary and Secondary School to employ more teachers in our rural schools. This helps in the reducing heavy workload on the teachers”.

Member of Parliament said: “I will also move a motion in parliament of more deployment of teachers in rural areas. Our Minister of Primary and Secondary education should be proactive in deploying qualified teacher counsellors and other educators to marginalised rural areas and incentive them. This will motivate them to execute their mandate.”

This support is greatly appreciated, and this greatly contributed to the monitoring of peer counselling strategies by teacher counsellors and other stakeholders. The government of Zimbabwe is not paying peer counsellors and qualified teacher counsellors; yet, other countries are paying for this service, as observed by Haider and Saha (2016:7): “in Bangladesh, Peer counsellors worked part time for 3–4 hours a day, and are paid an honorarium of Bangladeshi Taka 3,500–4,700 (approx. equivalent to USD 45–60) per month, depending upon their experience in the programme.” Therefore, the MP promised to take the issue of the paying of peer counsellors and counsellor teachers to parliament, and to the Ministry of Primary and Secondary Education, to consider paying teacher counsellors for the extra work they are doing. The government should partner the community in financially supporting peer counselling strategy, as explained by Garcia and Gonzalez (2011:10), who stated that “identifying community partners, such as church or religious-based organisations that are not constrained by Government funding” is important. These are the people who are expected to monitor peer counselling strategies, and have other energy-draining commitments. This greatly compromises peer counselling strategy efficiency.

The social worker also stated, “we are not trained in monitoring peer counselling strategy in relation to drug abuse. Therefore, I request thorough training in peer counselling strategy.” The skilled, trained community members will be assigned to monitor peer counselling. This is noted by Mahoso and Mayayama-Tumbare (2014:345), who asserted that “division of work and specialisation help employees to increasingly become skilled and efficient, and they, in turn, increase output. The right people with the required expertise should, therefore, be assigned to the appropriate tasks.” It is difficult for untrained personnel to monitor the implementation of a peer counselling strategy. One must be knowledgeable and skilled in monitoring a peer counselling strategy that deals with drug abuse in Zimbabwean rural learning ecologies. This is authenticated by submissions of Haider and Saha (2016:4), who argued that “in the context of a well-structured program setting, and under the described circumstances, it seems likely that the III-trained and supervised community-based peer counsellors could assist in encouraging and helping.”

As our discussions proceeded, it was evident that rural counsellor teachers and other stakeholders are not unwilling to monitor peer counselling strategies; however, those in urban areas are motivated to monitor peer counselling strategies because they had been trained and are adequately incentivised. This created a power imbalance, as Dufour and Marzano (2011:14) postulated that “the challenge confronting public education is the creation of powerful systems, the systems remaining autocratic and centralized in the education system, to fail to monitor the curriculum or give the support to teachers.” Furthermore, Kumashiro (2012:13-14) concluded that “teacher education had struggled, where it positions itself in terms of the rights of citizens to political and social freedom and equality.” Taking into consideration the above, I used the CER theoretical framework and the PAR methodology in this study to dismantle inequality, colonisation and the monopoly of peer counselling monitoring, thereby empowering rural learning ecologies. The principles used in this discourse permitted the Zimbabwean rural community members to be heard and, as a result, they were empowered.

V. CONCLUSION AND RECOMMENDATIONS

The findings indicated that peer counselling is effective in alleviating drug abuse in Zimbabwe rural learning ecologies. However, the effectiveness of peer counselling strategy in dealing with drug abuse in rural schools is negatively affected by many challenges. Some of the challenges are lack of training of peer counsellors and teacher counsellors. No program will be effective without training the end users and implementers. Therefore, the study recommended that more training workshops and seminars should be availed to peer counsellors and teachers. Another challenge was lack of peer counselling knowledge among rural community members and this makes them not to support programs that they do not understand. To mitigate this, I recommend that researchers and policy makers should actively include the marginalised parents, community leaders and professional such as social
workers in rural areas when they formulate and implement peer counselling programs. More so, the study found that, counsellor teachers have heavy workload, the recommendation to solve this was for Ministry of Primary and Secondary Education to deploy more qualified counsellor teachers and increase rural allowances. Peer counsellors are demotivated for they do extra work without being appreciated, the study recommend that peer counsellors should be offered incentives.

REFERENCES


