

# **DRUG AND SUBSTANCE ABUSE: A CASE STUDY OF PUBLIC PRIMARY SCHOOLS IN NAIROBI**

**By**

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A project paper being submitted in partial fulfilment of the requirements of  
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## DECLARATION

This is my original work and has not been presented for a degree examination in any other University.

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This Report has been submitted for examination with our approval as the University Supervisors.

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## Dedication

This work is dedicated to my husband Ratemo Waya Michieka and children, Nyakundi, Amenya, Kemunto and Michieka for their patience and moral support.

I also dedicate to my parents Pastor Jackson Mokaya and Wilkister Nyakoboke for their strong belief in education as the root of life and the endless and tireless effort that they have dedicated towards educating the Youth.

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# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background**

Drug and substance abuse is an ever-expanding invasive problem in the world today. Earlier studies show that it is a global problem that has been with man for decades. A study conducted by Edwards, (1979) among the American youth found that "a great deal is known on what is abused, but the whys of drug abuse are less clearly comprehended and under continued study". According to Burkhalter (1975:115), "seldom does a day go by when a person is not confronted with some aspect of that enormous and burgeoning public health problem".

The intensity of drug abuse has been a major concern in recent years. It has invaded homes, schools and workplaces, affecting individuals of all ages and classes (UNDCP, 1992). According to Namwonja (1993) more than a quarter of Kenya's secondary school and university students are drug addicts. Another research carried out by the Ministry of Education revealed that 50 per cent of all boys in secondary schools in central province start abusing drugs before getting to form four (Daily Nation, Monday July 12 1999).

Drugs pose a fascination for many persons, probably because, drugs are chemicals, which affect the mental or physical functioning of the human body. They are usually prescribed by medical doctors, and can be considered harmful when the level of use causes physical, mental or social problems, (Munyui 1994:1). Generally, they are viewed as an appropriate

means controlling potentially disruptive people and sustaining good health. Then there are those persons for instance the, suicide cases, who go out for reasons best known to them, to use drugs of dependence. Some people enter to abuse drugs like alcohol, bhang, miraa, tobacco and other hard drugs such as cocaine, heroine and mandrax. These are also harmful to human beings, when used in excess (Amayo 1994:16).

Drug abuse is the administration of any drug in a manner that deviates from the approved medical or social patterns in a given culture (W.H.O. 1969). What constitutes "drug abuse" will vary with time and places and is not simply a question of the substance involved. Consequently, a drug of abuse is any substance, taken through any manner of administration that alters the mood, level of perception or brain functioning, (Ibid). Drug abuse is the use of a mind – altering substance in a way that differs from the generally approved medical or social practices (Schuckit, 1981).

The abuse of drugs the world over has been categorized as a social problem – a form of deviance or indicator of delinquency. The drug and substance abuse in Kenya, for example, has manifested through the high rate of robberies and related crimes of fatal road accidents. Drug abuse has also manifested through riots, damaging properties, general deviance or indiscipline by students in institutions of learning (Namwonja, 1993:4).

Drugs have had normal effects on the lives of most people. In the United States and Britain for example, the discovery and development of many drugs have helped people to live longer, healthier, fuller lives by use of antibiotics. On the other hand, abuse of drugs has rendered many people help'ess, and turned them into odds with rules of society (Matheson, 1972:1). According to Gibbins (1976:226), levels of drug abuse of drug/substance varies greatly from country to country. For example, in

America and in Kenya, the level of abuse of alcohol and tobacco varies even between different groups. Drug substance abusers are found in ranging degrees in all socio-economic groups and in all age-groups, (Pamela, 1975:115).

### **Categorization of drugs**

Drugs whether in Africa, or European countries are categorized in different ways. Oper and Tyrell, (1970:277) list five categories of these drugs: domestic drugs, hallucinogenic drugs, barbiturates, stimulants and opiates. Domestic drugs include tea, coffee, nicotine and alcohol among others (Burkhalter 1975:123). For purpose of the study, the focus will be on common drugs namely alcohol, tobacco, cigarette smoking, cannabis/bhang and any other local brews like "kumi kumi" known to have caused a number of deaths and other related physical disabilities in some parts of Kenya (Sunday Nation, February 18 2001). The effects of "Kumi Kumi" thereby drew the attention of the government of Kenya, through the Ministry of Health and other related bodies to ban the "kumi kumi" brew. The success of the banning is yet to be made public by the Government.

### **Government initiative to control drug abuse**

Most governments, especially after the Second World War took measures to control and prohibit the use of morphine among those depending on it, for example its military personnel. In Kenya according to Haji (1985:1), the British government in 1939 improved control measures on Khat, on realizing its harmful effects amongst the military personnel and local administrators. The earliest ordinance providing for the suppression of the abuse of opium and certain opiates was issued in 1913. Others were issued to regulate intoxicating liquors, liquor licensing, prohibiting the sale, cultivation, use and possession of miraa in certain areas.

Much effort towards combating drug abuse problem was doubled throughout the 1980s. The strategy of legislation and enforcement led to the establishment in 1983 of the Anti-Narcotics Unit charged with curbing production and trafficking of illicit hard drugs and psychotropic substances. The unit's team operates mainly at airports, vulnerable border points and towns with high incidences of hard drug related offences. In 1986, the government tightened the noose over proliferation of alcoholism, with the enactment of the liquor Licensing Act bringing aboard procedures for licensing courts, issuance of licenses and penalties arising from contravention of the act's provisions.

Prevention of alcohol abuse in Kenya got another booster. In 1991, the government slapped a ban on the brewing and consumption of local brews through, the strengthening of the Traditional Liquor Licensing Act 1991. The brew outlets in the country were closed. Similarly, presidential directives were issued to the provincial administration, to ensure that, all the bhang grown within their area of jurisdiction, were uprooted and destroyed. This challenge fell directly on chiefs, assistant chiefs and Kenya police for implementation. However potent brews continue being produced and consumed with fatal outcomes, like suffering blindness and death.

The Narcotic Drugs and Psychotropic Substances (Control) Act of 1994 is the latest legislation against drug/substance abuse in Kenya. The government, in an effort to coordinate, monitor and evaluate control measures against drug/substance at national level created the inter-ministerial coordination committee, an offshoot of the Narcotics Act in 1995. The establishment of the office of the National Coordinator for the Campaign Against Drug Abuse (NACADA), demonstrates further the

government's direct response to the magnitude of the drug abuse problem in Kenya. NACADA has adapted the intervention line of comprehensive education for long term success in countering drug/substance menace (Hagembe, 2002).

### **Studies on drug abuse**

Studies carried out in Kenya have been focusing on drug abuse among the youth in colleges and high schools. Acuda (1980), and Yambo (1996) carried out studies on drug abuse among the youth in post primary institutions of learning. These studies have not assisted in lessening aspects on drugs and substance abuse. Amayo (1996) focused on the youth in post primary schools, but it is worrying that the problem seems widespread among the youth who according to Charles (1996:9), have the curiosity to find out what it is like. Past researches focused on society and post primary schools, but so far it appears that not much has focused on primary school pupils, hence the purpose of the study to find out whether the problem affects primary school pupils.

The problem of drugs and substance abuse is experienced from the low income slum heroine user to the business executive who is dependent on the prescribed amphetamines. This prevalence in Kenya was exhibited over the media early (March, 2003) showing angered women from parts of Naivasha, Kangemi in Nairobi and Zambezi in Kikuyu, Kiambu district, protesting against drug addicts. Hence, drug abuse is not confined to any class of people in society. However this study has focused on the primary school pupils in upper primary, who are young and in their adolescence, a tender age that needs protection from the influence of drugs. At this age, the pupils are unlikely to stop experimenting with drugs, as they experiment with many other things. Our concern is to explore whether

pupils are knowledgeable about drug/substance abuse and their attitudes and practices towards drug/substance abuse amongst this age group.

Efforts put in place against drug use and substance abuse generally focuses on the post- primary, (university students and other populations) not necessarily pointing at the primary pupils. According to Mwenesi (1995), a research conducted by the UNDCP on the extent of drug abuse in Nairobi and Mombasa in 1994 concluded that drug abuse had increased tremendously. Abdool (1994), of UNDCP points out that there is an increase in the user age bracket, "while the previous category was in the 17-25 age group the base level has expanded to include 14 year olds (Sunday Nation, March 14, 1999), which is the focus of the study to attempt an exploratory study on primary school pupils awareness on the hazards of drug abuse.

Drug abuse is a problem because it undermines a student's academic ability and performance. Research in some countries, according to UNDCP (1992) show that students who abuse cannabis regularly are twice as likely to receive below average marks or failing grades, which may lead to school dropouts, who are twice as likely to be frequent drug users. Drugs can also disrupt an entire school. When for instance, many students in a class are under the influence of drugs or absent because of drugs, the progress of all students is impeded. Drug abuse may permeate the school environment causing illegal activities like, destruction of property and peer pressure on students who do not abuse the drugs.

Studies done, Amayo (1994), Yambo (1983) have shown why and which drugs are abused in post-primary but not much has been highlighted about the primary pupil, as to why and which drugs are commonly abused. This has raised great concern among parents, policy makers and institutions because it has great implications ranging from healthy, social,

physiological, physical, family and academic sphere. Therefore, for purpose of this study, we will be focusing on whether the pupils are aware about the problem and hazards of drug use/substance abuse. And the attitudes and behaviour patterns of the pupils, in upper primary about drug abuse will also be evaluated.

## **1.2 Problem Statement**

The intensity of drug abuse in Kenya has been a major concern in recent years. Despite efforts to control the problem of drug/substance abuse, among the adolescents in schools by the authorities, the problem is still larger than expected (Mwenesi, 1996).

This study will be exploratory in nature and will focus on whether the problem exists among primary school pupils. It will also study whether the primary school pupils are knowledgeable of the problem of drug use and substance abuse and the pupils' attitudes towards drug use. The study will attempt to find out the behavioural patterns of pupils who could be abusing drugs from the Nairobi primary school pupils.

Past studies show that among students in secondary school and teacher-training colleges up to 32 per cent use alcohol three times or more in a week and 20.6% smoke cigarettes regularly (Owino, 1982). However few studies if any have addressed the problem in primary schools in Nairobi or elsewhere. Perhaps there is an assumption that those pupils in primary schools are too young to indulge in drugs. If so how realistic is this assumption. Hence, the focus of the study to explore the problem. It is vital that more effective strategies or precautionary measures to control/prevent the problem from occurring be devised through further studies.



Though the education curriculum has units on drug use and abuse, it is wanting in teaching and educating the young learners. Educators may merely mention about drug use and abuse without giving much emphasis that it needs, (East African Standard, Monday, October 14 2002). This does not give it the effective implementation it deserves. The study may draw deeper insight to the problem as it is on the ground.

Given the background it is important to conduct an exploratory (K.A.P)<sup>1</sup> study that will attempt to answer the following questions:

1. Are primary schools pupils in Nairobi aware of the existence and dangers of drug/substance abuse, and are they knowledgeable about drug/substance abuse.
2. What are the pupils' attitudes towards drug and substance abuse?
3. Are there behavioural patterns/practices related to drug/substance abuse among Nairobi primary school pupils?
4. What are the existing measures of intervention for drug abuse in public primary schools in Nairobi and how can they be strengthened?

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<sup>1</sup> K.A.P. in full stands for; Knowledge, Attitudes and Practices.

### **1.3 Aims and objectives of the study**

The study will attempt to provide familiarity with the subject of drug and substance abuse in primary schools. The study aims at investigating the role played by the pupils to such behaviour. The study will focus on the existing measures of intervention for drug abuse and how they can be strengthened. The study will explore the awareness, and attitudes of the pupils and the practices related to drug/substance abuse.

Further the study aims at finding out the behavioural patterns in regard to drug and substance abuse. The data collected will contribute some solutions to policy makers for curriculum development, also for the society to come up with coping interventions for this population.

The study has four basic objectives:

1. To explore whether the pupils are aware of drug/substance abuse.
2. To find out the pupils attitudes towards drug/substance abuse
3. To explore the drug abuse related behaviour practices among primary school pupils in Nairobi.
4. To find out if drug/substance abuse exists and if it exists what is being done about the problem.

#### **1.4 Rationale/Justification**

First, the data gathered would enhance general awareness, which would educate the community, the parents, educators and the pupils to become knowledgeable about the problems/needs of the students at this level. This will put all the groups at a better position when dealing with the needs and problems of students at this level.

Second, few studies have been done focusing on primary school pupils. Where as studies have been done on post-primary school students, Acuda (1982), Amayo (1996).

There has been tremendous concern over the use and abuse of drugs amongst the youthful population even by the highest office in the country. For instance, the establishment of the office of the national coordinator for the campaign against drug abuse demonstrates the governments concern on the magnitude of the problem in the country. Retired president, Daniel Moi amplified the situation through his public declaration of his deep concern over the damage, drugs/substance abuse cause to the youth. Daniel Moi highlighted on the resultant devastating consequences on the social, economic development of the whole nation. Other civil leaders have raised similar concerns. Media and professionals reports have equally portrayed alarming scenario (Hagembe 2002). The data gathered from the study will contribute in strengthening the guidance and counseling departments and health clubs in primary schools, to help curb drug abuse among the students.

The findings of the study will be part of the materials accessible rightfully to the learners and other population for reference.

The students who comprise majority of the country's population are in and out of school. At this tender age they need to be protected at all costs, because they are the "Nations window of hope". The study findings will

therefore assist in reducing the adolescents being at risk and targets of drug abuse.

Observation at primary schools shows that all stakeholders are geared to a peaceful learning atmosphere for optimum achievement. Seemingly without the influence of drug and substance abuse among others.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The main observation in this paper is that there are factors contributing to widespread drug/substance abuse among primary school pupils in Nairobi province. Earlier researchers in Kenya may have paid little attention to this because available literature seems to draw from western societies like Britain and America, on drug/substance abuse for the primary school pupils. In the Kenyan situation, scholarly research by Acuda (1982), Amayo (1988), Namwonja (1993), has been concentrating on the youth in post – primary, colleges and universities among other. Therefore the need to carry out the study on drug/substance abuse among primary school pupils in Nairobi province. In order to see the problem in a broad perspective and provide a conceptual wider understanding of it, a critical review of literature on related issues and theories has been undertaken.

On the basis of the outlined observations the reviewed literature has been organized in sections. Section 2.2 of this chapter broadly explores the history of drugs in the world. Viewing that, drugs have been used in early times for religious functions, leisure, social functions but under rules and regulations which are not being adhered to, for instance in the urban set up, hence the problem of our study. Section 2.3, then explores issues of drug use as a social problem referring to situations in which groups or individuals use drugs to attract disapproval of the rest of society.

Section 2.4 focuses on the dimension of the problem of drug use and abuse in Kenya and the world. Section 2.5 centers critically on the drinking a rapidly changing culture in Kenya. While capturing an overview of social and environmental changes in Kenya in section 2.6, to help conceptualize

the problem intended for our study. Section 2.6 highlights the potential loss of traditional community institutions and creation of deviant behaviour groups like those of the street children.

Arising from the conclusions drawn from the above discussion, section 2.7 will provide a theoretical framework integrating social learning theory, stage theory and theory of access in an effort to explain why individuals experiment with illicit substance and others move on with the regular use, while others do not which is the problem of our study. And finally the conclusion

## **2.2 The history of drugs in the world**

Drug use is not a new phenomenon in our World. Human beings have been using alcohol and plant derived drugs for thousands of years, since homo sapiens first appeared on the planet (Oakley, 1993). Recorded history indicates that some of these drugs are not just for their presumed therapeutic effects but also for recreational purposes.

In some of the highly developed ancient cultures, psychoactive plants played important economic and religious roles. But there is also evidence that some people have always overused, misused or abused these substances, which is the concern of the study.

There have been pharmacological revolutions influencing change of attitude and behaviour regarding drugs and drug abuse. For example, the idea that a drug could be used for a specific treatment, for disease was only a dream. People had little faith about drugs and therefore cautious about using them, (Oakley, 1993).

Researchers have always been keen to study drug abuse by adolescents and young adults, because this is the age when drug abuse begins and reaches its highest levels (Mitchel, 1999).The other side of this picture is that the same individuals are the ones who are at risk of other deviant behaviours. This study intends to establish factors contributing to drug abuse among the primary school

pupils. Whose findings will contribute to an area not given much attention by earlier scholars in Kenya. Though drugs have been with man from early times as illustrated by Levinthal (1999).

According to Levinthal, (1999) the process of discovery was as natural as eating and the motivation as basic as simple curiosity. Some of the plants for example coca leaves made people sick. Others caused death. This was the beginning of shamanism in South American, and African shaman acted as a healer through combination of trances and plant-based medicine in context of local religion (Caldwell, 1970:3). The nineteenth century saw the developments of drugs used for specific purposes. The social picture of drug taking behaviour showed signs of complication. Prominent leaders and professional called for attention to social problems resulting from widespread abuse of alcohol, cocaine and opium among others. Their use caused a critical factor in the 20<sup>th</sup> Century (Levinthal, 1999).

From man's earliest days various plants and crude chemicals have been used, for example to treat illnesses. The foxglove was found to treat certain types of heart diseases and the juice of the poppy pod to relieve pain and have tranquillising effect. Highly refined extracts of these plants are still used today as digoxin and morphine. Many useful drugs have side effects and if these give pleasurable sensations or affect the mind there is a danger of misuse. Opium and cocaine have been used and abused for centuries (Mitchel, 1999). Barbiturates came along in early 1900, hailed as the answer to insomnia, but became apparent that patients became dependent and could not manage without them.

Amphetamines was synthesised in 1920's to combat fatigue but was abused. In early 1950's came safe sedatives. They became most popular, over prescribed, though the side effects were not understood by those consuming them.

The abuse of highly dangerous, illegal drugs has been notably widespread since 1960's. It has however been present in some form for centuries. Today the trade

in illegal drugs is the most single largest threat to societies in all over the world, James (1990).

### **2.2.1 Drugs and Leisure**

Leisure is the time when a person is free to choose what he/she want to do without compulsion from personal necessity, parents, older people and authorities of various kinds in the community and national life. (Welch,1988:20). Welch (1988) further states that African traditional communities lived in a rural setting and their lives were controlled by natural order of wet and dry seasons, (Welch 1988:21). When it seemed appropriate there would be special leisure occasions lasting a whole day/night or longer to celebrate marriage, successful hunting or victory against enemies.

There would be dancing, feasting or beer drinking for those eligible to take part. The older men enjoyed beer drinking on special occasions, ideally beer drinking was a preserve of elderly people in the African society .Strict measures were followed to contain cases of abuse but still allowing for enjoyed beer drinking on such occasions.

In the pagan societies of the Roman Empire drug abuse was evidently part of leisure and worship. Time was spent in indecent lust, drunkenness orgies, drinking parties and worship of idols. Apostle Paul in the New Testament warned against such acts of carousing and drunkenness, ( Namwonja, 1993:98).The practices of the pagan societies were condemned by apostle Paul as abuse during their leisure and worship times.

Today in Kenya, among many leisure activities the young people involve themselves in, there is a tendency of misuse of leisure. Medical research has published the actual effects of these pursuits like smoking tobacco in the form of cigarettes, drinking alcohol and using other substances which are usually called



drugs, to try and escape from immediate problems or to obtain strange experiences, (Namwonja,1993). But this is not to say that, drug /substance abuse is limited to leisure times only, by young people whose population includes students.

For students, Welch (1988), says it is a breather from work and celebrated forms of relaxation. Though there are varied forms of leisure for students and other people, Yambo, (1983:1) states "that the magnitude of drug problem in Kenya has yet to be addressed". He further states that for students, there are a lot of alternatives in leisure activities requiring little expenditure, for example, group work, visiting, than to indulge in drug use and abuse.

In Kenyan society these forms of leisure involving drug abuse are gaining ground especially amongst the young people and they raise special problem which vary in danger.

In matters of decency or deviant behaviour, for example, wine abuse may lead to shameful behaviour. For instance, when Naoh, according to the Bible drank too much wine he behaved in a shameful way, Namwonja (1983:98). Wine is good but can be abused. It is argued that it is easy to abuse, difficult to moderate its use, perhaps better to prohibit its use altogether. Also the drinking of alcohol and smoking cigarettes has a market, in social, political and cultural sectors, but at the same time these practices have created many social problems which include alcoholism, immorality and related diseases, (Gakuru 1988).

In matters of decency or deviant behaviour, for example, wine goes back to the time of Noah, when according to the Bible was the first to cultivate the wine. When he drank too much he behaved in a shameful way (Namwonja 1983:98). Wine is good but can be abused. It is argued that it is easy to abuse, difficult to moderate its use, perhaps better to prohibit its use altogether. The drinking of

alcohol has a market, in social, political and cultural sectors, but at the same time it has created many social problems which include alcoholism, immorality and related diseases, (Gakuru 1988). Deviant behaviour in this regard also involves smoking cigarettes.

Cigarettes in this regard are perhaps the most aggressively branded, success and prowess are reinforced if one smokes the appropriate brand, (Gakuru 1988). However in theory, cigarette companies alert smokers about the dangers of their products by placing a tiny notice on the side of the packet, Darwin, (1990:100). The producer of cigarettes may not have had the primary school students in mind, because of the students' young age and likely not to be consumers. The factors and effects of cigarette smoking form part of our study among the school pupils. According to the world health organisation expert committee on drug dependence (1969), cigarette smoking is harmful to the human body, for instance that of the abuser.

Drugs are restricted by the Food, Drugs and Chemical Act 1967 (revised 1980) Cap.254 part II B prohibits the sale of adulterated filthy,.... or foreign matter. It warns against deceptive labels, packaging process sells or advertises any drug in contravention of any regulations and under this Act 1967.... The standards of drug prohibition against sale of drugs not of nature, substance or quality demanded. It also warns about preparation of drug under unsanitary conditions laws of Kenya Food, Drug & Chemical substances act, Chapter, 254:8. This relates with our focus of study on its findings of drugs of use and abuse and how they access the drugs against the laid down laws.

According to Mwaniki, (1982:13) in production and consumption of drugs, Kenya has permissive drinking hours and boosted by heavy subtle advertising through government owned radio and television station. According to Marcus (1991:9), reflections of indulgence in drug use and abuse is the self-neglect, academic

deterioration of children in school who have related repeated violence in families. The study undertakes to establish whether the said behaviour among other forms of behaviour is exhibited by the primary school students in Nairobi. Further the study undertakes to identify the drugs accessed and abused by the primary school pupils in Nairobi.

According to Wasunna and Wasunna (1973), attention is often centered around the drugs of addiction such as marijuana amphetamine and morphine. There is enough evidence of the abuse of these drugs. But there is another form of drug abuse peculiar to many developing countries, Kenya included. This is the trafficking of non-addictive drugs through unqualified and unauthorized persons. In this regard our study seeks to find out the accessibility of the drugs and the sources availed to the primary school pupils in standard seven and eight.

In 1971, a question was raised in Kenya's of Parliament, directed to the Minister of Health, about the sale of antibiotics and similar drugs at Kenya Bus Stations and even hotels. The then Honourable Vice-President and Minister for Home Affairs, who opened the conference, referred to the illegal sale of drugs in the country. Many people know about this drug trafficking and seem to accept it as a form of trade providing useful service to the wananchi. It is an activity generating income and hence availing drugs of abuse to the consumers.

To establish which drugs were freely sold illegally, Wasunna and Wasunna (1973), in their study, organized visits to the largely mobile crowds of Kenya. Their findings confirmed that the drugs were being sold by men, at open bus stations, open air markets and aboard trains and lake steamers (Wasunna 1973:161). Therefore the need to carry out the study. To find out whether primary school pupils in Nairobi access drugs/substance of abuse freely sold illegally to them by drug vendors.

The drugs sold, according to Wasunna (1973), included, M.B, suta and different capsules containing tetracycline, ampicillin and chloramphenicol. The report established that the drugs peddled were not found in Kenya's public hospital and that they were sold at about less than 50 percent of their official value. Therefore the unauthorized and unqualified persons might be peddling drugs of abuse to the student population, a midst the ampicillin and other capsules necessitating the study on the pupils knowledge and dangers of drug abuse. Wasunna (1973), in his study concludes that the industry thrives because some patients do not wish to have their illnesses known to other persons including the doctors, also the avoidance of overcrowded public hospital and even minimizes the cost of medicine.

The scholarly findings of Namwonja (1983), Wasunna and Wasunna,(1973) and Oyugi (1998), reports that probably drugs were not bought on the first instance of prescription but rather obtained from unauthorized sources. The findings further, assert that there is a definite weakness of drug control, surprisingly largely in the private sector. The patients abuse drugs seriously, but the findings do not identify the abuser. Our study undertakes to identify the persistent factors of drug use and abuse among the adolescent of primary school level, an activity that was thought to be a domain of college and university students. But with societal changes, it has spread out within the entire society. Past studies have tended to concentrate on college and university youth, out of school youth, but not much studies have been done on the primary pupils of standard seven and eight. Though, the problem of drug/substance abuse could have been having its roots at the primary level and therefore the focus of this study.

### **2.3 Drug abuse as social a problem**

In this section, the discussion brings out the way to look at the " drug-problem", as one of the causes of social conflict between drug-abusing individuals and the majority of the social group. This will describe the drug-abuse warning network

system, and the two basic types of information it collects. Then discuss briefly a few factual statements about whether heroine addicts become criminals as a result of their addiction.

Drugs are widely used, some legally and some illegally. The drug problem refers to, those situations in which groups or individuals are abusing drugs, in away to attract the disapproval of the rest of society, (deviant or excessive drug use) Oakley, 1996:23).

According to Oakley (1996), State and Federal laws in America controlling the sale of drugs were passed because it was believed there were victims in the transaction arousing public interest about toxicity. Without appropriate warnings, some endangered the buyers by selling habit-forming drugs, widespread drug crazed individuals engaging in horrible violent crimes. To monitor the toxicity of drugs the federal government set up the drug abuse warning network. The drug abuse warning network keeps records of drug- related medical emergencies. The system does not correct for frequency of use but rather gives an idea of the total impact of a substance on medical emergencies or drug-related deaths.

Control of drug/substance abuse in the society catered for drug addiction in the world, Kenya included. This is because scholars found out that those who unknowingly or carelessly took habit forming drugs risked being enslaved and assuring a steady market for the unscrupulous sellers, while endangering their own mental and moral strength-health.

The possibility is that drug abuse, somehow, "changes the individuals personality in a lasting way, making him into a criminal type" Oakley, (1996:31). Whereas drug abuse, might still cause criminal behaviour when the person is under the influence of the drug, and temporarily more likely to engage in criminal behaviour. Where as crimes are carried out of the purpose of obtaining money to purchase illicit drugs.

## **Drug abuse and crime**

The drug-crime connection has been well documented, especially as it relates to crack-cocaine use in the United States of America (Freeman (1992).

One study carried out in Detroit shows that when heroine prices rise, crimes rise. When the price falls, crime falls. This findings support the general hypotheses that criminal heroin users, as a class, try to maintain their level of consumption in the face of price increases and that they rely partly on property crime for additional funds (Silverman and Spruill, 1977). For purposes of this study, in Kenya not much has been done to establish whether the pupil delinquent behaviour is related to drug abuse. Hence the purpose of the study. The study will endeavour to establish whether the drug abusers stick out in a class of their own in society to maintain their level of consumption. Also what they rely on for additional drug supplies.

Illicit drug use is a crime. The concern over possibly drug abuse is of course one major argument in favour of maintaining legal controls on the illicit drugs.

## **2.4 Dimension of the problem of drug use and abuse in the world**

From previous studies drug use and abuse is a social problem cutting across the social classes, (Julian 1997). Its existence has been witnessed in society. But its origin especially among the primary school pupils has not been seriously studied to assist determine the starting point of drug use and abuse in Kenya. Therefore a basic question is, where does consumption start from, in need or in production? There must be a need of some sorts (Bagshaire et al 1974:451). Coffee, tea, tobacco and alcohol are drugs. Their historical existence must be taken as proof of their ability to satisfy some kind of need. The same can be said of hashish and opium.

A certain percentage of human beings may have dormant weakness or sensibility for drug dependence on one or more drugs. Without the help as medicine-men, traders, colonizers, wars, drugs pushers, manufacturers, trade, corporations

advertising media or awesome cartel, the dormant need for tobacco or opium could never have been so widely and universally recognized or satisfied (James, 1990).

Drugs with no established therapeutic value for the prescribed indications are a major kind of abuse. Either because of excessive zeal in enlarging the scope of indications or a very loose interpretation of their biological effects, or a complete lack of understanding of the eulogy and path-physiology of the condition they claim to correct. Most combinations of active principles with different pharmacological functions will represent a problem of abuse on prolonged use or comparatively from one case to another.

The widespread use of any new drug in the initial stage of its introduction, especially where appropriate follow-up facilities are lacking is a form of abuse. The fallacies in drug folklore propagated by producers, subscribed to by some scientist and medicine-men and gullibly swallowed by the non-specialized is kind of abuse. Similarly, where there is lack of the facilities for proper control and administration of the introduction of patent therapeutic agent, is another definite form of abuse, James, (1990:124).

Bagshaire (1974), says that mixing up of priorities and allowing needs of those is society's own making. Therefore, its failure to realize that problem of drug use and abuse have proved beyond the means of individual advanced countries and the need to seek solutions in regional co-operation and WHO. Failure to realize that control of drug use is an integrated function. The quality of facility of facilities and personnel, the strictness and efficiency of sustaining the regulations through the weakest links decide the strength of the whole chain in any given age group. For this study, the pupils have one main priority, while in school, that of learning. But getting involved in deviant behaviour then exposes the weakness of control and the strictness of drug regulations in Kenya. From the

above then the problem of drug use and abuse can be said to be linked to its existence as a social problem. Man's need of drugs has enhanced the production and its usage, exposing lack of or weakness of controlling regulations in Kenya and the world.

#### **2.4.1 The problem of drug abuse among the Kenyan youth**

Promotion of drug education among local communities in Kenya needs to gain achievement, with advanced intervention measures. Education on drug abuse is to reach drug barons through press and print media, who for a long time have been secretly growing bhang in Mount Kenya forest, using children to grow, traffic and in consumption. Also as law enforcement agencies close on them. The promotion of drug education among local communities might improve the understanding of participating in lessening any factors enhancing drug use among the school pupils.

A number of children in the mount Kenya region, for example, mostly boys have abandoned school to engage in drug related activities. Available records indicate that nearly half of the boys in the area who enroll in standard one drop out of school before they reach standard eight. For example, out of 469 boys who enrolled in all primary school in Kathangari zone on the Embu side of Mount Kenya in 1993 only 243 sat for the Kenya Certificate of Primary Education Examination in the year 2001. (Daily Nation 16<sup>th</sup> June, 2002). Other statistics indicate that while the zone enrolled an average of 1,447 boys in 2000 to 2002 only 743 sat for their K.C.P.E exams over the same period.

This contrasts sharply with the number for girls, which show that the region enrolled 1,286 while 1,278 sat the Standard Eight examinations over the same period. In some schools all the boys who enrolled in Standard One drop out of school before they get to Standard Eight, (Ibid). The scenario is replica in the neighboring Districts of Kirinyaga, Meru and others. This is a worrying situation,



and there is need to work out interventions to reverse the trend (Herald, magazine, 16, June 2002).

According to the out of school youth in Nairobi, they spend most of their free time drinking in brew pubs in Nairobi province. This accelerates their advance towards a life to ruin. They spend their cash on these beverages instead of using it to uplift their living standards, to which some are already a liability to their already impoverished families and the society as they are no longer productive, (Ibid). From the above, inference can be made that there is a problem that could be amongst the primary school pupils who form part of the larger youth population in Nairobi, reflecting the problem of this study.

## **2.5. Drinking patterns in rapidly changing culture in Kenya**

There is no doubt that drug abuse for example alcohol abuse is increasingly alarming in Kenya. This has been noticed not only by doctors and other health workers but also by almost everybody in a responsible position in the country. Village chiefs, civil leaders, clergymen and politicians have voiced, their concern (W.H.O. 1980:80). Indeed, in the Kenya Development Plan 1979-1983, the growing problem of alcoholism had been given due recognition and the Kenyan government declared its intention to tackle the problem with determination.

The government has issued directives to local authorities to restrict considerably the opening of bars during certain times of the day. A study of alcoholism in a crowded slum area of Nairobi, by Wanjiru (1979), found out astonishing prevalence of alcoholism. At least 46 percent of the males and 24 percent of the females in Kenya can be classified as alcoholics according to the criteria specified by the W.H.O technical reports. Wanjiru's study then suggests that individuals who consume alcohol may only be reformed outside their social environment, because alcohol is part and parcel of their social menu. This trend of alcoholics need to be reversed or controlled. Alcoholism is blamed for the decline of moral

standards and cause of many evils. Abuse of alcohol causes family breakdown, divorce, desertion, homicide, wife victimization, battered husbands, road accidents and juvenile delinquence due to family disorganization.

Series No. 48, (1952, of the alcoholism sub-committee of the W.H.O Expert Committee, on Mental Health in 1952). Wanjiru (1979) also found that the brewing, distilling and selling of alcohol was the major occupation of the area.

Drunkenness reduces production out of absenteeism, industrial accidents, inefficiency and carelessness. Corruption, forgery and embezzlement are crimes which an alcoholic may engage in to support the drinking. Many drunkards loose their employment, among other reasons (Mushanga, 1998).

The increase in alcoholism consumption both in the rural and urban areas is attributed to rapid changes taking place in developing countries (Edwards and Arif, 1980). The cultural socio- economic and environmental spheres are so rapid that people hardly have time to adjust to them. Inevitably this has led to stress and conflict (Arif, 1980). Given other factors such as availability of alcohol, it is not surprising that there is a sudden increase in alcohol abuse and change in drinking patterns all over the country (Ibid: 81). This could be reflecting the changing patterns, the pupils have found themselves in. This study therefore tries to establish whether the factor applies to the pupils in Nairobi province.

One of the most noticeable changes which has taken place in this country has been cultural. In the past, the individual youth, his/her family and the society in which the individual lived were strongly controlled and influenced by cultural beliefs. Although there was much variation in these beliefs from tribe to tribe in Kenya, they provided security for most adults and children. But instances when a person left his traditional family ties and lifestyle the person could run into difficulties immediately and become lonely outside the traditional family ties, especially as he may not be accepted in other cultures (Edward and Arif, 1980).

Traditional cultures are disintegrating very fast in most African societies. Family ties have broken down. The extended family, which sheltered so many people, has become too expensive and more people are adopting to nuclear family patterns. The youth no longer believe they will be punished if they break traditions or behave immorally (Ibid, 82). This trend assumes that there is a gap on the importance of parental guidance and other family members as used to be in traditional society. The support groups systems have broken down. This explains the breakdown of those groups whose role was to explain what was expected from the children in certain ages, of their growth roles and behaviour in the traditional environment/society. It is further assumed that parents have found themselves with less time for their children who instead have resigned themselves to their peers or friends. And perhaps the temptation of coping with their friends' behaviour leads to the drug use which is the focus of this study.

## **2.6 Social and environmental changes in Kenya**

Probably the biggest change in the last few decades has been migration from rural areas to towns and cities. One loss is of contact with the extended family. In traditional rural home a growing child is never alone. In the city, there is no extended family, often either wife or husband is alone, and this can lead to a problem like alcoholism, Arif, (1980:83) children may have nobody to care for them when their parents are away, insecurity may result. This can in turn predispose them to neurotic traits or personality anomalies which may later be associated with alcohol and drug abuse.

Lack of recreation or proper use of leisure time causes a problem to migrants to cities and towns. Available recreational facilities cater for relatively a few. Wanjiru (1979), found out that up to 60 percent of the people interviewed in a crowded informal settlement in Nairobi, complained of lack of something to do in their free time and gave this as a major reason for resorting to alcohol.

Adjustment can cause stress and this may account for excessive use of alcohol among urban dwellers. Inflation and unemployment has affected school leavers, rural urban migrants and others. Most of them roam in the cities and rural areas in hope of getting work (Wanjiru 1979). They are a frustrated group. And its not surprising that they result to use of drugs and alcohol abuse. This practice may therefore be seen as normal by pupils in school to whom some are role models.

In traditional rural Africa alcohol was brewed mainly for family consumption and occasionally for celebrations or ceremonies. It was drunk at home and only after work, apart from special occasions. It was most unusual for people to drink in the morning. Also the supply varied from plenty drinking during the harvest to very little during famine or near famine conditions. Virtually all the alcohol was fermented from locally grown foods like maize, millet, bananas and other cereals.

Their alcohol content was very low and the drink could be over several hours, often singing and dancing, with little intoxication. People rarely drank alone. Now this drinking is being abandoned. Alcohol is produced commercially and professional brewers and drinking places have appeared in all the villages and towns in Kenya – Naivasha, Kangemi within Nairobi, Uthiru in suburb of Nairobi and many others. Distilled alcohol with very high concentration of ethyl alcohol is gradually replacing the fermented alcohol. The distilled liquor can be stored over many days and alcohol can thus be obtained everywhere at all times.

The impact of distilled alcohol with very high concentration of ethyl alcohol replacing fermented alcohol is not well understood. For instance other people feel that traditional liquor is not detrimental until it is misused ( Daily Nation18,September, 1996). For Local authorities brewing and consumption of alcohol retards both rural and urban development. It weakens the people who

consume it, leading to poor participation, for example in local barazas. Alcohol consumption for instance leads to negative consequences such as deaths and ill health. Through mass and print media, and barazas for instance the news about the death of twenty people as a result of taking lethal alcohol drink in Kigumo division Muranga district on september 1996. This print media news appeared on the daily Nation, Friday October 4, 1996 became widespread (Oyugi 1998).

It is therefore not surprising that bored, frustrated, school students and unemployed people easily indulge in it. Despite heavy penalties for alcohol the business thrives. Still most youth are unaware of the dangers of alcohol and many still believe it strengthens the body. Others think it will kill intestinal worms Oyugi, (1998:85).

There has been a marked change in social attitudes towards drinking by women and children. In the past women rarely drank alone outside the home. Traditional attitudes towards drinking by young children and students varied. In some places, children were never allowed to drink till they reached a certain age or in special occasions only. There have been no studies of association between any of these practices and later alcoholism. But there is evidence of a marked increase in alcohol abuse by teenagers. Otieno (1979) observes that over 50 percent of teenage drinkers combine alcohol with cannabis.

## **2.7 Theoretical Frame Work**

### **Introduction**

The problem of drug abuse can be explained using a number of sociological theories in this section. The first section will include Social Learning Theory, which models that a person learns within a group of peers, our study tries to establish the reality of the theory among primary pupils. The second section deals with Stage Theory. The assumption is that involvement with drugs

proceeds through several stages; either from tasting wine, beer leads to others hard drugs.

And finally, Theory of Access. Which assumes that drug abuse is high among groups within its access. Availability, for example in parental, economic and physical circumstances may promote high level of drug use. Finally the conclusion of the theories.

### **Social learning theory**

Sutherland and Cressey (1974) developed a model based on what they term differential association. According to this model one learns to be a drug user within a group of peers, the curriculum consists of specific techniques of drug use, and a specified direction of drives, motivations, rationalizations and attitudes (Freeman 1992).

This process of learning criminal behaviour involves all the mechanisms involved in any other form of learning. Differential association and drug using friends will determine one's pattern of behaviour. But much as the theory explains the learned behaviour, it does not explain why some people do not learn the criminal behaviour.

Jessor and Jessor (1977) suggest that the drug abuse can be predicted by the propensity toward problem behaviours in general. This propensity is in turn determined by the interaction of three systems; behaviour, personality and perceived environment. The behaviour system is divided into a problem behavior structure. Participation in either system serves as an alternative to participation in the other.

The personality system is divided into three structures that include a motivation - instigation system, a personal belief system and a personal control system. The

perceived environment is composed of proximal and distal variables. Distal variables include support and controls from parents and friends and the relative influence of parents and friends. The proximal structure includes parents and peer approval for problem behaviour (Ibid).

### **Stage Theory**

The theory is based on assumption that the involvement with drugs is through different stages. Drug abusers do then involve themselves in hard drugs after a process based on the first experience. Moderate consumers of wine and beer/alcohol may then turn to hard liquor and other hard drugs.

Stage theory began a stepping stone, or threshold theories posting that, marijuana was an absolute stepping stone to heroine use (Kandel, 1980). This theory was widely disseminated and promoted in the 1960's (Freeman, 1992). In fact marijuana use often precedes hallucinogen or heroin use, but a good percentage of marijuana users, never go on to these other drugs.

Kandel (1980) and Yamaguchi and Kandel (1984) report that, based on their longitudinal data, involvement with drugs proceeds through several different stages. Adolescents typically progress sequentially from beer and wine to hard liquor and cigarettes. Next to marijuana and then on to other illicit drugs.

Critically it can be observed that early involvement does not necessarily lead to use at a later stage, usage at later stages is very unlikely without use at earlier stages.

### **Theory of Access**

The role of access may influence for instance alcohol use and perhaps as much as it does drug use. Everyone has access to drugs at one stage in life. Some have social access, economic access physical and psychological access.

Winick (1980) proposes a theory of drug dependency based on roles, access to drugs, and attitudes toward drugs. Drug use is high among those groups in which there is access, an accepting attitude toward drug use, and role strain and/or role deprivation. At points of taking on new roles or being tested for adequacy in a role, adolescents are at particular risk of role strain (Freeman, 1992). Role strain may be caused by incompatible demands within one's role or between two roles in a role set. The kind of conformity required by different roles within a role set, ambiguity of role obligations, inconsistent role obligations (Freeman 1992). Once the sources of role strain in society have been specified, it is possible to specify and predict those situations that are likely to result in a high incidence of drug dependence (Freeman, 1992), users will cease use when access to drugs declines. Negative attitudes to use become salient, or role strain and deprivation become less prevalent (Ibid 1992).

Smart (1980) suggests an availability proneness of illicit drug abuse. A drug-prone individual must be exposed to high levels of availability before use will begin. Availability refers to a set of physical, social and economic circumstances surrounding the ease or difficulty of obtaining drugs, especially in terms of the cost and amount of physical effort needed to obtain them. Availability may also refer to social aspects because drugs are more available in some social groups than others.

Availability may be perceived as well as actual. Actual availability takes into account the cost of drugs (Freeman 1992). Perceived availability is simply subjective estimates of the variables described above. Proneness to drug use may be of many types. Studies suggest opiate addicts have numerous psychological difficulties prior to addiction including self-image and self-esteem problems (Winick, 1980; Smart, 1980; Inciardi, 1981). Other aspects of proneness may be related to seeking a new life-style (glamour, money, opportunities, excitement (Ibid). This theory does contain several weaknesses. The concept of availability and proneness are global concepts with a variety of



possible meanings that there are situations where availability is high but use is very low, such as among farmers who grow opium and cocaine. In those situations the theory of proneness is not supported. There are also special problems with the concept of availability in that the actual availability of a particular drug for a particular individual is almost never fully known.

### **Conclusion of Theories**

A review of these theories of drug abuse generally suggests a number of things. Drug use should be placed within a developmental context. Implying that factors that influence drug use evolve as the child matures through adolescence. That the developmental period preceding adolescence and young adulthood should be considered in any primary prevention effort. The theories also suggest drug use may be common for many adolescents and may be part of a larger constellation of behaviours, whether they are labeled problem behaviours, or antisocial behaviours:

Drug abuse must therefore be treated within a behavioural context. This study therefore seeks to find out the functional aspect of drug abuse, prevention efforts should address this functionality and provide alternative behaviour for drug abuse. Rather than trying to suppress any underlying need or reason for drug abuse.

There is a strong support for addressing the socio-environmental factors in prevention efforts including effects of modeling, the availability of drugs and other social factors in the development of drug abuse.

The theories consider stress where the concept of everyday life problems such as lack of parental guidance. Parent's alienation from their children creating a gap, during life transitions and developmental stages.

Finally access to drug abuse may be impacted due to low level of wholesome parental supervision. In relation to this study, the busy urban lifestyle, which demands to making ends meet leaves very little, time for parents to relate and guide their children. For some, marital family and economic stressors seem not to give the problem its priority, among other factors. Earlier studies have not focused on this particular age group, which forms the basic of this study.

# **CHAPTER THREE**

## **3.0 RESEARCH METHODOLOGY**

### **3.1. INTRODUCTION**

This chapter describes in detail the systematic research methods that were used in obtaining the results that will be presented later. In this chapter, the research site is described, the sampling design is clarified and the methods of data collection are clearly stated. In addition data analysis and interpretation methods are stated. This chapter clearly shows how scientific methods of inquiry were adhered to in this research.

### **3.2 The Site Selection and Description.**

The study was conducted in Nairobi province /district, which is the capital city of Kenya. The selection of the site was done purposely for easy of access. Secondly being an urban city, it is more prone to drug trafficking and drug abuse.

It is the political and administrative, regional and international center. Among the East African States, Nairobi is the biggest industrially and commercially, attracting people from all parts of the country for settlement and education. Nairobi has a cool climate, with relatively developed infrastructure. It is located 655 km from Kampala Uganda to the North- west and 837 Km fro Dar – es – salam to the southeast.

The 1999 population census report put the size of Nairobi at 699 square Kilometers. Nairobi holds a population of about two million people, majority of whom have families with primary school going children (Report of Kenya 2001).

Nairobi hosts a number of international educational institutions that accommodate the multi-cultural, racial and religious groups of that target population. The urban lifestyle in Nairobi, meets one with drug abusers cutting across the society. For example, street children and those out of school youths sniffing glue is quite common. This among other drugs of abuse is witnessed even in the streets and some residential areas of Nairobi.

This calls for concern into this behavior, prompting the concern whether primary school children who share the same environments are aware of drug and substance abuse and if so what are their attitudes and behavior patterns. In the informal settlement and other estates one would see youth involvement in Miraa chewing and cigarette smoking, perhaps more unlike the rural areas set up.

The area was chosen conveniently for the study because it will save time and constraints during data collection stage and ably enabled the exploratory study of pupils knowledge, attitudes and practices on drug and substance abuse. Nairobi has also been chosen because of its accessibility and limitation of resources.

### **3.3 Data Collection Tools**

There are a number of data collection techniques available for social science research. These techniques and methods are normally determined by the nature of research. In addition factors like time, accessibility, cost limitations determine the choice of methods used.

The study benefited from both primary and secondary sources of data. All research questions were addressed through questionnaire and interview guide, that were administered to the pupils and key informants. The use of observation was limited to situations where formal interview schedule was not sufficient to capture or clarify important issues for the research. For instance the technique accommodates pupils' opinions expectations and interaction.

The most useful tool for data collection was a questionnaire that contained both open and close-ended questions. The questionnaire was administered to the pupils by the researcher. Face to face interviews were used and the responses were recorded. In case of the close ended questions the questionnaire acquired information on socio-demographic profile. Knowledge, attitudes, behavioral patterns of the pupils and available measures of intervention. The tool was used to measure the level of participation.

The interview guide tool was used to address information from the key informants. The study treated the headteachers, teachers, parents and subordinate staff as key informants. These are people with specialized professional background knowledge, to issues being investigated on drug/substance abuse. Key informants have access to other information which was of interest, to understand the issues being explored. Key informants are people, who are respected and ready to discuss matters of community and public interest.

The interview guide contained questions that would enable the researcher, to probe in order to clarify issues to facilitate collection of qualitative data. They were administered in confidence. That is, the discussions were between the interviewer and the respondent(s). Prior to the interview the respondents were briefed on the purpose of the study and assured of confidentiality of their response. This helped to minimize biases in their answers.

Parents were interviewed during the morning, lunch break and evening hours when they were dropping or picking their children. With prior arrangements some parents opted for after school hours (interview) to avoid, reporting to work late. Others were interviewed in schools after parent-teachers meeting. Though it was challenging to sport meet and convince them (parents) for interviews. To reduce tension, the researcher flashed the research permit to alleviate the suspicion. Introduction and explanations were generally done as preamble. Copies of research permits were availed when the need arose. Normally copies of the research permit were requested for before any

interviews. The researcher normally introduced the task by use of original research permit and other documents.

### **Direct Observation**

Direct observation, was also employed in the process of data collection. Close observation of the teacher-learners, learner and learner interaction was made to establish, the impact each party might have on the learners and impact on pupils attitude towards advice on drug/substance abuse. Some pupils were interviewed in the process of answering the questionnaire.

### **Secondary Data**

Existing records often provided insights into a group of people that cannot be observed or noted in another way. Documented material is not prepared for purpose of research or at the request of the inquirer. For the study secondary data was obtained from records found at the libraries and Nacada offices. This included previous studies, published and unpublished sources. This secondary data availed to the study information on drug substance abuse. Secondary data therefore provided background information and other dynamics on the study.

## **3.4 Sampling Design.**

Sampling is simply the process of choosing the research unit of the target population. A sample is a subset of or portion of the entire population under study. It should be viewed as an approximation of the whole rather than as a whole itself. In the study, the pupil population is the total number of upper primary school pupils in Nairobi Public schools.

### **Selection of schools and respondents ( pupils)**

Nairobi was purposively sampled because of time, finances and its accessibility. Pupils were identified and sampled to ensure representativeness. The public primary schools in Nairobi province fall in eight divisions. All the eight divisions were considered for purposes of representativeness.

In each of the division are two zones. The study used random sampling to select one zone from each division.

Because of limited time and financial resources the study targeted seventeen public primary schools as shown in Table 1. The schools were selected using proportionate random sampling. Proportionate random sampling was used for equity. In the field each zone was treated as a cluster or stratum.

Since the distribution of schools in each zone is not uniform, proportionate random sampling was used as illustrated below.

$$\frac{\text{Total No. of units in cluster or stratum}}{\text{Total No. of units in universe}} \times \text{Target units}$$

The study targeted one hundred and seventy pupil respondents. These were selected by use of proportionate random sampling. In this research the sampling frame was constructed from the class registers in the selected primary schools. The study targeted to collect data from pupils in standard seven and eight, and key informants. For purposes of the study, key informants, are headteachers, teachers, subordinate staff and parents.

**Table 3.1****Nairobi City Education Divisions and Zones**

Existing Divisions	Existing Zones	One Zone to be randomly Sampled.	Number of Schools In Selected Zones	Number of Selected School.
Dagoretti	02	01	16	02
Makadara	02	01	16	02
Kasarani	02	01	15	02
Langata	02	01	08	01
Westlands	02	01	15	02
Embakasi	02	01	25	03
Starehe	02	01	25	03
Kamukunji	02	01	15	02
Totals	16	08	135	17

**Selection of key Informants**

Except for the parents, the rest of the key informants were selected purposively from the proportionally sample schools. The choice of purposive sampling (judgemental) technique in selecting respondents for this research was based on the nature of the study. Drug/substance abuse in upper primary school is sensitive.

Convenience sampling was used to select the parents. The technique was chosen because its easy, quick and in expensive method of sampling (Singleton, 1988).

In conclusion a sample is used in the study because of the cost involved in studying an entire population. It is also because of the unmanageability of studying the entire population. The assumption in studying a sample is that the aggregate characteristics reflect the entire population from which it has been drawn. Sampling is necessary in research process due to reasons of cost and time limit and in efficiency in information collection. The larger a population the



more it is necessary to collect a sample or samples across the population that are representative. This fact has made all social research to fully depend on good unbiased samples

### **3.5 Methods of data analysis**

The raw data obtained from the field may not be important to research if it is not presented in a scientifically justified manner. On this premise it is worthwhile to note that the raw data that was obtained from the field by use of questionnaires and interview guide was coded to enable compilation. Descriptive methods were used.

#### **Descriptive Statistics**

These are statistics used for the purpose of summarizing and condensing raw data into forms that supply useful information efficiently. Descriptive statistics comprises ways of reducing large masses of data into forms that can be clearly appreciated. It tends to describe the data to make more sense to the reader, for example, as presented in Table 4.8, chapter four. These are important in giving information on totals of frequencies, percentages and the mean. Percentages were used in this study to sum up individual values, for example as presented in Table 4.4, chapter four. Nominal measurement was also used in the study. The mean was used in this study to summarize frequencies. The mean was obtained by summing up the individual values X and dividing by their total number (N).

$$\text{Mean } X = \frac{\sum X}{N}$$

Where:

X-individual values

N-Total Number

$\sum$  -Summation

The mean is referred to as the measure of central tendency. Since, it tells the researcher about the central characteristics of a distribution. It is used to describe a sample by the character of most of its members.

### **Percentages**

Analysis of the results has largely utilized percentages created from proportions. Percentages are easy to calculate and are usually arranged in percentage frequency distribution (Borhnstedt and Knoke, 1982: 28).

### **Nominal Measurement**

This scale mainly assigns names or numbers to classes of outcomes in a purely arbitrary sequence (Borhnstedt and Knoke, 1982:18). There are no assumptions made about the relations between values. Each value defines a distinct category and serves merely as a label or name (hence "nominal" level) for the category. The values are exhaustive and mutually exclusive (Babbie, 1983:135). For example nominal scale was adopted in the classification of respondents into sex and religious categories in this study. The study did not use nominal measurement exclusively, because the study measured variables at other levels.

### **Inferential Statistics**

This is a method of understanding whole populations on the basis of representative samples. These are the most important in any scientific venture. Inferential statistics was used to assist the researcher to make inferences, conclusions and recommendations. The inferential statistics method used in this study included cross tabulations. Cross tabulations is a joint frequency distribution of cases according to two or more classification. The technique is to display the distribution of cases by their distribution, as presented in Tables 4.10 and 4.11 of chapter four.

### **3.6 Problems encountered in the field**

In the course of the fieldwork, the researcher experienced some constraints. Because of the sensitivity and the nature of research, some of the head

teachers were unco-operative even on production of the research permit. They imagined their schools were suspected to have pupils doing drugs. Some key informants reacted in similar manner. The researcher had to repeatedly introduce and explain the topic. The explanations relaxed the tension for the research to be conducted.

Further, teachers complained that the researcher was interfering with learning, because pupils and teachers were drawn out of class in some instance. To overcome this problem, efforts were made by the researcher to ensure compliance with out of class appointments.

Repeat visitations to schools were frustrating because the teachers and subordinate staff did not keep their promises. On the appointment day the researcher would find them absent, forcing planning for another day, hoping they will not disappear without explanation.

Some of the pupils, and key informants wanted incentives which the researcher lacked. To overcome the problem, the researcher would produce the identification card, and letter of introduction. Only then would they relent their demand.

### **Limitations of small sample size**

For this study the, the sample size is not large. If adequate funds and time were available, a larger sample would have been preferred. Normally, larger samples give better results and hence are more reliable. This makes generalizations more valid and reliable. Secondly, it is possible that some respondents exaggerated their answers to magnify the problem or feign ignorance about the problem of drug/substance abuse.

### **Limitations of secondary data**

For this study first, some of the materials sought in the libraries, had been borrowed out, lost or just not available. Secondly, some of the material sought was not readily available, taking longer than planned.

Thirdly, key informants were difficult to interview. For instance it was difficult for the researcher to interview parents "on the spot". This is because, some were in a hurry to do one noble job. To drop their children in school, or to pick the (children) from school and proceed. The research (interview) was therefore chocking their routine. The researcher had a difficult time explaining and convincing key informants on the importance of the study. The conversation before the interview required a lot of patience on the part of the researcher. With time, despite the fact that the researcher was a part-time student with limited time, it was possible to interview the key informants. The study noted that during the interview some key informants were inquisitive, about what the government can do to reduce/control drug/substance problem.

### **3.7 Conclusion**

The validity of all scientific data rests squarely on the methods of sampling, data collection, data analysis and interpretation. This chapter focused on integrating all these aspects in the research.

The chapter describes Nairobi Province / district which is the study site and provides the rationale of the site selection. Further the chapter described the sampling design. Ways of incorporating both primary and secondary data in the research are describe.

## **CHAPTER FOUR**

### **4.0 DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter presents the data collected from Public primary schools in Nairobi. The data discussed includes respondents' background information and pupils' general knowledge about the existence and awareness of drug and substance abuse. Also included is the general information about respondents' families, friends' and peers as well as information on the types of drugs which are mostly accessed and abused among peers, friends and in the families. The chapter also discusses the respondents' attitudes towards drug/substance abuse and information on drug related activities or behaviors among primary school pupils. The results of the data are presented in frequency tables.

#### **4.2 Socio – demographic profile of respondents**

The study covered a total of 238 respondents drawn from selected public primary schools in Nairobi province. The respondents were in the following clusters: School pupils comprised of 170 respondents of which 85 were boys and 85 were girls drawn from classes seven and eight, Key informants, namely head teachers, teachers, subordinate staff and parents were 68.

The pupils and key informants were reached for interviews and were interviewed using a questionnaire (copies of which are attached in the appendix). The ages of the respondents varied. The key informants were adults above 18 years old. The pupils' ages ranged from 11 to 18 years as shown in Table 4.1.

**Table 4.1 Distribution of pupils by age**

Age (in years)	Frequency	Percentage
11	04	2.4
12	46	27.1
13	68	40.0
14	38	22.3
15	12	7.0
16	01	0.6
18	01	0.6
Total	170	100

N=170

From the data in Table 4.1, it is apparent that majority of the pupils were aged between 12 years to 14 years. From the data it is evident that majority of pupils in class seven and eight in the sampled primary schools fall between 12 and 14 years. Generally as expected, pupils in Kenya begin standard one at age six and by the time they get to Standards Seven and Eight, they should be aged thirteen or fourteen years, other factors held constant. Perhaps of importance to this study is the fact that the young ages of the pupils predispose them to lots of influence some of which may be injurious to them, because they might not be able to make informed decisions due to their young ages.

#### **4.2.1 Religious affiliation**

The study further obtained data on religious affiliation. The findings show that 89.4% of the respondents were Christians, 8.2% Moslems and 2.4% traditionalists. The data is presented in Table 4.2.

**Table 4.2 Distribution of respondents by religious affiliation**

Religion	Frequency	Percent
Christianity	152	89.4
Moslem	14	8.2
Traditional	04	2.4
Total	170	100

The high percentage of Christians in the study sample reflects the national pattern in Kenya, where majority of the people (over 70%) are Christians. This is, among others, the outcome of Christian Missionary activities in Kenya which began in the 19th century and saw many Africans convert to Christianity. The agents of change like formal education and Christianity seem to have altered traditional institutions of the people hence the art of worship has not been ignored, and that perhaps pupils with religious background may be less likely to abuse drugs.

#### **4.2.2 Family attachment, parents' education and working background**

Although one would expect that pupils stay with both parents, the study established that, some pupil respondents were staying with various relatives. According to the data, majority (63.5%) of the pupils reported that, they were staying with both parents (father and mother) while 25.3% indicated that they were staying with their mothers. Pupils staying with their fathers comprised 4.1% and those staying with their siblings constituted only 2.4%. A few others (4.1%) stayed with relatives, as shown in Table 4.3.

**Table 4.3 Showing who pupils stay with**

Whom stay with	Frequency	Percent
My father & mother	108	63.5
My father	07	4.1
My mother	43	25.3
My siblings	04	2.4
My relatives	07	4.1
Others	01	0.6
Total	170	100

The study established that no pupil respondent was staying alone or with another pupil. This can be attributed to the fact that Nairobi is a high cost urban area, where school-going pupils may not manage to be independent and self-reliant. As would be expected of children of tender age, the majority of the pupils reported that they stayed with both parents. It would then imply that family attachment of both parents is important for the growing pupils, because parents are understood to be the first teachers and role models of a child in the family and society.

The study further attempted to gather data on the level of education of the respondents' parents.

Data gathered showed that the education of the pupils' parents ranged from adult literacy to university education as shown in Table 4.4.



**Table 4.4 Parents' level of education**

Education Level	Father		Mother	
	Frequency	Percent	Frequency	Percent
No education	-	-	03	1.8
Adult literacy	02	1.2	02	1.2
Primary education	11	6.5	15	8.8
Secondary education	37	21.8	44	25.9
University education	60	35.3	40	23.5
Technical college	27	15.9	33	19.4
I don't know	28	16.4	30	17.6
No response	05	2.9	03	1.8
Total	170	100	170	100

It is clear from Table 4.4 that, majority of the parents attained at least Secondary School level of formal education. As expected, one third of fathers and a quarter of mothers had attained university education. The relatively high levels of formal education partly explain the finding mentioned in Table 4.5 to the effect that, most parents are in formal employment. High levels of formal education and formal employment are generally associated with relatively high ability to meet the needs of one's children, including their education, food and shelter.

The study attempted to establish the employment status of the parents of the pupils. Out of the 170 pupil respondents, 67.6% reported that their fathers are working while 66.5% respondents reported that their mothers are working. Again as expected majority of pupils reported that both parents were working, explains the relative levels of formal education in Table 4.4. A few pupils (8.8% and 4.1% respectively) reported that they did not know what their parents do. This category of pupils probably may not have wished to divulge the parent's illegal activities which could include prostitution and changaa brewing, among others. The rest of the pupils interviewed (4.7%) for fathers and 1.2% for mothers reported that their parents are deceased. This data is presented in Table 4.5.

**Table 4.5 : Parents' employment status**

Employment Status	Father		Mother	
	Frequency	Percent	Frequency	Percent
Employed	115	67.7	113	66.5
Unemployed	32	18.8	48	28.2
I don't know	15	8.8	07	4.1
Parents deceased	08	4.7	02	1.2
Total	170	100	170	100

That majority of the parents are in employment can be attributed to the fact that Nairobi happens to be the capital city and most government offices and industries are found here.

It can also be seen from the data gathered that, there is a relationship between education and employment. This relationship between education and employment, then serves as a learning experience for pupils, that a growing child's working parent transmits continuous message as to what is "good" and "bad", Julizha,1997. It can also be explained that, pupils perceive what pleases the parents, the elderly and what displeases them. Therefore, it is assumed that towards the "end" of adolescence the pupils have learned certain traits from parents' level of education and employment status among other people, and are (pupils) able to act accordingly on life issues, such as drug/substance abuse. It is expected that pupils at this age have the opportunity to observe the behaviour of parents, whether educated and employed or not, which behavior they (pupils) tend to acquire for themselves. Pupils learn by observing and imitating among other modes of learning, from parents and other people.

### **4.3 Knowledge related to drug/substance abuse**

The study explored the familiarity and knowledge related to common drugs/substance abuse. For purposes of the research, such drugs included alcohol, tobacco, cigarette smoking, miraa, marijuana/ bhang and African traditional brew like busaa and chang'aa. (Busaa/changaa has been isolated from

factory processed beer in this study because it is a local traditional brew different from industrial manufactured beer).

The findings of this study showed that, pupils are exposed to knowledge of the selected common drugs in schools and through their social lives. The data gathered from pupils on knowledge about the common drugs are presented in Table 4.6.

**Table 4.6. Knowledge of common drugs by pupils**

Type of Drug	Knew of it %	Did not know of it %
Alcohol/Beer	75.3	24.7
Tobacco	77.6	22.4
Bhang	52.4	47.6
Busaa/Chang'aa	58.2	41.8
Miraa	66.5	33.5
Other Drugs	15.3	84.7

It is apparent from the data in Table 4.6 that, generally, the pupils interviewed knew about the various common drugs. However, as revealed, some drugs were more known than others. For instance, while alcohol/beer and tobacco were known by over three-quarters of the pupils, slightly over one-half knew about bhang and busaa/chang'aa.

These differences on awareness of knowledge about the various drugs could partly be explained in terms of the drugs' statuses vis-à-vis the laws of the country. Alcohol/beer, cigarettes and even miraa are accepted by the Kenyan laws and are freely sold to consumers. As cited in Chapter 2, in production and consumption of drugs, Kenya has permissive drinking hours, and boosted by heavy subtle advertising through government owned radio and television

stations, Mwaniki, (1982). Beer and cigarettes are actually some of the most successful industries in the country. Access to these drugs is therefore easier as they are recognized to be legal businesses. Cigarettes and beer in this regard are perhaps the most aggressively branded, success and prowess are reinforced if one smokes/drinks the appropriate brand. This is in line with Gakuru's findings, (1988), as cited in chapter 2. Bhang and busaa/chang'aa, on the other hand, are prohibited by Kenyan laws. When one is found to be in possession of the drugs or partaking of them, one may be sentenced to serve some period in prison. The drugs are therefore not freely accessed to consumers, (Smart, 1980), This explains the relative low levels of knowledge about them among the pupils interviewed.

#### **4.3.1 Age when pupils first knew about common drugs**

Besides finding out what drugs the pupils knew, the study also attempted to establish the age when they (pupils) first heard about the common drugs of abuse. The study findings indicate that majority (60%) of the pupils first heard about at least one of the common drugs of abuse before or by the time they were aged ten years. Of these, about one half knew of the common drugs of abuse before even going to any formal school. This means that the pupils become aware of these drugs quite early in life. Other pupils (8.8%) reported that it was not until they were 11 years or older that they first heard about the common drugs.

The disparity in knowing is best explained by the pupil's social environment and personal character. For instance, boys expressed that they are more outgoing than girls and therefore more likely to trample on, and learn more about drugs of abuse than girls. "As boys we are more adventurous and enjoy experimenting than girls," said one pupil from one of the sampled primary schools in Nairobi.

#### **4.3.2 Key sources of information about common drugs**

The study also investigated about the key sources from where pupils got information about drugs. The study findings show that, they learnt about common drugs from various sources including parents, close relatives (like uncles, aunts) and friends. Some pupils also reported seeing persons taking drugs while on their way home from school. Others indicated that during their daily routine life style they see and hear about the common drugs or simply witness the abuse of drugs.

Information about the common drugs may be gathered from social interactions and family background namely from household, Juliana, 1997. This can be explained that, in many ways children have the opportunity to observe the behaviour of the parents and whoever else is within reach. This behavior might then be carried out or imitated in the same way by the pupils. For example, pupils could easily learn how to smoke from parents. If one of the household is a smoker, or even a sibling for that matter, as revealed from the data in Table 4.9 that 1.2% pupils were introduced to smoking by the fathers.

Pupils would also learn about common drugs from their schoolmates and even peers, within the school environment, which is outside the household. Study findings in Table 4.9 reveal that 28.3% of pupil respondents were introduced to alcohol by close friends, ( male and female)

The various sources cited by the study finding may be attributed to among others, social functions/special occasions like marriage, baby showers, birthday parties, celebrations of success and any others.

These special occasions are ideally expressed in dancing, feasting, or beer drinking for those eligible to take part, (Welch, 1988). The older people for example enjoy drinking beer or busaa/changaa. As cited in chapter 2, in traditional African society, ideally beer drinking was a preserve of elderly people. Strict measures were followed to contain cases of abuse, but still, allowing for enjoyed beer drinking on such occasions.

Other past studies, Edwards and Arif, 1980, established that, there is increase in alcohol consumption both in the rural and urban areas, which is attributed to rapid changes taking place in developing countries, Kenya included. The socio-economic and environmental spheres are so rapid that people hardly have time to adjust to them. Given other factors such as availability of alcohol and its consumption, it implies that pupils can easily learn about alcohol consumption, and its changing patterns all over the country.

Therefore it can be implied that some of the pupils who abuse drugs come from environments and families which could also possibly be abusing drugs. And if parents abuse drugs, particularly during the pupils early years of growing, the practice creates a subconscious desire of imitation in children, Amayo, 1994. Another source of information is, influence of the circle of friends from school and from the neighborhood who hold "a front page" in the pupil's life, this is supported by, Edwards and Arif, 1980.

#### **4.4 Drug abuse among the pupils**

This study sought to establish the extent of drug abuse among the pupil respondents. Findings revealed that 45.9% of the pupils reported that they have not tasted or abused drugs while 54.1% had either "tested/tasted or actually abused" common drugs. Study findings also established that majority of the pupil had abused alcohol while about one-quarter (17.8%) had abused miraa. Other drugs reported to have been abused by the pupils included tobacco/cigarette (11.8%), chang'aa/busaa (7.1%) and bhang/marijuana (6.5%). The high incidence of abuse of alcohol may be attributed to easy availability and relaxed rules on its selling which sometimes makes it possible even for pupils to access it.

##### **4.4.1 Age when first abused common drugs**

The study made inquiries about the pupils' age when they first abused any of the common drugs. Data gathered is presented in Table 4.7.

**Table 4.7 Pupils' age at first abuse of common drugs**

Age (in years)	Alcohol		Tobacco/Cigarette		Marijuana/bhang		Busaa/changaa		Miraa		others	
	Fre.	%	Fre.	%	Fre.	%	Fre.	%	Fre.	%	Fre.	%
3-6	10	5.9	03	1.8	01	0.6	01	0.6	02	1.2	00	0.0
7-10	76	44.7	10	5.8	05	2.9	08	4.7	11	6.5	01	0.6
11-14	05	2.9	04	2.4	03	1.8	02	1.2	11	6.5	01	0.6
15-16	01	0.6	03	1.8	02	1.2	01	0.6	04	2.3	00	0.0
N/A	78	45.9	150	88.2	159	93.5	158	92.9	142	83.5	168	98.8
Total	170	100	170	100	170	100	170	100	170	100	170	100

Fre. Stands for Frequency; % stands for percentage; N/A means Not Applicable, in Table 4.7

It is evident from the data in Table 4.7 that the pupils first used some of the common drugs like alcohol and cigarette at an early age of up to six years. Or sometimes even before school as a "small child" as they referred to themselves. Majority of the pupils (44.7%) said that they tasted alcohol when aged between 7 and 10 years. It was reported by the pupils that accessing of the common drugs at an early age was facilitated by, for instance, playing around with the so-called empty beer bottles after parties at their homes or wherever they found themselves:

At times, jokingly, parents, friends or relatives allow curious children to taste/use /drink the drug. Other parents, according to some students, feed their children with the drug to sooth them to "sleep". The study findings imply that the practice of entertaining small children to taste/use/drink any of the common drugs, so that they stop being bothersome to adults, simply forms the unplanned background of drug abuse and that is then perfected during adolescence. From the data the discussion is based on "first tasting/o first introduction by testing" and not actual abuse.

#### **4.4.2 Get intoxicated**

Besides inquiring about the age at which the pupils "first tasted/or first introduced by tasting" any of the common drugs the study also attempted to find

out whether they simply “tasted” the drugs or actually drunk so much/ abused them to a point of getting intoxicated. Study findings are presented in Table 4.8.

**Table 4.8 Got intoxicated by common drugs**

Got intoxicated?	Beer/alcohol		changaa		Busaa		Miraa		others	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Yes,once	17	10.0	06	3.53	04	2.3	12	7.0	08	4.7
Yes,2-3	06	3.5	05	2.94	03	1.8	09	5.3	01	0.6
Yes,4-10	03	1.8	05	2.94	02	1.2	03	1.8	01	0.6
Yes,more than 10 times	06	3.5	05	2.94	02	1.2	02	1.2	03	1.8
No,never	50	35.3	05	2.94	01	0.6	02	1.2	00	0.0
Doesn't abuse	78	45.9	144	84.7	158	92.9	142	83.5	157	92.3
<b>Total</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>

The study findings in Table 4.8 established that, in all 32 pupils out of 170 acknowledged having used beer to a point of being intoxicated. Twenty one cases out of 170 reported to have used changaa to a point of being intoxicated. Eleven cases out of 170 had abused busaa to a point of being intoxicated.

It is clear from the data in Table 4.8 that a few pupils had actually abused drugs to a point of getting intoxicated. Although the proportions of these pupils were low, there is still reason to worry. Going by their young age and taking into account that these are just primary school pupils, society generally needs to move first to address this issue. If it were possible, there ought to be no drug abuse among such young children. If the children begin to abuse drugs at this early age, chances are that by the time they get to secondary schools they would be totally immersed in the habit and possible problematic cases in school and society.



#### 4.4.3 Who introduced pupils to common drugs of abuse

The study sought to establish who first introduced the pupils to the common drugs. The pupil respondents were specifically asked to identify who introduced pupils to common drugs of abuse. The data are presented in Table 4.9.

**Table 4.9 Person who introduced common drugs to pupils**

Introduced to drugs by?	Alcohol-beer		Tobacco-cigarettes		Marijuana-bhang		Busaa-changaa		miraa	
	Fre.	%	Fre.	%	Fre.	%	Fre.	%	Fre	%
My mother	09	5.3	00	0.0	01	0.6	02	1.2	03	1.8
My father	14	8.2	02	1.2	00	0.0	01	0.6	02	1.2
My brother	00	0.0	00	0.0	00	0.0	00	0.0	01	0.6
My sister	00	0.0	00	0.0	00	0.0	00	0.0	01	0.6
A close male friend	30	17.7	10	5.9	05	2.9	05	2.9	12	7.1
A close female friend	18	10.6	08	4.7	05	2.9	03	1.8	09	5.2
Others	06	3.5	00	0.0	00	0.0	01	0.6	00	0.0
No comments	15	8.8	00	0.0	00	0.0	00	0.0	00	0.0
Not applicable	78	45.9	150	88.2	159	93.5	158	92.9	142	83.5
Total	170	100	170	100	170	100	170	100	170	100

Fre. Stands for frequency in Table 4.9

Data presented in Table 4.9 shows that the largest percentage of those pupils who had abused the common drugs/ substances, had been introduced by a close friend, either male or female. Those pupils who cited parents as one of the persons who introduced one (pupils) to drug abuse were few, but then, higher than the cluster for the brother, sister or even others.

Study findings show that, close friends were the people who introduced common drugs to the pupils. Though few immediate family members, especially parents are also cited. That parents can be the ones who initiate their own children to common drugs raises serious issues to do with parenting. Parents are expected

to be good role models to their young ones,( Melgosa, 1997). Introducing their children to drugs at such tender ages is obviously not being good role models. This, therefore, means that any attempts to address drug abuse among young people needs also to involve the parents. Parental sensitization about what role they should play in the upbringing of their children vis-à-vis drug abuse.

That substance abuse by the youth implies a breakdown of family values, which were evident in the indigenous society. The breakdown of family values has resulted in some parents losing control over their children. Freedom from parental control then could exhibit such practices as drug abuse, NACADA, 2002.

#### **4.4.4 With whom do pupils abuse common drugs**

The study also attempted to establish with whom the pupils abuse common drugs. Specifically, the study attempted to establish whether primary school pupils abuse drugs alone (with no one in particular), in secrecy or in preferred company. The pupils were asked to identify whose company they mainly engage when abusing the common drugs. Study findings are summarized in Table 4.10

**Table 4.10 Person with whom pupils abuse common drugs**

Abuse drugs with who?	Alcohol		Tobacco-cigarettes		Marijuana-bhang		Changaa/Busaa		Miraa	
	Fre	%	Fre	%	Fre	%	Fre	%	Fre	%
Parents	08	4.7	01	0.6	02	1.2	00	0.0	03	1.7
Friends of my age	19	11.2	02	1.2	02	1.2	03	1.8	08	4.7
Friends younger than me	12	7.1	00	0.0	00	0.0	00	0.0	01	0.6
Friends older than me	22	12.9	09	5.2	03	1.7	04	2.3	08	4.7
Adult relatives	06	3.5	03	1.8	01	0.6	02	1.2	02	1.2
Neighbours family	07	4.1	02	1.2	02	1.2	01	0.6	02	1.2
No one in particular (alone)	14	8.2	03	1.8	01	0.6	01	0.6	04	2.4
Sisters and brothers	04	2.4	00	0.0	00	0.0	01	0.6	00	0.0
Not applicable	78	45.9	150	88.2	159	93.5	158	92.9	142	83.5
<b>Total</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>

Fre: Stands for Frequency in Table 4.10

The data in Table 4.10 clearly show that the pupils abused drugs mainly in groups and in the company of their friends. Further, the data indicate that, pupils abuse drugs, namely alcohol (12.9%), cigarettes (5.2%), miraa (4.7%), busaa/changaa (2.3%), and marijuana/bhang (1.7%) in that order, more when they are with older friends than friends younger in age implying that the older friends could actually be the ones influencing the pupils' actions.

It is also evident that older friends than their age, adult relatives and voluntary abuse of drugs have greater influence on the pupils than sisters, brothers and friends who are younger than them (pupils), whose influence is minimal. Parents' influence is reported in almost all the drugs, lacking only in changaa and busaa. Once more, this raises questions on the way parents are playing their parenting role. This could be further explained by the fact that, even those pupils who abuse drugs, do recognize those particular common drugs that go with social

status in the community. This is because changaa/busaa are associated more with informal settlements in the urban setting, where they are commonly abused, as cited elsewhere in this chapter.

It is also revealed from data in Table 4.10 that students tend to abuse alcohol more than tobacco. This can be attributed to the fact that alcohol is more discrete during consumption than cigarettes which are revealing through smell and smoke. Perhaps, also the influence of the person with whom pupils abuse the drug.

Further inquiries revealed that, pupils generally abuse common drugs while in the mixed company of both boys and girls. This, however, varied from drug to drug. For instance, study findings indicate that boys abusing tobacco/cigarettes and miraa do involve girls, while girls reported abusing miraa mainly with other girls and involving boys. The study indicated that, pupils abuse common drugs in the company of others, whom they identify in different groups of people, as shown in Table 4.10. This behavior is explained by the social learning theory developed by Southland and Cressey (1974). According to this model one learns to be a drug abuser within a group of peers. The circular consists of specific techniques of drug abuse and a specified direction of drives, motivations, rationalizations and attitudes.

#### **4.4.5 Places where pupils abuse drugs**

The study further attempted to establish the most common drug spots or centers where pupils meet to abuse drugs. Pupils were asked to identify the specific areas/spots where they meet to abuse the selected common drugs. Data on reported places where drugs are abused are presented in Table 4.11.

**Table 4.11: Places or spots where drug abuse among pupils takes place**

Place where abuse takes place	Alcohol		Tobacco/cigarette		Marijuana/bhang		Busaa/Changaa		Miraa	
	Fre.	%	Fre.	%	Fre.	%	Fre.	%	Fre.	%
At home	10	5.9	03	1.8	00	0.0	00	0.0	03	1.8
Public drinking place	08	4.7	01	0.6	00	0.0	00	0.0	03	1.8
Estates	22	12.9	02	1.2	01	0.6	05	2.9	11	6.4
Streets or parks	05	2.9	09	5.2	01	0.6	01	0.6	01	0.6
At school	04	2.4	02	1.2	07	4.1	00	0.0	02	1.2
At a friend's place	34	20.0	02	1.2	02	1.2	04	2.4	05	2.9
Other places	09	5.3	01	0.6	00	0.0	02	1.2	03	1.8
Not applicable	78	45.9	150	88.2	159	93.5	158	92.9	142	83.5
Total	170	100	170	100	170	100	170	100	170	100

Data in Table 4.11 show that pupils (20.0%) preferred abusing alcohol at a friends place, alongside other drugs. The findings also indicate that pupils abused alcohol (12.9%), miraa (6.4%), and busaa/changaa (2.9%), at the estates. Further, the study revealed that pupils preferred other spots like home, public drinking place, streets or parks, schools and other places when abusing alcohol, cigarettes, bhang, miraa and busaa. School was identified as popular for abusing bhang/marijuana (4.1%).

The data in Table 4.11 indicate that friends' places and the estates are the leading meeting places from where the pupils abuse common drugs. Among others, this could be because the places provide the secrecy that the pupils require to engage in the vice. In the modern urban setting, parents are often not able to closely monitor what their children are doing, sometimes because of pressure of work. This might explain the revelation that pupils abuse drugs from a friend's place. Similarly, in the urban areas people generally lead anonymous lives and do not seem bothered with what a neighbor's child might be doing. This at times then makes estates conducive places from where pupils can abuse drugs as they know that nobody will show much or any interest in their behaviour.

Further, drug/substance abuse among pupils can be explained in the light of breakdown of family values, which (in the family) were evident in indigenous society. This may be resulting to less parental control over children and some of whom have succumbed to drug abuse, NACADA, 2001.

For the pupils to practice drug /substance abuse, the study found out that pupils had their preferred company, which is the group they abuse drugs with and seemingly that is why they are found in the commonly identified places as presented in Table 4.11.

The study findings established that pupils' knowledge and learning about the practices of drug /substance abuse is not limited to school or home. The behaviour is learned in the pupils' growing environment which includes areas outside school and home. These are places like estates, the streets or parks, public drinking places and friends' places. This revelation calls for strong intervention measures to curb the practices of drug abuse among primary school pupils.

The global scene Kenya included, is associated with the ever growing state of lawlessness, even among the young people, (Amayo, 1994). This can be explained by recent expansion of the state of unrest and indiscipline among the young people in schools and institutions of higher learning. The unrests have seemingly been linked with drug/substance abuse among other reasons, as cited in chapter 3.

#### **4.4.6 Reasons for involvement in drugs**

The study established that primary school pupils abuse drugs for various reasons. Such reasons include curiosity, the urge to belong to their peers, to be like adults, and to get high. This is in line with Oakley and Charles, 1993. This can be explained by the fact that human beings are social animals who learn from each other and also like to impress each other. Pupils are a pleasure seeking 'animals' as well, who learn and impress others. These reasons further

explain why pupils do some of the things they should not do including drug abuse. Arising from the aforesaid, pupils interviewed identified common reasons for involvement in drug abuse. Relevantly to the pupils, they alluded to the cited reasons, only to emphasize that they (pupils) live with other people, some of whom abuse drugs.

This can be explained further by fact that, pupils live with others in families, schools, shared age-groups and community. Pupils are influenced by other, as indicated earlier in this chapter. Human beings are intended not to live as isolated individuals but to live, learn and share with others. Pupils like other human beings want acceptance, sharing, love, support and praise from those they socialize with, Eileen Welch, 1988. Hence they learn from each other.

In any case personal determination and circles of friends hold that, if use of certain substances of abuse is approved, the pupil has a strong desire to conform to those expectations within an inviting environment. This further explains the impact and exposure to urban environment, which is common to all interviewed pupils, has a bearing on pupils who abuse drugs.

The study findings further established that, the majority of pupils (and their friends) do not abuse common drugs, but are aware about the drugs. The assumption here is that, pupils know that the behavior/practice of abusing drugs is harmful to their health. This is in line with the health warning on cigarette packets, "cigarette smoking is harmful to your health," according to the Laws of Kenya, Food, Drugs and Chemical Act 1967, (Revised 1980).

#### **4.4.7 Schoolmates abuse drugs**

Besides establishing whether the individual pupil respondents abused drugs, the study also made attempts to establish if the pupils knew of schoolmates who abused drugs. The study findings are summarized in Table 4.12.

**Table 4.12: Do any of your schoolmates abuse common drugs?**

Do schoolmates abuse drugs?	Beer/alcohol		Tobacco-cigarettes		Marijuana-bhang		Changaa		Busaa		Miraa	
	Fre	%	Fre	%	Fre	%	Fre	%	Fre	%	Fre	%
No, they do not use any drugs	39	22.9	20	11.8	20	11.8	19	11.2	19	11.2	19	11.2
Yes, but less than once a week	20	11.8	19	11.2	12	7.1	11	6.5	10	5.9	13	7.6
Yes, every day	3	1.8	14	8.2	1	.6	3	1.8	5	2.9	6	3.5
Yes, but every week not everyday	18	10.6	7	4.1	14	8.2	8	4.7	7	4.1	9	5.3
Don't know	59	34.7	41	24.1	44	25.8	43	25.2	43	25.3	46	27.1
Non response	31	18.2	69	40.6	79	46.5	86	50.6	86	50.6	77	45.3
<b>Total</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>

Fre stands for Frequency in Table 4.12

The data presented in Table 4.12 indicate that, the interviewed pupils knew of schoolmates who abused drugs. Further inquiries also revealed that, out of 170 pupil respondents 31% of them revealed that their friends, who may not necessarily be in the same school, have abused the common drugs at one time or another. Although the proportions are generally low, this, nevertheless, does confirm that the habit of drug abuse is taking root among primary school pupils.

#### **4.4.8 Parents' likely response towards drugs**

The study attempted to establish from the pupils how their parents were likely to react if they found that, they (pupils) were abusing drugs. According to the data collected majority (58.2%) of the pupils indicated that, their parents would strongly disapprove of the habit and may punish them. Some pupils (20.0%) did not know how their parents would react on knowing that they abuse drugs, while a few of them (10.6%) felt that, their parents would probably, approve of the habit. Others (11.2%) did not respond. That some parents are likely to approve of the drug abuse by their own children does confirm earlier findings in this chapter that parents sometimes initiate their children into abusing common drugs. This then raises serious issues about parenting as already established



earlier in the chapter. Hence probably necessitating the need for parents to be sensitized about what role they should play in the upbringing of their children more so in issues regarding drug substance abuse. As cited earlier in this chapter, there is a relationship between substance abuse and parents' level of education. The relationship as alluded to earlier indicate that the low risk of substance abuse could be found in parents with no education, though the risk could increase with parents' level of education, suggesting that parents' modernism may expose pupils to substance abuse. Either way-low or high education there, are chances of exposing pupils to drug abuse.

Further it is evident from the study that, some parents will just warn their children without future reference or follow-up to establish whether the warnings were adhered to or not. This finding is supported by the following report from some of the respondents, "The issue on drug abuse is short and brief by some parents", reported the respondents. This finding suggests to some extent that, parental guidance on incidences of drug abuse is wanting, and need intervention to be able to control the problem.

#### **4.4.9 Sources of money to buy common drugs**

The study sought to explore the financial sources enabling the pupils to buy drugs. Specifically, the pupils were asked where those who abused common drugs got the money from to purchase the drugs. The pupils identified different sources of money. It was reported by 28% of the respondents that, those pupils abusing drug mostly stole money from their parents, relatives, friends and even fellow pupils. According to 14% of the pupils, their friends used their own savings to buy drugs. Others (11%) reported that, such pupils use their parents' money, which is intended for other uses like purchasing milk and bread, and divert it to the purchase of drugs. As expected, pupils will access or steal money from their parents, which they will use to purchase drugs instead of family benefit.

#### **4.5 Activities through which pupils learn about dangers of drug abuse**

In order to get a deeper insight of the phenomenon of drug abuse among school pupils, this study sought to find out if there are any activities through which pupils get exposed to knowledge about the dangers of drug abuse. Therefore pupils were asked whether there are activities in primary schools through which they ( pupils) learn about the dangers of drug/substance abuse.

The study findings show that a majority of the pupils (77.6%) were generally aware that such learning activities exist in primary schools. The activities include drama, poems and plays. However, a few (17.1%) indicated that they were not aware of such activities. It is evident that there is need to reinforce programmes and activities based on education and public awareness, ( Baya, 1993). The need to reinforce the activities can be explained by the fact that, the primary school curriculum lays emphasizes on excellent results at end of class 8. Less time is allocated to issues and activities related to drug abuse because, it is not examinable at the end of the eight year study. Moreover some of the time allocated to drug abuse could be utilized to cover syllabuses for the examinable subjects.

Further inquiries revealed that 57.1% of the pupils knew about the presence of reading materials on drug/substance abuse while 40.6% were not aware. The lack of awareness can be explained by lack of initiative by the concerned pupils, and also the fact that, pupils could be overwhelmed by the contents and expectations of the examinable subjects. The schools may also deliberately fail to avail the reading materials, (Baya, 1993), because the drug abuse materials may not add "value" to the Kenya Certificate of Primary Education ( K.C.P.E) results on which a school performance is rated and ranked.

Attempts were also made to find out from the pupils, if there are rules and regulations in primary schools, which guide pupils on issues related to

drug/substance abuse. It was found that a majority (82.4%) of the pupils interviewed believed that there are such rules and regulations. Nevertheless, the study also found out that 75.9% of the pupils felt that there is need to strengthen rules and regulations on drug/substance abuse.

That prevention of drug abuse has been recognized is evident from the study, (Wangai and Amayo, 1996). Therefore, the challenge has been how much education content on drug abuse should be in our school curriculum. Also to get in place positive measures that will reduce the trend or desire towards drug abuse, thus creating a desire within the individual pupils and society in which they live a drug free life style.

#### **4.5.1 Pupils' attitude towards drug and substance abuse**

Investigations into pupils' attitudes towards drug/substance abuse, generated data which revealed that the location of the school and other factors alluded to earlier in the chapter, contribute to the pupils practice of abusing drugs. Further the study showed that, some of the pupils are brought up in homes where parents abuse or sell substances of abuse, which sometimes the young adolescent sells on behalf of the parents. The exposure predisposes some of the pupils in both the informal and formal settlements to substance abuse, (NACADA, 2001). This could explain why pupils in schools within informal and formal settlements tend to abuse drugs. Further this revelation can also be due to the frustrations arising from the pupils' parents' inability to pay school funds, or boredom resulting from lack of entertaining leisure activities. Further, Pupils (25.3%) observed that, they abuse drugs due to strong media influence, among other reasons for abusing the common drugs. This is because they (pupils) belief that abusing drugs will make them bold, confident, independent and courageous, as potrayed by both the print and electronic media.

The study further, attempted to establish the pupils' attitude towards drug/substance abuse. Specific questions were self administered by the pupils, on selected drugs/substance of abuse.

To establish the pupils' attitudes towards drug abuse, the respondents were asked whether they approved or disapproved of drug abuse. This was done separately for each of the common drugs. Table 4.13 presents the pupils' responses in regard to the common drugs of abuse.

**Table 4.13 Pupils' attitude towards common drugs: (alcohol/beer, cigarettes, bhang/marijuana, miraa/khat, busaa/changaa)**

Types of drugs	Don't disapprove		Disapprove		Strongly disapprove		No comments		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Drinking alcohol/beer regularly	24	14.1	72	42.3	71	41.8	03	1.8	170	100
Trying to smoke cigarettes once or twice a day	38	22.4	53	31.1	75	44.1	04	2.4	170	100
Smoking bhang /marijuana regularly	21	12.3	24	14.1	121	71.2	04	2.4	170	100
Chewing miraa/khat	35	20.6	53	31.2	76	44.7	06	3.5	170	100
Drinking any amount of busaa/Changaa	23	13.5	36	21.2	107	62.9	04	2.4	170	100

Data presented in Table 4.13 established that, generally the overwhelming majority of pupils at least disapproved abuse of alcohol/beer. Getting drunk for

example was at least disapproved and strongly disapproved by 84.1%, of the pupil respondents.

From data presented in Table 4.13, it is evident that pupils (41.8%) strongly disapprove of drinking alcohol/beer regularly, while few pupils (14.1%) do not disapprove of drinking alcohol regularly. This kind of attitude (approval attitude) towards alcohol/beer drinking maybe attributed to the introduction of foreign/western cultures, and even media influence. These influences have undermined African social life style, where use of substances like alcohol was restricted to those eligible age-groups, and drinking was done during special occasions under strict conditions, as alluded to by Welch, 1988. Furthermore as already revealed alcohol/beer is readily available to adults and pupils, despite the legal prohibitions of alcohol sale and use for youth under 18 years of age.

The study also made inquiries about the pupils' attitude towards cigarette/tobacco smoking. Specifically, the pupils were asked to indicate whether they approved or disapprove of cigarette/tobacco smoking. The pupils' responses are summarized in Table 4.13.

It is evident from Table 4.13 that, majority of the pupils (73.2%), at least did not approve (disapprove and strongly disapprove) of trying to smoke cigarettes once or twice a day. Further, the survey established that, of the 44.1% pupils strongly disapprove of trying to smoke cigarettes once or twice a day. However, 22.4% of the pupils indicated that they do not find anything wrong with trying to smoke cigarettes once or twice a day. Although the proportion of those with a positive attitude towards cigarette smoking may appear small, there is still reason to be concerned. At the young age, one would not expect such a positive pre-deposition to cigarettes. It is such kind of attitudes (approval) that later blossom into abuse of even stronger drugs like bhang and others. The positive attitude towards cigarette smoking could be attributed to among other factors, curiosity, smoke to be like adults and the successful super models pupils see in the

advertisements. This also implies that, the media has an influence on the pupils' attitude towards smoking, as already cited elsewhere in this chapter.

This study also sought further, to establish the pupils' attitude towards marijuana/bhang smoking.

The data in Table 4.13 shows that, the majority (71.2%), of the pupils do not approve (disapprove and strongly disapprove), of marijuana/bhang smoking regularly. The student respondents, reported that smoking of bhang/marijuana intoxicates the mind and makes one feel high falsely. These students (71.2%) were of the view that, if smoked regularly (bhang/marijuana), it becomes a habit, which is difficult to eliminate. The data also indicate that 12.3% of the pupils approve of bhang/marijuana smoking regularly. For such pupils, it can be adduced that, they are exposed to marijuana/bhang smoking by their older friends, relatives, or even parents, as already revealed earlier in the chapter. Given the kind of drug and the age of the respondents involved, this should be of concern to society.

The other drug that this study looked into was khat/miraa. The study sought to know from the pupils their views towards the chewing of miraa/khat. Table 4.13 presents the study findings on pupils' attitudes towards khat/miraa.

From data in Table 4.13 it is evident that, majority of the pupil respondents (75.9%), disapprove and strongly disapprove of chewing miraa/khat.

Data in Table 4.13 show that one-fifth of the pupils do not disapprove of chewing of khat/miraa (20.6%), while majority (75.9%) of the pupils disapprove of the practice. It could be implied that, the place the pupils live or the people they associate with influence on whether or not the pupils will abuse the drug. Some of the pupils who disapprove of the habit reported "that miraa is associated with unhygienic environment, idleness" and would, therefore, not wish to have anything to do with it. Perhaps of importance here is that the loose open packaging of miraa discourages the pupils. And that pupils need large

bundles/quantities of miraa which may be problematic to easily carry undetected compared to cigarettes, or small sachets of alcohol.

Further, the study also made inquiries concerning busaa/chang'aa. Specifically, the pupils were asked about their attitude toward the consumption of these brews. The data are summarized in the Table 4.13.

The findings presented in Table 4.13 reveal that some pupils (13.5%) did not seem to mind drinking any amount of busaa/changaa. These were especially those who were already abusing the said common drugs and who, therefore, did not see anything wrong with the practice. To some of these pupils, "Busaa is like porridge." However, as can be discerned from the data in Table 4.13, majority (84.1%), of the pupils disapprove and strongly disapprove drinking of busaa/changaa. For those pupils who did not favour the consumption of busaa/chang'aa, further interviews with them revealed that they had previously witnessed the effects of the drugs and did not wish the same to happen to them. Some of the pupils reported that the drugs had caused a lot of harm to their parents, friends, relatives or persons they knew, and such experiences strengthened their disapproval of the consumption of the drugs.

From the data presented in Table 4.13 majority of the pupils strongly disapproved smoking bhang/marijuana regularly and drinking any amount of changaa, perhaps because the law however prohibits the use of the two common drugs, among other drugs, and compared to other common drugs of abuse studied. Further, data in Table 4.13 shows that 22.4% of the pupils and 20.6% of the pupils don't disapprove smoking cigarettes once or twice and chewing miraa/khat respectively. This compared to other drugs like alcohol/beer (14.1%) could be because cigarette smoking and miraa chewing are widespread in all income groups in Nairobi. Generally it is not a big deal if one smokes or chews miraa anywhere in public, except designated places for non-smoking. But it

raises eyebrows if one is seen drinking alcohol/beer, busaa/changaa while walking or traveling. Whereas cigarettes are abused in public places e.g. bus-stops without batting an eyelid, busaa drinking will be a matter of concern if abused at the same place (bus stop).

Some of the conclusions drawn are that majority of the pupils disapprove, (example 84.1% disapprove of drinking any amount of busaa/changaa) of drug abuse and related practices. Although there is a group of pupils who do not disapprove of drug abuse, (as already established from data presented about the identified common drugs). This is in spite of their young ages and also despite being knowledgeable about associated dangers of drug/substance abuse. It is also important to observe that, the abuse of common drugs is not then limited to certain areas, namely the informal settlements as is commonly portrayed and perceived by the public. This is because the pupil respondents represented both the informal and formal settlements.

#### **4.6 Behavioural patterns/practices related to drug/substance abuse among pupils in public primary schools in Nairobi**

In this section and the preceding sections, the study findings gathered from key informants in the sampled public primary schools in Nairobi, will be presented more in qualitative than quantitative form.

The findings discussed include key informants responses on whether drug substance abuse is a problem in public primary schools in Nairobi, and behavioural patterns/practices associated with those pupils, in public primary schools in Nairobi who abuse drugs. Also included in the findings are key informants' suggested interventions on what should be done about drug abuse as a problem among pupils in public primary schools in Nairobi.

The study interviewed key informants who included head teachers, teachers, parents and the subordinate staff of the sampled schools. Out of the total key informants interviewed, 85% said drug/substance abuse is a problem that has



not been given the adequate attention in public primary schools while 12% said there is no drug/substance abuse problem in their schools but it is prevalent in other schools, the rest (2%) were non-committal.

The study established that key informants observed that, the problem is in schools and even outside schools. Some of the schools have more problems with pupils abusing drugs than others, depending on their location or not, as cited earlier in the chapter. The key informants interviewed reported that, "to some extent the pupils' socio-economic background does affect or influence the practice of drug abuse".

Although one would expect the teachers and support staff to be role models by not abusing drugs, the study revealed that, there are cases involving pupils and groups of the key informants, including the subordinate staff (watchmen, cleaners) and even teachers who are also parents. Further enquiry from teachers (85%) showed that there are pupils who abuse drugs while in schools. The study revealed that drug abuse related cases at times involve both pupils and groups of key informants already identified.

Some of the teachers reported that, 'there are staff members i.e. teachers, and the subordinate staff (cleaners and watchmen) should be role models by avoiding/stop smoking openly or taking drugs in front of the pupil, but still abuse". "They should also stop the habit of sending the pupils to buy them, for example, cigarettes and then thanking the pupils by offering them a puff". Or inviting the pupils to "onja kidogo" ( taste/sip a little) if not in the school compound.

To be role models, these groups of key informants, teachers cleaners and watchmen should avoid being used by pupils to buy for them (pupils), drugs of abuse, especially when not in school.

Further enquiry from head teachers (38%) revealed that, pupils abusing drugs come from all areas in Nairobi and that they abuse drugs secretly when at

school. This can be explained by the fact that, pupils are social beings who interact and share ideas across the social classes in society, and therefore all areas in Nairobi are not exceptional, but this interaction and sharing of such ideas can be controlled.

Earlier the study had described drugs as chemicals which affect the mental or physical functioning of the human body..., and can be harmful when level of use causes physical, mental or social problems, Munyi,(1994:1) With this explanation, the study sought to find out whether pupils who abuse drugs could be exhibiting any unbecoming behaviours while at school.

The study enquired from the key informants about the behaviours exhibited by the pupils who abuse drugs. The study revealed that there are some characteristics exhibited by pupils who abuse drugs, though drug abuse may not be the only influencing factor. From the study, such pupils were reported to have funny and uncontrolled behaviour. "After all such pupils are rough, noisy, uneasy, rude and unreasonable". The study revealed that pupils who abuse drugs are rude and aggressive. The report from teachers established that such pupils bully fellow students and interestingly even try to bully their teachers in school. The bullying behaviour could be explained by among other facts that they (pupils) want to guard against any one who dares interfere with their private lives. Funny and controllable behaviour involve, some of the pupils beating other pupils for no reason, sodomising, raping other pupils. Stealing and harassing other pupils by use of abusive language.

The teachers reported that, the affected pupils will exhibit violent behaviour patterns, to the point of even fighting while relating with other pupils. Such aggressive behaviour ordinarily invokes stiff punishment like suspension or expulsion from school, but the study revealed that such pupils need to be closely

monitored by both the teachers and parents while undergoing counseling for behaviour change, as an intervention measure.

The study further revealed that, pupils who abuse drugs show poor school attendance and generally loss of interest in education. "Such pupils are lazy and absent minded. They miss school and when they attend many times they come to school late. They lack interest in learning or school work. They perform poorly in class and some withdraw from school. Generally such pupils absentee themselves from school, and the school register shows poor daily attendance. The teachers (85%) said that such pupils no longer respect teachers nor obey school rules and regulations. Further inquiry established that, most of the pupils who abuse drugs keep off from their school friends, who do not abuse drugs, as away of guarding against their private live, as earlier alluded to in the chapter. Further, it can be observed that, such behaviour could arouse suspicion and mistrust among the pupils. Where as mistrust could lead to rifts and hostility. It could be one of the causes of friction or "cold wars, " referred to in institutions of learning.

The study revealed that, some of these pupils are generally dirty, 60% of the key informants (teachers) observed that such pupils are unkempt, clumsy and have no interest in class work or learning. This could imply that such pupils then sleep in class, lack concentration and are always absent-minded while in class. Perhaps it is worth noting that this behavior could then interfere with learning and the general discipline and performance in class. Furthermore, from the study, the head teachers (50%) and teachers (60%) reported that, pupils who abuse drugs look confused and truancy. Therefore, this implies that, such pupils could be inattentive and interrupt other pupils.

The study further revealed that, for some pupils who abuse drugs, it is made worse because they are easily angered or are irritable. Teachers (60%) and subordinate staff noted that they find such pupils unpredictable and inconsistent

in school life, further such pupils exhibit behaviour patterns associated with laziness and sluggishness.

From the above study findings, the following observations were drawn by the teachers. That this revelation of absenteeism among other behaviour patterns does generally interfere with learning programmes in school, through delays or repetitions of the content to accommodate the absentee pupils. Also such behaviour hinges on poor academic performance by the pupils and therefore affecting the general performance of the school.

This could also has an impact on the adherence of rules and regulations governing pupils' behaviour while at school. Moreover it may emerge as a challenge to the ability and capacity of the discipline or counseling teachers.

The study revealed from majority of teachers that, pupils abusing drugs tend to talk too much. They also seem more joyous even to the point of laughing alone without amusement or anything to cause laughter. "Some pupils will laugh anyhow even when the teacher is teaching. Others will help themselves in the field instead of going to the toilet." This happens both in and out of school. They feel quite high unlike the other pupils. On the other hand, the study showed that, some pupils are calm when they have not taken any drugs but, behave in a funny manner when they have abused drugs. This could explain behaviours like, pupils disappearing to hide in the toilets during class time without a good explanation to the school authorities.

Pupils who abuse drugs were reported to behave or act crazy, like following teachers who are disciplinarians to the estates on revenge missions, such pupils may finally dropout of school. Pupils who abuse drugs are rude to the teachers who try to instill discipline. Such pupils keep on fighting fellow pupils. They do not care or fear teachers whom at times they abuse. Example one student called a teacher, a dog, and even threatened to beat him (the teacher), in the estate.

The study established from the majority of informants that, such pupils, (those abusing drugs) are lovers of money. So they steal bus-fare, lunch money, pencils, books

or anything they come across from other pupils to sell, get money and help maintain their supply of drugs. This implies that such pupils love money and will use any means at their disposal to access money for their drugs. This does confirm earlier findings in this chapter on sources of money.

From the above findings, it is possible to observe that, pupils who abuse drugs are generally uncooperative, except when perhaps dealing with clique members. "The pupils who abuse drugs are arrogant. They are withdrawn, uncooperative except when dealing with one of their own. This helps them to guard against intrusion into their group. They have don't care attitude, steal other pupils personal items, and are feared by other pupils." This practice notably then

affects their performance and general discipline and concentration in school. It can be inferred that, such pupils do not do their assignment; neither do they take them seriously. And "dare you make a follow-up", said one of the concerned teachers, those pupils mark you a wanted person.

Of the informants, (teachers 55%, and support staff 15%) observed that, pupils who abuse drugs, tend to talk too much in an unruly manner. Some of the pupils report late to school in the morning and even going home late after school. There are cases of those pupils running away from home and on extreme cases commit suicide, murder, even rape when in gangs. "They are a disturbed lot," commented a concerned parent/teacher.

Out of 68 key informants,( head teachers, teachers, subordinate staff ) majority reported suspecting that, the pupils in primary schools high on drugs could be up to 10%, and that the number could be higher. This is a matter of concern not only for the school administrators, parents but also the policy makers. In one of the schools the guidance and counseling teacher narrated how a pupil sat his Kenya Certificate of Primary Education examinations under tight security, because the pupil was high on drugs and almost violent. "There are cases of pupils who come to school suspected to be high on drugs, because in our school there is a case of a boy who came to sit for K.C.P.E, but he was high on drugs. He was not smelling of beer, so it must have been something like hard drugs. He had to sit with the askari (policeman), while writing is examinations. This was for his own security and that of the other pupils- candidates, including some teachers whom he said he did not like." This was reported by one of the teachers from one of the sampled primary school

Such incidents should be awake up call for the concerned parties to intervene and reduce the problem from among the pupils. Further from the study it can be inferred that, there are pupils who on abusing drugs are difficult to discipline and

therefore impacting negatively on other pupils. This may cause discipline problems in schools as alluded to earlier in the chapter. The study gathered that some pupils who abuse drugs, become courageous temporarily, and are able to handle any challenges albeit breaking all laws and regulations. Such pupils are outspoken in doing the wrong things in school.

#### **4.7 What is being done to address drug/substance abuse?**

The study attempted to establish how to handle and control pupils who abuse drugs in Nairobi public primary schools from the pupils. The pupils were specifically asked to identify their suggestions, as to how primary school pupils who abuse drugs can be handled and controlled. The study gathered that, pupils who abuse drugs need to be counseled so as to stop or reduce abusing drugs. More than half (67.1%) of the respondents (pupils) suggested counseling

It is evident that crucial steps need to be taken to counsel, educate and warn pupils against drug abuse and related practice. This can be supported by the revelation from the study that, 67.1% pupil respondents are generally against drug abuse and the practice. Then it can be stated that, in the event that counseling is not effective, there should be clearly laid down mechanisms of constantly warning, educating and reminding such pupils against, not only about the practice but also on the related dangers of drug abuse. Other pupils (2.9%) suggested expelling or penalizing school pupils who abuse drugs. Such punitive suggestion could infer the desired wish by the pupils among other peoples in Nairobi, on how to reduce the existing problem of drug abuse in Nairobi public Primary schools by whatever means, whether punitive or otherwise. This observation may further be explained by the fact that, Nairobi public primary school teachers are assumed not to be concerned about the problem, of pupils abusing drugs. Further inferences made may imply that, parents could have left the burden of educating, teaching, guiding and counseling the pupils to the school management and the teaching fraternity. Whereby, guidance and

counseling should be a responsibility of both teachers and parents and other stakeholders.

The above responsibility of counseling pupils as an intervention of addressing drug abuse may not be achieved, in a scenario where teachers appear to know and understand the school pupils more, than the pupils own parents, even to a point of proposing for serious parental support and guidance. To be able to handle and control pupils who abuse drugs teachers, parents, policy makers/implementers and other organization like the National Agency for the Campaign Against Drug Abuse (NACADA), need to cooperate and work as a team. ,Essentially the spirit of team work will impact positively on the level of pupil discipline in school.

Further the study established that, in incidences where teachers find themselves on conflicting paths with "uncooperative parent", about pupils abusing drugs, the school administrators merely suspend the students who cannot be disciplined or counseled. "Parents of such pupils who abuse drugs are always called to school, because of their child's bad behavior. The parents are always angry, and hostile to the teachers and the administration for wasting time and accusing their children unfairly. Some parent's complaint about the unjust discipline measures and protests physically." This is because some of the teachers unlike parents are very strict on issues related to drug abuse. Suspension then is an intervention measure, to give pupils time to reform.

In the event that the pupil has not reformed, both the teachers and other support staff recommended that expulsion is applied. Though it can be revealed that, expelling pupils from school does not seem to solve the problem of reducing drug abuse. This is because the problem (drug abuse) is then transferred to the next school admitting the expelled pupil, who may choose to continue with the practice. It can be inferred therefore that, to reduce, to handle



and even to control pupils who abuse drugs literary calls for enhanced teamwork and cooperation by the concerned parties.

The researcher gathered that despite the above problem, there are parents who are working closely with the teachers since in some instances it is difficult to separate the two roles (parents and teachers). For example, some parents are teachers and vice versa, so they need to work as a team. Investigation revealed that there is an attempt by parents, teachers and the subordinate staff to counsel the pupils but, perhaps not with the seriousness it deserves. This could be attributed to low concerted efforts by the stakeholders. For example parents assume that it is the role of teachers, while teachers assume otherwise. And possibly that is one of the reasons pupils afford not to be detected and manage to cover the practice of drug abuse from the teachers and parents. "It is not an issue easily brought for discussion", reported one of the pupils.

It can be inferred that, there are assumptions of good behavior by the pupils and that involvement in drug abuse are not thoroughly monitored by the parents and other persons. Further, the study reveals that, there is uncertainty/clarity as of who is responsible and to what extent, this appears to create an enabling environment for pupils to abuse drugs, among other factors already discussed in the chapter.

Certainly it can be observed further that, this might be a wrong approach, because those pupils on drug abuse could be denied the much needed attention and perhaps the guidance is then offered too little too late. It can be explained further by the fact that, the mention of drug of abuse problem in christian religious education and geography, history and civics (G.H.C) lessons is not enough. As an intervention measure, drug abuse is to be taught in primary schools as a non-examinable subject, but could even be an examinable subject to award it the much needed attention that it deserves. Such a learning environment can then justify the suspension, expelling or any other form of

punishment meted on pupils abusing drugs, as an intervention measure of controlling and handling cases of drug abuse.

#### **4.8 Intervention of drug/substance abuse as a problem**

Out of the 68 informants interviewed majority of the teachers strongly advocated for guidance and counseling services, and 30% support staff, concurring with parents, they suggested that stern action should be taken on those who peddle drugs. Another 21.2% head teachers, majority of parents observed that, it is time the government of Kenya accepted that, the problem of drug abuse exists among primary school pupils in Nairobi public primary schools and addressed it. "Yes drug abuse is a problem in public primary schools in Nairobi, and it is time the authorities or government addressed it. The authorities should stop behaving like the problem is not existing. This is because, for example, school children as young as those in standard four, and even those younger do abuse drugs."

Some small children have got cases in school, of smoking cigarette butts collected in the estate and on the way to school. Some even "taste" beer from home. Only then can the problem be a priority to be handled by teachers and parents, and trained professionals in the area of counseling. To this point it can be adduced that, this will show the government's good will, in controlling the problem of drug abuse. Therefore, there is need of a high degree of collective participation by all stakeholders in providing counseling services to reduce the magnitude of drug/substance abuse.

The government should aggressively continue in reviewing and applying the law on drug abuse, by arresting and severely punishing those found peddling and trafficking drugs/ substances of abuse, as a deterrent to others. It is possible that, such punishments should include defined heavy penalties. To enforce the drug trafficking/peddling and drug abuse laws the government should continue to train personnel to foresee effective implementation of the laws to the letter. Issues of uncertainty and lack of guidelines on how to effectively implement

should be clarified. Meanwhile the public should also be made aware of the effects and serious dangers of drug/substance abuse on the primary school pupils. This can be done by churches, religious leaders, public barazas, the media and print media among others.

The government should have professionally trained personnel (both in the teaching profession and the police force), to handle the problem of drug abuse in Nairobi public primary schools. The trained police force then should have an independent unit charged with professional investigation skills on drug abuse among pupils in public primary schools in Nairobi. The spirit should be to reduce elements of corruption which is associated with the problem of drug abuse.

The study further revealed that, Nairobi public primary schools should establish a tradition of inviting former rehabilitated drug abusers, to address the pupils every so often, for example monthly, so as to instill the sense of problem ownership and the reality of the issue amongst the pupils.

Also the school administrators, parents and all stakeholders should try to identify, warn and educate and counsel drug peddlers and drug abusers. Such activities can be done through stakeholders forums funded by the government. The key informants (head teachers, teachers) revealed that if the drug peddlers, abusers are not co-operative during counseling sessions, then they should be isolated from other pupils in schools. This intervention aims at controlling the practice from other pupils. The study, further established that structures like kiosks should not be constructed near or within school compounds. "... unnecessary structures or kiosks near schools should be demolished. In some schools, the neighbouring kiosk owners have been warned and some kiosks removed especially those kiosks suspected to be selling drugs to pupils". This was reported by some teachers. Those already constructed should be relocated away from schools, if found selling common drugs of abuse to pupils. Otherwise such structures like kiosks are assumed to be humble sources of earning income.

In the event that it is not possible to relocate the kiosks, then the kiosks should be manned by persons certified by the parents and the school management. Therefore it was emphasized that, the government should be on the forefront in campaigns against drug abuse without relenting. The government should use its machinery to organize, prepare and hold public meetings (barazas) with communities, more so those around the primary schools. This is because seminars, public meetings will sensitize and alert all persons on dangers of selling drugs to pupils, and the effects of drug/substance abuse.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Background and characteristics of respondents**

This study was designed to explore drug and substance abuse in public Primary Schools in Nairobi, and whether the problem exists.

The intensity of drug abuse has been a major concern in recent years, despite efforts to control the problem, it is still large. The study was designed on the persistence of drug and substance abuse studies conducted in secondary schools and colleges. With few studies done, in primary schools in Nairobi, or elsewhere to address the problem. Further, to find out whether the assumption that those in primary schools are too young to indulge in drug/substance abuse.

The research findings are based on data generated from pupil respondents who were selected to answer questionnaires. Respondents comprised of boys and girls. The other group of respondents was that of key informants composed of headteachers, teachers, parents, support staff from the ten sampled schools who were interviewed. All key informants were above 18 years (adults).

The distribution of respondents according to their religious affiliation indicated that majority were Christians 90%, 7% Muslims and 3% traditionalists. Kenyans are guaranteed freedom of worship. The christian prevalence can also be explained by the impact of white man's religion on Kenyan people. The data gathered indicated that, primary school pupils despite their tender age are aware of drug/substance abuse and its dangerous effects. Data gathered indicated that the average age of tasting the common drugs was ten years. But, pupils could be even younger or older. The study established that, pupils have various sources from which

they learned and heard about drug and substance abuse. Therefore learning is reinforced even from what they witness and experience daily.

Further data gathered, showed the pupils' attitude towards drug and substance abuse. That majority of pupils strongly disapprove of drug/substance abuse. Though, from the study it emerged that, there is a group of pupils which, depending on the type of drugs does not disapprove of drug abuse, explaining the existence of the problem of drug/substance abuse, in public primary schools in Nairobi.

Related behaviour patterns were articulated by the pupils and the key informants (heads of schools, teachers, parents and support staff). The data generated observed that there is need to control the identified problem of drug/substance abuse. Data from the survey revealed that, the problem does cut across the pupil population, irrespective of their (pupils') social background or family status, (pupils from both formal and informal settlements abuse drugs). This situation demands urgent attention.

All stakeholders, pupils, parents, teachers and the government have to work closely to reduce the magnitude of the problem. This is because majority of the drug abusers finance and maintain their habit/practice through stealing as one way among other sources of their finances. This vice is unacceptable and of grave concern in society, because it is associated with other indiscipline behavior practices, which normally interrupts the peaceful existence in schools.

Majority of the respondents 81%, do not advocate for drug/substance abuse. Because it affects academic performances, school discipline, personal, mental growth and other related problems in school and at home.

## **5.2 Recommendations For Policy Makers**

In brief, the governments approach to the problem of drug and substance abuse in Nairobi public primary schools may adopt the following recommendations.

1. Educate the pupils and other stakeholders on dangers of drugs and substance abuse especially smoking bhang/marijuana, cigarettes/tobacco, alcohol/beer substances, miraa, bhang, busaa and changaa. This can be achieved through school curricular. Topics taught in class to be given due emphasis like G.H.C (Geography, History and Civics) or Science. The teaching of drug/substance abuse to be done by trained teachers. Whom the government needs to invest in, as a priority and urgently. Further, education of drug/substance can be achieved through mass and print media, churches, religious leaders and local barazas. Education systems need to incorporate teaching on drugs/substance abuse in its curriculum. And especially emphasizing on the bad habits and effects of drug/substance abuse. Churches, and other organizations should not only be institutions that condemn drug/substance abuse, but to serve as education centres.

As a matter of urgency, the government should stop using ruthless approach of raids in combating drug/substance abuse. Efforts should be concentrated on harsh penalties and educative measures to reduce and control the problem.

2. Government is the in - charge of citizens lives, so to regulate laws, and rules to ban sale of drugs and substances of abuse, to pupils and children under 18 years. Legalise the ban and implement to the letter. Train personnel to foresee the effective implementation. Like in the abolishing of the small satchets from the market. Increasing the prices of the drugs of abuse to be unaffordable to pupils. The government to relocate structures from/near within the school premises to other sites. All kiosks and canteen shops should be relocated to alternative sites or outlawed from near the school

premises unless maintained by the parents to offer designated items it to pupils. Further, the government should control corruption associated with drug peddlers, who should be punished harshly. For instance, life sentence as a deterrent to others. The government to establish professionally trained police unit to openly deal and handle only drug users. Such police unit to be equipped with articulated investigation skills and avoid "kitu kidogo culture", associated with drug/substance abuse.

3. Parents, teachers, pupils and the government to have roadmaps addressing pupils leisure activities. These should be enhanced in an attempt to divert interests from drug/substance abuse. The ministry of education, the ministry of sports and gender and the ministry of health to be involved in promoting healthy educative games, athletics, drama festivals, choirs, dances. Also to improve other social amenities to distract pupils from drug/substances abuse and encourage the pupils to engage in more productive and interesting activities, when not involved in class work. These activities to be monitored during school and after school hours by all stakeholders.
4. Introduce radical socio-economic changes in the entire society. The government should choose to implement clear policies for the welfare of all pupils (Kenyans), without favoring particular sections, individuals or the manufacturing multinationals. For example declare Kenya a teetotaler society, smoke free country or allow freedom of drug use to all while the manufacturers, through clear policies then invest some of their profits in primary school education, particularly education about drug/substance abuse.
5. The government needs to strength the guidance and counseling unit. The counseling unit to be an independent department in schools and in the concerned ministries, like at ministry of education. Which



department will have professionally trained personnel. There is need to strengthen the guidance and counseling services in schools, with professionally trained personnel. Just like any other subject, there are teachers, for instance those teaching geography or mathematics. Further, for those pupils who are victims, they should be sent to rehabilitation centers whose numbers and capacity the government needs to expand, so as to cope with the increasing demand.

6. Generally the remedy to drug/substance abuse in primary schools seems to be embedded in education to promote awareness. Also in harsh punitive punishment and in organized leisure programs and therapy for pupils. In schools, the government and other stakeholders can do more by teaching pupils and the public on dangers of drug/substance abuse. Pupils therefore, need closer follow-ups, close monitoring, open discussions and proper adult role models. Adults should desist from "preaching water and drinking wine". Further, school administration to have programmes of inviting progressive former drug abusers who are rehabilitated, to address the school pupils on issues of drug/substance abuse, to instill the sense of ownership and reality about the dangers of drug/substance abuse. "Let us accept that there is a lot of drug/substance abuse and lets accept to communicate on how to control the drug abuse urgently," was a phrase repeated by the pupils and key informants (respondents) during the survey. Therefore enhanced awareness on the dangers of drug/substance abuse may contribute to its control and reduction.

7. Learners should learn to keep off bad/poor company in behaviour related to indiscipline and drug abuse. Pupils should keep off strangers. They should try to obey, follow laid down school rules and norms even in the community. Learn to listen and heed advice from teachers, parents and avoid imitating senior peoples drug related behaviour. Pupils to have open and free discussions about drug/substance abuse while in class, school, with friends, and at home.

Pupils need to attach attention to special reading material on drug /substance abuse. Further, pupils also need to improve on drug abuse awareness through drama, poems, dances, clubs and others. Also, to assist in reducing peer pressure pupils need to be involved in religious activities, social clubs and activities to encourage the slogan, "say no to drugs".

Further, the teachers should be recognized as playing an important role in teaching about drug /substance abuse and the related dangers. Teachers should also try to be good role models of what they teach. Teachers should avoid stressing/conflicting with pupils. Both parties of (pupils/teachers), should avoid confrontational situations in school. The government, should promote or retrench teachers who handle the problem as a by the way.

Parents need to counsel their children truthfully and with love and understanding about the real dangers of drug and substance abuse. Parents should hold open discussions, without reprimanding the children. Because unexplained reprimanding of children without guidance, builds stress related behaviour. The guidance and discussion on dangers of drug/substance should blend with, religious leaders teachings where they are not offending. The parents should be able to monitor with interest, the movements of their children. Parents should endeavour to be good/proper role models, and be childrens' security, instead of public condemnations of pupils without action. Parents should punish wrong doers for corrective reasons but not unnecessarily. Parents should avoid showering their children with a lot of pocket money which they cannot account for while at home or in school.

Finally, parents should make proper arrangements to pick their children from school immediately after class hours. This is, to avoid opening "the temptation window," of leaving the pupils idle and free. They may engage in any "attractive activity" of their choice.

In conclusion it is recommended that this research can be repeated, by using the same research methods in public primary schools in Nairobi Province, and this research can be conducted in public primary schools in other Provinces in Kenya.

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## Appendix 1

### Questions for Primary School Students.

#### (Courtesies before administering the questionnaire)

Greetings. I am a student from the university of Nairobi. I am doing research on drug use and substance Abuse in Nairobi public Primary Schools. I request you to spare time and assist me with certain information for my study. I will appreciate your honest answers. All the information given will be considered as confidential.

**Please answer all the questions**

#### **SECTION A: RESPONDENTS BACKGROUND**

1. Gender (sex of respondent) ?  1. Male  
 2. Female
2. Age of respondent? ..... Years
3. Level of education (class in school)?
4. Religion of respondent?
  1. Christian
  2. Moslem
  3. Hindu
  4. Traditional
  5. Other (specify)
5. At present, whom do you stay with?
  1. My father and mother
  2. My father
  3. My mother

- 4. My siblings
- 5. My relatives
- 6. Live alone
- 7. Others (specify).....

6. Is your father currently employed?

- 1. Yes
- 2. No
- 3. I don't know

7. What is the highest level of formal education your father completed?

- 1. No education
- 2. Adult education/adult literacy
- 3. Primary education
- 4. Secondary education
- 5. University education
- 6. Technical college
- 7. I don't know

8. Is your mother currently working /employed

- 1. Yes
- 2. No
- 3. I don't know

9. What is the highest level of formal education your mother completed?

- 1. No education
- 2. Adult education/adult literacy
- 3. Primary education
- 4. Secondary education
- 5. University education
- 6. Technical college
- 7. I don't know

***Questions related to knowledge on drug/substance abuse***

(For purpose of the questionnaire drug and substance abuse will mean common drugs like alcohol, tobacco/cigarette smoking, miraa, marijuana/bhang, African traditional brew i.e Changaa/busaa)

1. What are some of the drugs that you know ?

- 1. Alcohol/beer
- 2. tobacco/cigarette smoking
- 3. Marijuana/bhang
- 4. Busaa/ Changaa
- 5. Miraa
- 6. Others specify.....

2. When did you first hear about any of the common drugs?  
 .....

3. Have you used any of the following common drugs?

- 1. Alcohol/beer  1. Yes
- 2. No
- 2. Tobacco/cigarette smoking  1. Yes

- |                    |                          |    |     |
|--------------------|--------------------------|----|-----|
|                    | <input type="checkbox"/> | 2. | No  |
| 3. Marijuana/bhang | <input type="checkbox"/> | 1. | Yes |
|                    | <input type="checkbox"/> | 2. | No  |
| 4. Busaa/changaa   | <input type="checkbox"/> | 1. | Yes |
|                    | <input type="checkbox"/> | 2. | Yes |
| 5. Miraa           | <input type="checkbox"/> | 1. | Yes |
|                    | <input type="checkbox"/> | 2. | No  |

4. How old were you when you first used/ any of the following drugs/substances?

1. Alcohol/beer.....
2. Tobacco/cigarettes.....
3. Marijuana/bhang.....
4. Busaa/changaa.....
5. Miraa.....
6. Others.....
7. Never used.....

5 Who introduced you to taking any of the common drugs?

- |                                  |  |                                  |
|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Changaa | <input type="checkbox"/> Busaa             | <input type="checkbox"/> Bhang   |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Cigarette smoking | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Miraa   | <input type="checkbox"/> Beer              |                                  |

(Write the appropriate code in the box for the type of common drug used)

- |                     |                                   |                     |
|---------------------|-----------------------------------|---------------------|
| 1. = My mother      | 2. = My father                    | 3. = My brother     |
| 4. = My sister      | 5. = A close friend (male)        | 6. = A close friend |
| (female)            |                                   |                     |
| 7. = Others specify | 8. = Does not use/take any drugs. |                     |

6. Have you ever taken so much alcohol or bhang that you were drunk?  
 Beer     Changaa     Busaa     Others specify.....

(Write the appropriate code in the box for the type of alcohol/drug used).

1. = No, never      2. = Yes, once      3. = Yes 2-3 times  
 4. = Yes, 4-10 times

5. = Yes, more than 10 times      6. = Does not drink

7. With whom do you abuse the common drugs mostly?

- Beer     Changaa                       Busaa                       Miraa  
 Bhang     Cigarette smoking     Other specify.....

(Write the appropriate code in the box for the type of drug used)

1. = Parents    2. = Friends of my age  
 3. = Friends who are younger than me than me      4. = Friends who are older  
 5. = Other sisters or brothers                      6. = Adults relatives  
 7. = Neighbours family                              8. = No one in particular  
 9. = I do not drink                                      10. = Other (specify)

8. Where do you mostly use the common drugs?

- Beer/alcohol     Changaa     Busaa                       Other

(Write appropriate code in the box for the type of common drug used)

1. = At home    2. = In a public drinking place  
 3. = In the estates                                      4. = In the streets or parks  
 5. = At school    6. = At a friends place  
 7. = I do not use any drugs specify).....  
 8. = Otherplaces

9. Are you mainly with girls or boys when you use the common drugs?

1. Beer    2.  Miraa    3.  Changaa    4.  Busaa  
 5. Bhang    6.  Cigarettes smoking

(Write the appropriate code in the box for the type of common drugs used)

1. = Mainly with boys                      2. = Mainly with girls  
3. = Both girls and boys                4. = I don't use any drugs

10. What reason do you have for taking any of the common drugs?

1.  To be like adults  
2.  To belong to my peer group  
3.  To get high  
4.  Because of curiosity  
5.  Other specify.....  
5.  I don't drink.....

11. Do any of your schoolmates use any of the common drugs?

1.  Beer                                      2.  Changaa    3.  Busaa  
4.  Cigarette smoking    5.  Bhang            6.  Miraa

(Write the appropriate code in the box for the type of common drugs used)

1. = No, they do not use any drugs  
2. = Yes, but less than once a week  
3. = Yes, every day  
4. = Yes, but every week not every day  
5. = Don't know

12. Do any of your friends use any of the common drugs?

1. Yes     2. No

3. Don't know    4. Don't have friends

13. If you have friends who take any of the common drugs, what type(s) do they take/use?

Alcohol     Beer     Changaa     Busaa

Cigarette smoking     Miraa     Bhang

(Write appropriate code in the box for the types they use).

1. = Yes    2. = No    3. = I don't know

4. = I have no friends

14. How would your parents react if they know you took any of the common drugs?

1. = No reaction    2. = Approve    3. = Disapprove

4. = Strongly disapprove    5. = I don't know

15. What reasons do school pupils give for using/taking any of the common drugs?

(You can give more than one answer)

1. To be like adults     2. To get high     3. To belong to their peer group

4. Curiosity     5. Others specify.....

16. If your friends take any of the common drugs, from where do they get money to buy any of the common drugs?

1. = Their own money    2. = Their parents money

3. = Friends    4. = Stealing

5. = others specify.....

6. = They do not use any of the common drugs.

17. Does your mother take/use any of the common drugs?

1. = Yes    2. = No    3. = I don't know    4. = have no mother/mother not alive

18. Does your father take/use any of the common drugs?

1.  Yes    2.  No    3.  I don't know  
4.  I have no father/father not alive

19. Do you have a brother who uses/takes any of the common drugs?

1.  Yes    2.  No    3.  I don't know  
4.  I have no brother

20. Do you have a sister who uses/takes any common drugs?

1.  yes    2.  No    3.  I don't know  
4.  I have no sister

21. Do you know of any other drugs or substances that pupils in primary schools are now taking?

1.  yes    2.  No

a. If yes to question 23, what are these drugs called? Please name them

- 1.....
- 2.....
- 3.....
- 4.....

22. Are there activities in primary school through which pupils learn about the dangers of drug abuse?



1.  Yes 2.  No

23. Are you aware of any special reading materials about drug abuse for primary school pupils?

1.  Yes 2.  No

24. Do you think there are rules and regulations to guide pupils about drug abuse in primary schools.

1.  Yes 2.  No

25. If yes to question 24, do you think they need to be followed and strengthened?

1.  yes 2.  No

26. In your own opinion what may be done to prevent/reduce the practice of drug use in primary schools?.....

.....  
.....  
.....  
.....

**SECTION B.**

***Attitude towards drug abuse and practices.***

1. What is your attitude towards the use of any of the common drugs?

- 1.  Don't disapprove
- 2.  Disapprove
- 3.  Strongly disapprove of it's use.

2. Do you disapprove of people who are 18 years old or older doing the following? (please tick on the box for each question)

Getting drunk on alcohol/beer? 1.  I don't disapprove

2.  Disapprove

3.  Strongly disapprove

3. Sipping a little amount of alcohol/beer occasionally?

1.  Don't disapprove

2.  disapprove

3.  Strongly disapprove

4. Drinking alcohol/beer regularly?

1.  I don't disapprove

2.  Disapprove

3.  Strongly disapprove

5. Smoking less than five cigarettes?

1.  Don't disapprove

2.  Disapprove

3.  Strongly disapprove

6. Trying to smoke cigarettes or tobacco once or twice?

1.  Don't disapprove

2.  Disapprove

3.  Strongly disapprove

7. Trying marijuana or bhang once or twice?

1.  Don't disapprove

2.  Disapprove

3.  Strongly disapprove

8. Smoking marijuana/bhang occasionally?

1.  Don't disapprove
2.  Disapprove
3.  Strongly disapprove

9. Smoking marijuana/bhang regularly?

1.  Don't approve
2.  Disapprove
3.  Strongly disapprove

10. Taking an amount of marijuana/bhang?

1.  Don't disapprove
2.  Disapprove
3.  Strongly disapprove

11. Chewing of miraa?

1.  Don't disapprove
2.  Disapprove
3.  Strongly disapprove

12. Chewing an amount of miraa?

1.  Don't disapprove
2.  Disapprove
3.  Strongly disapprove

13. Taking any amount of busaa/changaa regularly?

1.  Don't disapprove

- 2.  Disapprove
- 3.  Strongly disapprove

14. Sipping a little amount of busaa/changaa occasionally?

- 1.  Don't disapprove
- 2.  Disapprove
- 3.  Strongly disapprove

15. What do you think should be done to those pupils who abuse drugs?

- 1.  To be encouraged to continue
- 2.  To be counseled to stop
- 3.  To be warned against the practice
- 4.  Any other specify

16. Do you think Drug and substance abuse is a problem in primary schools?

- 1.  Yes
- 2.  No

17. If yes to question 17 above, what do you think is being done about it as a problem in primary schools?

.....

.....

.....

18. What do you think each of the following should do about the drug abuse problem?

- i. Learners.....
- .....
- ii. Teachers.....
- .....

iii. Parents.....

.....

iv. Government.....

.....

Thank you.

## ***Appendix 11***

### ***KEY – INFORMANTS INTERVIEW GUIDE***

#### **(Courtesies before administering the questionnaire)**

Greetings. I am a student from the university of Nairobi. I am doing research on drug use and substance Abuse in Nairobi public Primary Schools. I request you to spare time and assist me with certain information for my study. I will appreciate your honest answers. All the information given will be considered as confidential.

1. What is the background of the respondent
2. As Headteachers, teachers, parents, school watchmen and cleaners in the school. Do you think drug substance abuse is a problem in public primary schools?

*Questions on behavioural patterns associated with drug/substance abuse.*

3. Are there people who take drugs in school?
4. What are the general habits of those who abuse the common drugs while in school?
5. Are there cases of pupils who come to school suspected high on drugs?
6. If yes to question 5, what are the drugs they abuse?
7. What are some of the behaviours that are unique to pupils because of taking drugs?
8. Are there any related behaviour patterns or practices to drug (substance abuse that you are familiar with in your schools ( i.e drug abusers, drug peddlers)
9. What do you think are the effects of drug/substance abuse practices in school/activities?

10. Are there some behaviour patterns that are uniquely observed among pupils because of taking drugs?
11. What do you think should be done about drug substance abuse as a problem?
12. In your opinion is there enough awareness about drug use as a problem?

*Suggestion on what is to be done about drug abuse (problem).*

13. In your opinion are there any existing measures of intervention on drug abuse in public primary school. Explain.
14. What do you perceive to be the precautionary measures to control/prevent drug abuse?
15. In your opinion suggest ways in which those precautionary measures can be strengthened and by who?
16. Please suggest any measures you believe would reduce/control drug taking in primary schools.
17. What do you think each of the following should do to control/prevent drug as a problem in primary schools?

1. Teachers
2. Learners
3. Parents
4. Other workers like watchman/cleaners

Thank you.