

**EFFECTS OF DRUG ABUSE ON PUPILS' PERFORMANCE IN
PUBLIC PRIMARY SCHOOLS IN LANGATA DIVISION, NAIROBI,
KENYA**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT FOR
THE REQUIREMENTS OF THE AWARD OF DEGREE IN MASTER OF
EDUCATION, DEPARTMENT OF EDUCATIONAL FOUNDATIONS**

UNIVERSITY OF NAIROBI

JULY, 2011

DECLARATION

This research project is my original work and has not been submitted or presented for a degree to any other university.



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DEDICATION

This work is dedicated to my dear mum, Margaret, my dad, Simon, my children Maryann, Cynthia and Abigail, and my sisters and brothers for their patience, support and encouragement during the course of my studies

ACKNOWLEDGEMENT

The preparation of this research project would not have been complete without the support and contribution of key individuals. First and foremost, I am indebted to register my sincere and special appreciation to my supervisor, Professor Lucy Kibera, for her relentless support that culminated in the final production of this work. Her positive and constructive criticism and guidance were indeed pivotal inputs to this project.

Thanks to my fellow students who accorded me warm company throughout our course. The co-operation given to me by school heads, teachers and the pupils in the schools I visited in Langata Division is highly appreciated. Without their co-operation the massive data collected would not have been possible. Thank you

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LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|-------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| GOK | Government of Kenya |
| HIV..... | Human Immuno deficiency Virus |
| IGT..... | Intergenerational Transmission |
| PPA..... | Participatory Poverty Assessments |
| UNDP..... | United Nations Development Programme. |
| UNDAP | United Nation Development Assistance Programme |
| WHS..... | Welfare Monitoring Survey |
| YEN..... | Youth Employment Network |

ABSTRACT

Drug abuse among pupils in schools is an issue of global concern (Levine2007). The study therefore explored effects of drug abuse on pupils' academic performance in public primary schools in Langata Division, Nairobi. This is after realization that majority of the pupils were not doing well academically in public schools in the division. Objectives of this study were: (1) To examine prevalence of drug abuse and its effects on academic performance in public primary schools in Langata Division. (2) To identify causes of drug abuse in public primary schools in Langata division (3) To analyze communities attitude towards drug abuse among public primary pupils in relation to academic performance in Langata division. (4) To establish the effectiveness of strategies in the use in fighting drug abuse in public primary schools in Langata Division.

The study used a descriptive survey design in methodology. Target population included pupils in upper primary school and class teachers in the sampled primary schools in the division who were set to help establish causes and effects of drug abuse on academic performance. The study used simple random sampling to come up with sample units of 10 public primary schools, purposely sample 10 children already abusing drugs and 10 without history of drug abuse with the help of guidance and counseling teachers in each class thus giving 20 pupils in each school and a total of 200 in sampled schools, guidance and counseling teachers were purposely sampled for the study.

Research instruments used to collect data included interview guide and questionnaires. Descriptive statistics such as percentages and frequencies were used to describe population characteristics such as demography, income, occupation and education. Statistical analysis will include T – tests and Pearson correlation. The researcher used SPSS (Statistical Package for Social Sciences) version 11.5 for windows to process the collected data.

The study found out that: Abuse of alcohol, tobacco and marijuana, mostly accessed in the village, at home, and at school is widely prevalent in public schools in Langata division; Drug abuse in public schools in Langata is caused by curiosity, peer pressure, family dysfunction, media fad, and easy accessibility of drugs; Drug abuse in public schools in Langata division is responsible for poor attentiveness in academics, violent conduct, and school dropout among affected pupils; despite the fact that the community's attitude towards drugs in Langata being negative, their attitude towards drug abusers is positive -as they are concerned with their (abusers) rehabilitation; guidance and counseling, facilitated by non- governmental organization is the prime strategy available to curb drug abuse in public schools in Langata

CHAPTER ONE

INTRODUCTION

1.1 Background to the study.

A drug has been defined as any substance that when absorbed into a living organism may modify one or more of its physiological functions (Croen, Woesner and Hernann 2005). The term is generally used in reference to a substance taken for a therapeutic purpose and as well as abused substance. Drug abuse has also been defined as a self administration of drugs for non-medical reasons, in quantities and frequencies which may result in physical, social and or emotional harm (Olatuwra and Odejide 2006). Drug and substance abuse is a global phenomenon and an ever expanding invasive problem in the world today. It affects almost every country although its extent and characteristics differ from region to region. A study conducted by Edwards (1979) among American youth found that a great deal is known on what is abused but less comprehended. He suggested that it was not only important to know what is abused but also know why it is abused so that intervention strategies could be used to reverse the situation.

The intensity of drug abuse has been a major concern in recent years. It has invaded homes, schools and work places affecting individuals of all ages and classes (UNDCP, 1992). According to the World Drug Report 2007, approximately 200 million people, about 5% of the world's population aged between 15 and 64 years have used drugs at least once in the previous months. According to surveys of adolescent students in Nova Scotia in Canada, carried out in 1991 and 1996, over one fifth (21.9%) of the students

reported to have used alcohol, tobacco and cannabis (Poulin and Elliot 1997). European schools project on alcohol and other drugs revealed that 37% of 10th grade students in the 30 participating European countries had smoked a cigarette in the past 30 days, 61% had used some illicit drugs other than Marijuana (Hibbel, Anderson, Bjarnason, Morgan and Narusk 1995).

Fatoye and Marakinyo (2002) studied drug abuse amongst 567 Primary school pupils in rural and urban communities in South Western Nigeria. They found that the most commonly abused drugs were salicylate, any of group of analgesics, or painkilling drugs that are derivatives of salicylic acid. They also found that the current and lifetime use of alcohol and tobacco was significantly more common among the males and among those in rural schools. They further indicated that for the majority of the students, initiation into drug use started at a very early age (under 14 years). A study carried out among Zambian pupils found that while up to 10% of the female pupils experimented with cannabis, only male students tended to become regular users (Guy 2004). Guy (2004) further states that pupils who abused drugs were irregular in schools which affected their performance greatly. In Uganda, a study noted that among the youth, 19% of the Primary school pupils and about 33% of Secondary schools smoked cigarettes (Olatuwara and Odejide 1971). This was attributed to a lot of tobacco products being advertised in relation to style / fashion and due to influence. The mean age for smoking was 13.4 years with average from 6 to 22 years in Jinja District. In the same country, across – sectional study carried out among 13-15 year old found that 17.5% reported to have smoked tobacco, with 37.9% of them trying or starting smoking before the age of 10 (Mpabulungi and Muula 2004).

A preliminary survey of drug abuse was conducted among Primary school pupils in Kenya and the results of the study confirmed that drug abuse was quite prevalent among Primary pupils (Dhaphale 2004). For instance up to 10% of students drunk alcohol more than three times a week and nearly 14% had smoked cannabis (bhang), 16% admitted taking other drugs especially tranquilizers in order to feel high. The study further revealed that the problem was more acute in urban schools compared to rural schools.

A cross sectional study to determine the prevalence of smoking and to investigate factors that may influence smoking behavior in 5,311 secondary school students in Nairobi including Langata Division found that a total of 2246 (70.1%) were ever smokers out of which 38.6% were males and 17.9% females. In this study, experimentation with drugs started at 5 years of age, and regular smoking at 10 years. The majority of the students 72.2% started at between age 12 and 16 years. Kamwanga, Odhiambo and Amukoye (2003) suggest that there is a relationship between academic performance and adolescent substance use. Students who use alcohol or drugs have been shown to be at greater risk performing poorly in school, and vice versa.

The National Survey on Drug Use and Health (NSDUH) asked youths aged 12 to 17 who reported being enrolled in school during the past year about their average grades during the semester or grading period. Among students who did not use alcohol during the past month, 72.5% reported an A or B average in their last semester or grading period. In contrast, 27.5% of students who used drugs performed poorly during the semester (NSDUH, 2007).

Academic performance standards of some schools in Langata Division have witnessed a downward trend from 2002-2009 in KCPE results as depicted in Table 1.1

Table 1.1 KCPE mean scores of schools in Langata Division. From 2002 – 2009.

| SCHOOL | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| OLYMPIC | 68.94 | 69 | 69.74 | 68.49 | 65.07 | 63.14 | 63.61 | 62.32 |
| LANGATA WEST | 67.88 | 66.53 | 67.69 | 68.3 | 64.71 | 61.09 | 59.73 | 63.17 |
| NGEI | 63.43 | 61.82 | 63.04 | 61.13 | 62.71 | 63.76 | 60.91 | 55.39 |
| KAREN C | 64.56 | 60.56 | 60.41 | 57.65 | 56.56 | 55.81 | 54.41 | 58.07 |
| KONGONI | 65.27 | 59.78 | 53.65 | 55.86 | 57.6 | 56.1 | 55 | 58.4 |
| UHURU GARDENS | 61.63 | 59.02 | 53.71 | 53.09 | 57.16 | 54.73 | 51.92 | 52.69 |
| MADARAKA | 58.48 | 58.6 | 60.69 | 52.91 | 51.96 | 49.7 | 50.31 | 54.21 |
| AYANY | 57.29 | 53.65 | 51.64 | 52.63 | 49.77 | 47.81 | 45.61 | 50.01 |
| ST MARY'S KAREN | 47.6 | 51.94 | 55.07 | 52.21 | 49.95 | 43.01 | 41.61 | 42.52 |
| LANGATA BARRACKS | 56.94 | 51.58 | 60.7 | 51.99 | 48.56 | 45.5 | 43.81 | 48.51 |
| KHALSA SOUTH | 47.54 | 51.4 | 55.83 | 51.84 | 47.31 | 46.37 | 42.62 | 51.81 |
| LANGATA ROAD | 55.2 | 51.09 | 48.81 | 48.89 | 47.04 | 44.7 | 40.37 | 48.51 |
| NGONG FOREST | 41.77 | 43.92 | 40.33 | 40.8 | 39.52 | 40.2 | 43.81 | 45.01 |

Source: City Council of Nairobi, Department of Education 2010.

Based on these mean scores, the study will seek to establish the causes and a relationship between drug abuse and academic performance in public schools upper primary in Langata Division.

1.2 Statement of the problem.

Education has been regarded by various stakeholders as a vital vehicle that promotes social, economic and political development. It opens new horizons, empowers people and provides opportunities for active participation in development by providing knowledge, skills and attitudes that are compatible with sustainable development (Ekundayo, 2000). In pursuit of these goals, the Government of Kenya had adopted a policy of providing basic education for all citizens regardless of their social, economic and cultural status. This is a step towards realization of the Universal Primary Education (UPE) and Education for All by 2015. Education is one of the goals captured in Kenya vision 2030. However, this goal is likely not to be achieved partly due to drug abuse. Drug abusers often miss schools and also drop from school.

Although Primary education is important in the development of the country, it is faced with a number of challenges of which drug and substance abuse emerges as the major one. When children and youth abuse drugs and other substances so early in life, their future and that of the country is at risk. The Government of Kenya and many organizations have committed a lot of money and efforts towards the control and fight against drugs and substance abuse. Organizations like United Nations Fund for Drug Abuse and control (UNFDAC), The Kenya Drug Abuse and Juvenile Delinquency Organization (KADDO) and Organization Fighting against Drug Abuse and Trafficking (OFADAT) have been very active in Langata Division sensitizing the youth and the community on the dangers of drugs and substance abuse. To effectively control this problem, these organizations coupled with other stakeholders have initiated programmes and activities to enhance academic performance by keeping the youths away from drugs.

Despite all these efforts geared towards improving performance level in public primary schools in Langata divisions, KCPE mean scores in all public schools in the zone keep on fluctuating. This is an indication that poor performance in the final year in primary school is associated with poor performance in lower classes. Also it is now known fact that drug abuse is rampant in schools as per media reports and studies carried out in Kenya and other different parts of the world. However, these reports have been largely unsubstantiated. It is therefore from this background that the researcher sought to determine causes and effects of drug and substances abuse on academic performance in Langata division, of Nairobi County.

1.3 Purpose of the study.

The primary purpose of this study was to establish the extent to which pupils use drugs. The study also investigated causes of drug abuse in an attempt to establish its influence on academic performance of pupils in public primary schools in Langata division.

1.4 Objectives for the study.

The specific objectives of the study were to:

1. Examine prevalence of drug abuse and its effects on academic performance in public primary schools in Langata Division.
2. Identify school factors that may lead to drug abuse in public primary schools in Langata division.
3. Analyze communities attitude towards drug abuse among public primary pupils in relation to academic performance in Langata division.
4. Establish the effectiveness of strategies in place towards the fight against drug abuse in public primary schools in Langata Division.

1.5 Research Questions.

The following research questions guided the study:

- 1 to what extent is drug abuse prevalent and its effects on academic performance in public primary schools in Langata division?
2. What are the causes of drug abuse in public primary schools in Langata division?
3. What are the attitudes of the community towards drug abuse among public primary pupils in relation to academic performance in Langata division?
4. Are there effective strategies in use in fighting drug abuse in public primary schools in Langata division?

1.6 Significance of the Study.

The findings of the study may assist the GOK and other stakeholders in understanding the extent of drug abuse in Langata division hence put in place effective strategies to stamp out the problem. This will include establishing sources of drugs and types commonly abused by pupils which may help in cutting off the supply channel. The data may also contribute in capacity of the Guidance and Counseling Departments and Health Clubs in Primary schools towards sensitizing the pupils on and the community the dangers of the drugs.

The findings may also be useful to parents who may not have adequate information on drug abuse among their children. They will now easily access information that will enable them to establish causes of drug abuse and how it affects their children's performance at KCPE. Therefore, parents Guardians and other caregivers put in place strategies that would reduce drug abuse among their children which may include close

monitoring of their children's activities. Pupils in our primary schools may benefit from the study findings by understanding the dangers of engaging in drugs. They will be able to understand that drugs have negative impact on their health and academic performance hence a ruined future.

For school administration and teachers, the findings may enable them to be more observant and sensitive on the issue of drug abuse among pupils in their schools. This may include easy identification of drug cases therefore putting in place intervention strategies which may include sharing information with parents and the community on drug abuse in order to create drug free society.

1.7 Delimitation of the study

The study will be confined to public primary schools in Langata division found on the Western side of Nairobi city. The division neighbours Westland, Embakasi and Ngong division. Majority of inhabitants are of low economic status engaged in informal employment. Respondents selected for the study will pupils in upper primary classes, parents, teachers and administrators from Langata Education zone in Nairobi Province.

1.8 Limitations of the study.

Drug abuse is a sensitive issue in our society. Activities related to drug and substance abuse are done with a lot of secrecy. It is therefore some respondents i.e. pupils in public primary schools were not willing to admit drug abuse fearing being exposed to the society. This might have affected comprehensive data collection from these key

respondents. Findings of the study may have only applied to Langata division or other divisions with similar characteristics. For more comprehensive study findings and establishment of the extent of the drug abuse in our country, studies in other divisions is important.

1.9 Definition of operational terms

The following are the operational terms that were used in the study:

Absenteeism - Habitual absence from school.

Abuse - Persistence excessive use of mind – altering chemicals for any reason other than its acceptable medical purposes.

Addiction – implies that a drug dependency has developed to such an extent that it has seriously detrimental effects on the user (the addict).

Addict – is a drug user who suffers from serious physical, social or psychological problems.

Dependence – Describes a compulsion to continue taking a drug in order to feel good or to avoid feeling bad.

Depressant – A drug which acts on the central nervous system to suppress neural activity in the brain.

Drug abuse -Self administration of drugs for non-medical reasons, in quantities and frequencies which may impart inability to function effectively and which may result in physical, social and/or emotional harm.

Drug - Refers to any chemical substance which when taken into the body can affect one or more of the body functions.

Flashbacks – Hallucinations, which occur a long time after a drug has been used.

- Hallucinogenic** – A drug which induces hallucinations and alters perceptions.
- Narcotics** – Any illicit drug. However, the term technically refers to chemicals, which induce stupor, coma, or insensitivity to pain.
- Truancy** – Failure to attend school without and significant reason.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, the study reviews literature highlights studies related to causes and effects of drug abuse in relation to performance of pupils in primary schools globally, regionally and locally. The chapter also presents a theoretical framework and a conceptual framework based on the variables of the study.

2.1 Prevalence of Drug Abuse in Society

A drug is any chemical substance either natural or synthetic which can alter the psychological state of an individual. Cloninger (1983) gives example by saying that they include substances used primarily for the purpose of altering one's psychological state. In essence drugs change one's perception of reality. The most dangerous characteristics of drugs are their addictive properties and their effect on the body. Addiction occurs when overuse leads to abuse. Drug abuse therefore, can be defined as the use of drugs for other than legitimate medical purposes (Kamonjo, 1997).

Throughout recorded history, each society has had drugs capable of producing profound effects on mood and behaviour. In every society, there have always been people who have failed to follow the patterns acceptable for using the drugs in that they have taken more than what was permitted or have it for wrong reasons. So the misuse of drugs is almost as old as humankind. The misuse of self-administered drugs is a major problem extending

into every age group and every economic, social and educational class. There is no region that can claim immunity from the problem of drug abuse (Kamonjo, 1997),

A puzzling socio-psychological phenomenon has been the rapid growth of acceptance of the non-medical use of drugs. The phenomenon of increased drug abuse has been especially rapid and alarming among adolescents and young adults. According to Holland (1986) in his book *Drugs and the Youth*, World Health Organization (WHO) report indicates that those abusing drugs were starting younger and that multiple drug abuse was becoming more common. He further states that many youths use alcohol earlier, in increasing quantities and with greater frequency. This is a fact that is reflected at the moment in Kenyan society, in the streets of towns and in rural areas.

2.1.1 Commonly Abused Drugs

Alcohol

This is the most readily available and commonly used drug and is available in liquid form, in most cases packed in bottles or cans. Among the effects of alcohol are the depressing the central nervous system, which causes relaxation decreased alertness and impaired coordination. It reduces inhibition and can alter perceptions and mood and cause unconsciousness. Chronic use result brain, liver and stomach damage. Alcoholics lose their appetite because alcohol replaces necessary diet components. Liver complications are common. The liver cannot metabolize the alcohol and cirrhosis often results which is frequently fatal (Cloninger, 1983).

Cannabis

This is another locally-found drug and quite commonly used by young people. It is also known as bhang or marijuana. The effects include increasing the heart rate, blood-shot eyes, dry mouth and throat, and increased appetite. Marijuana is damaging to the lungs and contains more cancer-causing agents than tobacco. Effects also include impaired or reduced memory and comprehension, an altered sense of time and reduced concentration and coordination. Cannabis can also cause paranoia and psychosis. Chronic use of cannabis may lead to psychological dependence, and can affect the reproductive organs and may even be fatal. Marijuana is a psychedelic (sign-kuh-DEL-ik) drug, which means it distorts or confuses the user's perception of the world. Especially notable effects are that time seems to stretch out longer than usual; the person becomes sleepy and has a floating feeling (Garrison, 1975).

Depressants

Karatzias, Power and Swanson (2001) argue that the depressants include barbiturates, also called downers, barbs, blue devils, yellow, jalkers, Nembutal and seconal. They are sold in yellow and blue capsules. Another depressants is methaqualone, also called, Quaaludes, ludes and spools and comes in tablet form. Tranquilizers are also labeled depressants. Among them are valium, Librium, equanil, Milton and serax. Depressants cause slurred speech, decreased alertness, impaired coordination, staggering and altered perception. Regular use causes mental and physical dependence and result as in tolerance to the drug, leading the user to search for a higher quality variety. Large doses can cause breathing difficulties, coma and withdrawal and causes brain and liver damage (Karatzias, Power and Swanson 2001).

Hallucinogens

Kamonjo (1997) says that hallucinogens include phencyclidine, called PCP, angel dust, love bear, lovely, hog or killer weed, It can be in the form of liquid, capsules, pills and white sparkling powder and sometimes is mixed with marijuana (bhang). The effects of hallucinogens include lack of coordination, slurred or incoherent speech, altered time perceptions, and a sense of distance and estrangement. Mood disorders are also common and are expressed in depression, anxiety and violent behaviour. Because the drug blocks pain receptors, continuous use may lead one to injure oneself. Too much use may lead to memory lapse and hallucinations and paranoid behaviour. A bigger consumption may lead to coma, heart and lung failure, or ruptured blood vessels in the brain, and often results in death. These effects apply mostly when phencyclidine is used (Kamonjo, 1997).

Inhalants

Garrison (1975) looks at inhalants as drugs that can be consumed by breathing in or inhaling. One inhalant is nitrous oxide, whose street name is laughing gas whippets and looks like a small metal cylinder. Another inhalant is hydrocarbon. Hydrocarbons include aerosols, glue, gasoline, paint thinner and cleaning fluids. The brand names are Easy Off oven cleaner, Epoxy, Amoco and Ajax. These are packaged in a variety of ways, usually labeled "Toxic" and or "Highly flammable". As far as nitrous oxide is concerned the following health effects can be observed; nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination and loss of appetite. Frequent use can cause rapid pulse, headaches, and involuntary passing of urine and faeces. Chronic use of nitrous oxide may result in hepatitis. When one uses inhalants there is a decrease in heart and breathing rates

and impaired judgment. Inhaling deeply or using large amounts over a short time may result in disorientation, violent behaviour, unconsciousness, suffocation and eventually it can cause death. Too much dependence on hydrocarbons can permanently damage the nervous system, as well as the lungs, kidneys, bone marrow and brain (Karatzias, Power and Swanson, 2001).

Narcotics

Heroin is one of the most commonly used narcotics. It comes in white or dark brown powder or a tar-like substance. A second type of narcotic is codeine, which is in form of a dark liquid, capsules or tablets. Narcotics produce a feeling of euphoria, often followed by drowsiness, nausea and vomiting. Users also experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death. The use of contaminated syringes for injecting the drugs can transmit HIV/AIDS, hepatitis and other blood related diseases (Needle, McCubbin, Wilson, & Reineck, 1986).

Stimulants

Cloninger (1983) says that a stimulant is a drug that acts on the central nervous system to increase neural activity in the brain. A commonly used stimulant is cocaine. It is normally in the form of white sparkling powder, often diluted with other ingredients. Alongside cocaine is another drug called Amphetamine. Some of the effects of cocaine are dilated pupils, elevated blood pressure, pulse rate, breathing rate and body temperature. Chronic use can destroy the mucous membrane of the nose. Cocaine can produce psychological

and physical dependency – a feeling that the user cannot function without the drug – and tolerance and addiction develop rapidly. Cocaine can cause death by disrupting the heart and the breathing process. Injecting with unsterilized objects can transmit HIV/AIDS. (Cloninger, 1983).

Tobacco

Kandel (1985) states that tobacco can be consumed as cigarettes, cigars, snuff or chewing tobacco. An important fact about tobacco is that it is a highly addictive substance. Immediate effects include increased blood pressure and heart rate. In addition, studies have shown that smoking may decrease the body's production of antibodies, increasing a person's susceptibility to disease. Frequent use can cause breathing problems. Smoking is a major cause of lung and mouth cancer, as well as heart and lung diseases which often lead to death (Cloninger, 1983).

2.2 Causes of Drug Abuse

This section deals with various causes of substance abuse. The section helps to identify various factors behind indulgence in substance abuse. It is divided as follows: Effects of socioeconomic background on drug abuse; school factors and their influence on drug abuse; peer influence on drug abuse

Although no consensus exists about the specific root causes of substance abuse and addiction for particular individual, knowledge about the factors causing drug and alcohol abuse, as noted by Hawkins, Catalano, Emillar (1992) is crucial in the development and substance abuse and related behaviors prevention. According to Kamonjo (1997), many

students abuse drugs to escape the stress of every day's life and seek to enjoy themselves. Einstein (1980) argues that people take heroine for the pleasure it gives whereas Mc Alister ,Perry ,Kellen etal (1990), people smoke, drink and take pills at an even increasing rate, often only to induce pleasant physical state. Other studies reveal that when people are anxious and frustrated they take drugs as an escape and consequences caused by failure to achieve goals.

Effects of socioeconomic background on drug abuse

Among the major factors causing drug and alcohol are personal attitudes and predispositions related to drug abuse. Another major factor causing drug abuse is the family .The prenatal stage through late childhood, the family, parents, caregivers or parent surrogates, siblings and close relatives is the main influence in the development of children and youth and in which problem behaviors are all the antedents are shaped. Kumpfer (1993) further identified economic deprivation, reduced supervision, formal controls and social supports; living in impoverished neighborhoods, characterized by high crime rates and alienation, different family acculturation, poor family management, discipline, problem solving practices, parental permissiveness and positive attitudes towards alcohol and drugs as some of major family factors that enhance drug abuse among students.

Social problems such as parental divorce and separation can contribute to drug abuse. Without parental love and guidance they are apt top be influenced by what their peers are doing. The young sometimes resort to drugs when school is not going well or when they feel rejected by their peers (Kandel, 1985). Another important factor to be borne in mind

is that by pushing children too soon into the social fabric, they may feel inadequate and overwhelmed. For example, young people are considered adults after circumcision and are given the go-ahead to drink. On the other hand, environmental differences have not prepared them for adulthood, so they indulge in drug abuse as a way of handling the stress. African society stresses the importance of interpersonal relationships, which some people find extremely uncomfortable and they use mood-altering drugs in an attempt to reduce the intimacy of their relationships. These drugs cause illusions and they become less worried both about the depth and intensity of their relationships and by what is going on around them (Kandel, 1985).

The home is also the primary source of alcohol for the school-age child, and where they will begin to draw their views as to its appropriate use. Sons of alcoholic men have a 25% chance of becoming an alcoholic themselves, in part because of genetics and in part because of the family acceptability of drinking to excess (Cloninger, 1983). The family view on the use of alcohol will play a large part in the development of the child's views toward its use. If the family accepts and encourages drinking to excess, and/or if an older sibling encourages this, the child is more likely to develop a problem than in the family who drinks alcohol in moderation (Kandel, 1985). Additionally, it has been shown that older siblings are frequently a source of alcohol and drugs for younger siblings (Needle, McCubbin, Wilson, & Reineck, 1986).

Social class is an important variable because different social classes have different standards of living and these differences appear to be related to many social problems. Ndegwa (1980) in his study of drug problems in Kenyan schools concluded that at the

primary school level, drug taking is not common in high –economic status. Children of poor class parent were found to use more drugs reason being those children are exposed to many social ills like changaa brewing, drug trafficking and so on, hence children engage in then same acts at an early age. Mbiti (1983) postulated that although drug use was to be found in all social economic classes, it was more prevalent among the low social economic classes.

School factors and their influence on drug abuse

School failure is the other factor that has been identified to enhance drug and alcohol abuse. According to Hawkins, Catalano, Emiller (1988), although to a great extent school failure is shaped by an individual's experience in early childhood within family setting and during the pre school years, some school related factors are believed to exacerbate pre-existing problems and dispositions. Principle among these is negative, disorderly and unsafe school climate and low teacher expectations of student's achievements. Hawkins, Catalano et al (1992) have closely associated drug and alcohol abuse to an unsafe and disorderly, school climate and a lack of clear school policies regarding drug use.

Students who have decided that school is not an appropriate role, or one that what do not wish to undertake are also more likely to be involved in substance use. High school seniors who expected to attend college had a significantly lower rate of substance use than those who did not expect to attend college (Johnston, O'Malley, & Bachman, 1985). Hawkins, Catalano and Miller (1992) also found a negative relationship between the level of attachment and commitment to school and the levels of substance use. Academic achievement has also been shown to have a direct relationship with substance use. In

their study, Maguin and Loeber (1996) found that there was a significantly greater risk for substance use among those students who achieved poorly academically.

Nutbeam and Aaro (1991) found in their studies that general dissatisfaction with school increased the likelihood that school-age children would be to smoke on a weekly basis, as does academic stress (Hee-Soon, Yeanghee, Jung-Ja, 1995). Conversely, Oakley, Biannen, and Dodd (1992) found that scholastic satisfaction had beneficial effects on the decrease in smoking behaviors. Karatzias, Power and Swanson (2001) found that school stress was the factor that most accurately predicted a student's likelihood to try alcohol. The more that adolescents work during the school year, the greater their risk of substance abuse according to Valois (2000). Those who work in excess of fifteen hours per week have higher rates of substance abuse, from binge drinking to marijuana to cocaine usage.

Peer influence on drug abuse

Another factor causing drug abuse is negative influence of peers. Swisler (1971) adolescents who are strongly peer-oriented hold more negative views of themselves, see themselves as less dependable, more hostile, more likely to disobey adults, less interested in academics and less future oriented. This coupled with weak bonds with traditionally positive norms such as those espoused by the family, community or religion, are likely as noted by Hwakins, Catalaho and Miller (1992) to make the young adult be involved with peers who use alcohol and drugs engage in forms of problem behavior. Garrison (1975) in his report called *Psychology of Adolescence* says that forty percent of drug abusers cite peers as the influencing factors in their drug abuse. A number of other studies have indicated that there is a definite association between adolescent drinking and the amount

of time spent with peers who also drink. There is yearning for some sense of belonging and the real or imagined consequences of abstinence can be threatening. The youth use drugs to fit in with their peers and socialize together. When they have been initiated into drugs, they are afraid to let go because of the well-known consequences of withdrawal.

It is normal to desire to know things. Young people question everything and often rebel against parents and society in general. By taking drugs they anaesthetize themselves from what they feel is an environment which has failed to provide for their needs. They think that drugs will supply what is missing from their lives. Sometimes, drugs are abused as a result of curiosity or as a means of enhancing creativity. Curiosity is a normal part of growth and development. It helps to produce a sense of identity and a personal set of values. In this quest, it is not unusual for one to do something for the sole reason of being able to brag about it. Recreation can also lead to drug abuse since drugs like alcohol are viewed as a lubricant and it is clammed to enhance concentration, openness, and expansion of the mind (Mbiti, 1983).

The phenomenon of drug abuse is believed to have been aggravated by urbanization, which has resulted in the breakdown of traditional systems in rural society. The young individual previously had the support of an extended family and roles were clearly delineated. Adolescents are often tempted to try out the drugs that come to their notice whether through legitimate advertising or illegal activities. It is tragic that they do not stop to consider the harm to which they expose themselves (Nadir, 1993).

2.3 EFFECTS OF DRUG ABUSE ON STUDENTS' HEALTH AND ACADEMIC PERFORMANCE

Drugs produce many effects including distortion of memory, perceptions and sensation (US Dept of Education 1986). Drug use is associated with a variety of negative consequences including increased risk of serious drug use later in life, school failure and poor judgment, which may put students at risk for accidents, violence, unplanned and unsafe sex and suicide. Use of cocaine and amphetamines gives users a false sense of performing at a high level when on drug. The so called designer's drugs chemical variations of illegal drugs have caused brain damage and death. Nadir (1993) argues that the use of drugs by students while in school damages not only the educational atmosphere but also the social climate as well. Nadal (ibid) further links drug abuse to decline in academic performances, truancy and dropping out and to crime and misconduct.

Research has shown that drug abuse affects person's health as well as normal human behaviour. Implications of drug abuse among the learners include juvenile delinquency, poor performance, immorality, HIV infection, culture of violence, strikes, destruction among the users and country losing important human resources. According to KIE, NACADA (2002) each of the community abused drugs and substance has got short term and long term effects. In Daily Nation (2003) the National campaign against drug abuse boss warned that by 2011 drug abuse will have claimed more lives than AIDS whereby 92% of the youth have experimented with the drugs. Drugs abuse in primary schools are alcohol about 22.7%, tobacco 2.2%, bhang 1.6%, miraa 5.35 and inhalants 2.1%.

Drugs contain chemicals which affect the hormones. Drugs make the nervous system react faster or slower. They also make the mind work more rapidly than usual, especially when one constantly abuses bhang, heroine, cocaine, mandrax and the other hard drugs. Drugs can cause cancer and skin diseases. Glue and petrol, contain high levels of heavy metals, which damage body tissue, kidneys, nerves and bone marrow.

Another problem associated with drugs is sterility and lack of sexual desire. Users of marijuana (bhang), cocaine, heroine and alcoholics often develop this problem. If two people suffering from these symptoms decide to have a child, the result may be a "crack baby" a baby who mentally and physically abnormal. The child may develop strange gender characteristics. An associated effect is acute pain during menstruation.

The spread of Aids among drug abusers cannot be over emphasized. Under the influence of drugs one can become confused and unable to control the sexual drive leading to increased likelihood of contracting Aids. The use of unsterile needles among drug abusers has also contributed greatly to the spread of Aids, hepatitis and other related diseases.

A great deal of money is needed to care for drugs users. Secondly, dissemination of information about the dangers of drug abuse calls for funds for seminars. The resources used in these activities could be used for other projects in society, especially for the unemployed.

Drug abuse has contributed to family breakdown. Abuse of alcohol has destroyed marriages. Women find it difficult to remain married where the husband drinks too much. Young addicts run away from home. Spiritual decay is the basis of moral decay in

society. People under the influence of drugs rarely engage in spiritual endeavour, resulting in hearts full of deceit and little or no appreciation of right human values.

2.4 Strategies for Fighting Drug Abuse

Society considers drug users as outcasts, people totally unfit for society. They are regarded as irresponsible and people who lack will and vision. Drugs distract their attention from the important aspects of their lives and carry them instead to a world that is illusionary. Drug users are considered arrogant, stubborn and brutal, whose reasoning ability has been shattered. This makes them the laughing stock of society. Drunkard causes fear in people because people do not know what to expect from them. However, the society should change its attitude towards drug users. They need help and we should show them love and compassion. They are part of society and it is the responsibility of society to find a solution.

The following are some of the strategies that can help young people avoid drugs:

Facts Not Fear

Experts believe that if children or young people are to resist peer pressure and the temptations around them, they need to be armed with information. Parents often try to frighten youth by telling them about the punishment they might receive. When you tell your child not to use drugs, you should give reasons that appeal to his or her understanding. Empty threats can have severe consequences.

Instill the right value and explain that all actions have consequences. Young people today know more about drugs and their availability than their parents. If parents are uninformed

about drugs, their children will simply put them down as ignorant and not worth listening to. Keep advice in the here and now. Talking about long-term health threats will not have much effect. Teenagers are concerned about looking good to their peers. Point out that cigarette smoke causes bad breath and will give them yellow fingers, or that if they drink, they might become ill and vomit up in front of their friends. Teach young people about the value of their lives. It is important for them to be themselves. Make sure your child has access to up-to-date information about drugs and their effects.

Setting Limits

Many young people use drugs simply because their friends do or because they don't want to feel left out. To reinforce the young person's ability to resist, get to know your child's friends and their parents, and monitor your child's whereabouts. Too many parents do not care how their children spend their free time. For instance, at weekends they give the pocket money and tell them to go out and enjoy themselves. Nobody checks up on them when they return home – this creates an environment favourable for drugs. Steering children towards good friends is not always easy. Tell them often of the importance of choosing good friends.

Keeping Busy

Research has shown that when young people are unsupervised and have little to do, they are more likely to experiment with drinking and drugs. Keep young people busy. Give them chores to do at home and encourage extracurricular activities. This way they won't have time to do things they shouldn't. Discussing joining a sports club, drama, arts and

crafts centre, or dance studio or about volunteering to work for a church group community organization. The busier your teenager is, the less likely he or she is to be bored and to seek an outlet in alcohol or drugs.

Staying Involved

Plan alcohol and drug free activities with other families during school vacation and major holidays, which can otherwise be high-risk times for teenagers. Encourage your teenagers, once they are well-versed about the dangers of drug abuse to work on drug prevention programmes by being trained as volunteers to assist as peer counselors. The parents should work with other parents to ensure that parties and social events the young people attend are alcohol and drug free.

Parents need to talk with their teenagers about their future. Discuss their expectations and ambitions. Collect college or vocational catalogues for them and discuss different educational and career options. Explain how drugs and alcohol can destroy their future. If your child is already on drugs he needs help and should consult a doctor immediately.

Medical Rehabilitation

Rehabilitation is the process by which one is brought back to a state of physical, psychological and social well being and reintegrated into the community. It follows initial treatment and can be carried out in a number of ways, for example relapse prevention.

Counseling

Counseling involves the addict visiting a psychiatrist or other experienced personnel for personal guidance on how to stop the habit. However, there should be a strong conviction

on the part of the user to stop taking drugs. Counseling substance-abuse victims can be quite strenuous. It is the duty of the counselor to deal with the situation in a calm and rational manner. It would help to know the background of the drug user. What were their experiences in the institutions of learning they went to? Why they abuse drugs? How did they start on drugs? How long have they been using the drug and with whom do they share them? What kind of drugs do they use? The counselor should avoid telling the drug user what to do, rather ask them how they may be supported. This entails being available for them and talking about shared fears and worries. Encourage them to find constructive alternatives such as hobbies or pastimes. Avoid suggesting abstract impractical solution.

2.5 Theoretical and Conceptual Framework

The study will adopt Social Learning Theory of Bandura (1977). He saw the process of imitation and modeling as being significant in learning. This theory is applicable to this study because the potential drug user imitates the models in the environment who are significant to others in life. This may occur indirectly, that is, through experiences of others, thus vicarious learning.

Through observation and internalization of what others are experiencing, people learn good and bad behaviours. If one observes other taking drugs, he will be motivated to imitate the behaviour or act, especially if that behaviour is reinforced positively. In that case, if the model appears excited, sociable or aggressive the potential drug user is likely to imitate the behaviour if the behaviour is punished, like one becoming sick or losing friends, it will not be imitated hence, abstinence. Maddox (1970) add to this theory when he found that adolescent drinkers reported their first drinking experiences in their own

homes with parents or relatives' present alcohol was readily available. The study concluded that knowledge of parents drinking habits is the single most accurate tool for predicting adolescent drinking behaviour. In agreement to the data of Maddox (1970) Stacey and Davies, reported that parental models are instrumental in shaping early attitudes and behaviour with regard to teenage substance abuse. In conclusion the theory states that adolescent's model their behaviour after that of parents and others who use drugs as a means of coping with life problems set an example that is emulated by an adolescent by others.

The conceptual Framework for this study is drawn from Chambers (1983) model. He argues that certain types and extents of deprivation, experienced at particular points in the life-course-especially but not solely early childhood can lead to damage that is difficult if not impossible to reverse later in life. There is evidence to suggest that the longer poverty and unfavorable environment lasts, the more difficult it becomes to escape. For example, Yaqub (2002) reports that in U.S.A people who have been in poverty and unfavourable conditions for more than four years have a 90% probability of engaging in drug abuse. He further states that other factors influencing drug abuse include peer influence, media, family size and poor parenting in childhood. He however grouped them into household characteristics, social factors and economic factors. Parental investment in children in terms of time and capital in education and training, health and nutrition and general care is strongly related to the kind of life children will engage in later in their life. Second, the extent to which the contemporaneous adverse, social and economic effects of parental lifestyle on children lead to long term physiological and socio-economic damage which may include development of criminal activities like drug abuse. This conceptual

framework is applicable to the study in causes and effects of drug abuse on academic performance for it will focus on prevalence of drug abuse, causes, effects, attitude of the community and strategies in place to fight the vice.

Figure 2.1 Factors that impact the quality of education, teaching and learning achievement

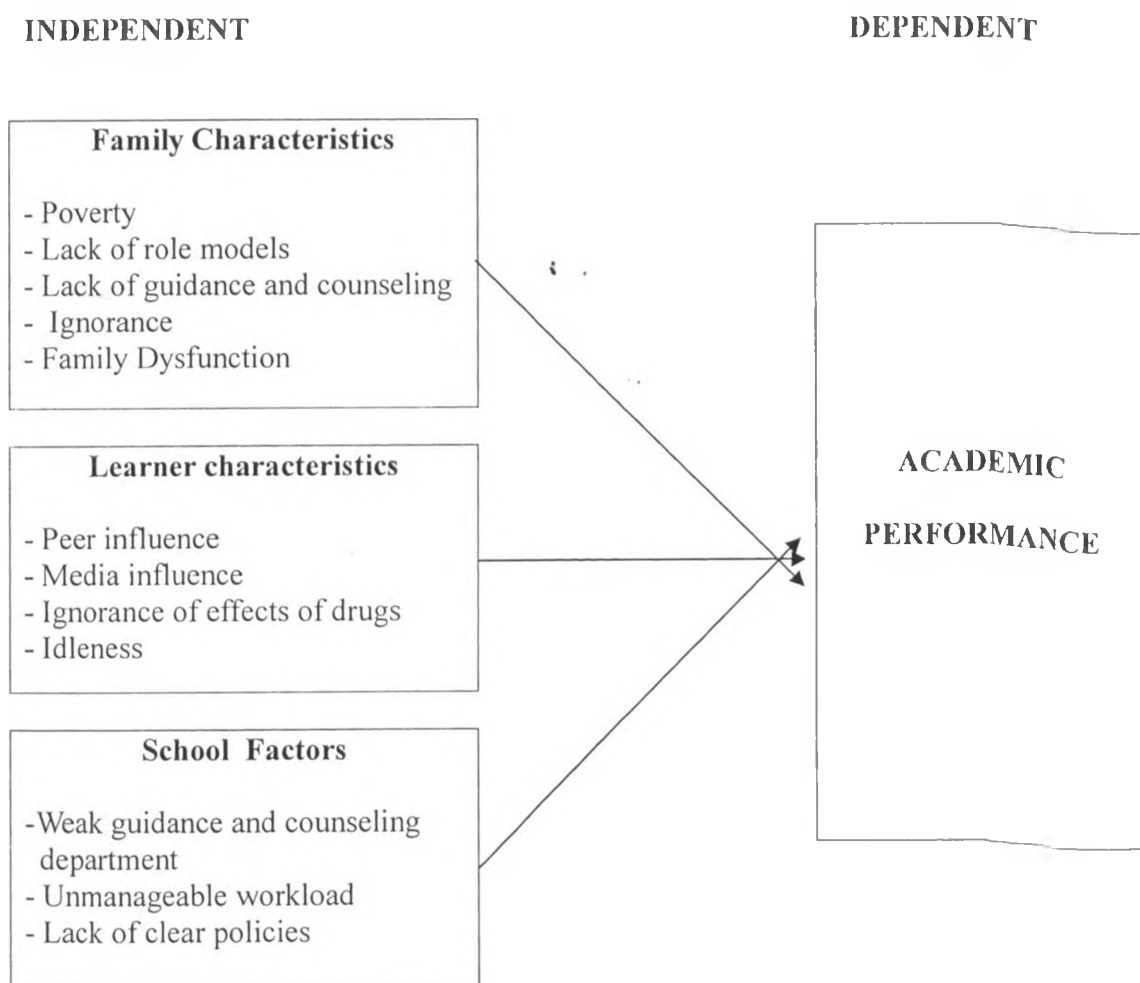


Figure 2.1 Drug and substance abuse cause and effect analytical framework.

Adapted from Chambers, 1983.

Figure 2.1 shows that academic performance depends on the certain perceived factors. These factors are treated as independent variables. They include: family characteristics

such as poverty, lack of role models, lack of guidance and counseling, ignorance, and family dysfunction; learner characteristics such as peer influence, media influence, ignorance of effects of drugs, idleness; and school factors like weak guidance and counseling department, unmanageable workload, and lack of clear policies. An ideal management of these elements results to control of drug and substance abuse- this ultimately leads to quality academic performance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section deals with description of the methods that will be used in conducting the research. It is divided into the following subsections: research design, study location, target population, sampling technique, research instruments, pre-testing of the instruments, data collection procedures and data analysis technique.

3.1 Research design

In this research, the descriptive research design was used. The purpose of employing the descriptive design was to describe the nature of a condition as it takes place during the time of the study and to explore the cause or causes of a particular condition (Orodho 2004). The researcher opted to use this kind of research design considering the desire to acquire first hand data from the respondents so as to formulate rational and sound conclusions and recommendations for the study. By involving a broad category of stakeholders, the proposed study fitted within the cross-sectional sub-types of descriptive survey design.

3.2 Study Location

The study was conducted in Langata division in Nairobi. The division is found in Nairobi West district and neighbors Embakasi, Ngong and Westlands divisions. The division has the largest slum in Africa; Kibera slums. Majority of public schools in Langata division draw their pupils from this slum. Majority of the residents in the division are casual workers in the nearby Industrial area. They are of diversified culture majority of them

having migrated from rural areas to look for jobs.

3.3 Target Population

The population of the study comprised of pupils in upper classes (class 6-8) in public primary schools, parents and guidance and counseling teachers in public primary schools.

The principal target population was the pupils in public upper primary schools under the study. The study also targeted parents of the pupils and guidance teachers to avail information on causes and effects of drug abuse in relation to academic performance.

3.4 Sampling technique and sample size

From all public schools in the division, the researcher randomly sampled 10 schools from a total 14 public primary schools (City Council of Nairobi, Department of Education 2010). Researcher used purposive sampling on pupils. With the help of guidance and counseling teachers, the researcher purposely sampled pupils already abusing drugs or showing signs of drug abuse from class 7 and 8, and sample the same number of pupils without history of drug abuse. In each class (class 7 and 8), in each school 10 pupils (5 abusing drugs 5 without history of drug abuse) were sampled to give a total of 20 children in each school hence 200 pupils in 10 public schools sampled. The researcher randomly sample 2 guidance and counseling teachers (1 male and 1 female) from the guidance and counseling panel from each school. This gave a total of 20 guidance and counseling teachers from all sampled schools. Therefore, the sample size therefore was $200 + 20 = 220$ respondents.

3.4 Research Instruments

The research instrument for the study was the questionnaire. This tool was appropriate because respondents needed not identify themselves and therefore give them freedom to respond to questions asked with confidence and sincerity. The questionnaires used open-ended and closed -ended items. The closed-ended items were limited to pre-determined set of choices while some of the closed-ended items had provision for the respondents to expound on the questions other than the choices given. It was expected that this would capture any useful information that given options might have failed to capture. The open-ended items were structured to enable respondents give responses in their own words. Questionnaires were administered to the teachers in the sampled schools because they were the key informants as far as academic performance was concerned.

3.5 Pre –testing of Instruments

The piloting of the instruments was done to determine their validity and reliability. This targeted about 5 identical subjects as those who would be included in the study. The sample used during the pre – testing was not included in the main study. A test-retest technique or coefficient of stability method was used to estimate the degree to which the same results could be obtained with a repeated measure of accuracy. Since the two test would be very similar, score obtained by each respondent on the first and the second test was quite close (Orodho 2004). A correlation coefficient of about 0.8 was obtained on a test-retest, meaning the instruments was considered reliable for the study. Validity of the instruments was obtained by requesting study supervisors to assess the relevance of the content used in the questionnaire developed. They examined the questionnaire individually and provide feedback to the researcher. Their recommendations were incorporated in the final questionnaire.

3.6 Data Collection

Data collection for the study began with delivering questionnaires to the guidance and counseling teachers by the researcher. Although the questionnaire was collected at various intervals after one week, where possible the investigator left the respondents' venue with completed questionnaires. The researcher explained the purpose of the study to pupils and went through all questions with the sampled pupils. With permission from the class teachers, they were requested to fill in the questionnaires under the guidance of the researcher and where possible, the researcher left with the filled copies.

3.7 Data Analysis Procedure

The researcher sorted out filled questionnaire, data collected through interviews and interviews. The researcher then tallied and related the information gathered from different respondents. The categorized data was then transferred to a computer sheet and be prepared by the researcher with the assistance of a computer specialist. The data collected was organized and analyzed using the statistical package for social science (SPSS). The package (SPSS) 11.0 for windows was efficient, reliable, and able to sort and provide correlations between variables. Hence, the SPSS was used for this purpose. Descriptive statistics and some inferential statistics were used to analyze the data and present it in form of frequency tables, percentages, graphs, and figures where applicable.

3.8 Logistical and Ethical Issues

Prior to embarking on this research, the proposal was presented to the supervisor(s) for approval. Permission to do research was sought from the MOE Headquarters who wrote a common letter to field education officers authorizing the researcher to conduct this study.

The study involved the use of human participants; thus, ethical considerations were identified and prioritized. Specifically, consent and confidentiality factors were valued during the entire duration of the study. In order to gain the consent of the respondents regarding this study, the researcher showed a written letter explaining the details of the research, its objectives, purpose and procedure before participating in the actual interview or administering of the questionnaires. All details that related to the study were included in the final report. The researcher also ensured that all data gathered for the study was protected from unauthorized access and respondents assured of confidentiality.

CHAPTER FOUR

ANALYSIS, AND PRESENTATION OF THE FINDINGS

4.1 Introduction

This chapter presents the results and analysis within the framework of the set study objectives, which is presented in tables and figures. The first section presents the response rate and background characteristics of the respondents, that is, pupils and the guidance and counseling teachers in the sampled schools in Langata Division. Other sections are as follows:

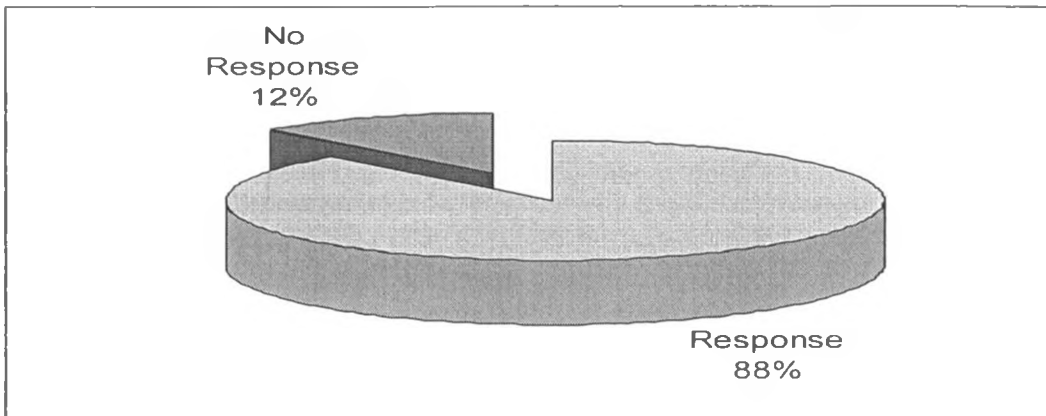
- a) Prevalence of drug abuse in public schools
- b) Causes of drug abuse in public schools
- c) Effects of drug abuse in public schools
- d) Community's attitude towards drugs users
- e) Strategies available to curb drug abuse

4.2 Response Rate

4.2.1 Pupils' Response Rate

The researcher had dispatched a total of 200 questionnaires to the sampled pupils. However out of 200 respondents, 176 of them filled the questionnaires. The achieved response rate was 88 and is graphically presented in Figure 4.1

Figure 4.1: Pupils' Response Rate

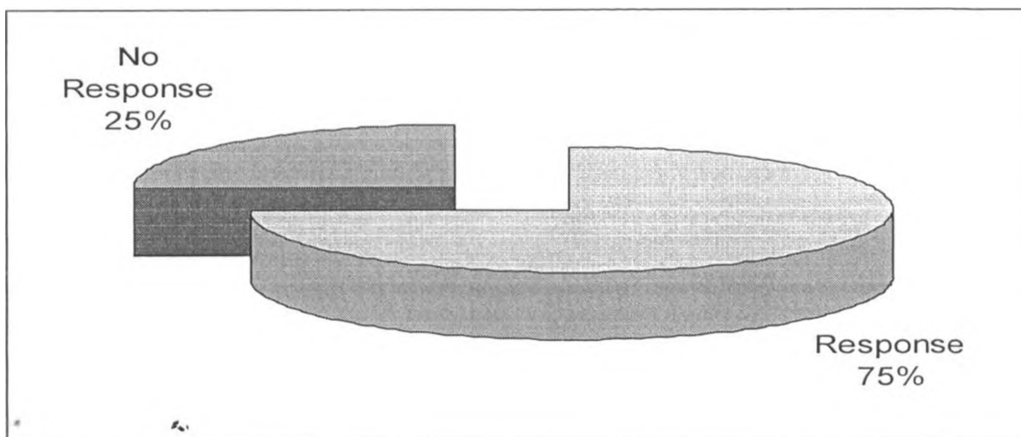


According to figure 4.1, majority of the pupils in the study, 176 (88%) responded to the questionnaires offered to them by the researcher. Only 24 (12 %) of the pupils failed to respond to the questionnaires.

4.2.1 Guidance and counseling teachers' response rate

The researcher had distributed a total of 20 questionnaires to the sampled guidance and counseling teachers. However out of these, 15 of the teachers or 75% responded to the questionnaires. This information is contained in Figure 4.1

Figure 4.2: Guidance and counseling teachers' response rate



According to figure 4.2, majority of the guidance and counseling teachers in the study, 15 (75%) responded to the questionnaires offered to them by the researcher. Only 5 (25 %) failed to present the questionnaires.

4.3 Background Characteristics

The researcher considered the background information of the pupils and the teachers who took part in the study.

4.3.1 Background characteristics of pupils

These background characteristics determined from pupils included age, class, whom they lived with, and family composition. These are shown in table 4.1

Table 4.1: Background characteristics of the pupils by age, parent/guardian and family size

| | Frequency | Percent |
|-----------------------------|------------|------------|
| Age | | |
| 10- 12 Years | 113 | 64.2 |
| 13 - 15 Years | 63 | 35.8 |
| TOTAL | 176 | 100 |
| Class | | |
| Class 7 | 109 | 61.9 |
| Class 8 | 67 | 38.1 |
| TOTAL | 176 | 100 |
| Whom they lived with | | |
| Parents | 122 | 69.3 |
| Relative | 34 | 19.3 |
| Guardian | 19 | 10.8 |
| Friends | 1 | 0.6 |
| TOTAL | 176 | 100 |
| Family composition | | |
| 3-4 | 118 | 67.1 |
| 1-2 | 50 | 28.4 |
| 5-6 | 8 | 4.5 |
| 7 - 8 | - | - |
| Above 8 | - | - |
| TOTAL | 176 | 100 |

The data in table 4.1 shows that majority of the pupils in the study, 113 (64.2%) were between the ages of 10 and 12 years, the rest, 63 (35.8%) were between 13 and 15 Years. With regard to education level, a majority of them, 109 (61.9%) were in class 7, and 67 (38.1%) were in class 8. A majority of the respondents, 122 (69.3%) lived with their parents, 34 (19.3%) lived with relatives, whereas 19 (10.8%) and 1 (0.6%) lived with guardian and friends respectively. Majority of the pupils, 118 (67.1%) pointed out that their family was composed of 3 to 4 members, 50 (28.4%) indicated 1 to 2 members, whereas 8 (4.5%) pointed out 5 to 6 members.

4.3.1 Background characteristics of guidance and counseling teachers

The background characteristics of guidance and counseling teachers was solicited in terms of their age, marital status, number of children, professional training and years of experience. These are summarized in Table 4.2

Table 4.2: Background characteristics of the counseling teachers

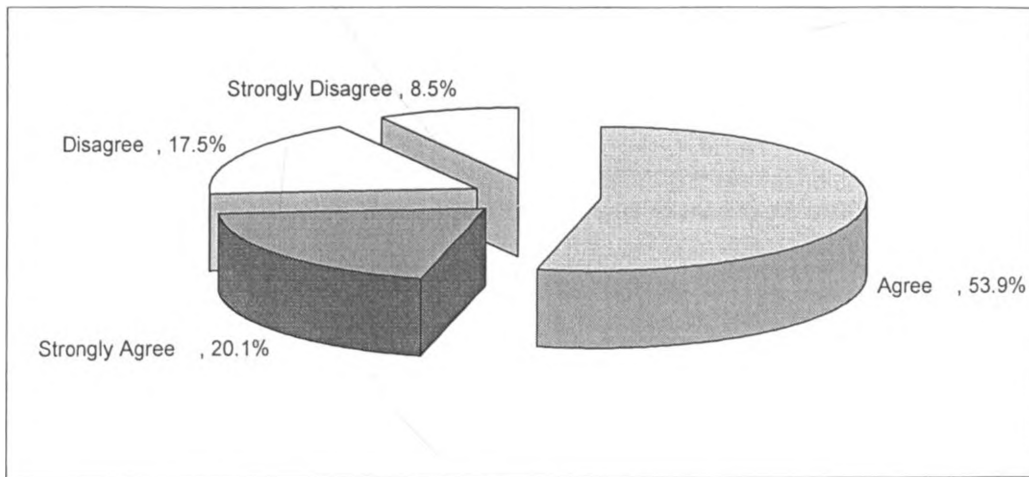
| | Frequency | Percentage |
|-----------------------------|-----------|------------|
| Age | | |
| 26-33 Years | 8 | 53.3 |
| 18-25 Years | 4 | 26.7 |
| 34-41 Years | 3 | 20.0 |
| 42-49 Years | - | - |
| 56-63 Years | - | - |
| above 63 | - | - |
| TOTAL | 15 | 100 |
| Marital status | | |
| Married | 11 | 73.3 |
| Single | 4 | 26.7 |
| Widowed | - | - |
| Separated | - | - |
| TOTAL | 15 | 100 |
| Number of children | | |
| 1-2 | 9 | 60.0 |
| 3-4 | 4 | 26.7 |
| None | 2 | 13.3 |
| 5-6 | - | - |
| Trained professional | | |
| Yes | 14 | 93.3 |
| No | 1 | 6.7 |
| TOTAL | 15 | 100 |
| Experience | | |
| 3-4 years | 7 | 46.7 |
| 1-2 years | 5 | 33.3 |
| 7-8 years | 2 | 13.3 |
| 15-16 years | 1 | 6.7 |
| 9-10 years | - | - |
| 17-18 years | - | - |
| 19 years and above | - | - |
| TOTAL | 15 | 100 |

According to the results shown in table 4.2, majority of the guidance and counseling teachers in the study, 91 (82.7%) were between the ages of 26 and 33 years, 4 (26.7%) were between 18 and 25 years, the rest, 3 (20%) were between the ages of 34 and 41 years. With regard to marital status, a majority of the teachers, 11 (73.3%) were single, the other, 4 (26.7%) were married. A majority of the teachers, 9 (60%) had between 1 and 2 children, 4 (26.7%) had between 3 and 4 children, whereas 2 (13.3%) had no children. A good number of the teachers, 7 (46.7%) had 3 to 4 years in experience, 5 (33.3%) had 1 to 2 years experience, 2 (13.3%) had an experience of 3 to 4 years, whereas only 1 (6.7%) had 15 to 16 years in experience.

4.4 Pupils' Response on Prevalence of Drug Abuse in Public Schools in Langata Division

The study aimed at establishing the prevalence of drug abuse in public schools in Langata division. To achieve this objective, pupils in the study were first asked to indicate whether pupils took drugs. Figure 4.1 shows their response

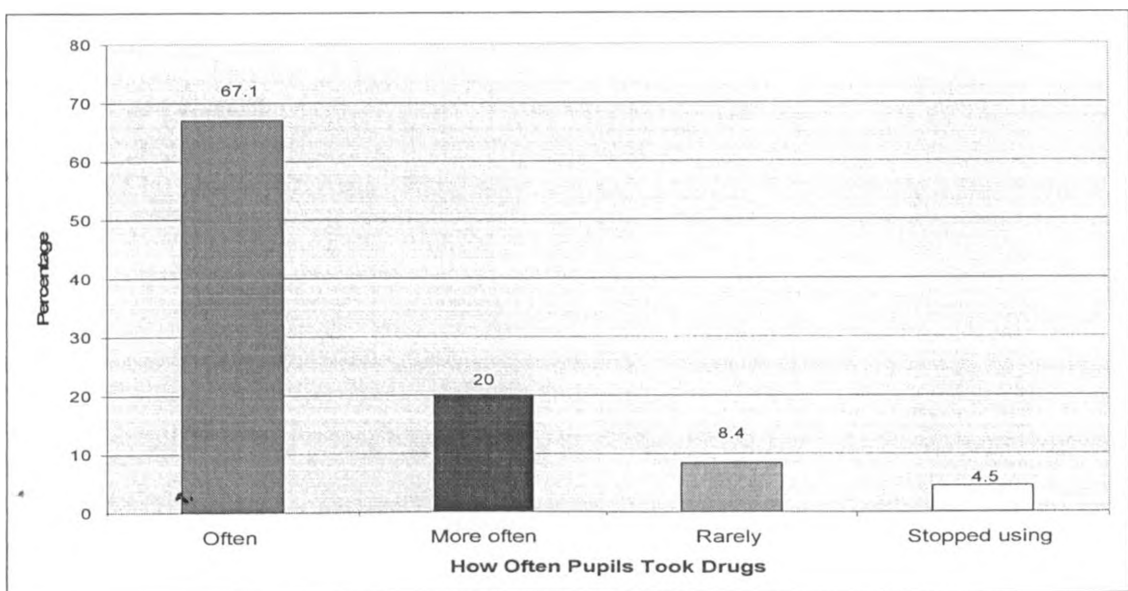
Figure 4.3: Whether pupils took drugs



The results in Figure 4.3 show that majority of the pupils (53.9%) agreed that pupils took drugs, 20.1% strongly agreed, 17.5% disagreed whereas 8.5% strongly disagreed with the view.

The pupils in the study were then asked to point out how often pupils took drugs. Figure 4.4 presents their response

Figure 4.4: How often pupils took drugs



According to figure 4.4, majority of the pupils in the study (67.1%) indicated that pupils took drugs often, 20% indicated that they took drugs more often, 8.4% pointed out that pupils rarely took drugs, the rest (4.5%) observed that pupils stopped using drugs.

Participants who indicated that pupils took drugs were asked to explain how the pupils obtained the drugs. Table 4.3 shows their response

Table 4.3: How the pupils obtained the drugs

| Source | SA | | A | | D | | SD | | TOTAL | |
|---------------------------|-----|------|----|------|----|------|----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Available in the village | 129 | 73.3 | 20 | 11.4 | 17 | 9.7 | 10 | 5.6 | 176 | 100 |
| Available at home | 112 | 63.6 | 24 | 13.6 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |
| Sold by friends at school | 78 | 44.3 | 48 | 27.2 | 35 | 19.9 | 15 | 8.6 | 176 | 100 |
| Sold at the market | 69 | 39.2 | 50 | 28.4 | 27 | 15.3 | 30 | 17.1 | 176 | 100 |

Table 4.3 shows the responses of participating pupils on how pupils obtained the drugs.

Majority of the pupils, 129 (73.3%) strongly agreed that the drugs were available in the village, 20 (11.4%) simply agreed, 17 (9.7%) disagreed whereas 10 (5.6%) strongly disagreed. A majority of the pupils in the study, 112 (63.6%) strongly agreed that the drugs were available at home, 24 (13.6%) just agreed, 15 (8.6%) disagreed and 25 (14.2%) strongly disagreed.

A good number of the pupils participating in the study, 78 (44.3%) strongly agreed that the drugs were sold by friends at school, 48 (27.2%) just agreed, 35 (19.9%) disagreed, whilst 15 (8.6%) strongly disagreed. A number of the pupils in the study, 69 (39.2%)

strongly agreed that that the drugs were sold at the market, 50 (28.4%) simply agreed, 27 (15.3%) disagreed, whereas 30 (17.1%) chose to strongly disagree.

Pupils participating in the study were further asked to point out the commonly used drugs. Their response is shown in table 4.4

Table 4.4: Commonly used drugs

| Drug | Very | | Frequently | | Not very | | Rarely | | Not used | | TOTAL | |
|-----------|------------|------|------------|------|----------|------|--------|------|----------|------|-------|-----|
| | Frequently | | frequently | | at all | | | | | | | |
| | F | % | F | % | F | % | F | % | F | % | F | % |
| Alcohol | 141 | 80.1 | 20 | 11.4 | 9 | 5.1 | 6 | 3.4 | - | - | 176 | 100 |
| Tobacco | 122 | 69.3 | 34 | 19.3 | 19 | 10.8 | 1 | 0.6 | - | - | 176 | 100 |
| Marijuana | - | - | - | - | 118 | 67.1 | 50 | 28.4 | 8 | 4.5 | 176 | 100 |
| Glue | - | - | - | - | 15 | 8.6 | 126 | 71.5 | 35 | 19.9 | 176 | 100 |
| Mandrax | - | - | - | - | - | - | - | - | 176 | 100 | 176 | 100 |
| Cocaine | - | - | - | - | - | - | - | - | 176 | 100 | 176 | 100 |
| Heroine | - | - | - | - | - | - | - | - | 176 | 100 | 176 | 100 |

The information in Table 4.4 shows the responses of pupils on drugs commonly used by pupils.

With regard to alcohol, a majority of the participating pupils, 141 (80.1%) indicated that it was very frequently used, 20 (11.4%) pointed out that it was frequently used, 9 (5.1%) observed that it was not very frequently used. The remainder, 6 (3.4%) were of the view that it was rarely used.

Pertaining to tobacco, majority of the participating pupils, 122 (69.3%) pointed out that it

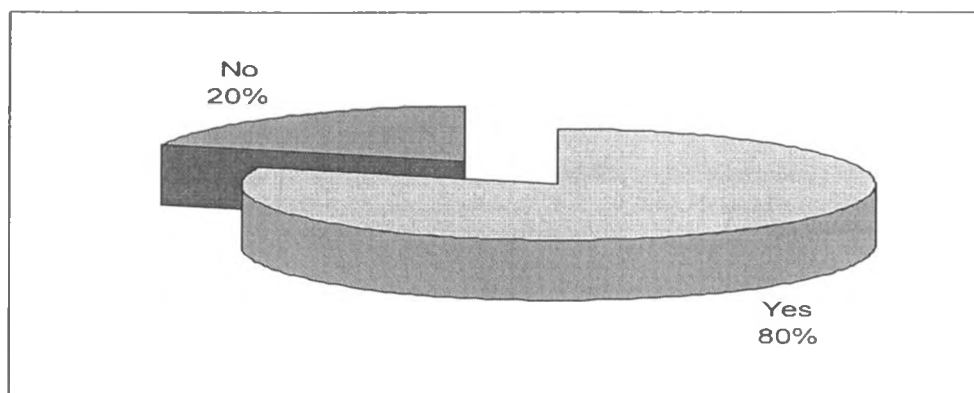
was very frequently used, 34 (19.3%) pointed out that it was frequently used, 19 (10.8%) observed that it was not very frequently used. The remainder, 1 (0.6%) were of the view that it was rarely used. Concerning marijuana 118 (67.1%) were of the view that it was not very frequently used, 50 (28.4%) observed that it was rarely used, while 8 (4.5%) indicated that it was not used at all.

With regard to glue 15 (8.6%) were of the view that it was not very frequently used, 126 (71.5%) observed that it was rarely used, while 35 (19.9%) indicated that it was not used at all. All the pupils participating in the study, 176 (100%) pointed out that Mandrax, cocaine, and heroine was not used by pupils at all.

4.4.2 Response from the Guidance and Counseling Teachers on the Prevalence of Drug Abuse in Public Schools in Langata Division

The guidance and counseling teachers in the study were first asked whether there were cases of drug abuse in their schools. Their response is shown in figure 4.5

Figure 4.5: Whether there were cases of drug abuse in the schools



According to figure 4.5, a majority of the teachers in the study (80%) indicated that there were cases of drug abuse in their schools. The remainder (20%) indicated that there were no cases of drug abuse in their schools.

The teachers were then asked to indicate the availability of the drugs. Their response is shown in table 4.5

Table 4.5: Availability of the drugs

| Drug | Very Frequently | | Frequently | | Not very frequently | | Rarely | | Not used at all | | TOTAL | |
|-----------|-----------------|------|------------|------|---------------------|------|--------|-----|-----------------|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % | F | % |
| Alcohol | 10 | 66.6 | 4 | 26.7 | 1 | 6.7 | - | - | - | - | 15 | 100 |
| Tobacco | 8 | 53.3 | 5 | 33.3 | 2 | 13.3 | - | - | - | - | 15 | 100 |
| Marijuana | - | - | 6 | 40.0 | 5 | 33.3 | 3 | 20 | 1 | 6.7 | 15 | 100 |
| Glue | - | - | 4 | 26.7 | 9 | 60 | 1 | 6.7 | 1 | 6.7 | 15 | 100 |
| Mandrax | - | - | - | - | - | - | 12 | 80 | 3 | 20 | 15 | 100 |
| Cocaine | - | - | - | - | - | - | 1 | 6.7 | 14 | 93.3 | 15 | 100 |
| Heroin | - | - | - | - | - | - | - | - | 15 | 100 | 15 | 100 |

The analysis in Table 4.5 shows the responses of teachers on availability of the drugs.

Pertaining to tobacco, majority of the participating teachers, 10 (66.6%) pointed out that it was easily available, 4 (26.7%) pointed out that it was available, 19 (10.8%). The remainder, 1 (6.7%) was of the view that it was less available.

With regard to alcohol, a majority of the participating teachers, 8 (53.3%) indicated that it was easily available, 5 (33.3%) pointed out that it was available, 2 (13.3%) observed that it was less available. Concerning marijuana 6 (40%) were of the view that it was not very frequently used, 50 (28.4%) observed that it was available, 5 (33.3%) indicated that it was less available, 3 (20%) observed that it was rarely available, while 1 (6.7%) indicated that it was not used at all.

With regard to glue, 4 (26.7%) of the teachers indicated that it was available, 9 (60%) indicated that it was less available, 1 (6.7%) observed that it was rarely available, and also 1 (6.7%) indicated that it was not used at all. Pertaining to cocaine, 12 (80%) observed that it was rarely available, while 3 (20%) indicated that it was not used at all.

Concerning mandrax, 1 (6.7%) observed that it was rarely available, whereas 14 (93.3%) indicated that it was not used at all. All the teachers participating in the study, 15 (100%) pointed out that heroine was not used by pupils at all.

4.5 Causes of Drug Abuse in Public Schools in Langata Division

The study aimed at establishing the causes of drug abuse in public schools in Langata division

4.5.1 Pupils' Response on Causes of Drug Abuse in Public Schools

Pupils in the study were provided with a number of causes of drug abuse in public schools and asked to indicate whether they strongly agreed, agreed, were undecided, disagreed or strongly disagreed with them. Their response is indicated in table 4.6.

Table 4.6: Causes of drug abuse in public schools

| Cause | SA | | A | | D | | SD | | TOTAL | |
|--|-----|------|----|------|-----|------|----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Curiosity | 122 | 69.3 | 34 | 19.3 | 19 | 10.8 | 1 | 0.6 | 176 | 100 |
| Influence by friends who take drugs | 118 | 67.1 | 50 | 28.4 | 3 | 1.7 | 5 | 2.8 | 176 | 100 |
| Family problems | 111 | 60.1 | 25 | 14.2 | 5 | 2.8 | 35 | 19.9 | 176 | 100 |
| It is easy to get drugs | 92 | 52.3 | 44 | 25 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |
| Parents use drugs | 73 | 41.5 | 53 | 30.1 | 35 | 19.9 | 15 | 8.6 | 176 | 100 |
| Lack of awareness of the dangers of drug abuse | 69 | 39.2 | 50 | 28.4 | 27 | 15.3 | 30 | 17.1 | 176 | 100 |
| Poverty | - | - | 15 | 8.6 | 126 | 71.5 | 35 | 19.9 | 176 | 100 |
| Curiosity | 122 | 69.3 | 34 | 19.3 | 19 | 10.8 | 1 | 0.6 | 176 | 100 |

The results in Table 4.6 show the responses of participating pupils on causes of drug abuse in public schools

Majority of the pupils, 122 (69.3%) strongly agreed that curiosity was a cause of drug abuse in public schools, 34 (19.3%) simply agreed, 19 (10.8%) disagreed whereas 1 (0.6%) strongly disagreed.

A majority of the pupils in the study, 118 (67.1%) strongly agreed that influence by friends who take drugs was a cause of drug abuse in public schools, 50 (28.4%) just agreed, 3 (1.7%) disagreed and 5 (2.8%) strongly disagreed. A good number of the pupils participating in the study, 111 (60.1%) strongly agreed that family problems was a cause of drug abuse in public schools, 25 (14.2%) just agreed, 5 (2.8%) disagreed, whilst 35 (19.9%) strongly disagreed.

A number of the pupils in the study, 92 (52.3%) strongly agreed that that the ease to get drugs was a cause of drug abuse in public schools, 44 (25%) simply agreed, 15 (15%) disagreed, whereas 25 (14.2%) chose to strongly disagree. Some of the pupils in the study, 73 (41.5%) strongly agreed that parents use of drugs was a cause of drug abuse in public schools, 53 (30.1%) just agreed, 35 (19.9%) disagreed and 15 (8.6%) strongly disagreed.

A considerable number of the pupils in the study, 69 (39.2%) of the pupils participating in the study strongly agreed that lack of awareness of the dangers of drug abuse was a cause of drug abuse in public schools, 50 (28.4%) just agreed, 27 (15.3%) disagreed, whilst 30 (17.1%) strongly disagreed. Several pupils in the study, 15 (8.6%) agreed that poverty was a cause of drug abuse in public schools, 126 (71.5%) disagreed, whereas 35 (19.9%) chose to strongly disagree.

4.5.2 Response from the Guidance and Counseling Teachers on Causes of Drug Abuse in Public Schools

Guidance and counseling teachers' responses on causes of drug abuse in public schools were classified in threefold. That is in relation to: Home environment; school environment; pupils' characteristics. Table 4.7 shows their response

Table 4.7: Response from the guidance and counseling teachers on causes of drug abuse in public schools

| Causes | SA | | A | | D | | SD | | TOTAL | |
|---|----|------|---|------|----|------|----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Home Environment | | | | | | | | | | |
| Lack of role models | 9 | 60.0 | 4 | 27.7 | 2 | 13.3 | - | - | 15 | 100 |
| Family dysfunction | 7 | 46.7 | 6 | 40.0 | 3 | 20 | - | - | 15 | 100 |
| Lack of guidance and counseling | 6 | 40.0 | 5 | 33.3 | 3 | 20 | 1 | 6.7 | 15 | 100 |
| Ignorance | 4 | 26.7 | 5 | 33.3 | 4 | 26.7 | 2 | 13.3 | 15 | 100 |
| Poverty | - | - | - | - | 1 | 6.7 | 14 | 93.3 | 15 | 100 |
| School Environment | | | | | | | | | | |
| Lack of parental involvement in pupils' education | 10 | 66.6 | 4 | 26.7 | 1 | 6.7 | - | - | 15 | 100 |
| Unconcern attitude by school administration | 8 | 53.3 | 5 | 33.3 | 2 | 13.3 | - | - | 15 | 100 |
| Lack of clear policies | 6 | 40.0 | 2 | 13.3 | 3 | 20.0 | 4 | 26.7 | 15 | 100 |
| Unmanageable school workload | - | - | - | - | 10 | 66.6 | 5 | 33.3 | 15 | 100 |
| Lack of co curricula activities to keep pupils busy | - | - | - | - | 2 | 13.3 | 13 | 86.7 | 15 | 100 |
| Pupils' Characteristics | | | | | | | | | | |
| Peer influence | 12 | 80.0 | 3 | 20.0 | - | - | - | - | 15 | 100 |
| Media influence | 9 | 60.0 | 5 | 33.3 | 1 | 6.7 | - | - | 15 | 100 |
| Idleness | 6 | 40.0 | 5 | 33.3 | 3 | 20 | 1 | 6.7 | 15 | 100 |
| Ignorance of the effects of drugs | 5 | 33.3 | 2 | 13.3 | 8 | 53.3 | - | - | 15 | 100 |

Table 4.7 shows the responses of participating guidance and counseling teachers on causes of drug abuse in public schools in relation to home environment, school environment, and pupils' characteristics

With regard to home environment, a majority of the guidance and counseling teachers, 9 (60%) strongly agreed that lack of role models caused of drug abuse in public schools, 4 (2.7%) simply agreed, and 2 (13.3%) disagreed. 7 (46.7%) strongly agreed with family dysfunction, 6 (40%) simply agreed, and 3 (20%) disagreed. 6 (40%) strongly agreed with lack of guidance and counseling, 5 (33.3) simply agreed, 3 (20%) disagreed, and 1 (6.7%) strongly disagreed. 1 (26.7%) strongly agreed with ignorance, 5 (33.3) simply agreed, 4 (26.7%) disagreed, and 2 (13.3%) strongly disagreed. 1 (6.7%) disagreed with poverty as a cause of drug abuse in public schools, and 14 (93.3%) strongly disagreed.

Pertaining to school environment, majority of the guidance and counseling teachers, 10 (66.6%) strongly agreed with lack of parental involvement in pupils' education as a cause of drug abuse in public schools, 4 (2.7%) simply agreed, and 1 (6.7%) disagreed. 8 (53.3%) strongly agreed with unconcern attitude by school administration, 5 (33.3) simply agreed, and 2 (13.3%) disagreed. 6 (40%) strongly agreed with lack of clear policies, 2 (13.3%) simply agreed, 3 (20%) disagreed, and 4 (26.7%) strongly disagreed. 10 (66.6%) disagreed with unmanageable school workload as a cause of drug abuse in public schools, and 5 (33.3%) strongly disagreed. 2 (13.3%) disagreed with lack of co curricula activities to keep pupils busy, and 13 (86.7%) strongly disagreed.

Regarding pupils' characteristics, majority of the guidance and counseling teachers, 12 (80%) strongly agreed with peer influence as a cause of drug abuse in public schools, 3 (20%) simply agreed. 9 (60%) strongly agreed with media influence, 5 (33.3%) simply agreed, and 1 (6.7%) disagreed. 6 (40%) strongly agreed with idleness, 5 (33.3%) simply agreed, 3 (20%) disagreed, and 1(6.7%) strongly disagreed. 9 (60%) strongly agreed with media influence, 5 (33.3%) simply agreed, and 1 (6.7%) disagreed. 5 (33.3%) strongly agreed with ignorance of the effects of drugs, 2 (13.3%) simply agreed, and 8 (53.3%) disagreed.

4.6 Effects of Drug Abuse in Public Schools

The study also sought to determine the effects of drug abuse in public schools

4.6.1 Pupils' Response on Effects of drug abuse Public Schools

The pupils were provided with a number of perceived effects of drug abuse in public schools and asked to indicate whether they strongly agreed, agreed, disagreed or strongly disagreed with them as prevalent in their schools. Their response is indicated in table 4.8.

Table 4.8: Effects of drug abuse Public Schools

| Effects | SA | | A | | D | | SD | | TOTAL | |
|---|-----|------|----|------|----|------|----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Loss of concentration in class | 112 | 63.6 | 24 | 13.6 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |
| Violent behavior | 111 | 60.1 | 25 | 14.2 | 5 | 2.8 | 35 | 19.9 | 176 | 100 |
| Dropping out from school | 88 | 50.0 | 53 | 30.1 | 35 | 19.9 | - | - | 176 | 100 |
| Likely to be involved in sexual activities and lead to HIV/AIDS | 78 | 44.3 | 48 | 27.2 | 35 | 19.9 | 15 | 8.6 | 176 | 100 |
| Rampant indiscipline | 69 | 39.2 | 50 | 28.4 | 27 | 15.3 | 30 | 17.1 | 176 | 100 |
| Absenteeism from school | 53 | 30.1 | 35 | 19.9 | 15 | 8.6 | - | - | 176 | 100 |
| Loss of concentration in class | 112 | 63.6 | 24 | 13.6 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |

According to Table 4.8, a majority of the pupils in the study, 112 (63.6%) strongly agreed that loss of concentration in class was an effect of drug abuse in public schools, 24 (13.6%) just agreed, 15 (8.6%) disagreed and 25 (14.2%) strongly disagreed. A good number of the pupils participating in the study, 111 (60.1%) strongly agreed that violent behavior was an effect of drug abuse in public schools, 25 (14.2%) just agreed, 5 (2.8%) disagreed, whilst 35 (19.9%) strongly disagreed.

Half 88 (50%) of the pupils participating in the study strongly agreed with dropping out from school as an effect of drug abuse in public schools, 53 (30.1%) just agreed, and 35 (19.9%) disagreed. A considerable number of the pupils in the study 78 (44.3%) strongly agreed with likely to be involved in sexual activities and lead to HIV/AIDS as an effect of drug abuse in public schools, 48 (27.2%) just agreed, 35 (19.9%) disagreed and 15 (8.6%) strongly disagreed.

Some of the pupils participating in the study, 69 (39.2%) strongly agreed with rampant indiscipline as an effect of drug abuse in public schools, 50 (28.4%) just agreed, 27 (15.3%) disagreed, whilst 30 (17.1%) strongly disagreed. Quite number of the pupils in the study, 53 (30.1%) strongly agreed with absenteeism from school as an effect of drug abuse in public schools, 35 (19.9%) just agreed, and 15 (8.6%) disagreed.

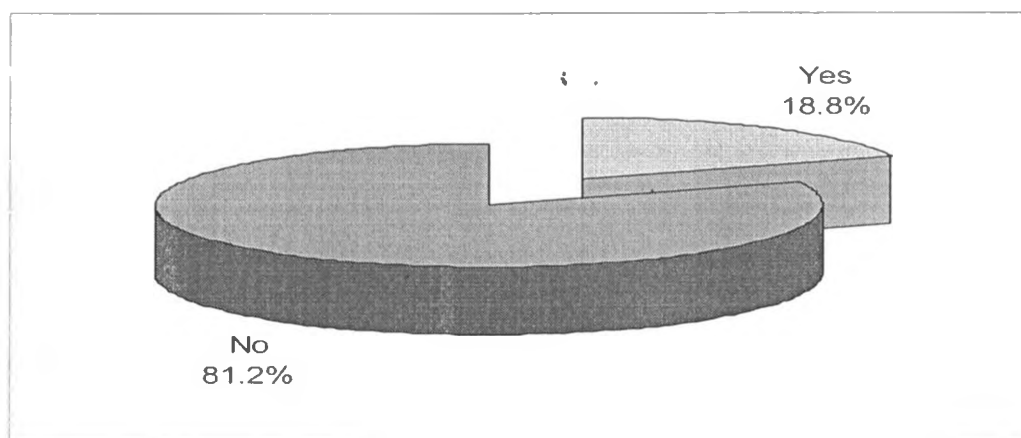
4.7 Community's Attitude towards Drugs Users

The study further aimed at establishing the community's attitude towards drugs users in Langata division

4.7.1 Pupils' Response on Community's Attitude towards Drugs Users

The pupils in the study were first asked to indicate whether their parents/ Guardians/ friends/ relatives knew that they used drugs. Their response is shown in figure 4.6

Figure 4.6: Whether pupils' parents/ Guardians/ friends/ relatives knew that they used drugs



According to the information in Figure 4.6, a majority of the pupils in the study (81.2%) indicated that their parents/ guardians/ friends/ relatives did not know that they used drugs. Only 18.2% indicated that their parents knew.

Those pupils who indicated that their parents/ guardians/ friends/ relatives knew that they used drugs were further asked to point out their (parents/ guardians/ friends/ relatives) attitude towards their (pupils) habit. Their response is shown in Table 4.9

Table 4.9: Parents/ guardians/ friends/ relatives attitude towards pupils who are drugs users

| Attitude | SA | | A | | D | | SD | | TOTAL | |
|---------------------------------|----|------|----|------|-----|------|-----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Advice on dangers of drugs | 92 | 52.3 | 44 | 25 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |
| Advice me not to use drugs | 78 | 44.3 | 48 | 27.2 | 35 | 19.9 | 15 | 8.6 | 176 | 100 |
| Refer me to medical assistance | 69 | 39.2 | 50 | 28.4 | 27 | 15.3 | 30 | 17.1 | 176 | 100 |
| Report me to school authorities | - | - | 50 | 28.4 | 8 | 4.5 | 118 | 67.1 | 176 | 100 |
| Offer alternative activities | 34 | 19.3 | 19 | 10.8 | 122 | 69.3 | 1 | 0.6 | 176 | 100 |
| Do not bother | 30 | 17.1 | 50 | 28.4 | 69 | 39.2 | 27 | 15.3 | 176 | 100 |

The data in Table 4.9 shows that a number of the pupils in the study, 92 (52.3%) strongly agreed that that their parents/ guardians/ friends/ relatives advised them on dangers of drugs, 44 (25%) simply agreed, 15 (15%) disagreed, whereas 25 (14.2%) chose to strongly disagree.

Quite number of the pupils in the study, 78 (44.3%) strongly agreed that that their parents/ guardians/ friends/ relatives advice them not to use drugs, 48 (27.2%) just agreed, 35 (19.9%) disagreed and 15 (8.6%) strongly disagreed.

Some of the pupils participating in the study, 69 (39.2%) strongly agreed that that their parents/ guardians/ friends/ relatives refer them to medical assistance, 50 (28.4%) just agreed, 27 (15.3%) disagreed and 30 (17.1%) strongly disagreed.

A considerable number of the pupils in the study, 50 (28.4%) agreed that that their parents/ guardians/ friends/ relatives reported them to school authorities, 8 (4.5%) disagreed, whereas 118 (67.1%) chose to strongly disagree.

A significant portion of the pupils participating in the study, 34 (19.3%) strongly agreed that that their parents/ guardians/ friends/ relatives offered them alternative activities, 19 (10.8%) just agreed, 122 (69.3%) disagreed and 1 (0.6%) strongly disagreed.

A substantial section of the pupils in the study, 30 (17.1%) strongly agreed that that their parents/ guardians/ friends/ relatives did not bother, 50 (28.4%) just agreed, 69 (39.2%) disagreed and 27 (15.3%) strongly disagreed.

A number of the pupils taking part in the study, 10 (5.6%) agreed that that their parents/ guardians/ friends/ relatives refer them to medical assistance, 20 (11.4%) just agreed, 17 (9.7%) disagreed and 129 (73.3%) strongly disagreed.

4.8 Strategies Available To Curb Drug Abuse

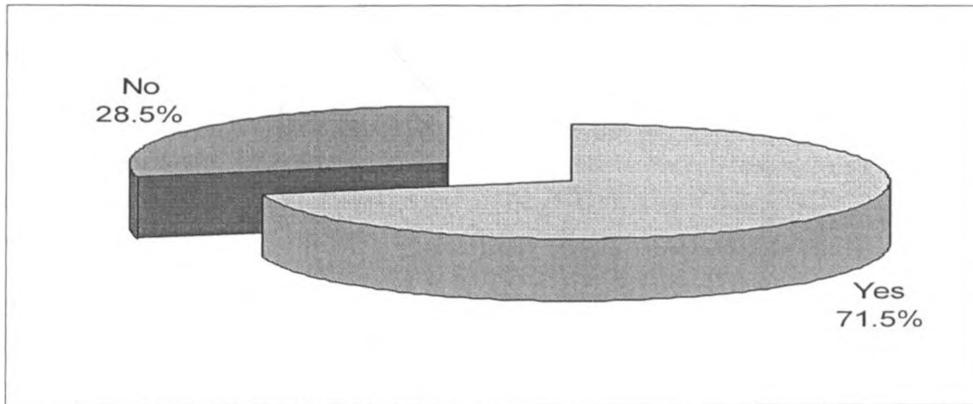
The study further sought to determine the strategies available to curb drug abuse

4.8.1 Pupils' Response on Strategies Available To Curb Drug Abuse

The pupils in the study were first asked to indicate whether the school/community talked openly about drug abuse. All the pupils 176 (100%) indicated that the school/community talked openly about drug abuse.

The pupils in the study were then asked whether the school/community talked to them to offer help to their habit. Figure 4.7 shows their response

Figure 4.7: Whether the school/community talked to pupils to offer help to their habit



According to Figure 4.7, a majority of the pupils in the study (71.5%) indicated that the school/community talked to them to offer help to their habit. The rest (28.5%) indicated that the school/community did not talk to them.

The pupils were then asked to indicate help offered. Table 4.10 shows their response

Table 4.10: Help offered to pupils

| Help | SA | | A | | D | | SD | | TOTAL | |
|--|-----|------|----|------|-----|------|-----|------|-------|-----|
| | F | % | F | % | F | % | F | % | F | % |
| Organize for guidance and counseling | 118 | 67.1 | 50 | 28.4 | 3 | 1.7 | 5 | 2.8 | 176 | 100 |
| Advice on dangers of drugs | 112 | 63.6 | 24 | 13.6 | 15 | 8.6 | 25 | 14.2 | 176 | 100 |
| Organize for spiritual meetings and advice | 78 | 44.3 | 48 | 27.2 | 35 | 19.9 | 15 | 8.6 | 176 | 100 |
| Refer me to medical assistance | 69 | 39.2 | 50 | 28.4 | 27 | 15.3 | 30 | 17.1 | 176 | 100 |
| Ignore me | - | - | 15 | 8.6 | 126 | 71.5 | 35 | 19.9 | 176 | 100 |
| Organize for co curricular activities | - | - | 8 | 4.5 | 50 | 28.4 | 118 | 67.1 | 176 | 100 |

Table 4.10 shows that a majority of the pupils in the study, 118 (67.1%) strongly agreed

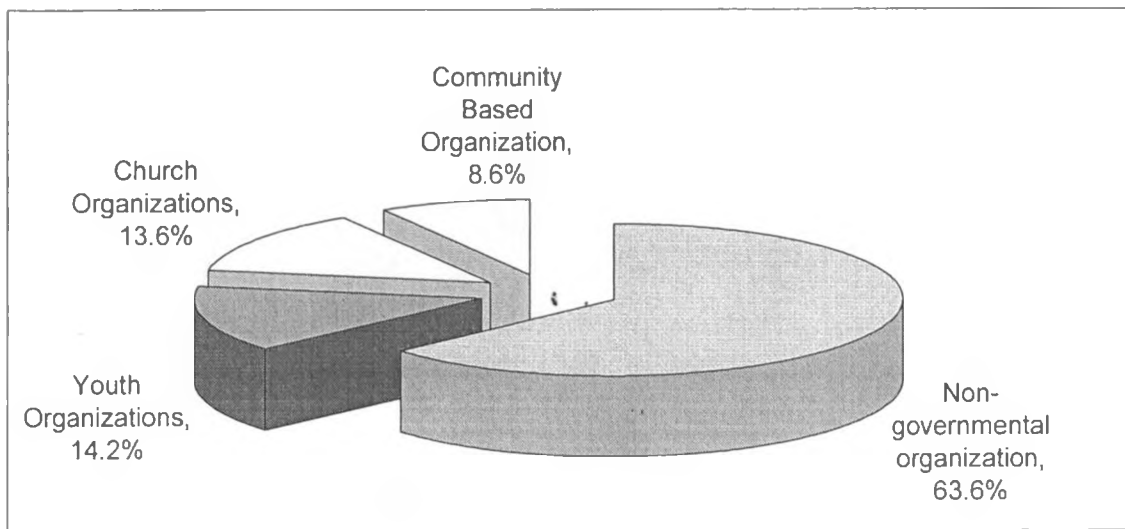
that the school/community offered them help in form of organizing for guidance and counseling, 50 (28.4%) just agreed, 3 (1.7%) disagreed and 5 (2.8%) strongly disagreed. A majority of the pupils in the study 112 (63.6%) strongly agreed that the school/community offered them help in form of advising on dangers of drugs, 24 (13.6%) just agreed, 15 (8.6%) disagreed and 25 (14.2%) strongly disagreed.

A number of the pupils taking part in the study, 78 (44.3%) strongly agreed with organizing for spiritual meetings and advice as a way that the school/community offered them help, 48 (27.2%) just agreed, 35 (19.9%) disagreed and 15 (8.6%) strongly disagreed. A significant portion of the pupils participating in the study, 69 (39.2%) strongly agreed that the school/community offered them help in terms of referring them to medical assistance, 50 (28.4%) just agreed, 27 (15.3%) disagreed, whilst 30 (17.1%) strongly disagreed.

A considerable number of the pupils in the study, 15 (8.6%) of the pupils in the study agreed that the school/community ignore them, 126 (71.5%) disagreed, whereas 35 (19.9%) chose to strongly disagree. Quite number of the pupils in the study, 8 (4.5%) agreed that that the school/community offered them help in form of organizing for co-curricular activities, 50 (28.4%) disagreed, whereas 118 (67.1%) chose to strongly disagree.

Pupils participating in the study were further asked to point out organizations available offering services to drug users in their school/community. Their response is shown figure 4.8

Figure 4.8: Organizations available offering services to drug users in the schools/communities

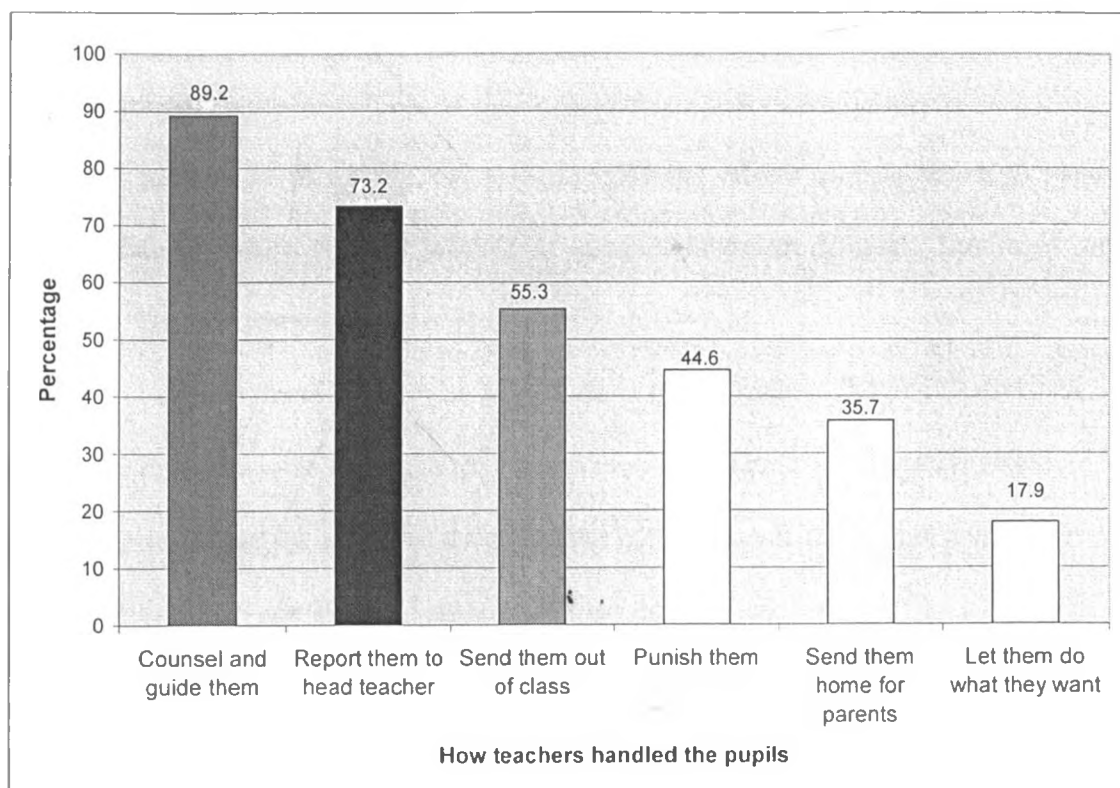


The data in Figure 4.8 show that majority of the pupils (63.6%) pointed out non-governmental organization as organizations available offering services to drug users in their school/community, 14.2% indicated youth organizations, 13.6% pointed out church organizations, and 8.6% indicated community based organization.

4.5.2 Response from the Guidance and Counseling Teachers on Strategies Available To Curb Drug Abuse

The teachers were asked to indicate how they handled pupils in their class whom they realized used drugs. Figure 4.9 shows their response

Figure 4.9: How teachers handled pupils in their class who used drugs



According to the data in Figure 4.9, majority of the teachers in the study (89.2%) counseled and guided pupils in their class whom they realized used drugs, 73.2% report them to head teacher, 55.3% sent them out of class, 44.6% punished them, 35.7% sent the pupils home for parents, and 17.9% let them do what they wanted.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Summary

The main purpose of this study was to investigate the effects of drug abuse on pupils' performance in public primary schools in Langata Division, Nairobi. The study was guided by the following research objectives:

1. To examine the prevalence of drug abuse in public schools in Langata division
2. To investigate the causes of drug abuse in public schools in Langata division
3. To determine the effects of drug abuse in public schools in Langata division
4. To establish community's attitude towards drugs users
5. To identify the strategies available to curb drug abuse

This study used survey design. This design was used in this study since it involves the procedures of collection and analysis of data from the members of a sample. A mixture of two sampling techniques was used, namely stratified random and purposive sampling technique. The stratified random sampling procedure was used to arrive at the sample of pupils, while purposive sampling was used to select the teachers. The sample consisted of 200 pupils and 20 teachers.

The researcher used SPSS (Statistical Package for Social Sciences) version 11.5 for windows to process the collected data. Descriptive statistics such as frequencies and percentages were used to summarize the data. The analysis of the data enabled the researcher to come up with the following major findings:

Findings of the study indicated significant prevalence of drug abuse in the public schools.

A large number of the respondents (53.9%) agreed that pupils in the division took drugs. These drugs were mainly obtained from the village, at home, and at school. The most prevalent drugs in this area were found to be alcohol (80.1%), tobacco (69.3%) and marijuana (40%).

- The main causes of drug abuse in the public schools in were found to be curiosity (69.3%), influence by peers (67.1%), family problems (60.1%), lack of role models (60%), lack of parental involvement in pupils' education (66.6%), media influence (60%), and the ease to get drugs (52.3%).
- The study established that the key effects of drug abuse in public schools in the division were loss of concentration in class (63.6%), violent behavior (60.1%), and dropping out from school (50%)
- Majority of the pupils in the public schools (81.2%) did not let their parents/ Guardians/ friends/ relatives know that they used drugs. And those parents/ Guardians/ friends/ relatives who knew that the pupils used drugs opted to advice the pupils on dangers of drugs (52.3%), advice them not to use drugs, and referred them to medical assistance (39.2%).
- The school/community talked openly about drug abuse. In a bid to offer help to pupils using drugs change their habit, the study found that the school/community organized for guidance and counseling (67.1%), advice pupils on dangers of drugs. These were mainly facilitated by non- governmental organization (63.6%). On the other hand, teachers handled pupils in their class whom they realized used

drugs by counseling and guiding them (89.2%), reporting t them to head teacher (73.2%), and sending them out of class (55.3%).

5.2 Conclusions

The conclusions of the study were derived from the major findings and were based on the research objectives:

- Abuse of alcohol, tobacco and marijuana, mostly accessed in the village, at home, and at school is widely prevalent in public schools in Langata division
- Drug abuse in public schools in Langata is caused by curiosity, peer pressure, family dysfunction, media fad, and easy accessibility of drugs
- Drug abuse in public schools in Langata division is responsible for poor attentiveness in academics, violent conduct, and school dropout among affected pupils
- Despite the fact that the community's attitude towards drugs in Langata being negative, their attitude towards drug abusers is positive -as they are concerned with their (abusers) rehabilitation
- Guidance and counseling, facilitated by non- governmental organization is the prime strategy available to curb drug abuse in public schools in Langata

5.3 Recommendations

The following recommendations were made to various relevant stakeholders concerning the effects of drug abuse on pupils' performance in public schools. These stakeholders are namely: pupils; guidance and counseling teachers; school administration; and the government

Pupils: The pupils, particularly those who have not indulged in drug abuse, should use this study a guiding light to try and inform their companions who are users of drugs on the woes associated with these substances. They should make them realize that that the choices they make are appropriate to their future lives.

Guidance and Counseling Teachers: The guidance and counseling teachers should strive to increase their understanding of their students through in-service education programmes carried on by the external guest speakers in order to ensure that they don't engage themselves in such destructive activities as drug abuse.

The school administration: The school administration should intensify their knowledge about the students' peer groups, family background, past discipline records etc. this will then help the administration come up with ways of ensuring that each student in their respective schools is not susceptible to indulging drug usage.

Parents: The parents should take keen interests on students' academic pursuit, abilities, interests and potentialities. This will thereby assist the parent know understand and advice him/her about the importance of concentrating on academics and shunning away from the lures of experimenting with drugs

The government: The government should put strict disciplinary measures on drug dealers and peddlers, especially those found availing drugs and related substances to minors. The government should also regulate the sale of common drugs in shops and marketplaces to protect the school goers and other susceptible persons.

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APPENDIX I
QUESTIONNAIRE FOR PUPILS

The following questionnaire will be administered to the pupils in public schools in Langata division to establish the causes and effects of drug abuse on academic performance. Kindly respond to all questionnaire items. Your answers will not be revealed to anyone. For this reason **Do Not** write your name in this questionnaire.

A: BACKGROUND INFORMATION

1 How old are you?

10-12 () 13-15() 16-18 () above 18 ()

2. You are in which class?

Class 7 () Class 8()

3. Who do you live with?

Parents () Relatives () Friends () Guardian

4. If living with parents, how many are you in the family?

1-2 () 3-4 () 5-6 () 7-8() above 8 ()

B: PREVALENCE OF DRUG ABUSE

5 a) Do pupils take drugs?

Strongly Agree () Agree () Disagree () Strongly Disagree ()

b) How often do pupils take drugs?

More often () Often () rarely () stopped using ()

6 If they often use drugs, explain how they obtain the drugs from the table below:

| Source | SA | A | D | SD |
|---------------------------|----|---|---|----|
| Sold by friends at school | | | | |
| Sold at the market | | | | |
| Available at home | | | | |
| Available in the village | | | | |
| Others (Specify) | | | | |

d) Indicate the commonly used drugs from the list below

| Drugs commonly misused | Very frequently | Frequently | Not very frequently | Rarely | Not used at all |
|------------------------|-----------------|------------|---------------------|--------|-----------------|
| Alcohol | | | | | |
| Tobacco | | | | | |
| Bang | | | | | |
| Marijuana | | | | | |
| Cocaine | | | | | |
| Heroin | | | | | |
| Mandrax | | | | | |
| Glue | | | | | |
| Others (Specify) | | | | | |

C: CAUSES OF DRUG ABUSE

3a) Listed here below are some of the causes associated with drug abuse. Indicate with a tick (V) whether you see them as causes of drug abuse.

| | Causes of Drug Abuse | SA | A | D | SD |
|----|---|----|---|---|----|
| 1 | Influenced by friends who take drugs | | | | |
| 2 | Parents use drugs | | | | |
| 3 | Relatives use drugs | | | | |
| 4 | Demanding school activities | | | | |
| 5 | Family problems | | | | |
| 6 | Curiosity | | | | |
| 7 | Teachers do not care whether pupils take drugs or not | | | | |
| 8 | Lack good discipline in school | | | | |
| 9 | Poverty | | | | |
| 10 | It is easy to get drugs | | | | |
| 11 | Idleness in schools | | | | |
| 12 | Lack of awareness of the dangers of drug abuse | | | | |

b) If other factors have contributed to your use of drugs, please indicate

.....

D: EFFECTS OF DRUG ABUSE

4 a) Listed below are some of the behaviors associated with drug abuse. Use (V) to indicate your opinion on each of them.

| Effects of Drug Abuse | SA | A | D | SD |
|---|----|---|---|----|
| One cannot handle class activities after taking drugs | | | | |
| Loss of concentration in class | | | | |
| Failure to understand lessons | | | | |
| Frequent absence from school | | | | |
| Fighting with other children | | | | |
| Rude to teachers | | | | |
| Likely to be involved in crime | | | | |
| Likely to be involved in sexual activities | | | | |
| Likely to suffer from HIV/AIDS diseases | | | | |
| Drop out from school | | | | |
| Have poor academic performance | | | | |
| Become a street child | | | | |
| Violent behavior | | | | |

b) How do peers who do not use drugs relate with you?

| Source | SA | A | D | SD |
|-----------------------------|----|---|---|----|
| We become friends | | | | |
| Don't associate with me | | | | |
| They report me to teachers | | | | |
| They report me to parents | | | | |
| Advice me not to take drugs | | | | |

E: COMMUNITY'S ATTITUDE TOWARDS DRUGS USERS

5 a) Does your parents/Guardians/friends/relatives know that you use drugs?

Yes () No ()

b) If-yes in (5a), indicate their attitude towards your habit?

| Attitude | SA | A | D | SD |
|---------------------------------|----|---|---|----|
| Advice me not to use drugs | | | | |
| Advice on dangers of drugs | | | | |
| Refer me to medical assistance | | | | |
| Report me to police | | | | |
| Report me to school authorities | | | | |
| Offer alternative activities | | | | |
| Do not bother | | | | |

F: STRATEGIES AVAILABLE

6a) Does the school/community talk openly about drug abuse? Yes () /No ()

b) If yes in (6a), has the school/community talked to you to offer help to your habit/
Yes() No()

c) If yes in (6b), indicate help offered?

| Attitude | SA | A | D | SD |
|--|----|---|---|----|
| Advice me not to use drugs | | | | |
| Advice on dangers of drugs | | | | |
| Refer me to medical assistance | | | | |
| Organize for co curricular activities | | | | |
| Organize for guidance and counseling | | | | |
| Organize for spiritual meetings and advice | | | | |
| Ignore me | | | | |

d) Indicate organizations available offering services to drug users in your
School/community

| Attitude | SA | | D | SD |
|--------------------------------|----|--|---|----|
| Church Organizations | | | | |
| Community Based Organization | | | | |
| Youth Organizations | | | | |
| Non- governmental organization | | | | |
| Others(Specify) | | | | |

7. In your opinion, why do pupils use drugs when they are supposed not to take them?

Write your reasons in the spaces provided here below.

.....

.....

.....

.....

Thank you very much. Your responses will be kept confidential.

APPENDIX II

QUESTIONNAIRES FOR GUIDANCE AND COUNSELING TEACHERS

The following questionnaire will be administered to the guidance and counseling teachers in public schools in Langata division to establish the causes and effects of drug abuse on academic performance. Kindly respond to all questionnaire items. Your answers will not be revealed to anyone. For this reason Do Not write your name in this questionnaire.

A: BACKGROUND INFORMATION

1 a) What is your age?

18-25 () 26-33 () 34-41 () 42-49 () 56-63 () above 63 ()

(b) Your marital status?

Married () Single () Number () Widowed () Separated ()

(c) Number of children

None() 1-2 () 3-4 () 5-6 () 7 and above ()

d) Were you trained in guidance and counseling?

Yes () No ()

e) For how long have done guidance and counseling in this school?

1-2 years () 3-4 years () 5-6 years () 7-8 years () 9-10 year ()

11-12 years () 13-14 years () 15-16 years () 17-18 years ()

19 and above ()

B: PREVALENCE OF DRUG ABUSE

2 a) Do you have cases of drug abuse in your school?

Yes () No ()

b) If yes in 2 (a) indicate how prevalent are the cases?

More frequent () Frequent () Less frequent () None ()

c) Indicate the availability of the following drugs

| Drugs commonly misused | Easily Available | Available | Less Available | Rarely Available | Not used at all |
|------------------------|------------------|-----------|----------------|------------------|-----------------|
| Alcohol | | | | | |
| Tobacco | | | | | |
| Bang | | | | | |
| Marijuana | | | | | |
| Cocaine | | | | | |
| Heroin | | | | | |
| Mandrax | | | | | |
| Glue | | | | | |
| Others (Specify) | | | | | |

d) Indicate the possible sources of drugs used by pupils.

| Source | SA | A | D | SD |
|--------------------------|----|---|---|----|
| From the school | | | | |
| Sold at the market | | | | |
| Available at home | | | | |
| Available in the village | | | | |
| Others (Specify) | | | | |

C: EFFECTS OF DRUGS

3 a) The following are some likely effects of drugs in pupils. Use (V) to indicate your opinion on each of them.

| Effects of Drug Abuse | SA | A | D | SD |
|--|----|---|---|----|
| Not able to handle class activities after taking drugs | | | | |
| Low concentration in class activities | | | | |
| Failure to understand lessons | | | | |
| Frequent absence from school | | | | |
| Fighting with other children | | | | |
| Rude to teachers | | | | |
| Likely to be involved in crime | | | | |
| Likely to be involved in sexual activities | | | | |
| Likely to suffer from HIV/AIDS diseases | | | | |
| Drop out from school | | | | |
| Have poor academic performance | | | | |
| Become a street child | | | | |
| Violent behavior | | | | |

D: CAUSES OF DRUG ABUSE

4a) Kindly tick against causes of drug abuse related to pupils' home environment.

Home Environment

| Cause | SA | A | D | SD |
|---------------------------------|----|---|---|----|
| Family dysfunction | | | | |
| Poverty | | | | |
| Lack of role models | | | | |
| Lack of guidance and counseling | | | | |
| Ignorance | | | | |

Kindly tick against causes of drug abuse related to pupils' school environment.

School Environment

| Cause | SA | A | D | SD |
|---|----|---|---|----|
| Weak guidance and Counseling Department | | | | |

| | | | | |
|---|--|--|--|--|
| Unmanageable school workload | | | | |
| Lack of clear policies | | | | |
| Lack of parental involvement in pupils' education | | | | |
| Lack of co curricula activities to keep pupils busy | | | | |
| Unconcern attitude by school administration | | | | |

Kindly tick against causes of drug abuse related to pupils' characteristics

Pupils' Characteristics

| Cause | SA | A | D | SD |
|-----------------------------------|----|---|---|----|
| Peer influence | | | | |
| Media influence | | | | |
| Ignorance of the effects of drugs | | | | |
| Idleness | | | | |

E: STRATEGIES IN USE

5a) As a guidance and counseling teacher, how do you handle pupils when you realize they have used drugs in your class?

| STRATEGY | SA | A | D | SD |
|-----------------------------|----|---|---|----|
| Send them home for parents | | | | |
| Send them out of class | | | | |
| Punish them | | | | |
| Counsel and guide them | | | | |
| Let them do what they want | | | | |
| Report them to head teacher | | | | |
| Let them sit alone in class | | | | |

6 In your opinion, how can drug abuse be prevented from public primary schools? Write your reasons in the spaces provided here below

.....

.....

Thank you very much. Your responses will be kept confidential.

APPENDIX III
RESEARCH AUTHORIZATION



UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF EDUCATION

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26 April 2011

TO WHOM IT MAY CONCERN

This is to certify that MAINA NANOM NJOKI ESH/13524/109
the above named person is a student at the University of Nairobi, School of Education.
He/She is pursuing a Master of Education (Educational Foundations) Degree course and
is interested in researching on Effects of Teacher's
Academic Performance of Pupils
in Public Primary Schools in
Kenya

Any assistance accorded to him/her will be highly appreciated.

Yours faithfully,

for

PROF. SAMSON GUNGA
CHAIRMAN
DEPARTMENT OF EDUCATIONAL FOUNDATIONS



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