

**EFFECTS OF DRUG AND SUBSTANCE ABUSE ON DISCIPLINE  
AMONG PRIMARY SCHOOL PUPILS IN KAMUKUNJI DIVISION,  
NAIROBI PROVINCE, KENYA**

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## DECLARATION

This research project report is my original work and has not been presented for a degree in any other university.



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This research project report has been submitted for examination with our approval as University Supervisors.



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## DEDICATION

This research project is dedicated to my parents and my children. Not leaving behind my spouse Alex Ngere for his tireless support that enabled me to realize my dream.

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## LIST OF ABBREVIATIONS AND ACRONYMS

ADF	Australian Drug Foundation
CCDCP	Centers for Disease Control and Prevention
CDC	Centers for Disease Control and Prevention
DHSSPS	Department of Health, Social Services and Public Safety
DNA	Drug Nexus in Africa
GCS	Goa Cancer Society
LSD	Lysergic Acid Diethylamide
NACADA	National Agency for Campaign Against Drug Abuse
NDSHS	National Drug Strategy Household Survey
NISRA	Northern Ireland Statistics and Research Agency
NCSR	National Centre for Social Research
NDCS	National Drug Control Strategy
NFER	National Foundation for Educational Research
NHSDA	National Household Survey on Drug Abuse
NIDCP	Nations International Drug Control Programme
NSDU	National Survey on Drug Use and Health
ONDCP	Office of National Drug Control Policy
SHKATDU	Survey on the Health Knowledge and Attitude Towards Drug Use
UNIDCP	United Nations International Drug Control Programme
WHO	World Health Organization

## ABSTRACT

The purpose of this study was to establish the effects of drug abuse on discipline among primary school pupils in Kamukunji division of Nairobi province. Three research questions and objectives were formulated to guide the study. The target population of the study was all the teachers and pupils in the 17 schools of Kamkunji division, Nairobi province. Purposive sampling, Random sampling and stratified sampling were used in the study. The sample was 181 teachers and 375 pupils. The study employed descriptive survey research design. The research instruments included the questionnaire, focus group discussions and interviews to solicit information from the respondents. Data from the questionnaires were analysed by use of SPSS programme while that from the focus group and interviews were analysed according to the themes in the study variables.

The study findings showed that, pupils had a general knowledge about drugs. Some had information from the school subjects while others had known such drugs from the community. They had seen most of the common drugs like alcohol, tobacco, narcotics, hallucinogens, inhalants, stimulants, mescaline and miraa. Pupils had abused drugs ranging from tobacco, miraa and alcohol to hard drugs such as narcotics, hallucinogens, inhalants, stimulants and also mescaline. It was further revealed that there were many factors attributed to drug abuse among pupils. These factors included peer pressure, poor parenting, availability of drugs, parental involvement and lack of guidance and counseling. The communities where the pupils came from influenced them into taking drugs. This was because most pupils came from slum areas where drug peddling, selling and trafficking was prevalent. The findings also showed that drug and substance abuse were responsible for discipline problems in the schools. Pupils involved in drugs

caused discipline problems such as truancy, bullying and fighting, indecent language, rudeness to teachers, disrespect to other pupils and teachers.

In the light of the research findings the researcher wishes to make the following recommendations on ways of curbing drugs and substance abuse. To begin with, pupils should be provided with adequate information on the negative effects of drug and substance abuse. This can be done within the family, in schools and also through various mass media adverts like televisions, concerts, movies and magazine. Secondly, principals, parents and teachers should exert a significant influence on pupil's attitude, knowledge and opinion on the effects of drugs and substance abuse. They can compliment a school's drug programme by incorporating drug abuse prevention strategies into their subject at any level of grade. Third, the government should effectively and vigorously enforce laws governing sales of alcohol and tobacco to minors, including using underage youth to buy alcohol and tobacco products in "sting" operations. In addition, the governments should ensure that there are warning on the effects of the use of certain drugs and substance. Fourth, moral guidance should be provided to the youth through involvement in church activities and community work during their leisure time while at home. Lastly, the government should also strengthen police inspections at the border crossing points such as the seas, lakes and the airports. Inspection is likely to help prevent smuggling of the drugs in to the country.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Drug is any substance that changes people's mood, their perception or behaviour. Drugs can be of different kinds, drugs that are legal and those that are illegal. Legal substances of abuse include tobacco and alcohol, as well as prescription drugs. Prescription drugs are called medicine, which needs a doctor's written order before you can get it in a pharmacy or drug store (Gacicio, 2004). They become abused drugs when they are not used for medical reasons or according to the doctor's prescription. The most commonly misused medicine is tranquillizers (e.g. valium) and all kinds of painkillers like panadol and aspirin. Common solvents, petrol, kerosene and glue, are also legal substances abused as drugs. These substances are sniffed or inhaled. Illegal substances include home-brewed spirits, cannabis, cocaine (made into solution and injected), and heroin (MOH/GTZ RP Report, Vol. 7).

Drug abuse and HIV/AIDS epidemic are some of the major burdens of societies in the 21st Century. Studies and statistics show that globally, more pre adolescent and teenage children are using drugs and alcohol (Australian Drug Foundation, 1999). Drugs commonly used and abused by children and youth include tobacco, alcohol, heroin, cocaine, mandrax, Lysergic Acid Diethylamide (LSD), ecstasy, cannabis and hallucinogens (National Household Survey on Drug Abuse (NHSDA, 1994- 1999).

Drugs have had normal effects on the lives of most people, children and adults. In the United States and Britain, for example, the discovery and development of many drugs have helped people to live longer, healthier lives and some have lived fuller lives. On the contrary drug abuse rendered many people helpless, and turned into odds with rules of society (Matheson, 1972). Drug abuse has been categorized as a social problem – a form of deviance or indicator of delinquency (Namwonja, 1993).

Teenage drug abuse has reached epidemic proportions, in some primary schools, colleges, campuses and high school institutions. Alcohol – one of the most misused drugs today – is also one of the most popular and readily available of all types of drugs and controlled substances found on high school campuses. Some of the consequences include missing classes. Many teens think college is just one big party now that they are on their own at school. However, the soiree does not last long once parents find out the extent to which their teen children have detrimentally impacted their scholastic rating by skipping class, failing to complete assignments and generally neglecting their scholastic responsibilities (Edelman, M. 1998).

The teenage drug and alcohol abuse has severely tarnished the society image. "...Attitudes toward society among college students have changed beyond recognition" (Jessor R. and Jessor S., 1978). Being that college and high school is one of the most stressful of all periods in a person's life, students claim that removing their ability to blow off steam has proven even more detrimental than the activities caused by drinking.

It is important to note that "use" and "abuse" of drugs and alcohol cannot always be viewed as synonymous (Donovan & Jessor, 1985). Use may proceed, but may not necessarily lead to, abuse. Determining quantity or even frequency of use alone cannot adequately measure this distinction. More useful criteria may include age of onset, physiological responses, and levels of dependence, attitudes about substance use, and its effects on other areas of functioning (Newcomb & Bentler, 1989). Substance use and abuse may have different etiologies and may require different prevention strategies (Hawkins, Lishner, Catalano, & Howard, 1986). Further, this often occurs along with other problem behaviors that should also be targeted for attention.

According to Lawrence (2007) indiscipline cases were realized when the pupils failed to take punishments from the teachers. Their major indiscipline problems were attending classes late, playing while lessons were on, lack of concentration, fighting others and refusing to put on proper school uniforms. He further mentioned that pupils who were involved in drugs sneaked out of schools during class activities and were commonly involved in strikes. The worst cases of indiscipline witnessed were disturbances, smocking, intolerance and use of abusive language (Lawrence, 2007).

A study conducted by the Northern Ireland Statistics and Research Agency (NISRA) in America among 6,000 primary school pupils in 62 schools revealed that 90% of primary and high school seniors had used alcohol, a fifth of the pupils had used solvents on at least one occasion and most of those who tried solvents were aged 12 the first time they tried them. Most of the 28% of the pupils who



abused cannabis were aged 14 at the time (NISRA, 2004). Grass (2001) found out that there are eight different classes of drugs commonly abused. These included tobacco, alcohol, cannabis, and stimulants. Sedatives, hallucinogens and inhalants. He further gives a summary of drug effects as the cause of decreased physical endurance, memory laps, drop in academic prospects and indiscipline among the students.

Kenya has not been exempted from the global threat in the ever-escalating indulgence in the use of drugs of dependence (Republic of Kenya, 2003). A country-wide needs assessment study undertaken in 1994 jointly by the Government of Kenya and the United Nations International Drug Control Programme (UNIDCP) revealed that drug abuse had permeated all strata of Kenyan society, youth and young adults being the most affected groups (Mwenesi, 1996). In Mombasa District, cases of drug abuse and trafficking have been on the increase due to the location of the town as a seaport which makes entry of drugs easier. Drug has led to the problem that mainly affect the youth through peer influence, media adverts and other social grounds. School boys and girls have caused indiscipline cases in schools as some drop out of schools due to early pregnancies, HIV/AIDS infections and destruction of institutional property (Republic of Kenya, 2002-2008)

Drug abuse in schools has become an alarming issue. Some pupils have been identified as long time drug abusers; others have owned up and have asked for help while a great number is suspected to be in the trap. Complaints regarding the illegal use of drugs by students have also become a common issue in our local

press. Local journalist Kwendo Opanga termed it as "a Time bomb" on which we are sitting (Daily Nation 13th April, 1999 p. 15). Kariuki and Siringi (2001) found out that some 20% of adolescents in Kenya aged between 11 and 24 smoke cigarettes, 9% have tried to sniff glue, and taken bhang while some 23% had drunk commercial beers and spirits. This is the age that most of the youths are in primary schools up to and including colleges and universities. These institutions have been hit by a wave of strikes that is largely linked to drug and substance abuse (Daily Nation 13th April, 1999 p. 15).

The National Agency for Campaign against Drug Abuse (NACADA) revealed that a majority of drug abusers in Kenya are students in universities, secondary schools and even primary schools especially in the cities of Nairobi, Mombasa and Kisumu (Watoro, 2002). In recognition to this, between 2001 and 2002, NACADA commissioned the first ever National Baseline Survey (NBS) on the abuse of alcohol and drugs in Kenya, targeting youth aged between 10 - 20 years. The survey found out that drugs and substance abuse existed in primary schools, secondary schools and colleges. One of the major concerns is that school pupils seem to have been targeted as the market for drug industry globally (Watoro, 2002). Watoro (2002) found out that there are many drug peddlers in most schools in Kenya. Nation team (2001) reported that in Nyamira, a suspect and a student were arrested with several rolls of bhang of which the suspects had been selling to students mixed with soup.

Ministry of Education Report (2001) the school does not operate in isolation with its community. The immediate school community can positively or negatively

affect the behaviour of the pupils. Drugs have found their way into schools leading to change of behaviour in the pupils. Kamukunji division of Nairobi Province is surrounded by slums like Mathari, Kiambiu and Mukuru kwa Njenga. Slum environment contributes a lot to social change in behaviour. PHEADA (1993) asserts that during celebrations or festivals, drugs are sometimes passed freely between adults and youths, thus introducing them to drugs unknowingly.

Alcohol Abuse and Alcoholism (APA) 2000, reported that substance abuse is maladaptive pattern of substance use .It is manifested by recurrent and significance adverse consequences related to the repeated use of substances which may lead to repeated failure to fulfill major role obligations. For example, poor academic performance, suspension and expulsion. A senior nursing officer at Mathari Mental Hospital in Nairobi was quoted saying “drug abuse is one of the main causes of mental illness among the youths. The most affected youths are the students especially those with serious discipline problems in schools or wherever they are” (Daily Nation, 2006).

According to Wahenya (2001), 47% of high school students in Nairobi had used different drugs. He added that 23% took drugs regularly. Waihenya (2001) reported that 20% of adolescents between 16 and 26 years smoked cigarettes, 9% sniffed bhang, 23% drunk commercial beer and spirits while 16% to 10% had tried local brew and spirit. Kaguthi (2002) cited drug abuse as a major contributory factor in causes of indiscipline where riot and strikes were experienced. Orlale (2005) quoted the then minister of education science and

Technology, Prof. George Saitoti saying "One of the causes of indiscipline within institutions can be traced to drug use".

### **1.2 Statement of the Problem**

The Ministry of Education (MoE) 2001, reported that indiscipline (attributed to drugs) in schools continue to be a major concern to educators, policy makers, policy implementers and the community. Kenya Secondary Heads Association (2004) reported that spread of unrest and indiscipline in secondary schools is increased by drugs. Drugs commonly used include tobacco, khat, alcohol, tar, and inhalants among others. The absence of reliable and accurate data makes it difficult to convince the public and politicians of the scale and magnitude of the problem, and even more difficult to respond with adequate demand reduction measures.

The Government of Kenya (GoK) in collaboration with the Ministry of Education Science and Technology (MOEST), is currently implementing several measures aimed at curbing the various cases of indiscipline in learning institutions particularly the use of guidance and counselling units in all secondary schools (MOEST, 2005). In spite of these efforts there have been several cases of student indiscipline reported in our daily newspapers. Although newspapers sometimes are biased and unauthentic, they contain important and contemporary data which is useful in a study like this one.

The following are some of the many examples to qualify this statement. A report in the Kenya Times (16 July, 1991 page1 Col. 7 p2 Col. 2 - 6), on the 13th July

1991, Saint Kizito Mixed Secondary School in Meru, Kenya boys went on rampage in the night raping and maiming female colleagues in a 1.00 am violent ordeal. 19 female students died and 71 received injuries In May 1997, 57 students at Bombolulu Girls Secondary School perished in dormitory as a result of fire started by other students.

According to a report by Onyango (2003) and Kindiki (2004), in 1999 four prefects were burnt in a dormitory in Nyeri High School In November 1999, a drugged and drunk student at Sagalo Instituted of Science and Technology murdered, the school principal (East African Standard, 13 November, 1999 p2 Col. 1). Steeves (1997) reported that there was a bhang smoking and changaa drinking den called 'shimo la yewa' just next to St. Kizito that was brought to the president's knowledge by the chief inspector of schools, Mr Tom Sitima where 306 boys attacked a dormitory of 271 girls on 13<sup>th</sup> July, 1991. The devastating news was that 19 girls were suffocated to death, more than 70 were gang raped while others suffered minor and serious injuries respectively. However, this was not conclusively reported that the drug caused the attack.

Head teachers have complained of pupil's involvement in drugs and substance use, in schools country wide. This has led to indiscipline being realized in form of strikes, riots and demonstrations leading to destructions, injuries and even loss of lives. Mc Keganey (2003) suggested that pupils would have liked more information about the effects of drugs. Studies have been carried out on Drugs and Substance Abuse in Kamukunji Division but none has focused on effects of

drugs and substance abuse on discipline among primary school pupils in Kamukunji division of Nairobi province. This study therefore, sought to fill the gap left on effects of drug and substance abuse on discipline among public primary school pupils aged 12-14 which had not been investigated.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the effect of drug and substance abuse on discipline among primary school pupils in Kamukunji Division of Nairobi province.

### **1.4 Objectives of the Study**

The specific objectives of the study were to:

- (i) Identify the various drugs and substance commonly abused by primary school pupils in Kamkunji division.
- (ii) Establish the factors influencing drug abuse among primary schools pupils in Kamukunji Division of Nairobi province.
- (iii) Identify the effects of drug abuse and substance abuse on discipline among primary school pupils.

### **1.5 Research Questions**

The study was guided by the following research questions:

- (i) What are the various drugs and substance commonly abused by primary school pupils?
- (ii) What factors influence drug abuse among primary school pupils in Kamukunji Division of Nairobi province?

(iii) What are the effects of drug and substance abuse on discipline among pupils?

### **1.6 Significance of the Study**

The study findings may provide administrators with knowledge, attitude and the effects of drugs in school discipline, to enable administrators to develop policies addressing drug and substance abuse. Administrators would be able to design a pattern on dealing with violators while taking caution on imposing suspension and expulsion for law breakers.

The findings of this study may have the potential to enrich the country's national drug dependence preventive education. It would also be important to the organizations that deal with drug control issues such as NACADA and UNIDCP in exposing the situation on drug and substance abuse in schools to enable them address such issues in their program. The study finding would also enable the youth to find the usefulness of the study in understanding the effects of drugs or individually they may be equipped with information on drugs and substances abuse and their consequences. They may explore ways to keep off from drug use and substances abuse.

The parents and teachers may be able to address the issue that may pre-dispose the pupils to drug habit. The policy makers as well would find the study important to enable them identify the gap in policy formulation as far as drug

abuse is concerned and then design policy on dangers of drugs and substance abuse to curb the spread of drug taking habit to uplift the standard of education.

### **1.7 Delimitation of the study**

In this study only one division was involved. The division is in an urban setting hence the findings should be generalized with questionnaires. Other respondents like the parents who can give important information will not included due to the logistics of getting them. The study will be conducted among 17 public primary schools in Kamukunji Division of Nairobi, Kenya.

### **1.8 Limitations of the Study**

Some of the administrators were not willing to have the study carried out in their schools for fear of negative publicity. The pupils were not willing to own up having a problem in drugs. It was not possible for the researcher to control the attitude of the respondents, which might have affected the validity of the responses. This was because they might have decided to give socially acceptable answer to please the researcher. The sample size school population in Kamukunji Division was too small compared to the entire Nairobi Province and the country.

### **1.9 Basic Assumptions of the Study.**

In this study it was assumed that head teachers and teachers were able to indentify pupils who abuse drugs since they interact with them on daily basis. It was also assumed that respondents had the required information about the study of drugs and substances abuse among primary school pupils.



### 1.10 Definition of Terms

This section elaborates the most significant terms used in the document.

**Abuse** refers to the wrong use of a drug for instance overdose of medical drug.

**Attitude** refers to the disposition and the perception of pupils towards drugs

**Drug** refers to any chemical substance that brings about physical, mental and emotional changes.

**Drug/Substance Abuse** refers to taking a certain drug without following the medical instruction or for a purpose other than what the drug is meant for. The term substance abuse will be used synonymously with drug abuse.

**Knowledge** refers to what pupils know about drugs

**Peer Pressure** refers to the tendency to conform to the values and standards of members of the same status and age rank.

**Legal drugs** refer to any drug that is potentially dangerous but the government allows its consumption.

**Depressants** are sedatives that act on nervous system. They provide artificial relaxation and relief from anxiety and mental stress but tend to produce psychological dependence withdrawal from heavy use.

**Stimulants** are agents that activate, enhance, or increase activity of the central nervous system.

**Hallucinogens** - These are chemically diverse and produce profound mental changes like euphoria, anxiety, sensory distortion, vivid hallucinations, delusion, paranoia and depression.

**Intoxication** – a condition that follows the administration of psychoactive substances and results in disturbances.

### **1.11 Organization of the Study**

This study is organized into five chapters. Chapter one has the introduction of the study. It consists of background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitations of the study, delimitations of the study, basic assumptions and definitions of significant terms. Chapter two consists of review of related literature, which includes drug and substance abuse, status of drug and substance abuse and empirical studies on drug and substance abuse among primary school pupils, factors influencing drug abuse in schools, drug and substance abuse among pupils, Effects of drug and substance abuse on school discipline, indiscipline in schools, theoretical framework and conceptual framework. Chapter three describes the research methodology to be used. This includes research design, target population, sample size and sampling procedures, research instruments, reliability and validity, data collection procedures, and data analysis techniques. Chapter four focused on data analysis and interpretation while chapter five contained summary of findings, discussions, conclusion and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This section covers drug and substance abuse, drug and substance abuse Types of drugs abused and their effects, factors influencing drug abuse in schools, the extent of drug and substance abuse among pupils, Effect of drug and substance abuse on school discipline, Theoretical Framework and conceptual framework of the study.

#### **2.2 Drugs and Substance Abuse**

Substance abuse is used to describe a pattern of substance/drug use leading to significant problems or distress such as failure to attend work and/or school. Substance abuse, as a disorder, refers to the abuse of illegal substances or the abusive use of legal substances. The need of the study came into being at a time when the world community recognized that drug and substance abuse was a global threat that causes serious ramifications on people health, security, economic and cultural welfare (NHSDA, 1994-1999).

Smoking, Drinking and Drug Use among Young People survey series began in 1982, under the name Smoking among Secondary Schoolchildren. The series initially aimed to provide national estimates of the proportion of secondary schoolchildren aged 11-15 who smoked, and to describe their smoking behaviour. Similar surveys were carried out every two years until 1998 to monitor trends in the prevalence of cigarette smoking. The survey then moved to an annual cycle,

and questions on alcohol consumption and drug use were included. The name of the series was accordingly changed to Smoking, Drinking and Drug Use among Young Teenagers to reflect this widened focus. Since 1998, surveys have been carried out annually, with a core section of questions included on smoking status and number of cigarettes smoked in the last week; drinking status and amount of alcohol drunk in the last week; and awareness and use of drugs. For the 2000 survey, the series title again changed, to Smoking, Drinking and Drug Use among Young People. The Department of Health commissioned the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) to conduct the 2000 survey in England, and an equivalent survey was also conducted in Scotland. From 2005, the Information Centre for Health and Social Care (a newly-formed government special health authority) took over from the Department of Health as sponsors of the survey series (Information Centre for Health and Social Care report 21 Sep 2009).

In Kenya the level of drug abuse had permeated more widely and deeply than was publicly appreciated in all strata of society, by 2001 (Republic of Kenya, Gazette Notice No. 284 of 27<sup>th</sup> March 2001). Substance abuse is an international problem of epidemic proportions that has particularly devastating effects on youth because the early initiation of alcohol, tobacco, or other drug (ATOD) use within this population is linked to abuse and related problem behaviors among adults. The cost of alcohol abuse to society is estimated to be \$250 billion per year in health care, public safety, and social welfare expenditures (Gacicio, 2001). The 1999 National Household Survey on Drug Abuse (NHSDA) asked male and female

respondents aged 12 or older to report use of any illicit drug during the past month. "Any illicit drug" refers to the use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used non-medically during the 30 days prior to the interview. Respondents were also asked to report how easy it was to obtain illicit drugs. The response categories were: Probably impossible, Very difficult, fairly difficult, fairly easy, and Very easy (NHSDA, 1999).

Females aged 18 to 25 and 26 or older were less likely than their male peers to report use of any illicit drug during the past month. However, females aged 12 to 17 (9 percent) were almost as likely as their male peers (10 percent) to report past month illicit drug use. Black and Hispanic males aged 12 to 17 were more likely than their female counterparts to report use, but rates of use were similar between white males and females in this age group (Donovan, and Jessor , 1985).

Availability and use of illicit drugs is on the rise in many parts of the world amongst young people of all social backgrounds (Miller and Plant, 2001). In their early and mid-teens young people experiment with a growing repertoire of illicit drugs and for a considerable minority illicit recreational drug use is a regular part of their leisure time. Mwenesi (1996) confirmed that there is rampant drug use as shown in Table 2.1

**Table 2.1: Variation in the Use of Drugs**

Age	Alcohol	Tobacco	Bhang	Khat/ miraa	Inhaling
10-14	328(22.4%)	87(4.4%)	17(0.9%)	115(5.1%)	38(2.2%)
15-19	838(31.4%)	378(11.1%)	428(12.4%)	428(12.4%)	141(4.6%)
20-24	991(55.9%)	505(28.9%)	443(23.3%)	443(23.3%)	110(6%)
<b>Total</b>	<b>2157</b>	<b>790</b>	<b>354</b>	<b>986</b>	<b>289</b>

**Source: Daily Nation (2003).**

Mwenesi (1996) found that the prevalence of drug use was actually present in primary school pupils which increased to tertiary institutions. The most frequently used drug was alcohol with 22.4% in the age bracket of 10-14, 4.4% abusing Tobacco, 0.9% taking bhang, 5.1% abusing khat, 2.2% using inhalants (Daily Nation, 2003).

The use of alcohol seems to receive social and governmental approval especially here in Kenya. The alcohol industry in Kenya is enjoying unappreciated boom. Alcohol of various types local and foreign is freely displayed in the market. A study carried out by Kariuki and Siringi (2001) found that 20% of adolescents in Kenya aged between 16 and 26 smoke cigarettes, 9% have tried to sniff bhang while some 23% drink commercial beer and spirits. This is the age where most of them are in schools and colleges. Institutions have in the recent past been hit by a wave of strikes in schools that have been linked to drug abuse (Kariuki & Siringi, 2001).

The use of drugs is associated with truancy, vandalism, violence, crime and bad habit. Drug abuse can also lead to stealing and selling of goods to purchase the

drugs (Gacicio, 2004). Drug addiction leads to mental instability. The user becomes incapable of making right decisions. In such cases pupils involve themselves in crimes that take the form of lateness, chronic absenteeism, insubordination, disrespect, unacceptable verbal expressions or dissatisfaction. These behaviour changes make the pupils to be non-compliant to rules and regulations. It also makes a pupil to become a victim of assaults, school boycotts, destruction of property and indecent behaviour like rape and arson that may eventually result into HIV/AIDS infection (Republic of Kenya, 1991).

Behavior associated with drug abuse is now the single largest factor in the spread of HIV infection in the United States. HIV is the Human Immunodeficiency Virus, which causes Acquired Immunodeficiency Syndrome, or AIDS. AIDS is a condition characterized by a defect in the body's natural immunity to diseases, and individuals who suffer from it are at risk for severe illnesses that are usually not a threat to anyone whose immune system is working properly. Although many individuals who have AIDS or carry HIV may live for many years with treatment, there is no known cure or vaccine (Newcomb M. and Harlow, 1986).

Newcomb and Harlow (1986) using or sharing un-sterile needles, cotton swabs, rinse water, and cookers, such as when injecting heroin, cocaine, or other drugs, leaves a drug abuser vulnerable to contracting or transmitting HIV. Another way people may be at risk for contracting HIV is simply by using drugs of abuse, regardless of whether a needle and syringe are involved. Research sponsored by NIDA and the National Institute on Alcohol Abuse and Alcoholism has shown that drug and alcohol use can interfere with judgment about sexual (and other)

behavior and thereby affect the likelihood of engaging in unplanned and unprotected sex. This increases the risk for contracting HIV from infected sex partners.

Since the epidemic began, injection drug use has directly and indirectly accounted for more than one-third (36 percent) of AIDS cases in the United States, and an estimated 28 percent of diagnosed AIDS cases among adults and adolescents were related to injection drug use in 2002. According to a Centers for Disease Control and Prevention (CDC) analysis of HIV surveillance data, of the 859,000 cumulative AIDS cases reported through December 2002, a total of 209,920 (25 percent) were among Injection Drug Users (IDUs). The epidemic has been a case almost in all the learning institutions (NIDA, 2002). Non-injection drugs (such as "crack" cocaine) also contribute to the spread of the epidemic when users trade sex for money, or when they engage in high-risk sexual behaviors while under the influence of drugs. One CDC study of more than 2,000 young adults in three inner-city neighborhoods found that crack smokers were three times more likely to be infected with HIV than nonsmokers.



**Table 2.2 Percentage of Students Reporting Drug Use, 2001–2005**

Drug type	2001	2003	2005
Lifetime marijuana	42.4	40.2	38.4
Current marijuana	23.9	22.4	20.2
Lifetime cocaine	9.4	8.7	7.6
Current cocaine	4.2	4.1	3.4
Lifetime inhalant	14.7	12.1	12.4
Current inhalant	4.7	3.9	N/A
Lifetime heroin	3.1	3.3	2.4
Lifetime metham.	9.8	7.6	6.2
Lifetime MDMA	0	11.1	6.3
Lifetime Steroid	5.0	6.1	4.0

**Source: National Survey on Drug Use and Health (2005)**

Data in table 2 shows that youths are involved in various types of drugs which included hard drugs. For example a large number of students of about 42.4% were lifetime marijuana users which were high in the three years. Some students were life time and current users of various substances National Survey on Drug Use and Health (NSDUH). Drug abuse is generally considered to be on the increase in the region, as in most other parts of Africa (United Nations 2007). Cannabis and khat are the most widely abused drugs, but heroin to a lesser extent, cocaine is becoming a serious problem in some countries. Drug abuse is not associated with poverty alone, but is also related to wealth (United Nations, 2007).

### **2.3 Related Cases of Indiscipline in Schools**

According to Kindiki (2004), and elaborately quoting Onyango (2003), violence in schools in Kenya is common. The subject and the issue of student discipline in secondary schools in Kenya is not just a fleeting concern of the last few months. It has long been debated and has featured repeatedly on schools as well as national agendas both in Kenya and in other countries across the world.

In June 2000, the East African Standard (6 June, 2000 pg 32 Col. 1 – 3), covered an article about 3,000 pupils of Wangu, Ronald Ngala, Tom Mboya, Ushirika and Dadora primary schools in Dadora estate in Nairobi City who went on a rampage protesting the death of a colleague in a 6.30 a.m road accident. Pupils destroyed property, pelted motorists with stones, looted, drank beer and set a vehicle involved in the accident on fire

In July 2001 Kyanguli Boys secondary school in Machakos doused a dorm with 20 li- tres petrol and set it ablaze in wee hours of the morning as boys slept. 67 students were roasted alive because they wanted to force school administration to close school earlier than was scheduled (East African Standard, Monday, April 2, 2001 in (Onyango, 2003 in Kindiki, 2004).

On 13th September 2002, pupils from the City secondary school were sent home because they burnt a dormitory and students from the University of Nairobi broke

into police station to release a colleague charged with a sexual offence. On 16th September the University of Nairobi students rioted in violent confrontation with police. The cause of such episodes seems to be more than just declining discipline standards but reflect violence in the wider society served by these schools (Onyango, 2003 in Kindiki, 2004).

In October 2005, more than 400 Kabuyefwe secondary schoolboys in Kitale went on the rampage and burnt down the administration block. They also set the store on fire and shattered windows of other buildings. The students were angered by poor Kenya Certificate of secondary Education (KCSE) results over the years and what they termed as their teacher's irregular class attendance. Other grievances included poor diet and being denied the chance to talk to female colleagues whose school is next to theirs (Sunday Nation, October 9, 2005).

Students of Nairobi Ridgeways Academy were forced to sit in the cold after a fire razed their dormitory. The fire started at 3 am, after two groups of students engaged in an argument and could not settle their differences amicably (Mathenge, 2006). Students of Kithangaini Secondary school in Machakos locked the head teacher in the office and walked 25 Km to report their grievances to the Machakos District Commissioner's (DC's). The students complained of an alleged invasion of ghosts in their school and high handedness of the school principal who refused to listen to their grievances (Nzia, 2006).

A form four student from Upper Hill School in Nairobi went to court to contest his expulsion over alleged use of drugs and the court ruled that the student be re-admitted to the school unconditionally. The student had filed an application in court stating that both the board and the head teacher had failed to give him an opportunity to defend himself against the accusations. This was all despite the student's own sworn affidavit of having 'misbehaved' after taking a soft drink laced with alcohol (Siele, 2007). Such incidences may lead to the school administration's reluctance to deal with indiscipline cases in schools. Teachers are now reluctant to take disciplinary action against students for fear of being sued by parents (Ngare, 2007).

The chairman of the Kenya secondary Schools Heads Association (KSSHA) described the trend as a sad affair because school administrators were faced with the uphill task of cracking down on drug and alcohol abuse, plus other forms of indiscipline among students. According to the chairman, this trend would jeopardize efforts being put in place to tackle indiscipline and would encourage in-discipline in schools because students would break rules in the belief that they can seek redress in court if punished (Daily Nation, October 10, 2007).

Several extreme cases of student indiscipline have been attributed to gaps in formal communication or to an ineffective communication system within the school. At *prima facie*, it is believed that school administration is responsible for

all that goes on in the school, whether positive or negative; and is, therefore, by extension responsible for the level of student discipline. In essence, the school administration is expected to promote good behaviour in the school.

School administrators control students by imposing some form of punishment, thinking that punishment is the most effective means of deterring students from repeatedly failing to behave properly. Schools use policy documents such as school code of conduct which spell out clearly school regulations or 'ground rules' that help the students know what is expected of them in order to maintain a well run and organized school. School code of conduct is important but it is a good idea to explain the rules and why they are written because its rigid implementation may create anti-establishment. There should be love and respect within a discipline system, before making a decision to punish, the circumstances leading to the incidence in question must be explained in detail. Punishment should be consistent and immediate, delaying the decision is ineffective and in many cases the recipient may forget the reason for the punishment (Bakhda, 2004).

Despite of the existence of the school code of conduct, most schools worldwide continues to experience student discipline problems because punishment produces anger and rebellion in the students, and frustration and a feeling of inadequacy in the school administration. Punishment is often repeated without ever producing the desired result; that of correction and a change of heart in the students (Sushila, 2004).

In Kenya, corporal punishment was legally abolished in schools in Kenya in 2001. In spite of efforts made by the Government of Kenya (GoK) in abolishing corporal punishment school discipline is deteriorating to such a level that the school system may soon become unmanageable. Similar issues of the deteriorating scale and nature of violence and indiscipline within schools are consistently highlighted by research studies conducted in developed countries, for example, the United States (USA) and Europe in the United Kingdom (UK), France and Spain.

Teachers in the Scottish secondary school indicated that students persistently infringe on school rules. In less developed countries such as the Trinidad and Tobago, the Ministry of Education (2005) considers the issue of student discipline as a major problem. In Tanzania, teachers are meant to have absolute powers over students, visible in methods of reward or punishment used by the teacher because of student indiscipline.

Wright and Keetley (2003) and Munn and Johnstone (1992), observed that, whether in the developed or less developed countries, studies generally indicate that the definition of discipline clearly incorporates a wide range of behaviours which can alter depending on both the context within which the behaviours are enacted and for whom they are directed towards. Also, initiatives developed to address students' behaviour have for long time lacked appropriateness in terms of their impact upon improving the situation. Teachers and school administrators agree that discipline is a serious problem and that students' behaviour is difficult

to deal with. Although the teachers attest to the fact that the repetitive nature of student discipline cases caused them stress, they are all not in agreement on how to deal with discipline cases.

According to Mbiti (1974), ineffective communication between the students and the school administration cause student indiscipline. He carried out a study to establish the effectiveness of communication on student discipline in secondary schools in Kenya. An effective communication system establishes the relationships between and among teachers, non-teaching staff and students within the school. The role of the head teacher, as an administrator, can only be realized by an established comprehensive system of communication. Communication is essentially a bridge of understanding between people in any institution.

#### **2.4 Factors Influencing Drug Abuse in Schools**

If you ask teenagers why they use drugs, most of them will tell you that they are pleasurable or exciting. Other reasons include getting rid of unpleasant feelings of shyness, anxiety, or lack of confidence, fitting in with their friends, or because it makes them feel sophisticated or pleasantly rebellious and independent. One investigator found that fun and curiosity accounted for half, peer pressure a third, and self-medication only a fifth of the stated motivation. This pattern held true for all drug types except the stimulants; here fun and curiosity was the prime mover for 40%, with the other two categories 30% each. (Philip, 1994).

Among the Oxford undergraduates the main reason for using both alcohol and drugs was pleasure, with stress relief the principle benefit for around a fifth of the students in both categories. Social pleasure was slightly more influential in

encouraging alcohol use than it was for drugs. Several factors make drug or alcohol use at university more likely: emergency from the controls family and school life, the excitement of a new environment and circle of friends, social and academic pressure and enhanced availability of legal and illegal substances (Philip, 1994).

In Kenya, one of the factors influencing drug and substance abuse is their availability. Muiruri (2001) reported availability of drugs for example in areas where large scale farms of cannabis in Meru was a contributor to the use of the same in the locality. According to the Ministry of Education (2001) the school does not operate in isolation of the neighborhood where it is located. The immediate school environment influences the behaviour of the pupils positively or negatively.

There have been consistent high rates of serious riots fires, strikes and other violence disturbances in educational institutions. Frequent occurrences of these indiscipline cases have been connected with the consumption of illegal drugs and substance abuse (Pathfinder, 2000). In 1991, 19 girls at St Kizito Secondary school in Meru died in an orgy of rap and subsequent stampede from a neighboring school inversion in their dormitory. When drugs find their way into schools, indiscipline cases are realized since drugs are mind altering substances in away that differ from generally approved medical use or social practices (Schuckit, 1975).



Studies show peer pressure plays the largest role in causing children to begin using drugs (Englander-Golden, 1984); Towers, 1987; U.S. Department of Education, 1986). Acceptance by peers becomes especially important when children leave elementary schools and begin junior high. At this critical age, "adolescents seem to be either unwilling or unable to successfully resist peer pressure in substance abuse situations" (Englander-Golden, 1984).

Hopkins (1983) acknowledge that drug users seek approval from their peer and thus they often try to convince others to join them in the habit as away of seeking acceptance .On this note, young people may try to irritate others especially when their peers laugh or scoff at them for being inexperienced, tough or coward . Such experiences make the youth to involve themselves in experimenting with drugs. A friend or peers are the likely sources of information for drug use. For instance, if the youth see a group he desires to join involved in drug use, they would not like to be left behind. They later get addicted to drugs and become confused because of mental instability. They cannot make informed decision, then they turn into zombies and can suffer withdrawal syndrome (KIE, 2002).

Attitudes, beliefs, and personality traits most closely linked with substance use include attenuated attachment to parents, lack of commitment to education, low religiosity, and alienation from dominant societal norms and values (Hawkins et al., 1986).

United Nations (2004) noted that family background heavily influence the major risk factors that lead the youth to drug abuse, for instance Families with risk of alcoholism, family management problems, parent's drug use and even tolerant attitudes towards use. UN (2004) stated that family variables such as separation of parents, inconsistent parenting and witness to family violence contribute to drug abuse among other forms of crime. Family influences have important bearing on drug use. Parents who smoke, clearly exert an influence on their children. For instance in families where both parents smoke, 22% of boys and 20% of girls are smokers. This is as a result of the children trying to imitate the parents. Others believe that drug or alcohol abuse offer a ways to escape or related stress, like class work load and examination fevers.

Drug abusers in school usually have difficulty in concentration to get along with others. The use of drugs is also associated with vandalism, violence and crime. This leads to unrest and strikes in schools (Gacicio, 2004). It is all a problem to control a drug user in schools. This is a clear confirmation on effects of place of resident and family influences on drug abuse. According to the findings, pupils coming from low socio-economic class areas (slums) of Nairobi were involved in drugs because family influences have been shown to have an influence on drug abuse since immediate family members like parents, siblings and other close relatives from extended families staying with them. The pupils admitted that they had taken drugs. Some began taking as early as 8 years. They could even explain how they tasted. It is an evident that teenage drug use is in the highest risk.

Newcomb & Harlow (1986) studied substance abuse in adolescents as a response to a perceived loss of control, a sense of meaninglessness, and a lack of direction in life. Teenagers may use drugs as a means of temporarily alleviating discomfort connected to life events which they perceive as being out of their control, and can be seen as contributing significantly to an understanding of the higher incidence of drug use among low SES teenagers and those from disrupted families (Newcomb & Bentler, 1989).

Teen pregnancy is associated with low parent education (Shah, Zelnik, & Katner, 1975). Girls who get pregnant often have mothers who gave birth in their teens. Parents of teen mothers and fathers are often considered by their teens to have "permissive attitudes" regarding premarital sex and pregnancy (Robinson, 1988). There are also cultural differences in the value placed on having children. Thompson (1980) found that among 300 adolescents (150 white and 150 black), blacks expressed stronger beliefs than whites that children promote greater personal security, marital success, and approval of others.

There is a strong association between poor school achievement and pregnancy, and poor academic ability may influence the onset of sexual activity and early parenthood (Children's Defense Fund, 1986). A study conducted by Northeastern University revealed that females 16 years of age or older with poor basic skills are 2.5 times more likely to be mothers than their peers with average basic skills. Males with poor academic skills who were 16 years old were three times more likely to be fathers than their peers with average academic skills. High

educational aspirations, better than average grades, internal locus of control, and high SES are positively related to contraceptive use.

### **2.5 Drugs and Substance Abuse among Pupils**

A random survey among rural primary school children in five villages around Mullanpur, Punjab State, covering 100 pupils from 5 schools, showed that 66 of the pupils regularly used *gukha*, a matter of concern for parents, teachers and educational administrators. Of the 66 pupils found using *gukha*, it was seen that 19 consumed it every day while 31 took it almost every day, and 16 said they took *gukha* 2 to 3 times a week. Patel, Shah, Gandhi, Bhatt and Venkur (1998), ignorance of harmful effects was significantly associated with smoking and snuff use. The conclusions were that nearly 50% of rural children; more boys more than girls, experiment with tobacco, mostly as snuff even by 10 years of age; snuff use decreases, while smoking and chewing increase with age, smoking is better known as a health hazard than chewing or snuff use, tobacco use by elders influence children, (Vaidya, Vaidya and Nalik, 1992). A study by Goa Cancer Society (GCS) among school pupils in Goa found that about 13.4% of boys and 9.5% of girls used tobacco, mostly of the smokeless variety (Patel *et al*, 1998).

Goddard and Higgins (2000) adolescents tend to follow a particular pattern of involvement with drugs. Typically, the first substance an adolescent uses is one that is legal for adults (tobacco or alcohol). The next stage is often experimentation with marijuana. Tobacco, alcohol, and marijuana have been labeled "gateway drugs" because they precede the use of other harder drugs. High

frequency of use and early age of initiation are both associated with movement to higher stages of substance use (Goddard and Higgins, 2000).

## **2.6 Effect of Drug Use and Substance Abuse on School Discipline**

Disturbingly high levels of illicit drug use remain a problem among teenagers. As the physical, social, and psychological "home away from home" for most youth, schools naturally assume a primary role in substance abuse education, prevention, and early identification. One of the very scary things about drugs is that they affect people in different ways and so you can never tell for sure, how drugs will affect you! The effects of drugs depend on the type, dose and method of use of the drug. It also depends on the user's age, physical and mental condition and past experiences with the drugs (Johnston et al., 2001).

Short term effects occur shortly after a drug is taken, while long term effects show in the course of time are usually caused by progressive damage to body organs such as the lungs and the brain. Bangi leads to increased pulse rate problems with short term memory, with concentration, leaning, thinking and problem solving. It may result in problems with co-ordination and balance. Bangi smokers often have reddened eyes. Some young people feel intense emotional reactions such as fear and panic after using bangi (Eaton, Kann, Kinchen S, et al., 2006).

So-called stimulant drugs such as mirungi and cocaine make users feel alert, full of energy or confident and strong. At higher doses stimulants can make users feel anxious or even panicky. With increasing abuse mental health problems can occur and with excessive doses you can die. Sedative drugs or substances like heroin and some prescription drugs produce a relaxing, peaceful and happy feeling. At

higher doses they lead to drowsiness, decreased concentration and vision, nausea, vomiting and sweating. Still higher doses can result in a deep sleep, loss of consciousness and even death. Home brew like *gongo* may be dangerous for your health and its consumption sometimes leads to death (Rivers, 1981).

Using drugs clearly limits young people's ability of coping with and solving social and emotional problems. This makes many young people vulnerable to crime and abuse such as sexual and physical abuse. And the change in behaviour of drug abusing adolescents very often leads to family conflicts and breaking up of friendships. Drug abuse is a major cause for accidents, accidental poisoning, suicide and infections (Griffin et al., 2002).

The teen drug/alcohol user impairs both discipline and academic performance along with his or her level of responsibility – such as skipping class, failing to complete assignments, etc. – speaks to the notion that drug and alcohol use is rampant throughout American middle and high schools. This abuse has produced teenage student bodies with many abusers whose relationships, reputations, futures, wallets, self-images and especially grades suffer as a direct result of the teen drug abuse (Pope, Yurgelun-Todd, 1996).

Heroin is a highly addictive opiate (like morphine). Brain cells can become dependent (highly addictive) on this drug to the extent that users need it in order to function in their daily routine. While heroin use starts out with a rush of pleasure, it leaves the user in a fog for many hours afterwards. Users soon find that

their sole purpose in life is to have more of the drug that their body has become dependent on (Gabriel and Burks, 1997).

First time use of heroin can cause nausea, vomiting and severe headaches. Generally, however, the drug creates a high a few minutes after it has been smoked or injected. Injection leads to quicker, more powerful high, but sharing needles can increase the risk of infection. Users often experience a feeling of well-being, contentment and detachment from daily worries. Tolerance builds up with use so greater amounts of the drug are needed to create the high. This can eventually lead to addiction. It also increases the risk of overdosing (Kenya police website).

Research shows that overdose often occurs after users have tried to come off the drug. When they start taking it again, they often resort to the dose they were on when they stopped, although their tolerance is not as high. The fact that heroin is often adulterated with other substances can also cause overdose. Symptoms of an overdose include rapid heartbeat, heart failure, and shortness of breath, unconsciousness and coma. When unconscious, the user is at risk of choking on their own vomit. Heroin can also cause unexplained sudden death due to the user having a particular reaction to the drug, to injecting heroin and to impurities present in the drug (Kenya police website)..

Long-term effects of injecting heroin include collapsed veins, loss of appetite and severe constipation. Heroin use is also associated with crime as the drug is expensive to obtain. Pregnant women who use heroin risk giving birth to small

babies who may be addicted to heroin and suffer withdrawal symptoms. Withdrawal usually lasts several weeks and symptoms include aches, tremors, sweating and spasms. These usually fade after a week, but it may take months to regain a sense of natural well-being (Kenya police website).

Marijuana/cannabis sativa affects parts of the brain that control emotions, memory, and judgment. Smoking it can not only weaken short-term memory, but can also block information from being registered in long term memory. It has also been shown to weaken problem solving ability. Alcohol is no safer than drugs. Alcohol impairs judgment and leads to memory lapses. It can lead to blackouts. It distorts vision, shortens coordination, and in addition to the brain can damage every other organ in the body (Nadia, 1998).

Cannabis has a mildly sedative effect, which leads to decreased blood pressure, increased appetite, feelings of relaxation, mild intoxication and increased sociability. People who smoke the drug usually feel its effects within minutes and they may last up to three hours. The effect is delayed when eating or drinking the drug so that it last longer and may be more difficult to control. Cannabis may impair short-term memory and affects body coordination. First-time users may feel confused and distressed and anxiety, panic and suspicion are not uncommon side effects. High doses can cause coma, but there are no records of fatal overdose (Lowinson et al., 2005).

Heavy use can lead to confusion, aggravate existing mental disorders and sap energy. Some people believe cannabis can lead to hard drug use, such as heroin, but the majority of users do not go on to take heroin. Long-term use of cannabis



can cause lung cancer, bronchitis and other respiratory disorders associated with smoking.

It is unclear if there is more risk of these disorders than with tobacco. However, cannabis users tend to inhale more deeply and the drug does contain higher doses of tar. People may become both physically and psychologically addicted to cannabis. Studies also show that regular, heavy use of the drug may cause nerve damage and affect learning. Cocaine, both in powder form and as crack, is an extremely addictive stimulant. An addict usually loses interest in many areas of life, including school, sports, family, and friends. Use of cocaine can lead to feelings of paranoia and anxiety. Although often used to enhance sex drive, physical effects of cocaine on the receptors in the brain reduce the ability to feel pleasure that causes dependency on the drug (John, 1998).

Inhalants, such as glue, gasoline, hair spray, and paint thinner, are sniffed. The effect on the brain is almost immediate. And while some vapors leave the body quickly, others will remain for a long time. The fatty tissues protecting the nerve cells in the brain are destroyed by inhalant vapors. This slows down or even stops neural transmissions. Effects of inhalants include diminished ability to learn, remember, and solve problems. It is a stimulant that causes a feeling of exhilaration and decreases appetite. Users may experience indifference to pain and tiredness. When it is snorted, its effects wear off within 15 minutes to half an hour so it has to be taken every 20 minutes to maintain its effect. Many users believe they perform better on cocaine, but research shows that this is probably just their perception rather than reality. Cocaine can make the heart beat

irregularly and increases body temperature. Large or frequent doses can reduce libido and lead to restlessness and paranoia. Very large doses can cause death through heart or respiratory failure. Common side effects after coming down from the drug include depression and tiredness (Johnston et al., 2006).

Withdrawal symptoms include restlessness and severe anxiety. Some people are very sensitive to the drug and may die after their first dose. Regular snorting of the drug can cause damage to the membranes of the nose and injecting the drug through dirty or shared needles carries the risk of infection. Cocaine use during pregnancy can lead to birth defects and low birth weight babies and babies may be born addicted to the drug. People who smoke crack cocaine are more likely to become dependent and to suffer from side effects (Botvin, 2000).

Ecstasy is a stimulant and increases brain activity. Users report that it causes a sense of euphoria, followed by a feeling of calm. They claim it makes them feel more sociable and increases their awareness of their surroundings. However, like many drugs, ecstasy is reported to exaggerate a person's existing mood. Ecstasy affects body temperature. When combined with dancing for long periods in a hot place, users can risk dehydration, which may be fatal. Large doses of the drug can cause anxiety, panic and confusion. Ecstasy is not thought to lead to addiction and there are no specific withdrawal symptoms. However, immediate side effects can include nausea, a dry mouth, raised blood pressure and depression. Research on long-time users suggests it may cause brain damage and mental illness as well as liver and kidney problems in later life. People with problems such as epilepsy,

high blood pressure and depression are thought to be more likely to suffer side effects from ecstasy use. Extended use of ecstasy and amphetamine cause difficulty in differentiating reality and fantasy, thus resulting into lack of concentration. Studies have found that ecstasy destroys certain cells in the brain. While the cells may re-connect after discontinued use of the drug, they don't re-connect normally. Like most drugs, this one impairs memory and can cause paranoia, anxiety, and confusion (Lowinson et al., 2005).

Tobacco is a dangerous drug; putting nicotine into your body. Nicotine affects the brain quickly, like other inhalants, producing feeling of pleasure, like cocaine, and is highly addictive, like heroin. The pupils who involve themselves in the use of drugs mentioned cause unrest in the institution where drugs at times find their way in (Jean, 2001).

Amphetamines stimulate the heart beat and may increase blood pressure. Users say they experience feelings of increased confidence, sociability and energy. The effects usually kick in about half an hour after taking the drug and last for several hours. As the effects wear off, users may feel irritable, restless, dizzy and anxious. Insomnia is very common, as is depression. Increased blood pressure can cause burst blood vessels and, in rare cases, lead to paralysis and coma. Some people suffer a bad or toxic reaction to even low doses of amphetamines. Tolerance builds up with regular use so more of the drug has to be taken to get the same effect. This can lead to dependence (Kroll and Taylor, 2002).

Withdrawal symptoms include depression, lethargy, heart palpitations, chills and headaches. Excessive sweating and dehydration are common.

High doses or particular reactions to the drug can be fatal due to the increased risk of convulsions, coma and brain hemorrhage. Regular, heavy use of amphetamines can cause hallucinations, paranoia, brain damage and mental illness. Pregnant women who regularly use amphetamines may suffer premature birth and the drug can be passed onto babies through breast milk.

LSD and magic mushrooms is a hallucinogenic drug which distorts the way the mind perceives things. Its effects are usually felt within half an hour of use and last for up to 12 hours. Experiences vary according to the individual so are difficult to typify. Users report that objects appear much brighter and may seem to get moving or distorted. Hearing may also be intensified and the user's feeling of time and place may be distorted. Once a 'trip' has begun, it is impossible to stop or control it. The drug tends to exaggerate the mood a person is feeling when they take it (Barnard, 2007).

Users do not become physically dependent on LSD, but some may experience a psychological dependence. Some develop a tolerance of the drug and need to take higher and higher doses, but deaths and overdose are rare. LSD users sometimes experience flashbacks which may distress them. Some have long-term psychological effects, such as schizophrenia. Magic mushrooms also have a hallucinogenic effect which is generally milder than that associated with LSD. However, the physical effects are generally more pronounced, such as increased

heart rate and blood pressure. Side effects include nausea, vomiting and stomach pains. Long-term effects may include flashbacks, but little research has been done in this area. There are reported to be no withdrawal symptoms and no risk of physical addiction (Barnard, 2007).

Alcohol on the hand enters the blood and circulates through the whole body including the brain. It has effects on several organs in the body and brain, which influences behavior and feelings. Alcohol can be dangerous drug and has some long-term effects. Drinking too much too often causes physical damage, increase the risk of getting some diseases and make other diseases worse. Excessive drinking overtime is associated with hepatitis and cirrhosis of the liver, gastritis (inflammation of the stomach lining), inflammation of the pancreas, high blood pressure (which might lead to stroke), certain types of cancers including mouth and throat, damage to the brain, heart failure, neurological problems like epilepsy and certain types of vitamin deficiency. Excessive drinking has also been linked to obesity, sexual problems, infertility, muscle disease, brain damage, depression, aggressive behaviour, violence, blackouts and death from inability to breathe (Gacicio, 2001).

Abuse of alcohol has been linked to a depressant of the nervous system. A small amount of alcohol will relax an individual and make him/her feel less anxious. An increased amount of it suppresses part of the brain that controls judgment resulting into a loss of inhibition. A pupil in such a state might not be able to make an informed decision. Alcohol even affects physical co-ordination, causing blurred vision, slurred speech and loss of balance. Alcohol abuse results in

violence, property destruction, fatal road accidents, assaults for no given reasons and incidences of school dropouts due to poor performance and boycott of class activities. The result of alcohol taking develops into deficiencies, for example, lowered intelligence and might cause physical abnormalities (Hopkins D, 1992).

The biggest risk nowadays is getting and spreading HIV/Aids. A drunkard is often careless and forgets about essential precautions, like using a condom when having sex. He/she might also sleep with more persons or with persons whose health status he does not know. Alcohol use is a predictor of early sexual activity and failure to use condoms, leading to unplanned teenage pregnancy and sexually transmitted diseases, including HIV. In addition the body of a drunkard is often in a weak condition and more susceptible to all kinds of infections and diseases including HIV/aids. Alcohol has a negative impact on sexual performance. It might be difficult to have an erection (Loveland-Cherry, 2000).

Alcohol is also a drug; it can make one an addict. Addicted people spend a lot of money and time on alcohol, which is a heavy burden for the family and the community. Once a person is addicted, it is very difficult to drink less or stop drinking. If the person tries to stop he has tremors, rapid heartbeats and sweating and difficulty falling asleep at night. Such a situation is very painful and dangerous (MOH/GTZ RH Report, Vol. 8).

Inhalants are readily available and relatively affordable. It is partly for this reason that they are partly mistakenly believed to be safer than other recreational drugs, that inhalants are especially popular among children and young adolescents.

Inhalants may dangerously hinder the activity of the nervous that controls breathing. The resulting respiratory depression may cause unconsciousness, comma, or even death. They may engage in irresponsible or dangerous behaviour such as recklessness and violence. Inhalants irritate breathing passages, sometimes provoking severe cough, painful inflammation and nose bleeding. Nitrite inhalants often cause intense facial flushing, feeling of severe weakness, dizziness and heart palpitation (Burundi, 2003).

Inhalants, more so in heavy doses may not produce a pleasant high but mental confusion, hallucinations and delusions and persecution. They increase the risk of permanent brain damage, poor memory, extreme mood swings, tremors and seizures. This substance effects are always very mild to realize at the beginning and only last for a short time. Many abusers believe that substances are essentially harmless but they are very dangerous both in their immediate effects and their long-term consequences. Individuals who abuse inhalants are always troublesome and hard to deal with in the environment where they exist (Nadia, 1998).

Pathfinder (2000) Addiction or repeated use of psychoactive substance to the extent that user is periodically or intoxicated shows a compulsion to take a preferred substance or substances by almost any means. Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interfered with. The life of the addict may be dominated by the virtual exclusions of all other activities and responsibilities. The term addiction also convey the sense that such substances has a detrimental effects in the society, as well as in the individual; when applied to the use of alcohol it is equivalent to alcoholism or

addiction. It is regarded by many as discrete disease entity, a debilitating disorder rooted in the pharmacological effect of drugs, which is remorselessly progressive.

Namwanja (1993) found that effective disorder, residual, alcohol or drug related effects that affect the user beyond the period, which a direct effect of drug might reasonably be assumed operating. Consumption of alcohol leads to any physical, psychological or social harm. The use of drugs is often progressive and fatal, it is characterized by continuous or periodic; impaired control over the use, pre-occupation with drug use despite adverse consequences, and distortion in thinking and most notably denial.

According to Miller and Plant (1996), alcohol intoxication is manifested by signs like facial flushing, slurred speech, unsteady gait, euphoria, increased activity, slowed reactions, impaired judgment and motor in co-ordination, and insensibility. Individuals drugging desire to achieve a degree of intoxication. The behaviour expression of a given level of intoxication is strongly influenced by cultural and personal expectations about the effects of drugs.

Certain substances have powerful stimulant action; they are often referred to as 'speed', example of such a drug is amfetamines. The symptoms and signs suggestive of intoxication with amfetamines or similarly active sympathomimetics includes pupillary dilatation, elevated blood pressure, sweating, chills, vomiting and abnormal behavior such as aggression, grandiosity, agitation and impaired judgment. In rare cases delirium develops within 24 hours of use. Chronic use of such drug commonly induces personality and behaviour



changes, for example impulsivity, aggressiveness, irritability and suspiciousness. Cessation of intake of such a drug after a prolonged or heavy use may produce withdrawal reaction, depressed mood, fatigue, sleep disturbances and hallucination (Donovan and Jessor, 1985).

## **2.7 Consequences of Youth Drug and Substance Abuse**

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse. (Hawkins, Catalano, and Miller 1992) cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced by alcohol- and drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmates (Bureau of Justice Statistics, 1992).

Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness.

The drug abuse Warning Network (DAWN) study -- in a representative sample of hospitals throughout the United States -- reports trends in people seeking emergency department treatment related to illegal drug use or non-medical use of legal drugs. Preliminary 1994 estimates indicate drug-related emergency department episodes for youth ages 12 to 17 increased by 17 percent from 1993 to 1994. This increase was greater than for any of the older age groups reported. Significantly, emergency department visits related to marijuana/hashish for youth ages 12 to 17 increased 50 percent between 1993 and 1994 (McCaig, 1995). Ninety-one youth between the ages of 12 and 17 died of drug abuse in 1993 (Office of Applied Studies, 1994).

Many substance-abusing youth engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances. Rates of AIDS diagnoses currently are relatively low among teenagers, compared with most other age groups.

However, because the disease has a long latency period before symptoms appear, it is likely that many young adults with AIDS were actually infected with HIV as adolescents. Although alcohol-related traffic fatalities for youth have declined, young people are still over represented in this area. In 1995 alone, more than 2,000 youth (ages 15 to 20) were killed in alcohol-related car crashes (National Highway Traffic Safety Administration, 1997). These limited examples illustrate the catastrophic health-related consequences of substance abuse among

adolescents. Besides personal and family distress, additional healthcare costs and loss of future productivity place burdens on the community.

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents. Substance-abusing youth are at higher risk than non users for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

Substance-abusing youth often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made. In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth (Nowinski, 1990). Substance abuse can drain a family's financial and emotional resources (Bureau of Justice Statistics, 1992).

The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol- and drug-related crime victims, increased burdens for the support of adolescents and young adults

who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth (Gropper, 1985).

There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, a lack of neighborhood social controls, and physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993).

Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse (National Institute of Justice, 1996).

## **2.8 Signs and Symptoms of Drug Abuse**

Regular use of any drug, including tobacco and alcohol, is likely to be a risky and counter-productive activity for younger teenagers who are still developing physically and emotionally. They are more vulnerable to some of the physical and

mental unwanted or toxic effects, and drug use with the rituals that surround it can interfere with, or completely disrupt, activities which open up options for the future. Having options is essential for contentment, and perhaps one of the cruelest effects of a drug-fixated lifestyle is that options dwindle away to a single track, with no passing places (Philip, 1994).

There are a number of pointers which may suggest to parents that something is amiss with their child, and that this could be related to drug use. The behavior around home may change, an altered pattern of sleeping may become evident, with the child pouncing around late at night, then showing a greater than usual reluctance to respond to the alarm clock. A previously healthy appetite may fade with the resulting body weight loss, or alternatively mounds of food are tucked away. A previously placid person may become moody or unpredictable. Concentration span or memory may diminish, the child may seem suspicious or secretive, irritable or restless, pale or tired and apathetic (Philip, 1994).

## **2.9 Indiscipline in Schools**

Burundi (2003) explains that indiscipline can be regarded as a situation whereby individuals do not conform to the set rules especially in an institution such as church or school. According to Republic of Kenya (1991) reports that indiscipline can take the form of lateness, chronic absenteeism, truancy, rudeness, disrespectful behaviour, unacceptable verbal expression, bullying of fellow students, among others. The purpose of discipline in school is to create and maintain favorable conditions to a learning situation. Mbiti (1974) maintains that the goal of discipline is to produce young people who will be responsible when

they become adults. This has not been the case in our schools. For instance, in March 1998, 23 girls from Bombululu Secondary School died and 18 were seriously injured when a night fire engulfed their dormitory.

NACADA (March 2004) explains that many types of maladjusted children are found in schools. The symptoms they exhibit are numerous ranging from unfaithfulness, cheating, cruelty and many other types of disorderly behaviour. Ayieko (1988) explains further that indiscipline can be observed in many forms, an example being self-destructive behaviour expressed in student due to drug use. In March 2001 at Kyanguli Secondary School Machakos 58 learners died in an inferno allegedly caused by students. Drugs make students involve in very unique behaviour in schools (Gacicio, 2004).

According to research carried out by Murad (2003) out of 1700 students that he researched on, 16% reported having used substances that caused dependency hence affecting discipline in their schools. Of the 515 females, 88 reported to have used substances. 17% of the 1149 males had used substances. Of the males who had used substances, an amphetamine was first with 37%, marijuana 29%, tranquilizers 24% barbiturates 8%. The survey revealed that substance abuse among students was relatively high, extending from some 16% of secondary school students to 24% in the university. This was reported to affect their discipline in the schools adversely (Murad, 2003).

Young people who persistently abuse substances often experience an array of problems; declining grades, absenteeism from school and other activities, and

increased potential for dropping out of school are problems associated with adolescent substance abuse. Hawkins, Catalano, and Miller (1992) cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Cognitive and behavioral problems experienced by alcohol and drug-using youth may interfere with their academic performance (Bureau of Justice Statistics, 1992).

Frolenzano, Urua, Mantelli, Madrid and Zalas (1982) carried out a research involving 1,240 students from 4 public schools in Santiago, Chile. They wanted to find out the extent to which primary school pupils were involved in alcohol abuse and its effect on discipline. The sample number of pupils was selected at random. Questionnaires, which had previously been piloted and validated, were administered to the pupils in their classes. The results found out that most of the pupils abused alcohol the findings further revealed that discipline and examination results of those that abused drugs deteriorated with time. It is evident that drug is a global problem. The research aim is to establish the effects of drugs in disciplines. A case study that has not been carried out in Kamukunji among the primary schools pupils.

### **2.10 Theoretical Framework**

The study is based on various theories suggested by Petraitis and Flay (1995), which provide a framework for understanding substance abuse. They are social learning theories, interpersonal and comprehensive theories. Cognitive-Affective theories consider how adolescents' beliefs about the consequences of experimenting with specific substances contribute to their decisions to use those

substances. Interventions that use this theoretical approach focus on increasing adolescents' beliefs about negative consequences of using drugs, highlighting the benefits of not using drugs, and correcting inflated estimates or perceptions of drug use. In the present study, the theory is important in that knowledge of the pupils on drugs has a bearing on their use.

### **2.11 Social Learning Theory**

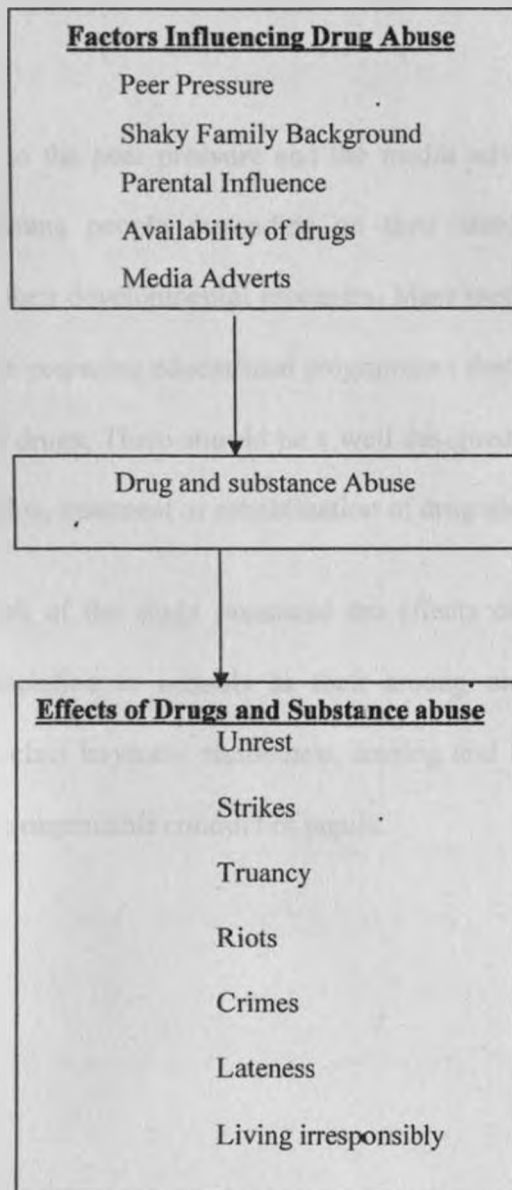
Social Learning Theories was advocated by Albert Bandura in 1986. He assumed that adolescents acquire their beliefs about substance use and other delinquent behaviors from their role models, friends, and parents. From this perspective, it is important to provide adolescents with positive role models, and to teach them refusal skills and the belief that they can resist drugs. This further establishes that the surroundings that the pupils live in, the community that they come from and the people that they interact with had either influenced them into taking or not taking drugs. Prevalence of drugs in the slums had an impact on the knowledge, attitude and practices of the pupils.

Interventions target many of these individual characteristics of children rather than focusing on their beliefs about specific drugs and behaviors the theories to account for how adolescents' biology, personality, relationships with peers, parents, and culture or environment may influence them to drug use (Petraitis and Flay, 1995). This theory further suggests that pupil's interaction with their peers especially at school will facilitate or hinder them from involvement in drugs and substance abuse that will enhance discipline in schools.



## 2.11 Conceptual Framework

**Figure 2.1: Effect of Drug and Substance Abuse on Pupils' Discipline,**



Gacicio (2001)

The conceptual framework as presented in Figure 2.1 shows that pupils' involvement in drugs and substance abuse is as a result of their availability. Environment such as home and school and the community around also play an

important part of how pupils abuse drugs. The pupils therefore are able to access different types of drugs which determine the level of drug abuse which ultimately affect school discipline.

The issue of drug abuse to the peer pressure and the media adverts brings the interaction among the young people depending on their status, self worth, competence, identity and their developmental processes. Mass media is important to play a significant role in preparing educational programmes that can inform the masses on the dangers of drugs. There should be a well designed programme to intervene through prevention, treatment or rehabilitation of drug abusers.

The conceptual framework of the study presented the effects of drug use and substance abuse in indiscipline in schools as theft among students, strikes, sneaking out of schools, class boycotts, shabbiness, teasing and bullying fellow students. All these led to irresponsible conduct of pupils.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the procedures to be used in conducting the study. The chapter focuses on research design, target population, sample and sampling procedures, research instruments, and data collection procedures and data analysis techniques.

#### **3.2 Research Design**

The study used the descriptive survey design using both qualitative and quantitative approaches. The qualitative approach according to Glesne and Allan (1992) is the mode of inquiry which include case studies and educational critics among others that deal with synthesizing the collected information. Quantitative approach on the other hand deals with analyzing numerical values, charts and tables. The choice of this design was made based on the fact that it seeks to obtain information that describes existing phenomena by asking individuals their perception, attitude, behaviour or values. It can also be used for explaining or exploring the existing status of two or more variables. It is a flexible design and a measurement of characteristic of large population.

#### **3.3 Target Population**

Kamukunji Division has a total of 17 primary schools, 15,569 pupils and 340 teachers (Nairobi City Council: Education Department, 2008). The target

population of the study was therefore all the 17 headteachers, 340 teachers and 15,524 pupils in the 17 public primary schools in Kamukunji Division, Nairobi Province, Kenya.

### **3.4 Sample Size and Sampling Procedures**

Purposive sampling was used in the study with all the public primary schools in the division. To select the teachers, the research used the table by Krejcie and Morgan, (1970). The table recommends that out of 340 teachers a sample of 181 should be used. This number was divided by the number of schools giving a total of 11 teachers per school. For the schools with fewer teachers, the research will filled in the gap with teachers from schools that had more than 11 teachers. Teachers were selected since they are involved with pupils' discipline in the schools and could give information about them concerning use of drugs.

The division had a total of 1,524 class 8 pupils who are selected by purposive sampling, since they have been in the school for a long time and are also better informed than pupils of other classes. According to the table, out of the 1,524, a sample of 375 should be selected by random sampling. This number was divided by the number of schools giving a sample of 22 pupils per school. However after identifying the number of teachers, pupils and the number of streams in each school, the researcher divided the number in proportion to the numbers available. The study used simple random sampling technique to select both the teachers and pupils in the schools to include girls and boys stratified sampling was used. All the head teachers in the sampled schools were involved in the study.

### **3.5 Research Instruments**

Data were generated using focus group discussion for the pupils, interview schedule for the head teachers and questionnaire for the teachers. The questionnaires, focus group discussion and interview schedules for the teacher had both open ended and closed questions based on the research objectives and questions. Closed ended items required the respondents to choose one response from the options provided. Open-ended questions required the respondents to freely give their options and suggestions.

### **3.6 Instrument Validity and Reliability**

According to Borg and Gall (1989), validity of an instrument is improved through expert judgment in order to help improve content validity of the instrument.

Mugenda and Mugenda (1999) define reliability as a measure of the degree to which a research instrument yields consistent results or data after repeated trial.

To enhance reliability of the instruments, a pre test was conducted in one school outside the division. In order to ensure the validity and the reliability of the instruments, assess the language suitability of the instrument and their clarity. The researcher used Kuder Richard son (K-R) 20 formulae to compute reliability coefficient where a score obtained in one item is correlated with scores obtained from other items in the instrument. Cronbach's Alpha reliability coefficient .8140 and the standardised .8320. Alpha of .8140 was deemed reasonable for the study as provided by George and Mallery (2003) rules of thumb that when the alpha

values is  $> .9$  – Excellent,  $> .8$  – Good,  $> .7$  – Acceptable,  $> .6$  – Questionable,  $> .5$  – Poor, and  $< .5$  – Unacceptable” (p. 231).

The formula is as follows

$$KR_{20} = \frac{(K)S^2 - \sum s^2}{(S^2)(K-1)}$$

Where  $KR_{20}$  = Reliability coefficient of internal consistency

$K$  = Number of items used to measure the concept

$S^2$  = Variance of all Scores

$s^2$  = Variance of individual items.

### **3.7 Data Collection Procedures**

A research permit was obtained from the Ministry Higher Education Science and Technology (MHES&T). The researcher then made appointments with the school heads in the sampled schools and arranged on when to administer the focus group discussion with the pupils, the teacher’s questionnaires and interview the head teacher. The researcher collected all data in person by visiting all the sampled schools. The respondents were assured that strict confidentiality would be maintained. The pupils held a focus group discussion with the researcher, and then the researchers had an interview session with the head teacher, then collect the questionnaires from the teachers.

### **3.8 Data Analysis Techniques**

After all the data is collected it will be grouped according to the different categories of respondents. The researcher checked whether all the questionnaires

have been filled up in a complete manner. Those not filled well were discarded and regarded as spoilt and were not to be included in the analysis. Data was then be coded and entered in the computer for analysis using the Statistical Package for Social Sciences (SPSS) (Version 10.0). The questionnaires derived both qualitative and quantitative data. Quantitative data will be analyzed by providing numerical value to each response. Qualitative data were analyzed by synthesizing the information or the data collected from respondents own words. The researcher then analyzed and compares the responses. Data were presented using frequency distribution tables, pie charts and bar graphs. At the end of the research findings, the researcher produced an informative detailed results on the study conducted and specified the gaps that need to be filled.

## CHAPTER FOUR

### DATA PRESENTATION ANALYSIS AND INTERPRETATION

#### 4.1 Introduction

This chapter focuses on the questionnaire return rate, demographic information of the respondents, presentation, interpretation and discussion of findings. The presentations were done based on the research questions.

#### 4.2 Response Rate

Response rate is the proportion of the sample that participated as intended in all the research procedures. Out of the one hundred and eighty-one teachers, one hundred and sixty (88.4%) returned the questionnaires. This return rate was above the recommended 85% return and hence deemed adequate for the study.

#### 4.3 Demographic Information of Teachers

Demographic information of the teachers was based on their age, gender and professional qualifications. This information is presented in the following section. To establish the age of the teachers, the respondents were asked to indicate their age on the questionnaire and the responses were presented in Table 4.1.

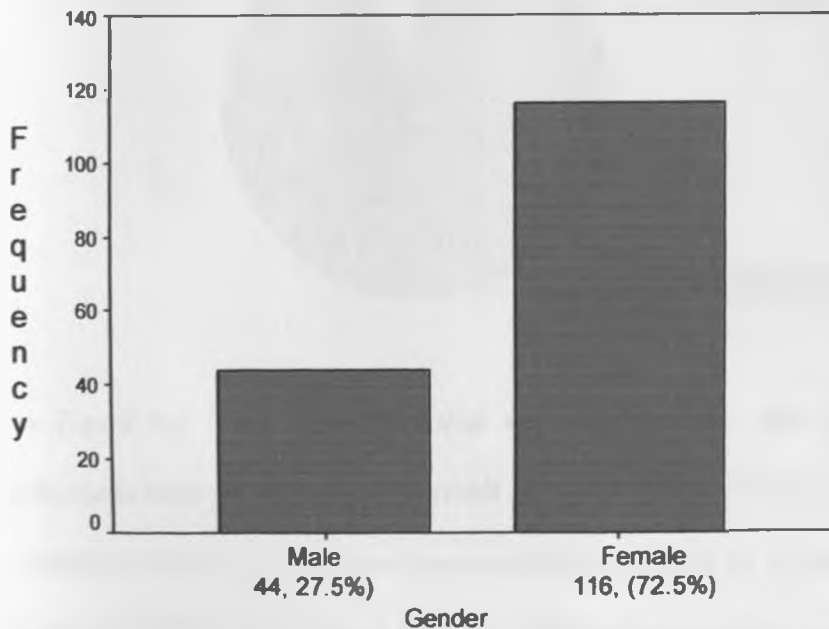


**Table 4.1 Teachers' Distribution by Age**

Range	Frequency	Percent
26 -30 years	6	3.8
31 -35	56	35
36 - 40	46	28.7
41 -45	27	16.8
46 -50	7	4.4
51 and Above	18	11.3
<b>Total</b>	<b>160</b>	<b>100</b>

From the findings in Table 4.1 majority of the respondents (80.5%) were aged between 31 to 45 years. Meaning that the teachers were mature and experienced professionals the information they provided about drug abuse in schools was deemed to be reliable. In terms of gender, the teachers, indicate their gender on the questionnaire and the results were presented as shown in figure 4.1

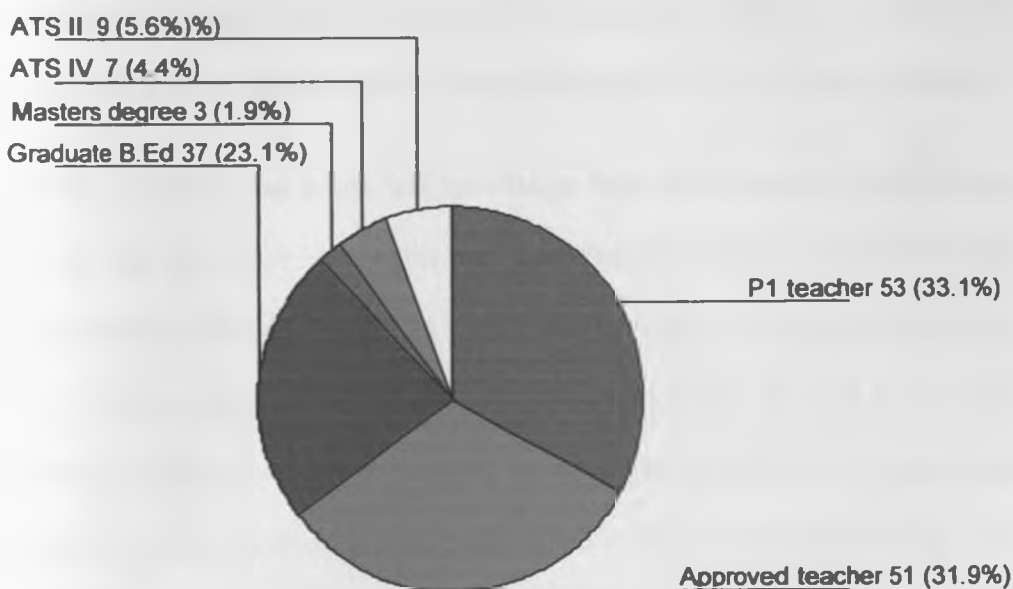
**Figure 4.1 Teachers Distribution by Gender**



The study established that majority of the teachers 72.5% were female while the remaining, 27.5% were male meaning that there was gender representation in the selection of respondents. This is in line with the statistics in the City Council Education department that most of the teachers in the city public schools are female.

The study also sought to find out the professional qualification of the teachers respondents in the study population and the findings were presented in figure 4.2.

**Figure 4.2 Professional Qualifications of Teachers**



From Figure 4.2 it was observed that approved teachers and P1 teachers qualifications were the majority. The result show that 33.1% of the teachers were P1 certificate holders, 31.9% were approved teachers, while 23.1% were holders of Bachelor of Education degree. Meaning that, the respondents were qualified

teachers. This finding implies that although most of the teachers were P1, a good number had sought for further qualifications including Master in Education. Further, the finding that most of the teachers were P1 teachers could be attributed to the fact that this is the minimum qualification for one to teach in a primary school.

#### **4.4 Drugs and Substance Commonly Abused by Pupils in Schools**

To establish the various drugs abused by the pupils, the respondents were asked to respond to various items which sought to establish the various drugs that pupils abused. For example, the teachers were asked to indicate whether the pupils had knowledge of drugs. From the study, 50% of the teachers indicated that pupils had knowledge of drugs against 26.3% who said that pupils were not aware of drugs.

Teachers indicated that pupils had knowledge from what they had been taught at school, they also said that pupils had knowledge from the community while 26.9% indicated that pupils did not seem to have adequate understanding of drugs. The findings concur with McKeganey (2003) who found out that most of the children articulated a negative view of illegal drugs as a whole, but were often vague and mistaken in their knowledge when it came to individual drugs. The pupils were also asked to indicate whether they had seen drugs. The responses are presented in table 4.2.

**Table 4.2 Drugs and Substances Abused by Pupils in Schools**

Drug	Seen		Not seen	
	F	%	F	%
Alcohol	227	67.2	111	32.8
Tobacco	305	90.2	33	9.8
Narcotic drugs	118	34.9	220	65.1
Cannabis	151	44.7	187	55.3
Hallucinogens	80	23.7	258	76.3
Inhalants	217	64.2	121	35.8
Stimulants	149	44.1	189	55.9
Mescaline	60	17.8	278	82.2
Miraa	338	100	-	-

Findings indicated that the majority of the pupils had seen the various drugs. For example the majority had seen alcohol as indicated by 67.2%, a great majority 90.2% had seen tobacco, 34.9% had seen narcotics, 44.7% had seen cannabis, 23.7% had seen hallucinogens, 64.2% had seen inhalants, 44.1% had seen stimulants, 17.8% had seen mescaline while all of them had seen miraa. This shows that most of the pupils were aware of the drugs.

The study established the fact that pupils had seen most of the drugs including hard drugs such as cannabis, narcotics, and hallucinogens which presupposes that pupils were aware of drugs. Some of these drugs are illegal and are never in the

moderately. Secondly, alcohol is readily available and it is consumed mainly in pubs and other entertainment centers which have features that students crave. In addition, the drug is more acceptable in the society compared to other types of drugs.

The pupils even said that their parents and relatives sometimes carry them home and they are shared out. To determine how drugs are sneaked into schools pupils were asked if they carry drinks like juices and sweets like chocolates to school. The study established from pupils that alcohol is easily sneaked into schools in laced juices and chocolates.

The study found out that most of the adverts target men and tend to portray that alcohol taking and cigarette smoking is masculine, that is why in 'Embassy' they use a picture of a lady accompanied with a word "smooth all the way". To determine the extent of drug abuse in schools, teachers were asked to indicate the approximate number of pupils who abused drugs in their schools and the findings were presented in figure 4.3.

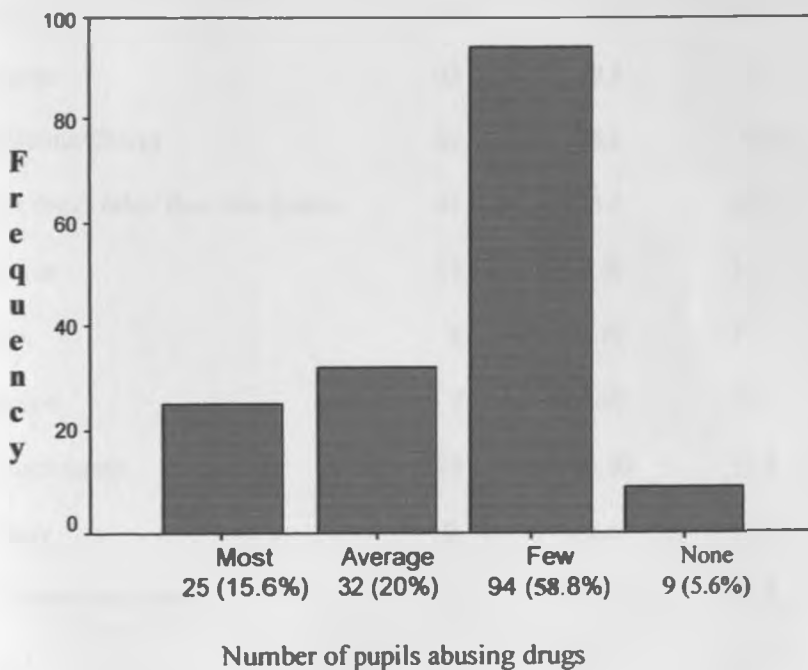
public domain publicly hence if the pupils have seen them there it implies that either people that live with them or even their colleagues are involved in drugs in one way or another.

The above findings are in line with the study by National Centre for Social Research (NCSR) and National Foundation for Educational Research (2000) which found that pupils had high levels of awareness of illegal drugs. Even among 11 year olds the age of the pupils in this study, had heard of each of these drugs, though awareness of other drugs such as ecstasy was much lower among younger pupils than it was among 15 year olds as it is in this study.

The findings are also in line with the findings of the Department of Health, Social Services and Public Safety (DHSSPS, 2006) which found out that the vast majority of children 95% had heard of drugs before the survey; almost a fifth 18% of children who were aware of alcohol, had been offered an alcoholic drink, thirty 8% of all P5 to P7 primary school children had tried alcohol, two fifths 40% of those who have heard of alcohol, reported that they had tried it.

The majority of the respondents 80% agreed that alcohol was the most frequently abused drug followed by miraa (which is referred to as *catha edulis* scientifically), kuber and bang. Alcohol was commonly abused in large quantity because it is sold legally and has attained commodity status and many are lured into taking by the fact that moderate alcohol drinking is good for health. The study posits that alcohol was mostly abused for a number of reasons to begin with, alcohol unlike other drugs do not have a drastic effect on personal health when consumed

**Figure 4.3 Approximate Numbers of Pupils Taking Drugs in Schools**



Data on the approximate number of pupils taking drugs in schools indicated that 58.8% of the pupils take a few, 20% of teachers said that it was an average number of pupils took drugs, 15.6% said most of the pupils took drugs while 5.6% said none of the pupils in their school abused drugs. This shows that there were cases of on drug abuse in schools which a few schools having considerably many pupils involved in the same.

To find out the practice of drug and substance abuse among pupils, the teachers were asked to indicate the drugs that pupils were involved in and the findings were presented as shown in Table 4.3.

**Table 4.3 Teachers Responses on Drugs Taken by Pupils**

Drug	Taken		Not taken	
	F	%	F	%
Beer	56	35.0	104	65
Tobacco	62	38.8	98	61.3
Marijuana/Bhang	62	38.8	98	61.3
Illicit drugs other than marijuana	41	25.6	119	74.4
Cocaine	15	9.40	145	90.6
Crack	6	3.80	154	96.3
Heroin	9	5.60	151	94.4
Hallucinogens	26	16.30	134	83.8
Ecstasy	9	5.6	151	94.4
Methamphetamines	23	14.4	137	85.6
Miraa	44	27.5	116	72.5

Findings presented in table 4.3 show that 35% of the teachers said that pupils abused beer, 38.8% abused tobacco, the same number took marijuana, 25.6% teachers said that pupils used illicit drugs other than marijuana, 9.4% abused cocaine, 3.8% used crack, 5.6% used heroin, 16.3% abused hallucinogens, 5.6% used ecstasy, 14.4% abused methamphetamines while 27.5% used Miraa. The responses of the teachers concurred with the findings of the headteachers that pupils were involved in drugs such as beer, tobacco, bhang and even hard drugs such as cocaine, crack and hallucinogens. The findings show that pupils in Kamukunji Division were involved in drug and substance abuse.



The pupils were also asked to indicate the drugs that they were involved in. Pupils' responses revealed that they used alcohol, tobacco, narcotics, stimulants, hallucinogens and inhalants. This is in line with findings in Daily Nation which found out that the most frequently used drug was alcohol. The findings reveal that pupils abused drugs with some of them abusing hard drugs such as cocaine, crack, heroine and hallucinogens. The findings are in line with those by NISRA 2007, which found out those children as young as eight are smoking, drinking alcohol and taking drugs.

These findings also concur with findings of Denise Kandel and Kazuo Yamaguchi (1993) who found that adolescents used hard drugs, such as cocaine or crack. Most smokers begin smoking as teenagers. These findings are in line with findings of McKeganey (2003), who found that 31% of the children had been exposed to illegal drugs while 9% had actually been offered them. Cannabis was the most commonly used illegal drug and while around 6.5% of the sample had tried it, others thought it was legal and not harmful.

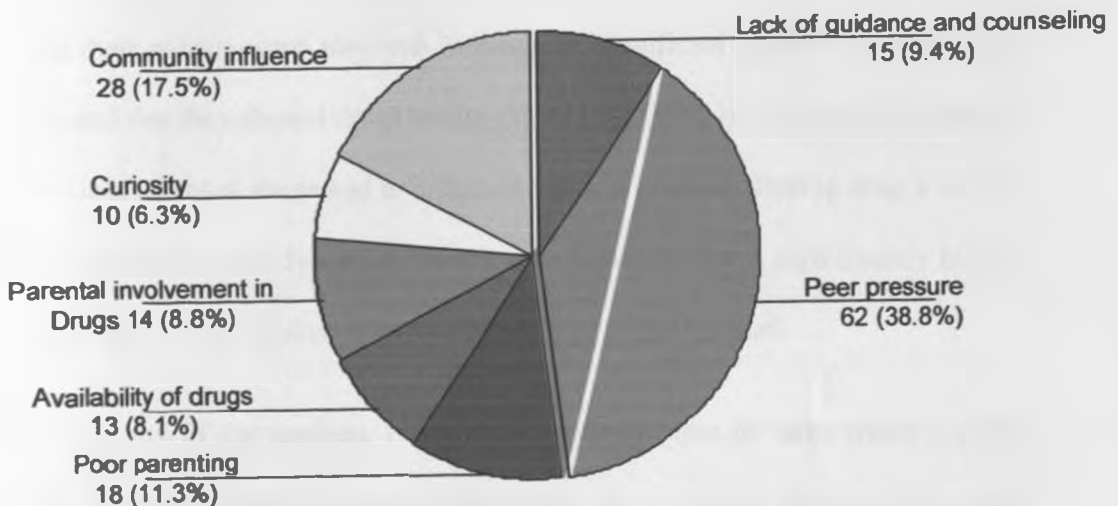
The findings are in line with the findings by the Republic of Kenya (2003) which found out that youth abused a wide range of substances with the most commonly abused drugs being alcohol, tobacco, bhang, miraa, and inhalants. The study also revealed that youth also abused substances such as amphetamines, heroin, cocaine, and Mandrax as well as tranquillizers, cough mixtures and indigenous alcoholic drinks.

#### 4.5 Factors Influencing Drug and Substance Abuse in Schools

Drug and substance abuse has become disturbing trend in economic, social and political life. Pupils drug use and substance abuse has reached an alarming level and possesses a great threat to our social development.

The findings on the factors that influence the drug use and substance abuse has collaborated with various reasons which have been cited by other researchers. Some of these reasons include the ones that have been elaborated on in the figure 4.5 which was the result of what teachers gave as to the reasons why they think the pupils involve in drug use. The study also sought to establish reasons for taking drugs. The teachers for example were asked to indicate the reasons for pupils' involvement in drugs. Their responses are presented in figure 4.5.

**Figure 4.4 Teachers' Responses on Factors Influencing Drug Abuse**



Teachers attributed drug abuse to various factors. For example 38.8% attributed drug abuse to peer pressure, 17.5% attributed it to community influence, 11.3% attributed it to poor parenting, 8.8% attribute to availability of drugs, 8.8% said parental involvement in drug was a cause of drug abuse among pupils, 6.3% attributed it to curiosity while 9.4% said it was due to lack of guidance and counseling. Among the pupil respondents, peer pressure was rated by 34.9% as a cause of drug abuse among them, 32.5% rated family background such as poor parenting and parental involvement in drugs. Availability of drugs was rated by 22.8% as a reason for drug abuse. In a separate statement, a good number of pupils, 31.2% indicated that they had known drugs from their friends. This is in line with Vaidya et al, (1989) who found out that boys were more sensitive to best friend's or elder brother's disapproval than to parental.

A significant number of pupils in the focus group discussion indicated that their parents were involved in drugs. They also reported that they too had abused drugs since their parents were involved in drugs. A significant number of pupils also indicated that they abused drugs because their friends did so. Finding that parental and friends alcohol abuse had an influence on their children abusing drug is in line with the study by Vaidya et al, (1989) who found out that a significantly higher proportion of boys smoked if their father or best friend smoked.

The majority of the teachers 119 (74.4%) indicated that the area where a pupil came from was a major cause of drug abuse among pupils. Most of the pupils came from slum areas where drugs were very prone among people. Teachers also said that pupils came from areas where drugs were easily accessible, that some

pupils were also used in drug trafficking, they were also used by drug peddles to sell or transport drug since they were less suspicious. Most of the pupils in the focus group discussions also reported that the community around the school contributed to drug abuse among them. Pupil's response also collaborated with the findings of the Merton and Nisbert (1971). People used illegal drugs because of their availability and promotion interests of those who are in a position to benefit.

Responses from the pupils indicated that they had perceptions that could influence them to drug abuse. For example, pupils agreed that they admired other pupils and friends who took drugs. They also agreed that drugs helped in relieving stress, they also admired Rastafarians who took and were associated with drugs as a religion. Some of the pupils held an opinion that pupils who took drugs did well in examinations; they also agreed that when one takes drugs, he or she felt 'high'. A large number of pupils concurred that drug abuse helped people to be happy, and that they felt happy when they saw other pupils taking drugs. The focus group discussion also revealed that pupils were of the opinion that some drugs were not as bad as perceived to be and that it was ok to take them.

These perceptions towards drugs easily lured pupils into abusing drug. For example, when pupil admired other pupils, friends or even Rastafarians who take drugs, were most probably involved in drugs. Pupils who believed that pupils who take drugs performed well in examinations were most likely involved in drugs themselves so as to perform well in examinations. Pupils who believed the drug made people happy were easily involved in drugs to get the presumed happiness

as a result of drug abuse. The pupils added that those who take drugs seem to enjoy it.

The head teachers responses during the interview showed that the community around the school was a contributing factor to drug abuse. They reported that the slums around the school had many youth openly involved in drugs and so the pupils were very frequently involved into taking drugs. They also said that at times the pupils acted as channels of transporting the drugs in their school bags to other abusers; hence in the process, they themselves got involved in taking drugs. Some of the pupils were also from broken families or families of drug abusers and even street children. These children were involved in drugs at home which affected their life in the school and cost them most of their time.

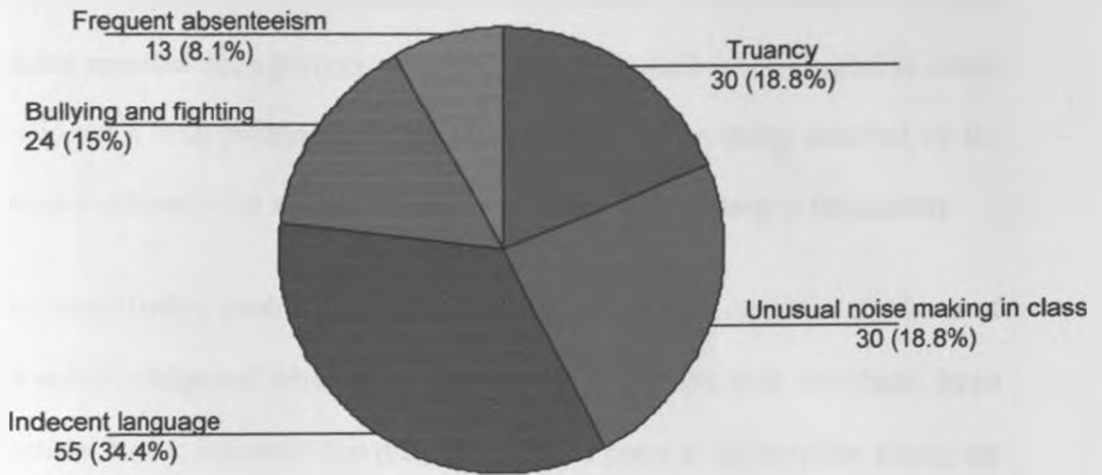
Age factor also contributed to drug taking. Primary school pupils in upper primary especially class eight see themselves to be in transitional stage from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and problems. It is a period of "storm" and "stress" a time of self discovery and self assertion. It is the age the pupils tend to experiment a lot with what is found within their reach. Majority of them feel that they are grown up and should be left alone and not to be guided. Some of the adolescent try out drugs in order to determine the effects of drugs by themselves. This is supporting (Oketch, 1977) that adolescents use drugs out of curiosity and also to feel good as the adults do.

#### **4.6 Effects of Drug and Substance Abuse on Discipline in Schools**

The study found out that youth who sold and used drugs were more likely to commit crimes than those who only sold drugs or only used drugs. Heavy drug users were more likely to commit property crimes than nonusers, and youth who trafficked in drugs reported higher rates of crimes against persons. Youth in this sample were most likely to commit burglary or sell drugs while using or seeking to obtain drugs. About one-fourth of the youth also reported attacking another youth to obtain drugs. However, among the youth in this sample, the majority who committed crimes did not do so in connection with drugs (Altschuler and Brounstein, 1991).

To establish the effects of drug abuse on discipline, the teachers were asked to indicate whether they had cases of pupils' indiscipline due to drug abuse. In this item, 65.6% said there were such cases while 34.4% indicated that they did not have. The teachers were further asked some of the cases of indiscipline, they responded as illustrated in figure 4.5.

**Figure 4.5 Types of Discipline Problems**



Findings revealed that 34.4% teachers said that pupils were involved in indiscipline in indecent language, 18.8% said they were involved in noisemaking, 8.1% were involved in frequent absenteeism, while 15% bullied other pupils in the schools. 25.6% teachers said that they kept records of pupils who abused drugs and these were the same pupils that were involved in indiscipline cases in the school. The findings concurs with the study by kerechio (1994) that effects of drugs are associated with having taken too much of a drug or several of them which have drastic effect on the central nervous system. The findings further revealed that drugs reduces pupils memory and reacting capacities hence the pupils become helpless in class and always trouble causes prompting schools administration to follow-up on them.

In an interview with the head teachers, revealed that they handled discipline cases such as bullying and fighting, truancy, indecent language to teachers and pupils, rudeness to teachers and disobedience to teachers. In one interview the head teacher reported that a parents manhandled the head teacher when called to school to discuss a drug problem with the head teacher and on being searched by the security officers at the school, he was found with rolls of bhang in the pockets.

The study further established that sometimes pupils were caught at the fence of the school compound where they met some drug abusers from the slums. Head teachers further indicated that drug abuse was a cause of indiscipline among the pupils in the schools. Indiscipline in pupils is shown in schools in form of demonstrations, protests, boycotts and harassments among many others. It is becoming a disturbing trend in the socio-economic political life. Head teachers recommended that it is essential that student's unrest is checked before it reaches an alarming level and posses a great threat to our social development. However, in certain cases the pupil's unrest is conducted in a violent manner where the pupils protests using means like play cards, display peaceful rallies, a letter to the head teachers office or to Divisional Education office among others.

The anger that the pupil's show at times of unrest is released by burning tires, destruction of properties and this is quite appalling and this is supporting the incident which occurred at Bombululu secondary school which left 23 lives dead and 18 with very serious injuries in a night fire (Gacicio, 2004). Pupils should be free to exercise their rights, but they must not take things too far or the law into their hands.



The study established that pupils sometimes involve themselves in virtuous circle where they get excited easily and they will do anything as long as it is fun. Sometimes it is stated with those who involve in drugs to amuse the other fellows and all over a sudden they decide to be rowdy. About 78 % of head teachers revealed that pupils on drug abuse cause a commotion and this is part of indiscipline, which is exhibited no valid or genuine reason for the excitements, but they just feel like making noise since it had been started.

Head teachers further indicated that, pupils who practice truancy and those that do not participate well in class activities fear exams, more so to those who involve in drug abuse. They just take a pinch to let them start the riot or noise making to disturb the learning situation. These procrastinators do not want to fail so they do anything possible to stop exams from taking place at the stipulated time. In this case they look for very petty and insignificant reasons to start the riot to enable the school to close down.

The study also found out that the use of indecent language, fighting and bullying is more rampant in schools where they are densely population. Sometimes adolescents form gangs to fight other gangs in the same school or neighbourhood and in this case, the innocent pupils suffer the consequences not meant for them. In this case they are forced to run and hide for their safety from the bad students known as the 'mafia'. Teachers are at times contributors of the unrest in school apart from drugs, some of the teachers were found to be bullying the pupils in class by using bad languages, and this may at times force the pupils to gang against the bully teachers

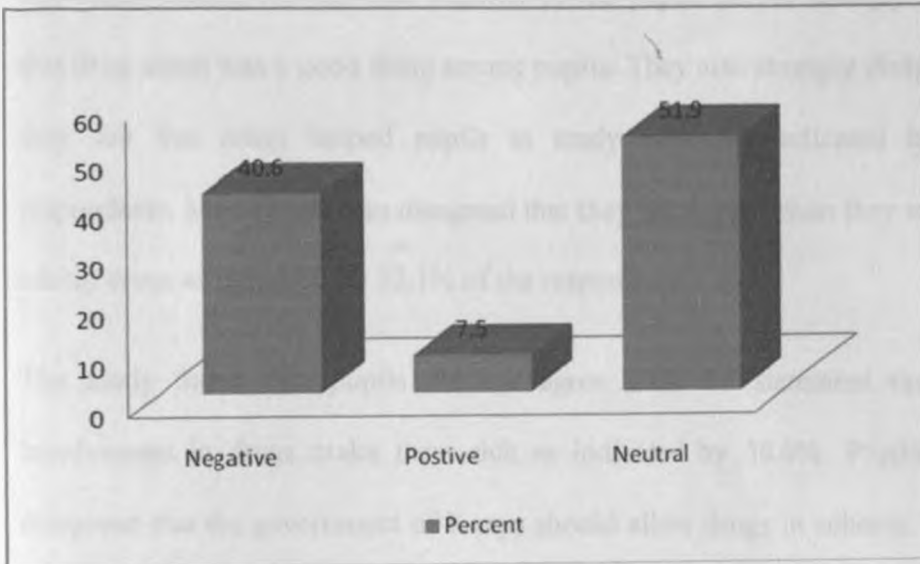
To further establish the prevalence of drugs among pupils, the pupils in the focus group discussions were also asked to indicate whether their classmates took drugs. Majority of them indicated that they had pupils in their classes that abused drugs. They also agreed that generally pupils in the schools abused drugs which were a cause of indiscipline in the schools.

Pupils also agreed that they had friends who abused drugs. Some of the pupils in the focus group discussion said that at times they stayed drunk for even a day. These findings show that pupils in Kamukunji Division were involved in drug abuse which had effect on their discipline. The pupils revealed that many pupils were involved in one drug or another. This finding concur with Vaidya et al, (1989) who found out that boys were more sensitive to best friend's or elder brother's disapproval than to parental.

#### **4.7 Attitudes of Pupils towards Drug Use and Substance Abuse.**

The study sought to establish the attitude of pupils towards drug use and substance abuse. The teachers were therefore asked to indicate the attitude of pupils towards drug use and substance abuse. Their responses were presented in figure 4.6

**Figure 4.6 Teachers' Responses on the Attitude of Pupils Towards Drugs**



Teachers' responses indicated that 40.6% teachers felt the pupils' attitude towards drugs was negative. 7.5% said it was positive while 51.9% had a neutral attitude towards drugs. To further establish the attitude towards drugs, the pupils were asked to indicate the extent to which they agreed or disagreed with various statements regarding drug use and substance abuse. The findings are presented in table 4.3.

The study finding showed that majority of the pupils 52.1% strongly disagreed that drug abuse was a good thing among pupils. They also strongly disagreed that they felt that drugs helped pupils to study better as indicated by 61.8% respondents. Most pupils also disagreed that they felt happy when they saw pupils taking drugs as indicated by 52.1% of the respondents.

The study found that pupils did not agree with the statement that people involvement in drugs make them rich as indicated by 58.6%. Pupils strongly disagreed that the government of Kenya should allow drugs in schools. This was indicated by 58% of the respondents. Respondents denied that drug trafficking could earn the country a lot of revenue as indicated by 61.8%. This findings showed that pupils have a negative attitude towards drugs. This confirmed the study carried out by McKeagany (2003).

In summary, the findings have showed that pupils had a general knowledge about drugs and substance abuse. Further pupils had seen most of the common drugs like alcohol, tobacco, narcotics, hallucinogens, inhalants, stimulants, mescaline and miraa. The pupils indicated that they had friends, classmates and school mates and relatives who abuse drugs and there was a high rate of drug abuse among pupils in Kamukunji Division which can be attributed to peer pressure, poor parenting, availability of drugs, and parental involvement in drug curiosity, lack of guidance and counseling.

## **CHAPTER FIVE**

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

#### **5.1 Introduction**

This chapter explains the summary, conclusion, recommendations the study and the extent to which the research objectives have been achieved on the effects of drugs and substance abuse on discipline among primary schools pupils in Kamukunji Division, in Nairobi province Kenya.

#### **5.2 Summary of the Study**

Indiscipline in schools attributed to drugs continues to be a major concern to educators, policy makers, policy implementers and the community. A report on unrest and indiscipline in schools is always on the increase due to drugs. Drugs commonly used include tobacco, khat, alcohol, tar, and inhalants among others. The absence of reliable and accurate data makes it difficult to convince the public and policy makers on the scale and magnitude of the problem, and even more difficult to respond with adequate demand reduction measures.

The Government of Kenya (GoK) in collaboration with the Ministry of Education Science and Technology (MOEST), is currently implementing several measures aimed at curbing the various cases of indiscipline in learning institutions particularly the use of guidance and counseling units in all secondary schools (MOEST, 2005). In spite of these efforts there have been several cases of pupils indiscipline cases reported in our daily newspapers.

Although newspapers sometimes are biased and unauthentic, they contain important and contemporary data which is useful in a study like this one. Head teachers have complained of pupil's involvement in drugs and substance use, in schools country wide. This has led to indiscipline being realized in form of strikes, riots and demonstrations leading to destructions, injuries and even loss of lives. From literature Mc Keganey (2003) availability of information to pupils on the effects of drugs and substance abuse has been a challenge. This study therefore, sought to fill the gap left on effects of drug and substance abuse on discipline among public primary school pupils aged 12-14 in Kamukunji Division of Nairobi province.

Three research questions were formulated to guide the study. Research question one sought to identify the various drugs and substance commonly abused by primary school pupils, research question two aimed at establishing the factors influencing drug abuse among primary schools pupils in Kamukunji Division of Nairobi province, research question three sought to identify the effects of drug use and substance abuse on discipline among primary school pupils.

The study employed descriptive survey as the research design questionnaire, focus group discussions and interviews were also used to solicit information from the respondents. Data from the questionnaires were analyzed by use of SPSS package while that from the focus group and interviews were analyzed using the themes in the study variables. Data was present using tables, pie charts and bar graphs were interpreted using frequencies and percentages.

### **5.3 Summary of the Findings**

The target population of the study was all the teachers and pupils in the 17 schools. The sample was taken from 181 teachers and 375 pupils out of which a total of 160 questionnaires were returned from teachers and 332 from pupils giving an average return rate of 88.4%.

In terms of respondent's demography, the study established that the majority of the teachers 72.5% were female while the remaining, 27.5% were male meaning that there was gender representation in the selection of respondents. In terms of age majority of the respondents (80.5%) were aged between 31 to 45 years. The result show that 33.1% of the teachers were PI certificate holders, 31.9% were approved teachers, while 23.1% were holders of Bachelor of Education degree. This implies that teachers respondents were professionally trained personnel hence had adequate information and experience on drugs and substance abuse in schools.

The first objective sought to identify the various drugs and substance commonly abused by primary school pupils. From the study, 50% of the teachers indicated that pupils had adequate knowledge and understanding of drugs substances. The findings further indicated that the majority of the pupils had seen the various drugs including, alcohol as indicated by 67.2%, a great majority 90.2% had seen tobacco, 34.9% had seen narcotics, 44.7% had seen cannabis, 23.7% had seen hallucinogens, 64.2% had seen inhalants, 44.1% had seen stimulants, 17.8% had seen mescaline while all of them had seen miraa. This shows that most of the

pupils were aware of the various drugs and substance commonly abused by primary school pupils.

The second objective sought to establish the factors influencing drug abuse among primary schools pupils. Teachers attributed drug abuse to various factors. For example 38.8% attributed drug abuse to peer pressure, 17.5% attributed it to community influence, 11.3% attributed it to poor parenting, 8.8% attribute to availability of drugs, 8.8% said parental involvement in drug was a cause of drug abuse among pupils, 6.3% attributed it to curiosity while 9.4% said it was due to lack of guidance and counseling.

Among the pupil respondents, peer pressure was rated by 34.9% as a cause of drug abuse among them, 32.5% rated family background such as poor parenting and parental involvement in drugs. Availability of drugs was rated by 22.8% as a reason for drug abuse. In a separate statement, a good number of pupils, 31.2% indicated that they had known drugs from their friends. This is in line with Vaidya et al, (1989) who found out that boys were more sensitive to best friend's or elder brother's disapproval than to parental on drugs abuse.

A significant number of pupils in the focus group discussion indicated that their parents were involved in drugs. This finding is in agreement with the study by Vaidya et al, (1989) that parental and friend's alcohol abuse had in influence on their children abusing drugs.

On the effects of drug and substance abuse on discipline among primary school pupils, the findings revealed that 34.4% of the teachers said that pupils were



involved in indiscipline by using indecent language, 18.8% said they were involved in noisemaking, 8.1% were involved in frequent absenteeism, while 15% bullied other pupils in the schools. About 25.6% teachers said that they kept records of pupils who abused drugs and these were the same pupils that were involved in indiscipline cases in the school. The findings concur with the study by Kerechio (1994) that effects of drugs are associated with a drastic effect on the central nervous system. The findings further revealed that drugs reduces pupils memory and reacting capacities hence the pupils become helpless in class and always troublesome prompting schools administration to follow-up on them.

An interview with the head teachers revealed that they handled discipline cases such as bullying, fighting, truancy, indecent language to teachers and pupils, rudeness to teachers and disobedience to teachers establishing the fact that drugs and substances abuse in schools lead to indiscipline.

#### **5.4 Conclusions**

Based on the findings it was concluded that pupils had general knowledge of drugs and had abused a variety of drugs. The majority of them had seen common drugs, which ranged from alcohol, tobacco to hard drugs. The study findings revealed behaviour change in pupils who had involved themselves in drug use. It was also concluded that factors such as peer pressure, poor upbringing as in the case of failure to monitor the movement and behaviour of the pupils at school and back at home as well as denying them the exposure on the effects of drugs and failure in providing them with role model, parental involvement in drugs, drug

availability influenced pupils into taking drugs. It was also responsible for drug abuse among pupils.

### **5.5 Recommendations**

In the light of the research findings the researcher wishes to make the following recommendations on ways of curbing drugs and substance abuse.

- (i) Pupils should be provided with adequate information on the negative effects of drug and substance abuse. This can be done within the family, in schools and also through various mass media adverts like televisions, concerts, movies and magazine.
- (ii) Principals, parents and teachers should exert a significant influence on pupil's attitude, knowledge and opinion on the effects of drugs and substance abuse. They can compliment a school's drug programme by incorporating drug abuse prevention strategies into their subject at any level of grade.
- (iii) The government should effectively and vigorously enforce laws governing sales of alcohol and tobacco to minors, including using underage youth to buy alcohol and tobacco products in "sting" operations. In addition, the governments should ensure that there are warning on the effects of the use of certain drugs and substance.
- (iv) Moral guidance should be provided to the youth through involvement in church activities and community work during their leisure time while at home.

- (v) The government should also strengthen police inspections at the border crossing points such as the seas, lakes and the airports. Inspection is likely to help prevent smuggling of the drugs in to the country.

The study recommended that guidance and counseling in schools be enforced and that strict disciplinary measures be enforced by teachers to curb the vice. Policy makers should also focus their efforts on addressing administrative disparities of principal's leadership capacities across urban, suburban and rural setting.

#### **5.6 Suggestions for Further Research**

Taking the limitations and delimitations of the study, the researcher makes the following suggestions for further research:

- (i) The role of career teacher counselor in curbing pupil drug use and substance abuse in primary schools.
- (ii) Effect of school administration in the fight against drug use and substance abuse in primary schools.

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## APPENDICES

### APPENDIX A: TRANSMITTAL LETTER

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Administration and Planning,  
University of Nairobi  
P.O. Box 3019, Nairobi.

2<sup>nd</sup> July, 2009

The Head Teachers,  
Kamukunji Division,  
P. O. Box 30298-00200 Nairobi.

Dear Sir/Madam,

#### **RE: PERMISSION TO CONDUCT A STUDY IN YOUR SCHOOL**

I am a student at the University of Nairobi within the Department of Education Administration and Planning. Currently, I am carrying out a research on "Effects of Drugs and Substance Abuse on Discipline among the Primary School Pupils in Kamukunji." You are kindly requested to take part in the study. All information given will be used for the purpose of study only but your identity will remain confidential.

Thanking you for your cooperation in the study.

Yours faithfully,

**Ogolla Judith Ngere**

**M.ED Student**

## **APPENDIX B:**

### **FOCUS GROUP DISCUSSION WITH THE PUPILS**

#### **Section A: Effects of Drugs and Substance Abuse on Discipline Among**

#### **Primary School Pupils in Kamukunji Division, Nairobi Province**

Before we start I want to remind you that there are no wrong or right answers in this discussion. I am interested in knowing what each of you think, so feel free and be frank to share your point of view or opinion regardless of whether you agree or disagree with what you hear. It is important that we all hear your opinion. You probably prefer that your comment should not be repeated to people outside this room. Please treat others in this group as you want to be treated by not telling any other person about what you hear in this discussion today. Let us start by having each person introduce herself or himself in the circle to the members of the group.

1. (a) What are drugs?
2. (b) What are some of the drugs that you have come across in your life
- (c) Have you ever seen anybody taking drugs like the ones you have mentioned in number one b?
- (d) How often do they take drugs?
3. How do you feel about people who take drugs?
4. How do they react after taking this drug?
5. Do you think you ever used one?
6. How did you feel after taking the drug?
7. Where do you get these drugs from?

8. Do you have some friends in school who take drugs?
9. What are they saying about taking drugs?
10. What effects do they realize after taking drugs?
11. Have you ever had a conversation with a drug abuser?
12. What do think about drug taking in the school environment?
13. What reasons do they give for taking drugs?
14. Which are the common drugs that you know?
15. What are some of the effects of these drugs?
16. How do pupils who take drug behave in school?
17. a) What do the teachers say about drug abuse?  
b) How are those cases handled in school?  
c) What are your suggestions on ways to deal with drug abuse?

**Section B**

18. Indicate the extent to which you agree or disagree with the following statement?

**Key:**

**SA:** Strongly Agree **A:** Agree **U:** Undecided **D:** Disagree **SD:** Strongly Disagree

Item	SA	A	U	D	SD
I know about drugs from my friends					
Some of my friends take drugs					
Drug abuse affect school discipline					
Pupils are involved in various drugs					
I take drugs to belong to my friends					
Most unrest in schools is a result of drug abuse					
Most pupils take drugs since they are available					
Many pupils take drugs since their friends do so					

Please indicate the extent to which you agree with the following statements

Statement	SA	A	U	D	SD
Drugs abuse is a good thing among the pupils					
The community around the school contributes to drug abuse among school pupils					
I feel that drugs help pupils to study better					
Drug abuse is a lifestyle among youth					
I feel very happy when I see the pupils taking drugs					
Drug abuse is not as bad as thought to be					
Drug abuse has spoiled many lives					
Drug abuse helps people to be happy					
Drugs should only be taken by adults					
When one takes drugs he or she feels high and good					
People involved in drugs are very rich					
Trading in drugs is a good business					
The government should allow drugs in Kenya					
I admire Rastafarians who take drugs as a religion					

Student who take drugs do well in examinations					
Drug trafficking could earn the country lot of revenue					
Drugs have led to breaking of families					
I admire pupils who take drugs					
Drugs help in relieving stress					

## - APPENDIX C

### QUESTIONNAIRE FOR TEACHERS

This questionnaire is designed to seek information on Effects of Drugs and Substance Abuse on Discipline among Primary School Pupils in Kamukuji Division, Nairobi. You are kindly asked to fill in this questionnaire. The information given will be treated with utmost confidentiality. It is only required for research purpose. You may not write your name on this questionnaire to ensure confidentiality. Attempt all questions and tick where appropriate.

#### Section A: Demographic information

1. Indicate your age bracket

- a) 20-25 years (    )
- b) 26-30 years (    )
- c) 31-35 years (    )
- d) 36 –40 years (    )
- e) 41-45 years (    )
- f) 46-50 years (    )
- g) 51 and above (    )

2. State your gender

Male (    )      Female (    )

3. Tick your highest professional qualification

- a) P1 (    )
- b) Approved teacher (    )
- c) Graduate (B.Ed) (    )

d) BA/ B Sc with PDGE ( )

e) Masters degree (M.Ed) ( )

Any other \_\_\_\_\_

**Section B: Drug and substance abuse among pupils**

1. Do you experience cases of pupils engaging in drug abuse in your school?

Yes ( ) No ( )

1. b If yes what are the drugs that your pupils are involved in? (Tick from the table below)

Drug Type	
Beer	
Tobacco	
Marijuana/ bhang	
Illicit drugs other than marijuana	
Cocaine	
Crack	
Heroin	
Hallucinogens	
LSD	
PCP	
Ecstasy	
Inhalants	
Methamphetamine	

Any other \_\_\_\_\_

2. If your pupils take drugs, what do you think are the reasons?

\_\_\_\_\_

\_\_\_\_\_

3. How do you recognize pupils who take drugs?



\_\_\_\_\_  
\_\_\_\_\_

4. Does the area they come from influence their taking drugs?

Yes ( ) No ( ) .

4 (b) If yes please explain your answer \_\_\_\_\_

5. Do you keep records of those pupils engaged in drug abuse?

Yes ( ) No ( )

6. What is the effect of drug taking on pupils behaviour at school?

Negative ( ) Positive ( ) Neutral( )

7. What is the approximate number of pupils engaged in drug abuse in your school?

a) Most ( ) Average ( )

b) Few ( ) None ( )

8. What are some contributory factors to drug abuse among pupils?

\_\_\_\_\_  
\_\_\_\_\_

9. What are some of the serious results of pupils involvement in drugs in your school?

\_\_\_\_\_

10. (a) Do you have pupils who take drugs in groups?

Yes ( ) No ( )

(b) If yes do you think this contributes to indiscipline in the school?

Yes ( ) No ( )

11. What are some of the problems do you experience as a result of pupils involvement in drug and substance abuse?

## **APPENDIX D**

### **INTERVIEW GUIDE FOR THE HEADTEACHER**

1. a). How many cases have you handled involving the use of drugs among the pupils in your school?
2. b). which of these drugs: Beer, tobacco, marijuana /bhang, cocaine/crack, heroin, inhalants, alcohol, cannabis and khat, have your pupils gotten involved in?
3. c). what were the reasons given by the pupils for the use of such drugs as in 1 (a)?
4. d. When and where do the pupils take such drugs?
5. a). What type of indiscipline cases have you handled in your school for the last one year?
6. b). What might have been the causes of pupils indiscipline in your school as in 2 (a)
7. What,kind of awareness has the school given/provided to the pupils on the use of drugs?
8. What are some of the effects of drugs that you have observed on the pupils who involved in drugs?

## APPENDIX E

### Pupil's attitude towards drugs

Reasons	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
Drug abuse is a good thing among pupils	48	14.2	48	14.2	22	6.5	44	13	176	52.1
I feel that drugs help pupils to study better	24	7.1	36	10.7	24	7.1	45	13.3	209	61.8
Drug abuse is a lifestyle among youths	96	28.4	22	6.5	33	9.8	66	19.5	121	35.8
I feel very happy when I see pupils taking drugs	36	10.7	48	14.2	78	23.1	176	52.1	176	52.1
Drug abuse is not as bad as thought to be	60	17.8	58	17.2	44	13	44	13	132	39.1
Drug abuse has spoilt many lives	162	47.9	88	26	22	6.5	44	13	22	6.5
Drug abuse help people to be happy	118	34.9	22	6.5	22	6.5	55	16.3	121	35.8
Drug should only be taken by adults	59	17.5	70	20.7	33	9.8	77	22.8	99	29.3
When one takes drug he/she feels high	48	14.2	48	14.2	33	9.8	66	19.5	143	42.3
People involved in drugs are very rich	24	7.1	48	14.2	35	10.4	33	9.8	198	58.6
Trading in drugs is a very good business	79	23.4	100	19.6	56	16.6	56	16.6	47	13.9

The government should allow drugs in school	24	7.1	36	10.7	36	10.7	44	13	198	58.6
Drugs help people develop talents such as music	107	31.7	66	19.5	110	32.5	55	16.3	55	16.3
I admire Rastafarians who take drug as a religion	48	14.2	48	14.2	55	16.3	99	29.3	88	26
Pupils who take drugs do well in examinations	58	17.2	69	20.4	68	20.1	55	16.3	88	26
Drug trafficking could earn the country a lot of revenue	24	7.1	24	7.1	36	10.7	45	13.3	209	61.8
Drugs have led to breaking of family	107	31.7	99	29.8	44	13	55	16.3	33	9.8
I admire pupils and friends who take drugs	48	14.2	59	17.5	55	16.3	176	52.1	-	-
Drug help in relieving stress	84	24.9	56	16.6	55	16.3	66	19.5	77	22.8

MINISTRY OF EDUCATION

Telegrams: "SCHOOLING". Nairobi  
Telephone: Nairobi 341666

When replying please quote



PROVINCIAL DIRECTOR OF EDUCATION  
NAIROBI PROVINCE  
NYAYO HOUSE  
P.O BOX 74629,  
NAIROBI

Ref: NP/GA/11/1

Date: 1<sup>st</sup> OCTOBER 2009

**TO ALL HEAD TEACHERS  
KAMUKUNJI LOCATION  
NAIROBI PROVINCE**

**RE: RESEARCH AUTHORIZATION: OGOLLA JUDITH NGERE:**

The above mentioned person has been authorized to carryout research on *Effects of Drug and Substance Abuse on Discipline among Primary School Pupils* in Kamukunji Division in Nairobi Province for a period ending 30<sup>th</sup> November 2009.

Accord her necessary assistance.

A handwritten signature in black ink, appearing to read 'R. M. Matheka'.

**R. M. MATHEKA  
FOR PROVINCIAL DIRECTOR OF EDUCATION  
NAIROBI.**



# NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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Our Ref: **NCST/5/002/R/893/5**

Date: **28<sup>th</sup> SEPT 2009**

**Ogolla Judith Ngere**  
Nairobi University  
P.O.Box 30197  
Nairobi

## RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *Effects of Drug and Substance Abuse on Discipline among Primary School Pupils in Kamukunji Division, Nairobi Province, Kenya.*

I am pleased to inform you that you have been authorized to carry out research in *Kamukunji Location in Nairobi Province* for a period ending **30<sup>th</sup> November 2009.**

You are advised to report to the *Provincial Commissioner and the Provincial Director of Education Nairobi Province* before embarking on your research.

On completion of your research, you are expected to submit two copies of your research report to this office.

A handwritten signature in black ink, appearing to read 'Prof. S. A. Abdulrazak'.

PROF. S. A. ABDULRAZAK Ph.D, MBS  
SECRETARY

Copy to:

The Provincial Commissioner  
Nairobi Province