KNOWLEDGE OF DRUG AND SUBSTANCE ABUSE
IN
PUBLIC PRIMARY SCHOOLS IN NGONG' DIVISION

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JULY 2007.
DECLARATION

This is my original report submitted in partial fulfillment of the post graduate diploma in education (PGDE) of Nairobi University and has not been presented for a degree/ diploma in any other university.

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Reg No: E40/P/8387/05
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Date: ..............................................................

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This project report has been submitted for examination with my approval as the University supervisor.

Name: Isaac Muasya
Signature: ..............................................................
Date: ..............................................................
ACKNOWLEDGEMENT

This research would not have been possible without the co-operation and assistance of so many people. It is impossible to name everybody who has contributed to the final work but to them the researcher owes them their gratitude. However I would like to pay tribute to the following:

Isaac Muasya, the university supervisor whose knowledge I used in the research. I would also thank him for giving a hand when I got stuck.

The administration of Olkeri mixed day secondary school for allowing me to be out of school during the research.

My respondents during the research were head teachers, teachers, parents, pupils and support staff of the various primary schools.

My family, father, sisters and brother for their financial and moral support during the conduct of the research.

My wife and my two sons for their understanding of my long time in the library and also out on research.

Finally, I take responsibility for any error, interpretation, omission or commission I might have committed.
DEDICATION

This project is dedicated to my father Peter Nderi Wangai for his inspiration.

LIST OF ABBREVIATIONS

NACADA – National Co-Coordinator for the Campaign Against Drug Abuse

UNDCP – United Nations and Drug Abuse Control Program

WHO – World Health Organization
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This research is a case study designed to investigate the knowledge of drugs and substance abuse in public primary schools in Ngong division, Kajiado District, Rift Valley Province. The principle objective was to explore whether the pupils are knowledgeable about drug and substance abuse. This study therefore, will assist to put in place proper and corrective interventions that will help in combating drug and substance abuse among primary school pupils.

The research mainly used a questionnaire to obtain responses from pupils. An interview guide was also used to obtain responses from key informants. The researcher selected 90 standard seven and eight pupils from a total of 54 public schools in Ngong division, ten from each school sampled for the study. Thirty six key informants were also selected from each of the schools sampled, four key informants from each school sampled and the four key informants were a head teacher, a teacher, a parent and a subordinate staff.

The data received was presented in form of frequency distribution tables, percentage for every particular isolated behaviour.

The study revealed that primary school pupils were aware of existence of drugs and substance abuse in public primary schools.

The study was also able to establish that although it is not common some children start consuming cigarettes, alcohol and marijuana as early as 8 or 9 years of age.

Enquiries about the pupils' attitude towards cigarettes smoking, bhang smoking, chewing miraa and drinking changaaa/ busaa showed that most pupils disapproved the abuse of these drugs/ substances.

The study further established that the pupils in public schools were aware of various methods of intervention being employed by the government, the schools administration, the
churches and other stakeholders in curbing the problem of drug and substance abuse in public primary schools in the country.

The study also revealed that those primary school pupils who abuse drugs / substances exhibit unique behaviour.

The results have been used to make recommendations to the stakeholders in order to curb the problem of drug/substance abuse.
CHAPTER ONE

1.1 BACKGROUND

Drugs and substance abuse is a serious problem in the world today. Drug and substance abuse is a problem that has been with man for decades. Drug / substance abuse shake the very foundation of our society by negatively influencing our homes, our schools, our political and law enforcement systems and our economy (Baghaire, 1974).

A research carried out by the ministry of education revealed that 50% of boys in secondary schools in central province start abusing drugs before getting to form four (Daily nation, Monday July 12, 1999). according to Namwonja (1993) more than a quarter of Kenya's secondary school and university students are drug addicts.

Drugs are chemical which affect the mental or the physical functioning of the human body and therefore drugs pose a fascination for many persons. Drugs are usually prescribed by medical doctors and are certified harmful when the level of use causes physical, mental or social problems (Munyui, 1994). Some people enter into drugs like alcohol, bhang, miraa, tobacco and mandrax which are also harmful when used in excess.

Drug abuse can also be said to be a social problem for example in Kenya drugs and substance abuse contribute to a large extent to the high rate of robberies and other related crimes, road accidents, riots and indiscipline by students in learning institutions (Namwonja, 1993). Furthermore, alcohol is considered a factor in most fatal car accidents, homicides, suicides and child abuse cases (teachers' image, volume 12, 2007).

Most governments in the world have played a vital role in combating drug and substance abuse problem. In Kenya the Anti-Narcotic unit was established in 1983. The Anti - Narcotic unit is charged with curbing the production and trafficking of illicit hard drugs and psychotropic substances. The Anti Narcotics unit team operates mainly at airports border points and towns. In 1986, the Kenya government enacted The Liquor Licensing Act bringing on board procedures for licensing courts, issuance of licenses and penalties arising from the contravention of the Acts provision. The Narcotic and Psychotropic substances (control) Act of 1994 is the latest legislation against drug abuse in Kenya.
The establishment of the office of the National Coordinator for the Campaign Against Drug Abuse (NACADA) further demonstrates the government’s response to the problem of drug abuse in Kenya.

Most studies carried out in Kenya have been focusing on drug abuse among the youth in high schools and colleges. Acuda (1980), Yambo (1996) carried out studies on drug abuse among the youth in post - primary institutions of learning. These studies have not assisted in lessening aspects on drug and substance abuse and hence the need of this study to find out whether the problem of drug abuse affects primary school pupils.

Drugs abuse is not confined to any cases of people in the society. The problem of drug and substance abuse is experienced by the low income slum drug user and also the business executive who may also be dependent on the prescribed amphetamines. This study focuses on the primary school pupils in upper primary school. Pupils at this age experiment with very many things and are therefore also likely to experiment with drugs. Efforts that have been put place against drug/ substance abuse generally focus on the post primary and not necessarily at primary pupils. Currently drug abuse has increased tremendously” where the previous category was 17-25 age group the base level has expanded to include 14 year olds (Sunday Nation, March 14, 1999), which is the focus of this study.

Studies done by Amayo 1994, Yambo (1983) have shown why and which drugs are abused in post primary school institutions but not much has been highlighted about drug and substance abuse by the primary school pupils as to why and which drugs/ substances are commonly abused.

1.2 STATEMENT OF THE PROBLEM.
Drug and substance abuse has become a social problem especially among the youth in Kenya. In some cases the victims of drug abuse are very young persons of school going age.

This study intended to establish whether the problem of drug and substance abuse exists among primary school pupils. The study also focused on whether pupils are knowledgeable about drug and substance abuse and their attitude and practices towards drug and substance abuse amongst the age group. The study has attempted to find out the behavioural pattern of pupils who could be abusing drugs from the Ngong’ Division primary school pupils.
1.3 OBJECTIVES OF THE STUDY.

The main objective of the study was to explore whether pupils are knowledgeable about drugs and substance abuse.

Specific objectives

In order to achieve the main objective the study had the following specific objectives.

a. To explore whether the pupils are aware of drug and substance abuse.

b. To find out the pupils attitude towards drugs/ substance abuse

c. To find out whether drug and substance abuse problem exists in primary schools.

d. To find out what is being done about the problem of drug and substance abuse.

e. To explore the drug abuse related behaviour practices among primary school pupils in Ngong’ Division.

1.4 RESEARCH QUESTIONS.

The main research question was: are the primary school pupils knowledgeable about drug and substance abuse?

The other research questions used in the research are:

a. Are primary school pupils aware of drug and substance abuse?

b. What is the attitude of pupils towards drug and substance abuse?

c. Does the problem of drug and substance abuse exist in primary school?

d. What is being done about the problem of drug and substance abuse in primary schools in the country?

e. What are the pupils’ drug related behaviour practices among primary school pupils in Ngong’ Division?

1.5 ASSUMPTIONS

To be able to carry out this research successfully, several assumptions were made. These assumptions include:

a. The respondents gave genuine and uninfluenced responses

b. The time given to the respondents was enough to respond adequately.
c. The respondents were there during the study period.

d. Although there are other types of drugs the focus of this study was on common drugs only i.e. beer (alcohol), cigarettes (tobacco), bhang and busaa/chang’aa.

1.6 LIMITATIONS.

1. Finances.

The research involved a lot of finances for traveling and stationery. The Researcher depended on his meager resources since he did not have an external donor/sponsor.

2. The study was limited to Ngong’ Division.

1.7 SIGNIFICANCE OF THE STUDY.

The data gathered would enhance general awareness which would educate the community, the parents, educators, and the pupils to become knowledgeable about problems and the needs of the students at this level.

It is vital that effective strategies or precautionary measures to control or prevent the problem of drug abuse occurring be devised through further studies. Though the education curriculum has units on drug use and abuse, it is wanting in teaching and educating the young learners. Educators may merely mention about drug and abuse without giving much emphasis that it needs (East Africa Standard, October 14, 2002). This does not give it the implementation it deserves. This study may draw deeper insight to the problem as it is on the ground. The data collected will contribute some solutions to policy makers for curriculum development.

The data gathered will also contribute in strengthening the guidance and counseling department in primary schools to help combat drug abuse among the pupils.

Drugs and substance abuse reduce the performance of pupils in examinations and therefore this study will assist in curbing drug and substance abuse and hence lead to better performance in examinations.

The findings of the study will be part of the materials accessible rightfully to the learners and other population at large for reference.
Students comprise majority of the population and they therefore need to be protected at all cost. This study will therefore assist in reducing adolescents being at risk and targets of drug abuse.

Although the connection between drug and crime connection has been well documented, in Kenya not much has been done to establish whether the pupils delinquent behaviour is related to drug abuse and hence the significance of this study.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION.

Drugs are not a new phenomenon in the world. Human beings have been using alcohol and drugs derived from plants for thousand of years. Some of these drugs are not just for their therapeutic effects but also for recreational purposes.

There have been pharmacological resolutions influencing change of attitude and behaviour regarding drugs and drugs abuse. For example the idea that a drug could be used for a specific treatment, for diseases was only a dream. People had little faith about drugs and therefore cautious about using them (Oakley, 1993). Researchers have always been keen to study drug abuse in adolescents and youth because this is the age that drug abuse begins and reaches its highest level. (Mitchel, 1999).

HISTORY OF DRUGS

Various plants and crude chemicals have been used to treat illness from the man earliest days. The foxglove was found to treat certain types of heart diseases and the juice of the poppy pod to relieve pain and have tranquilizing effect. Highly refined extracts of these plants are still used today as dioxin and morphine. Many useful drugs have side effects and if these give measurable sensations or affect the mind there is a danger of misuse. Opium and cocaine have been used and abused for centuries (Mitchel, 1999). Barbiturates came along early in the early 1900 hailed as the answer for insomnia, but it became apparent that patients became dependents and could not manage without them. Amphetamines was synthesized in 1920s to combat fatigue but was abused. In early 1950s came safe sedatives. They became most popular, over prescribed though the side effects were not understood by those consuming them (Mitchel, 1999).

In the African traditional communities there were ceremonies where dancing, feasting or beer drinking for those eligible took part. While alcohol consumption was deeply rooted in many African societies, there existed strict guidelines that took into consideration such things as the age of the consumers. Only the elderly were allowed limited access to alcohol. The reason for
this was that more energetic people were needed for other productive activities that were crucial on the survival of the community. (Sunday Nation, March 18, 2007)

In the Roman Empire in the Pagan societies drug abuse was evidently part of leisure and worship. Time was spent in indecent lust, drunkenness orgies, drinking parties and worship of idols. The practices of the pagan societies were condemned by Apostles Paul in the New Testament of the Bible as abuse during their leisure and worship times (Namwonja, 1993).

2.3 CAUSES OF DRUG ABUSE
Causes of drug vary with the type of drug and involve interactions of biological, psychological, social cultural and spiritual conditions. Those who are angry, impulsive or depressed or who have achievement problems are more apt to abuse drugs. Individuals whose family’s relationships are distant, hostile or conflicted, whose parents use or abuse drugs or whose parents are permissive, ignoring or rejecting will more often abuse drugs.

Those who abuse drugs have friends and peers who use or tolerate the use of drugs. A person is also more apt to abuse drugs when in transition or crises, for example, when experiencing problems with school, family or romantic relationships (teachers’ image volume 12, 2007).

Graduates from universities and tertially colleges in Kenya are not all getting absorbed in the job markets and those who do not get jobs get frustrated and it is not surprising that they result to drug and substance abuse. These graduates are looked at as role models by pupils from primary schools and therefore the primary school pupils may copy this habit from them.

Some people lack something do during their free time and this may lead to some individuals resulting to alcohol and common drugs. A number of people nowadays have moved to towns and cities in search of jobs and hence the individuals lose the contact of the extended families in the rural areas. Therefore, the wife or the husband is alone and this can lead to problem like alcoholism, (Arif, 1982)

2.4 EFFECTS OF DRUG/SUBSTANCE ABUSE
Drugs and substance abuse can be linked to violent and criminal behaviour such as arson and rape. Alcohol is considered a factor in most fatal car accidents, homicides, suicides and child abuse cases. Consider as well the harmful effects of tobacco with over 50 millions smoking
Americans, many of whom will succumb to lung cancers, emphysema or other ailments (teachers’ image volume 12, 2007)

In matters of deviant behaviour, for example alcohol may lead to shameful behaviour. Some of the drinks have killed hundreds, blinded many and reduced to zombies most young people. Women are left alone to fend for their families as their husbands, brothers, fathers and sons become “vegetables” unable to do any work. Impotence is also one of the side effects of these brews (Sunday Nation, March 18, 2007).

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

The scene in Nairobi, on a Friday night of Kenyans barely out of their teens drank beyond all reason is common and frightening. At the weekend the old and the young hit the bars early and keep it till late (Sunday Nation march 18, 2007). Alcoholism has currently reached an alarming rate and this trend need to be reversed or completely brought to control. Abuse of alcohol causes family breakdown, divorce, wife beating, battered husbands, desertion, homicides and juvenile delinquency due to family disorganizations. Excessive and uncontrollable drinking affects productivity and attitude to work which leads to inability to provide an income for the family. When incomes decline, the family’s standard of living drops as well children will drop out of schools, they will lack clothes and medical care. They will likely not have enough to eat and this can lead to crime and other anti-social behaviour.

Drug and substance abuse undermines a student’s academic ability and performance. Research in some countries according to UNDCP (1992) show that the students who abuse cannabis sativa (bhang) regularly are twice as likely to receive below average marks or failing grades, which may lead to school drop outs who are twice as likely to be frequent drug users. Drugs can also disrupt an entire school when for instance many students in a class are under the influence of drugs or are absent because of drugs the progress of all students is impeded. According to Marcus (1991) reflections of indulgence in drug use and abuse is the self neglect, academic deterioration of children in school who have related repeated violence in families.
2.5 DRUG / SUBSTANCE ABUSE AMONG THE KENYAN YOUTH

In the African traditional society children were not allowed to drink till they reached a certain age. Women in the African traditional society rarely drink alone outside the home. There has been a marked social attitude change towards drinking by women and children. There is evidence of marked increase in alcohol abuse by teenagers. Otieno (1979) observes that over 50% of teenagers drinkers combine alcohol with bhang.

A number of children in Mt. Kenya region for example mostly boys have abandoned school to engage in drug related activities. Available resources indicate that nearly half of the boys in the area who enroll in standard one drop out of school before they reach standard eight. For example out of 469 boys who enrolled in primary school in Kathangari Zone on the Embu side of Mt. Kenya in 1993 only 243 sat for the K.C.P.E in 2001 (Daily Nation 16th June 2002). Other statistics indicate that while in Zone enrolled an average of 1447 boys in 2000 to 2002 only 743 sat for the K.C.P.E exams over the same period. This contrasts with the number for girls which show that the region enrolled 1286 while 1278 sat the standard eight exams over the same period. In some schools all the boys who enrolled in standard one drop out of school before they get in standard eight (Ibid). The scenario is a replica in the neighbouring districts of Kirinyaga, Meru, Nyeri and others. This is a worrying situation and there is need to work out the interventions to reverse the trend. (Herald magazine, 16th June 2002)

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

3.1 INTRODUCTION.

This chapter describes the design of the study, the research site, the samples and the sampling strategies, the research instruments, data collection and analytical techniques.

3.2 RESEARCH DESIGN.

Survey methods was used in the research and data was collected from sampled schools and the variables manipulated to get the desired results.

3.3 LOCATION OF STUDY.

The study was conducted in Ngong’ Division which is in Kajiado District, Rift Valley Province and neighbours Nairobi city on one side. The selection of the site was done purposely for the ease of access and secondly since it borders Nairobi it is more prone to drug trafficking and substance abuse.

3.4 RESEARCH INSTRUMENTS.

The main research tool which has been used for the study is a questionnaire. The researcher supplemented the questionnaire with an interview. The questionnaire was administered to the pupils by the researcher. The interview guide was used to obtain information from the key informants. The head teachers, teachers, parents and non teaching staff were treated as key informants.

Secondary data was also obtained from libraries and NACADA offices. These included previous studies, published and unpublished sources.

3.5 TARGET POPULATION AND SAMPLING.

In this study, the pupils’ population is the total number of upper primary school pupils in public primary schools in Ngong division. The public primary schools in Ngong division are fifty four in total. The public primary schools fall into four zones and these are Ngong’ zone with 8 public primary schools, Ongata Rongai zone with eleven public primary schools, Kisamis zone with sixteen public primary schools and Ewaso zone with nineteen public primary schools.
Because of limited time and financial resources the study targeted nine public primary schools. To arrive at the number of sample schools from each zone the following formulae was used.

\[
\text{Total number of schools in zone} \quad X \quad \text{target units} \\
\hline \\
\text{Total number of schools in the division.}
\]

For example to obtain the number of sample school from Ongata Rongai zone:

\[
11 \times 9 = 1.8 \\
54
\]

\[
= 2 \text{ sample schools.}
\]

\begin{table}
\caption{Ngong' Division education zones (public primary schools)}
\begin{tabular}{|l|c|c|}
\hline
Existing zones & No. of schools & No. of schools of sample \\
\hline
Ngong & 8 & 1 \\
Ongata Rongai & 11 & 2 \\
Kisamis & 16 & 3 \\
Ewaso & 19 & 3 \\
Total & 54 & 9 \\
\hline
\end{tabular}
\end{table}

The study targeted 90 pupils, 10 pupils from each school selected. The study targeted to collect data from standard seven and eight pupils. 36 key informants, 4 from each school sampled were also selected.

\section*{3.6 METHODS OF DATA ANALYSIS}
Both qualitative and quantitative methods of data analysis were used. Descriptive statistics such as the frequency tables and percentages were used. Qualitative explanations of the findings were used prior to any quantitative descriptions eg the tables
3.7 PROBLEMS ENCOUNTERED IN THE FIELD
Because of the sensitivity of the research, the researcher experienced some constraints in the course of the fieldwork. Some of the head teachers of the sampled schools were uncooperative because they thought their schools were suspected to have pupils who abused drugs. Some of the key informants behaved in a similar manner. In order to release the tension for the research to be conducted this researcher had to introduce and explain the topic repeatedly.

In some instances some teachers complained that the researcher was interfering with the learning because the pupils and teachers were being drawn out of class. To overcome this researcher tried to avoid this by doing the research during break time.

There were instances when the researcher had to go to some schools several times and this was quite frustrating and the teachers and the subordinate staff did not keep their promises. On the appointment day, the researcher would find them absent.

Some of the key informants wanted some incentives in form of money and the researcher did not have. The researcher had to repeatedly remind them that he was a student. The researcher had a difficulty time explaining and convincing key informants on the importance of the study. The conversation before the interview required a lot of patience on the part of the researcher. The researcher noted that some of the key informants were inquisitive about what the government can do to reduce or control the drug problem in primary schools.
4.1 Introduction.
This chapter presents the data collected from public primary schools in Ngong division. The data discussed includes respondents’ background information and pupils’ general knowledge about the existence and awareness of drug and substance abuses. Also included is the general information about respondents’ families, friends and peers as well as information on the types of drugs which are mostly abused among peers, friends and in the families. The chapter also discusses the respondents’ attitudes towards drug/ substance abuse and information on drugs related activities humanisms among primary school pupils.

4.2 SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS
The study covered a total of 126 respondents drawn from selected public primary schools in Ngong Division, Kajiado district. The respondents were in the following clusters: school pupils comprised of 90 respondents of which 45 were boys and 45 were girls drawn from class seven and eight, key informants, namely headmaster, teachers, subordinate staff and parents were 36.

The pupils and key informants were interviewed using a questionnaire (copies of which are attached in the appendix. The ages of the respondents varied. The pupils’ age ranged from 11 to 18 years as shown in the table 4.1. The key informants were adults above 18 years old.

From the data in table 4.1, it is apparent that majority of the pupils were aged between 12 years and 14 years. Generally, pupils in Kenya begin standard one at age six and by the time they get to standard seven and eight, they should be aged thirteen to fourteen years, other factors held constant. Age is an important factor in this study due to the fact that the young ages of this pupils predispose them to lots of influence, some of which may be injurious to them because they might not be able to make informed decision due to their young ages.
Table 4.1. Age distribution of pupils

<table>
<thead>
<tr>
<th>Age years</th>
<th>No. of pupils</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>12</td>
<td>24</td>
<td>26.7</td>
</tr>
<tr>
<td>13</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>14</td>
<td>20</td>
<td>22.2</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>5.6</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2.1 RELIGIOUS AFFILIATION.
The study further obtained data on religious affiliation. The findings show that 88.9% of the respondents were Christians, 8.9% were Muslims and 2.2% traditionalists.

The data is presented in table 4.2

Table 4.2 Distribution of respondents by religious affiliation.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>80</td>
<td>88.9</td>
</tr>
<tr>
<td>Muslim</td>
<td>8</td>
<td>8.9</td>
</tr>
<tr>
<td>Traditional</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

The high percentage of Christians in the study sample reflects the national pattern in Kenya, where majority of the people are Christians. This is because of the activities of Christian missionary in Kenya, which began in the 19th century which saw many Africans convert to Christianity.(Oliver, 1966)

The agents of the change like formal education and Christianity seem to have altered traditional institutions of the people hence the art of worship has not been ignored, and that perhaps pupils with religious background may be less likely to abuse drugs.
4.2.2 FAMILY ATTACHMENT, PARENTS’ EDUCATION AND WORKING BACKGROUND.

The study established that pupils were staying with various relatives. According to the data, majority of the pupils (63.5%) were staying with both parents (father and mother) while 24.4% indicated that they were staying with their mothers. Pupils staying with their fathers comprised 4.4% and those staying with their siblings constituted only 2.2%. A few others (4.4%) stayed with relatives as shown in table 4.3.

The study established that no pupil respondent was staying alone or with another pupil. As would be expected of children of tender age, the majority of the pupils reported that they stayed with both parents. This implies that family attachment of both parents is important for growing pupils, because parents are understood to be the first teachers and role models of a child in the family and the society at large.

<table>
<thead>
<tr>
<th>Whom pupils stay with</th>
<th>frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father and mother</td>
<td>57</td>
<td>63.5</td>
</tr>
<tr>
<td>Father</td>
<td>04</td>
<td>4.4</td>
</tr>
<tr>
<td>Mother</td>
<td>22</td>
<td>24.4</td>
</tr>
<tr>
<td>Siblings</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Relatives</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

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

It is clear from table 4.4 that majority of the parents attained at least secondary school level of formal education. This level of formal education briefly explains the findings in table 4.5 to the effect that majority of parents are in formal employment. High levels of formal education and formal employment are generally associated with the ability to meet the needs of one’s children, including their education, food and shelter.
Table 4.4 PARENTS’ LEVEL OF EDUCATION.

<table>
<thead>
<tr>
<th>Education level</th>
<th>Father</th>
<th></th>
<th>Mother</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>frequency</td>
<td>percentage</td>
<td>frequency</td>
<td>percentage</td>
</tr>
<tr>
<td>No education</td>
<td>1</td>
<td>1.1</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Adult literacy</td>
<td>6</td>
<td>6.7</td>
<td>7</td>
<td>7.8</td>
</tr>
<tr>
<td>Primary education</td>
<td>19</td>
<td>21.1</td>
<td>23</td>
<td>25.6</td>
</tr>
<tr>
<td>Secondary education</td>
<td>32</td>
<td>35.6</td>
<td>21</td>
<td>23.3</td>
</tr>
<tr>
<td>University education</td>
<td>14</td>
<td>15.6</td>
<td>17</td>
<td>18.9</td>
</tr>
<tr>
<td>Technical college</td>
<td>15</td>
<td>16.7</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>I don’t know</td>
<td>02</td>
<td>2.2</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>No response</td>
<td>01</td>
<td>1.1</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

The study also attempted to establish the employment status of parents of the pupils. Out of the 90 pupils respondents, 67.8% reported that their fathers are working while 65.6% respondents reported that both parents are working. Majority of pupils reported that both parents were working. A few pupils (8.9%) and (4.4%) reported that they did not know what their parents do. This category of pupils probably may not have wished to divulge their parents illegal activities which could include prostitution and chang’aa brewing, among others. The rest of the pupils interviewed (4.4%) for fathers and (2.2%) for mothers reported that their parents are deceased. This data is presented in table 4.5.

Table 4.5. PARENTS EMPLOYMENT STATUS

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Father</th>
<th></th>
<th>Mother</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>frequency</td>
<td>percentage</td>
<td>frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Employed</td>
<td>61</td>
<td>67.8</td>
<td>59</td>
<td>65.6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>17</td>
<td>18.9</td>
<td>25</td>
<td>27.8</td>
</tr>
<tr>
<td>I don’t know</td>
<td>08</td>
<td>8.9</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Parents deceased</td>
<td>04</td>
<td>4.4</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

That majority of the parents are in employment can be attributed to the fact that Ngong division neighbours Nairobi city where most government offices and industries are located. From the data gathered, it can also be noted that there is a relationship between education and employment. This relationship between education and employment, then serves as a learning experience for pupils, that a growing child’s working parents transmits continuous message as to what is “good” and “bad”, (Juliana, 1997). It can also be explained that, pupils perceive what pleases the parents and the elderly and what displeases them. Therefore, it is assumed that towards the “end” of
adolescence the pupils have learned certain traits from parents levels of education and employment status among other people, and are (pupils) able to act accordingly on life issues, such as drug and substance abuse.

4.3 KNOWLEDGE RELATED TO DRUG / SUBSTANCE ABUSE.

The study explored the familiarity and knowledge received to common drugs/ substance abuse. For purpose of this research such drugs included alcohol, tobacco, cigarettes smoking, miraa marijuana (bhang) and African traditional brew like busaa and chang’aa (Busaa and chang’aa has been isolated from factory processed beer in this study because it is a local traditional brew different from industrial manufactured beer)

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

From the table 4.6, generally the pupils interviewed knew about the various common drugs. However some drugs were more known than others. for example while more than 75% of the respondents knew about alcohol and tobacco slightly over 50% knew about chang’aa / busaa and bhang.

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Knew of it %</th>
<th>Did not know of it %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (beer)</td>
<td>75.3</td>
<td>24.7</td>
</tr>
<tr>
<td>Tobacco</td>
<td>77.6</td>
<td>22.4</td>
</tr>
<tr>
<td>Bhang</td>
<td>52.4</td>
<td>47.6</td>
</tr>
<tr>
<td>Busaa / chang’aa</td>
<td>58.2</td>
<td>41.8</td>
</tr>
<tr>
<td>Miraa</td>
<td>66.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Other drugs</td>
<td>15.3</td>
<td>84.7</td>
</tr>
</tbody>
</table>

These differences on awareness of knowledge about the various drugs could be partly explained on the basis of the laws of the country. Alcohol / beer, cigarettes and Miraa are accepted by the Kenyan laws and are freely sold to consumers. Beer and cigarettes are some of the most successful industries in Kenya. Advertisements of beer and cigarettes is very common through
the government owned radio and television stations. Access to these drugs is therefore easier as they are recognized to be legal businesses. Bhang and busaa / chang’aa on the other hand, are prohibited by Kenyan laws. The drugs are therefore not freely accessed to consumers. This explains the relative low levels of knowledge about them among the pupils interviewed.

4.3.1 AGE WHEN PUPILS KNEW ABOUT COMMON DRUGS.

The study also attempted to establish the age when the pupils first heard about the common drugs of abuse. The findings of the study indicates that majority (62%) of the pupils heard about at least one of the common drugs of abuse by the time they were aged ten years. Other pupils (8.9%) reported that it was not until they were 11 years or older that they first heard about the common drugs.

The disparity in knowing is best explained by the pupils’ social environment and personal character. It can be implied that some of the pupils who abuse drugs come from environments and families which could also possibly be abusing drugs. And if parents abuse drugs particularly during the pupils early years of growing the practice creates a subconscious desire of limitation in children, (Amayo, 1994).

Another source of information is influence of the circle of friends from school and from the neighborhood.

4.4 DRUG ABUSE AMONG THE PUPILS

The study sought to establish the extent of drug abuse among the pupils’ respondents. The study revealed that 55.2% had either tasted or actually abused common drugs while 44.8% of the pupils reported that they had not tasted or abused drugs.

The study findings also established that majority (55.9%) of this pupils had abused alcohol while about 18% had abused miraa. Other drugs reported to have been abused by the pupils included cigarettes 12%, chang’aa / busaa 7.4% and bhang (marijuana) 6.7%. The abuse of alcohol can be attributed to its availability and the relaxed rules on its selling and hence making it easily accessible even to primary school pupils.
4.4.1 AGE WHEN FIRST ABUSED COMMON DRUG

The study also sought to establish the pupil's age when they first abused any of the common drugs. The data is presented in the table 4.7.

From the data in table 4.7 it is evident that pupils first used some of the common drugs at an early age of up to 6 years.

Majority of the pupils (44.4%) reported that they tasted alcohol when aged between 7 and 10 years. Children tasted alcohol at an early age after and during parties at their homes, parents, relatives and friends sometimes allow curious children to taste/use the common drugs.

Table 4.7 pupils' age at first abuse of common drugs.

<table>
<thead>
<tr>
<th>Age yrs</th>
<th>alcohol freq</th>
<th>alcohol %</th>
<th>Tobacco freq</th>
<th>Tobacco %</th>
<th>bhang freq</th>
<th>bhang %</th>
<th>Busaa/changaa freq</th>
<th>Busaa/changaa %</th>
<th>Miraa freq</th>
<th>Miraa %</th>
<th>others freq</th>
<th>others %</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6</td>
<td>5</td>
<td>5.6</td>
<td>03</td>
<td>3.3</td>
<td>01</td>
<td>1.1</td>
<td>01</td>
<td>1.1</td>
<td>02</td>
<td>2.2</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>7-10</td>
<td>40</td>
<td>44.4</td>
<td>10</td>
<td>11.1</td>
<td>03</td>
<td>3.3</td>
<td>07</td>
<td>7.7</td>
<td>12</td>
<td>13.3</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>11-14</td>
<td>10</td>
<td>11.1</td>
<td>04</td>
<td>4.4</td>
<td>02</td>
<td>2.2</td>
<td>02</td>
<td>2.2</td>
<td>10</td>
<td>11.1</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>15-16</td>
<td>15</td>
<td>16.7</td>
<td>03</td>
<td>3.3</td>
<td>02</td>
<td>2.2</td>
<td>01</td>
<td>1.1</td>
<td>06</td>
<td>6.7</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>N/A</td>
<td>20</td>
<td>22.2</td>
<td>70</td>
<td>77.7</td>
<td>82</td>
<td>91.1</td>
<td>19</td>
<td>97.8</td>
<td>60</td>
<td>66.7</td>
<td>87</td>
<td>96.7</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

Key:
Freq – frequency
% - percentage
N/A- not applicable

The study findings imply that the practice of entertaining small children to use / taste any of the common drugs so that they can stop being bothersome to adults simply forms the unplanned background of drug abuse.(Sunday Nation, March 18th 2007)

4.4.2 GET INTOXICATED.

The study attempted to find out whether pupils simply tasted the drugs or drank so much or abused them to a point of getting intoxicated.

The findings of the study are presented in table 4.8
The table shows that a few pupils abused drugs to a point of getting intoxicated. Although this number is small there is still all the reasons to get concerned if it were possible, there ought to be no drug abuse among such young children and therefore the society needs to move first to address this issue. If children begin to abuse drugs at this early age chances are that by the time they get to secondary schools, they would be totally into this habit.

Table 4.8 Get intoxicated by common drugs

<table>
<thead>
<tr>
<th>Get intoxicated</th>
<th>Beer / alcohol</th>
<th>Chang’aa</th>
<th>Busaa</th>
<th>miraa</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, once</td>
<td>09 (10%)</td>
<td>06 (6.7%)</td>
<td>04 (4.4%)</td>
<td>08 (8.9%)</td>
<td>06 (6.7%)</td>
</tr>
<tr>
<td>Yes 2-3 times</td>
<td>05 (5.6%)</td>
<td>05 (5.6%)</td>
<td>03 (3.3%)</td>
<td>05 (5.6%)</td>
<td>01 (1.1%)</td>
</tr>
<tr>
<td>Yes 4-10 times</td>
<td>03 (3.3%)</td>
<td>04 (4.4%)</td>
<td>02 (2.2%)</td>
<td>02 (2.2%)</td>
<td>01 (1.1%)</td>
</tr>
<tr>
<td>Yes more than 10 times</td>
<td>06 (6.7%)</td>
<td>04 (4.4%)</td>
<td>02 (2.2%)</td>
<td>01 (1.1%)</td>
<td>03 (3.3%)</td>
</tr>
<tr>
<td>No never</td>
<td>35 (38.9%)</td>
<td>05 (5.6%)</td>
<td>01 (1.1%)</td>
<td>01 (1.1%)</td>
<td>00 (0%)</td>
</tr>
<tr>
<td>Doesn’t abuse</td>
<td>32 (35.6%)</td>
<td>66 (73.3%)</td>
<td>78 (86.7%)</td>
<td>73 (81.1%)</td>
<td>79 (87.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>90 (100%)</td>
<td>90 (100%)</td>
<td>90 (100%)</td>
<td>90 (100%)</td>
<td>90 (100%)</td>
</tr>
</tbody>
</table>

4.4.3 WHO INTRODUCED PUPILS TO COMMON DRUGS

The study sought to establish who first introduced the pupils to common drugs. The pupils respondents were specifically asked to identify who introduced them to common drugs. The data is represented in table 4.9.

Table 4.9 people who introduced common drugs to pupils.

<table>
<thead>
<tr>
<th>Introduced to drugs by</th>
<th>Alcohol / beer</th>
<th>Tobacco / cigarettes</th>
<th>Bhang marijuana / Busaa changaa</th>
<th>miraa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>My mother</td>
<td>05</td>
<td>5.6</td>
<td>00</td>
<td>0</td>
</tr>
<tr>
<td>My father</td>
<td>07</td>
<td>7.8</td>
<td>02</td>
<td>2.2</td>
</tr>
<tr>
<td>My brother</td>
<td>01</td>
<td>1.1</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>My sister</td>
<td>01</td>
<td>1.1</td>
<td>00</td>
<td>0</td>
</tr>
<tr>
<td>A close male friend</td>
<td>15</td>
<td>16.7</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>A close female friend</td>
<td>09</td>
<td>10</td>
<td>07</td>
<td>7.8</td>
</tr>
<tr>
<td>Others</td>
<td>03</td>
<td>3.3</td>
<td>02</td>
<td>2.2</td>
</tr>
<tr>
<td>No comments</td>
<td>08</td>
<td>8.9</td>
<td>02</td>
<td>2.2</td>
</tr>
<tr>
<td>Not applicable</td>
<td>41</td>
<td>45.6</td>
<td>67</td>
<td>74.4</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>
The data presented in the table 4.9 shows that the largest percentage of those pupils who had abused the common drugs / substances had been introduced by a close friend either male or female. Some pupils cited parents as the ones who introduced them to common drugs and this raises serious issues to do with parenting. Parents are expected to be good role models to their young ones. This means that any attempt to address drug abuse among young people needs to involve their parents.

### 4.4.4 WITH WHOM DO PUPILS ABUSE COMON DRUGS?

The study also attempted to establish with whom the pupils abuse common drugs. The pupils were asked to identify whose company they mainly engage when abusing common drugs. The findings of the study are represented in table 4.10.

The data in table 4.10 clearly shows that the pupils abuse drugs mainly in groups and in the company of their friends.

The data also shows that the older friends could actually be the ones influencing the pupils' actions. It is also evident that some parents also abuse drugs with their children especially so with drugs that go with social functions.

Further inquiries revealed that pupils generally abuse common drugs while in the mixed company of both boys and girls. This however varied from drug to drug. For instance, study findings indicate that boys abusing tobacco/ cigarettes and miraa do involve girls, while girls reported abusing miraa mainly with other girls and involving boys. The study indicated that pupils abuse common drugs in the company of others, whom they identify with in different groups of people.
Table 4.10 Person with whom pupils abuse common drugs.

| Abuse drugs with whom? | alcohol | | | | | cigarettes | | | | | | bhang | | | | | | Changaa/busaa | | | | | | miraa | | | | | | freq | % | freq | % | freq | % | freq | % | freq | % |
|-----------------------|--------|------|------|------|------|--------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|------|------|
| Parents               | 05     | 5.6  | 01   | 1.1  | 01   | 1.1  | 01    | 1.1  | 03    | 3.3  | 03    | 3.3  | 03    | 3.3  | 03    | 3.3  | 03    | 3.3  |
| Friends of my age     | 10     | 11.1 | 02   | 2.2  | 03   | 3.3  | 03    | 3.3  | 08    | 8.9  | 08    | 8.9  | 08    | 8.9  | 08    | 8.9  | 08    | 8.9  |
| Friends younger than me | 06     | 6.7  | 00   | 0.0  | 00   | 0.0  | 01    | 1.1  | 01    | 1.1  | 01    | 1.1  | 01    | 1.1  | 01    | 1.1  |
| Adult relatives       | 12     | 13.3 | 04   | 4.4  | 02   | 2.2  | 02    | 2.2  | 08    | 8.9  | 08    | 8.9  | 08    | 8.9  | 08    | 8.9  |
| Neighbours family     | 04     | 4.4  | 02   | 2.2  | 02   | 2.2  | 01    | 1.1  | 02    | 2.2  | 02    | 2.2  | 02    | 2.2  | 02    | 2.2  |
| No one in particular (alone) | 07     | 7.8  | 04   | 4.4  | 02   | 2.2  | 01    | 1.1  | 02    | 2.2  | 02    | 2.2  | 02    | 2.2  | 02    | 2.2  |
| Sisters and brothers  | 02     | 2.2  | 01   | 1.1  | 01   | 1.1  | 01    | 1.1  | 04    | 4.4  | 04    | 4.4  | 04    | 4.4  | 04    | 4.4  |
| Not applicable        | 44     | 48.9 | 69   | 76.7 | 69   | 76.7 | 80    | 88.9 | 62    | 68.9 | 62    | 68.9 | 62    | 68.9 | 62    | 68.9 |
| Total                 | 90     | 100  | 90   | 100  | 90   | 100  | 90    | 100  | 90    | 100  | 90    | 100  | 90    | 100  | 90    | 100  |

4.4.5 PLACES WHERE PUPILS ABUSE DRUGS.

The study attempted to establish the common places where pupils meet to abuse drugs. The table 4.11 represents the data on reported places where drugs are abused.

The data in table 4.11 shows that pupils (18.9%) preferred abusing alcohol at a friends place, alongside other drugs. The school was also identified as popular for abusing bhang (4.4%).

The data in table 4.11 indicates that friends’ places and the shopping centres are the leading meeting places from where pupils abuse common drugs. This could be because of the secrecy that the pupils require to engage in this vice.

The study findings established that pupils’ knowledge and learning about the practice of drug / substance abuse is not limited to school or home. The behaviour is learned in the pupils’ growing environment which included areas outside school and home. This revelation calls for strong intervention measures to curb the practices of drug/ substance abuse among primary school pupils.
Table 4.11 places where drug abuse among pupils takes place.

<table>
<thead>
<tr>
<th>Place where abuse takes</th>
<th>Alcohol Freq</th>
<th>Alcohol %</th>
<th>Tobacco cigarettes Freq</th>
<th>Tobacco cigarettes %</th>
<th>Bhang Freq</th>
<th>Bhang %</th>
<th>Busaa/changaa Freq</th>
<th>Busaa/changaa %</th>
<th>Miraa Freq</th>
<th>Miraa %</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>06</td>
<td>6.7</td>
<td>02</td>
<td>2.2</td>
<td>00</td>
<td>0</td>
<td>00</td>
<td>0</td>
<td>03</td>
<td>3.3</td>
</tr>
<tr>
<td>Public drinking places</td>
<td>04</td>
<td>4.4</td>
<td>01</td>
<td>1.1</td>
<td>00</td>
<td>0</td>
<td>00</td>
<td>0</td>
<td>04</td>
<td>4.4</td>
</tr>
<tr>
<td>Shopping centre</td>
<td>11</td>
<td>12.2</td>
<td>02</td>
<td>2.2</td>
<td>01</td>
<td>1.1</td>
<td>05</td>
<td>5.6</td>
<td>06</td>
<td>6.7</td>
</tr>
<tr>
<td>Streets or parks</td>
<td>03</td>
<td>3.3</td>
<td>03</td>
<td>3.3</td>
<td>02</td>
<td>2.2</td>
<td>01</td>
<td>1.1</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>At school</td>
<td>02</td>
<td>2.2</td>
<td>02</td>
<td>2.2</td>
<td>04</td>
<td>4.4</td>
<td>00</td>
<td>0</td>
<td>01</td>
<td>1.1</td>
</tr>
<tr>
<td>At a friends place</td>
<td>17</td>
<td>18.9</td>
<td>09</td>
<td>10</td>
<td>05</td>
<td>5.6</td>
<td>04</td>
<td>4.4</td>
<td>06</td>
<td>6.7</td>
</tr>
<tr>
<td>Other places</td>
<td>05</td>
<td>5.6</td>
<td>03</td>
<td>3.3</td>
<td>01</td>
<td>1.1</td>
<td>02</td>
<td>2.2</td>
<td>03</td>
<td>3.3</td>
</tr>
<tr>
<td>Not applicable</td>
<td>42</td>
<td>46.7</td>
<td>68</td>
<td>75.6</td>
<td>77</td>
<td>85.6</td>
<td>78</td>
<td>86.7</td>
<td>66</td>
<td>73.5</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

4.4.6 REASONS FOR INVOLVEMENT IN DRUGS.
The study established that primary school pupils abuse drugs for various reasons such as curiosity, the urge to belong to their peers, in order be like adults and to get high.

The findings of the study also established that the majority of the pupils do not abuse common drugs, but are aware about the drugs. The assumption here is that pupils know that the practice of abusing drugs is harmful to their health.

4.4.7. SCHOOLMATES WHO ABUSE DRUGS
The study also attempted to establish if the pupils knew of schoolmates who abused drugs. The study findings are summarized in table 4.12.

Table 4.12 shows that the pupils who were interviewed knew about school mates who abuse drugs.

The data shows that although the proportion of the schoolmates who take drugs at one time or the other is generally low, this confirms that the habit is taking root among primary school pupils.
Table 4.12 School mates abusing common drugs.

<table>
<thead>
<tr>
<th>Do school mates abuse drugs?</th>
<th>Alcohol / beer</th>
<th>Tobacco / cigarettes</th>
<th>Marijuana / bhang</th>
<th>Changaa</th>
<th>Miraa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>No they do not use any drugs</td>
<td>20</td>
<td>22.2</td>
<td>10</td>
<td>11.1</td>
<td>10</td>
</tr>
<tr>
<td>Yes but less than once a week</td>
<td>10</td>
<td>11.1</td>
<td>9</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Yes everyday</td>
<td>2</td>
<td>2.2</td>
<td>7</td>
<td>7.8</td>
<td>1</td>
</tr>
<tr>
<td>Yes every week not every day</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>4.4</td>
<td>7</td>
</tr>
<tr>
<td>Do not know</td>
<td>30</td>
<td>33.3</td>
<td>20</td>
<td>22.2</td>
<td>22</td>
</tr>
<tr>
<td>No response</td>
<td>19</td>
<td>21.1</td>
<td>40</td>
<td>44.4</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>90</td>
</tr>
</tbody>
</table>

4.4.8 Parents response towards drugs.
The study further attempted to establish from the pupils how their parents were likely to react if they found that they were abusing drugs.

According to the data collected majority (60%) of the pupils indicated that their parents would strongly disapprove of the habit and would punish them. Some pupils (18%) didn’t know how their parents would react on knowing that they abuse drugs, while a few of them (8.6%) felt that their parents would probably approve of the habit. Others (13.4%) did not respond. The fact that some parents are likely to approve of the drug abuse by their own children confirms earlier findings in this chapter that parents sometimes initiate their children into abusing common drugs.

4.4.9 Sources of money to buy common drugs

The study established from 30% of the respondents that those pupils abusing drugs mostly stole money from their parents, relatives, friends and even fellow pupils. According to 12% of the pupils, their friends used their own savings to buy drugs. 9% reported that some pupils use money from their parents that is intended for buying bread, vegetables, milk and they divert it to the buying of drugs.
4.5 ACTIVITIES THROUGH WHICH PUPILS LEARN ABOUT DANGERS OF DRUG ABUSE.
The findings of the study shows that majority of pupils (80%) were aware of activities through which pupils learn about dangers of drug abuse in primary schools which includes drama, songs, poems and plays. A few pupils (14.2%) indicated that they were not aware of such activities. There is need to reinforce programmes and learning activities through which pupils get exposed to knowledge about the dangers of drug abuse.

The findings of the study also indicated that 62% of the pupils knew about the presence of teaching materials on drugs / substances abuse while 38% were not aware. Those who are not aware of such kind of materials can be attributed to the fact that the 8-4-4 curriculum emphasizes more on examination and therefore pupils concentrate on subjects that are examinable at the end of the eight year of study.

Further inquiries indicated that majority of the pupils (85%) were aware that there exists rules and regulations in primary schools which guide them on issues related to drug and substance abuse. However, 72% of the pupils felt that there is need to strengthen rules and regulations on drugs / substance abuse.

4.5.1 PUPILS’ ATTITUDE TOWARDS DRUG AND SUBSTANCE ABUSE.
The study found out that the location of the school contributes to the pupils taking the habit of abusing drugs. The data collected also revealed that some pupils are brought up in homes where parents abuse drugs or sell substances of abuse. The study also established in those homes where parents sell substances of abuse some of their children also help them in the business.

Further inquiries indicated that some pupils (28%) abuse drugs due to the strong influence of the media. The pupils believed that drugs would make them bold, courageous and confident as portrayed by the media.

Table 4.13 represents the pupils’ attitude towards drug abuse.

The data presented in table 4.13 shows that majority of pupils disapproved abuse of alcohol/beer. From the table 78.9% disapprove abuse of alcohol/beer while 12% do not disapprove abuse of alcohol. The 12% of pupils who do not disapprove taking of beer can be generally attributed to the influence of western culture and the media. Influence of the western culture has undermined
the African social life style where use of alcohol restricted to a certain eligible age group and alcohol was only taken during special occasions.

Inquiries about the pupils’ attitude towards cigarettes smoking, bhang smoking, chewing miraa, drinking busaa/ chang’aa also had almost similar results as their attitude towards drinking beer (alcohol). Most of the pupils disapprove the abuse of these substances. Although majority of the pupils disapprove abuse of drugs / substances the small percentage that do not disapprove is of great concern to the stakeholders because of the influence they have toward other pupils and the society at large. It is also important to observe that the abuse of common drugs is not limited to certain areas (the slum) as is commonly perceived by the public. This is because the pupils’ respondents represented both the informal and formal settlements.

### Table 4.13 pupils’ attitude towards common drugs.

<table>
<thead>
<tr>
<th>Type of drug</th>
<th>Don’t disapprove</th>
<th>disapprove</th>
<th>Strongly disapprove</th>
<th>No comments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
</tr>
<tr>
<td>Drinking Alcohol/beer</td>
<td>12</td>
<td>13.3</td>
<td>36</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Smoking cigarettes</td>
<td>19</td>
<td>21.1</td>
<td>27</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Smoking bhang</td>
<td>10</td>
<td>11.1</td>
<td>12</td>
<td>13.3</td>
<td>60</td>
</tr>
<tr>
<td>Chewing miraa</td>
<td>17</td>
<td>18.9</td>
<td>26</td>
<td>28.9</td>
<td>37</td>
</tr>
<tr>
<td>Drinking busaa/ chang’aa</td>
<td>12</td>
<td>13.3</td>
<td>18</td>
<td>20</td>
<td>53</td>
</tr>
</tbody>
</table>

### 4.6 BEHAVIOURAL PATTERNS/PRACTICES RELATED TO DRUG / SUBSTANCE ABUSE AMONG PUPILS IN PUBLIC PRIMARY SCHOOL IN NGONG DIVISION.

The study findings in this section and preceding sections are findings collected from key informants in the sampled public primary schools in Ngong division. The findings include the behavioral patterns associated with those pupils who abuse drug in public primary schools in Ngong’, the suggested interventions by the key informants on what should be done about drug abuse as a problem among pupils in public primary schools in Ngong’.

The key informants included head teachers, teachers, parents and supporting staff of the sampled schools. Out of the total key informants mentioned 90% said that drug / substance abuse is a
problem that has not been given adequate attention in public primary schools while 7.2 % said that there is no drug / substance abuse problem in their schools but it is prevalent in other schools, 2.8% of the key informants were non committal.

The study established that although the teachers, parents and the subordinate staff are expected to be role models by not abusing drugs, there are cases involving pupils who acquire the habit through them. The study also established from the teachers that there are pupils who abuse drugs while still in school. The study also established that some of the key informants were involved in taking of the common drugs with the pupils. Some of the teachers felt that teachers and parents should stop the habit of sending the pupils to buy for them cigarettes. Some teachers also reported that some teachers and subordinate staff (cleaners, watchmen) sometimes openly abuse drugs. The study findings also established that some of the key informants are used by the pupils to buy for them drugs of abuse.

The study further enquired from the key informants about the behavior exhibited by the pupils who abuse the drugs. The study established that there are unique characteristics that is exhibited by pupils who abuse drugs. The study revealed that pupils who abuse drugs are sometimes rude, aggressive, and unreasonable and others sometimes keep to themselves. The study established that pupils who abuse rugs likely their fellow pupils and that the even try to bully their teachers in the school. The study also established that in those cases that involve theft in the school there is always an element of drug abuse.

The study findings established that the pupils under the influence of drugs will exhibit violent behaviour patterns to the point of even fighting while relating with other pupils. Such aggressive behaviour ordinarily invokes stiff punishments like suspension or expulsion from school.

The study also revealed that students who abuse drugs have a tendency of being absent from school and generally they do not have interest in education. In some instances when these students come to school they come late. Such students perform poorly in school and some even drop out of school.

The study further revealed that students who abuse drugs normally keep off from their colleagues who don’t abuse drugs in order to protect themselves from their private lives.
70% of the key informants (teachers) were able to observe that the pupils who abuse drugs were generally dirty. The informants noted that the pupils who abuse drugs are unkempt, clumsy and lacked interest in learning and generally had no time for themselves and this greatly contributed to their poor performance in class.

The study further revealed that pupils who were under the influence of drugs especially marijuana were very inconsistent in their behaviour. In some instances some of them talk too much while others kept to themselves. Others tended to be more joyous even to the point of laughing alone without amusement or anything to cause laughter. Pupils who abuse drugs have a don’t care attitude, steal other pupils’ personal items and are generally feared by other pupils.

Out of the 36 key informants (head teacher, teachers and subordinate staff) majority reported suspecting that the pupils in primary schools high on drugs could be up to 10% and that the number could be even higher. This is a matter of concern to all the stakeholders in education. It is of paramount importance for the concerned parties to intervene.

4.7 MEASURES OF INTERVENTION ON DRUG / SUBSTANCE ABUSE IN PUBLIC PRIMARY SCHOOLS.

More than half of the respondents (pupils) (69.2%) suggested counseling as one of the best methods to reduce or stop the problem of drug abuse in public primary schools in Ngong division and the country at large. In case the counseling is not effective there should be clearly laid down mechanisms of constantly warning, educating and reminding such pupils against the drug/substance abuse. Some pupils (3.2%) suggested expelling school pupils who abuse drugs. To be able to control and handle pupils who abuse drug teachers, parents, policy makers and organizations like NACADA (National Agency for the Campaign Against Drug Abuse), churches and other religious organizations need to cooperate and work as a team.

The study established that there were instances when the parents of pupils who abuse drugs were not cooperative with the school administration in addressing the problem of drug abuse with their children. Such parents are always angry and hostile to the teachers and the administration for wasting time and accusing their children unfairly.

It can be inferred that to reduce and to control pupils who abuse drugs literally calls for enhanced teamwork and cooperation by the concerned parties.
The mention of drug abuse problem in C.R.E (Christian Religious Education), GHC (geography history and civics) lessons are not enough. As an intervention measures drug abuse should be taught in primary school as a non examinable subject.

Out of the 36 key informants interviewed majority of the teachers strongly advocates for guidance and counseling sessions, and 32% support staff agreed with parents that action should be taken against those who peddle drugs. 24% of head teachers and a very high percentage of parents observed that it is the high time the government of Kenya accept that the problem of drug abuse exists among primary school pupils in Ngong division and the country at large and it is the time the authorities addressed it.

The government should continue reviewing the laws on drug abuse and also punish severely those found peddling and trafficking drugs and substance of abuse. The government should also train personnel to foresee effective implementation of the laws.

The general public should also be made aware of the effects the dangers of drug / substance abuse on the primary school pupils through public meetings, the media, religious meetings etc

The study findings also established that Ngong division public primary schools should invite rehabilitated drug abusers once in a while to address the pupils so that the pupils can hear from the “horse’s mouth”.

The study also revealed that structures like kiosks should not be constructed near or within the school compounds. The study established that it is in the kiosks near the school compounds where the business of selling drugs took place.

The key informants suggested that if a kiosk was to be constructed within the school compound then it should be manned by person certified by the school management and the parents.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The intensity of drug abuse has been a major concern in recent years, despite the efforts to control the problem.

The research findings are based on data gathered from pupils' respondents comprising of both boys and girls who were selected to answer questionnaires. The other group of respondents was the key informants who were comprised of head teachers, teachers, parents and support staff from the ten sampled schools who were interviewed. All the informants were adults (above eighteen years old)

The data gathered indicated that the primary school pupils despite being tender in age are aware of drug / substance abuse has on the body a person and the society in general. Data gathered established that some pupils taste drugs even when they are ten years and below. The study further established that pupils have various sources from where they learned and heard about drug and substance abuse.

The study also gathered data on pupils' attitude towards drugs and substance abuse. The study established that majority of the pupils strongly disapprove drug / substance abuse.

The study also revealed unique behaviour of the pupils indulging in drug abuse. The pupils' respondents and the key informants were able to identify behaviour patterns attributed to those who take drugs. It was also noted the need to control the identified problem of drug/ substance abuse. The study also noted that the problem of drug / substance cuts across the pupils population irrespective of their social economic status.

All the stakeholders, the government the non governmental organizations, the society, the parents, teachers and the pupils must work hand in hand in order to reduce the magnitude of the problem. The problem of drug and substance abuse affects academic performance, discipline in school and also has other related problems both in school and in the society at large.
RECOMMENDATIONS.

The following recommendations in relation to the problem of drug and substance abuse in public primary schools in Ngong’ Division, Kajiado are proposed.

1. Establish the guidance and counseling departments in concerned ministries. In those ministries and governments departments where the guidance and counseling exists then they should be strengthened.

In all the schools there should be a guidance and counseling department manned by a professionally trained personnel. The Teachers' Service Commission should recognize the guidance and counseling departments in schools just like the science department or the co-curricular department.

The government should also expand rehabilitation centres and post qualified personnels to run the rehabilitation centres. The rehabilitation centres should also be well equipped.

2. The ministry of gender and sports, ministry of education and the ministry of health should work hand in hand in organizing activities that would make the youngsters busy during their free time in order to divert them from drug and substance abuse. Such activities include drama festivals, athletics and other sporting activities, dances and choirs. The government should expand and improve the source amenities in order to encourage the pupils to involve themselves in productive activities.

The importance of supervising these co-curricular activities in school and outside schools should be emphasized. By addressing properly the leisure activities of the pupils will lead to drug free society.

3. The pupils and the society should be well educated on the dangers of drugs and substance abuse. In schools the subjects on drug and substance abuse should be handled by well trained teachers. Drug and substance abuse should be taught as a subject o should be properly incorporated in the other subjects.
Education on drugs and substance abuse can also be achieved through the print and mass media, religious organizations and public barazas. Religious organizations and non governmental organizations should serve as education centres in terms of drugs and substance abuse.

4. Heavy penalties should be imposed on businessmen who sell alcohol to children who are under eighteen years. Heavy penalties should be similarly imposed on drug trafficking. The government should properly regulate the laws on drugs and substance abuse.

The kiosks around school compounds should be outlawed. The kiosks and canteens should be relocated to other alternatives sites. School canteens should be run by a person certified by the parents and the school management.

5. The students should obey, follow laid down school rules and norms. Students should do what is normally right both in school and in the society. The students should learn to listen and heed advice and guidance from teachers, parents and people of good moral standing in the society. It is also important for the students to avoid aping people who are involved in drug related behaviour. Students should also have open forums and free discussion about drug / substance abuse while in class, school with friends and also at home.

6. The solution to drug / substance abuse in primary schools generally lies on education to promote awareness about drugs. The government and other stakeholders can achieve a lot teaching pupils and the general public on dangers of drugs and substance abuse. The adults should also be made aware of the dangers they expose their youngsters to by openly abusing drugs.

It is also of great importance for the school administration to invite rehabilitated former drugs abusers to address the pupils on issues to do with drug and substance abuse. The enhanced awareness on the dangers of drugs / substance abuse may to a great extent contribute to the reduction of the habit of drug and substances or else control it completely.
Teachers in all schools should be good role models to their pupils. During the study it was established that there are incidents where teachers have drunk alcohol with their pupils or where teachers have shared cigarettes with their pupils. The Teachers Service Commission should deal with those teachers reported to have abused alcohol or any other substance with their students. There is need of proper follow up on those students already on drugs so that they can completely stop the habit. The follow up should be handled professionally.

Parents need to start talking with their children at a very tender age about the consequences of drug/substance abuse. Parents should address their children with love and affection so that they can avoid the parents - children conflicts. If the problem of drug abuse is properly addressed in the family set up it will be very easy to deal with the problem in the school and the society since the family is the basic unit of the society. Parents should endeavor to be good role models to their children. Parents should be able to monitor with interest the movements of their children. Parents should also avoid giving their sons and daughters a lot of pocket money while they cannot account for while at home or in school. Punishments by parents and teachers should be for corrective reasons so that it serves the purpose for which it was intended, that is behaviour control and modification but not for the sake of it.

**Recommendation for further research**

In conclusion, it can be concluded that this research can be repeated using the same research methods in public primary schools in Ngong’ division. Further research can also be conducted in public primary schools in other parts of the country.
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YAMBO M. AND ACUDA (1983) “Epidemiology of Drugs Use and Abuse” U.O.N.
QUESTIONNAIRE FOR PRIMARY SCHOOL PUPILS.

I am a student from the University of Nairobi doing research on drug use and substance abuse in Ngong division public primary school. I would like to request you to spare time and assist me with certain information for my study. All the information given will be considered as confidential.

Please answer all the questions.

SECTION A: RESPONDENTS BACKGROUND.

1. Gender (sex of respondent)
   a. Male
   b. Female

2. What is your age? ...............................years.

3. In which class are you? Standard.....................

4. What is your religion? Christian
   a. Muslim
   b. Hindu
   c. Traditional
   d. Others (Specify)..........................................

5. At present, whom do you stay with?
   a. My father and mother
   b. My father
   c. My siblings
   d. My relatives
   e. Live alone
   f. Others (specify).................................
6. Is your father currently employed?
   a. Yes
   b. No
   c. I don’t know

7. What is the highest level of education your father attained?
   a. No education
   b. Primary education
   c. Secondary education
   d. University education
   e. Technical / tertiary college
   f. Adult education

8. Is your mother currently employed?
   a. Yes
   b. No
   c. I don’t know

9. What is the highest level of education your mother attained?
   a. No education
   b. Primary education
   c. Secondary education
   d. University education
   e. Technical / tertiary college
   f. Adult education
   g. I don’t know
SECTION B: QUESTIONS RELATED TO KNOWLEDGE ON DRUGS SUBSTANCE ABUSE.

1. What are the drugs that you know?
   a. Alcohol/ beer
   b. Tobacco / cigarettes smoking
   c. Marijuana/ bhang
   d. Busaa / chang’aa
   e. Miraa
   f. Others (specify) .............................................

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

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

<table>
<thead>
<tr>
<th>DRUG</th>
<th>YES</th>
<th>NO</th>
<th>NEVER USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/ beer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco / cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana / bang</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Busaa / chang’aa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miraa</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. How old were you when you first used any of the following drugs / substances
   a. Alcohol/ beer .............................................
   b. Tobacco / cigarettes smoking ..........................
   c. Marijuana / bhang .................................
   d. Busaa / chang’aa .................................
   e. Miraa ........................................
   f. Others ........................................
   g. Never used ........................................

38
5. Who introduced you to taking any of the common drugs?

Chang’aa □ □  busaa □ □  bhang □ □  
Tobacco/ cigarette smoking □ □  alcohol/ beer □ □  miraa □ □  
(Write the appropriate code in the box for the type of common drug used)

a. My mother 

b. My father 

c. My brother 

d. My sister 

e. A close friend (male) 

f. A close friend (female) 

g. Others (specify) ........................................................

h. Does not use / take any drugs

6. Have you taken so much drug / substance that you were drunk / high?

Beer □ □  chang’aa □ □  busaa □ □  
Bhang □ □  miraa □ □  others (specify) ...........................................

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

a. No, never 

b. Yes, once 

c. Yes 2-3 times 

d. Yes 4-10 times yes more than 10 times 

e. Does not drink/ take drug

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

Beer □ □  chang’aa □ □  busaa □ □  miraa □ □  bhang □ □  
Cigarette smoking □ □  others (specify) .............................................
(Write the appropriate code in the box for the type of drugs used)

a. Parents
e. Sisters or brothers adults relatives
b. Friends of my age neighbours family
c. Friends whom are younger than me f. No one in particular
d. Friends who are older than me
g. I don’t drink

8. Where do you mostly use common drugs?

Beer/alcohol □ chang’aa □ busaa □ others (specify) ..................

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

a. At home
g. Do not use any drug
b. In public drinking places h. Other place (specify) ............... 
c. In the shopping centres

d. in the streets or parks e. At school

e. At a friend’s place f. At a friend’s place

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

Beer □ miraa □ chang’aa □ busaa □

Bhang □ cigarettes smoking □

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

a. Mainly with boys
b. Mainly with girls

c. Both girls and boys
d. I don’t use any drugs

d. I don’t use any drugs

e. I don’t know

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

a. To be like adults
b. To get high
c. Because of curiosity
d. Others (specify).............
e. I don’t know
11. Do any of your schoolmates use any of the common drugs?

Beer □  miraa □  chang’aa □  busaa □
Bhang □  cigarettes smoking □

(Write appropriate code in the box for the type of common drug used)
   a. No they do not use any drug
   b. Yes, but less than once a week
   c. Yes, everyday
   d. Yes, but every week not very day
   e. Don’t know

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

a. Yes
b. No
c. Don’t know
d. Don’t have friends

d. Don’t have friends

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

Beer □  miraa □  chang’aa □  busaa □
Bhang □  cigarettes smoking □  alcohol □

(Write appropriate code in the box for the type of common drug used)
   a. Yes no
   b. I don’t know
   c. I have no friends

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

a. No reaction
b. Approve
c. Disapprove
d. Strongly disapprove
e. I don’t know
15. What reasons do school pupils give for using / taking any of the common drugs?
(You can give more than one answer)
a. To be like adults
b. To get high
c. To belong to their peer group
d. Curiosity
e. Others (specify) ..................................................

16. If any of your friends take any of the common drugs, from where do they get money to buy any of the common drugs?
a. Their own money
b. Their parent’s money
c. Friends
d. Stealing
e. Others (specify) .................................
f. They don’t use any of the common drugs

17. Does your mother like / use any of the common drugs/
a. Yes
b. No
c. I don’t know
d. I have no mother / mother not alive.

18. Does your father take / use any of the common drugs?
a. Yes
b. No
c. I don’t know
d. I have no father / father not alive

19. Do you have a brother who uses any of the common drugs?
a. Yes
b. No
c. I don’t know
d. I have no brother
20. Do you have a sister who uses any of the common drugs?
   a. Yes
   b. I don't know
   c. I have no sister

21. Did you know of any other drugs or substances that pupils in primary school are now taking?
   a. Yes
   b. No

If yes what are the names of these drugs/substances?

   a. ............................................................
   b. ............................................................
   c. ............................................................
   d. ............................................................

22. Are there activities in primary schools through which pupils learn about the dangers of drug abuse?
   a. Yes
   b. No

23. Are you aware of any special reading materials about drug abuse for primary school pupils?
   a. Yes
   b. No

24. Do you think there are rules and regulations to guide pupils about drug abuse in primary schools?
   a. Yes
   b. No.

25. If yes do you think they need to be followed and strengthened?
   a. Yes
   b. No
26. In your own opinion what should be done to prevent / reduce the practices of drugs in the primary schools?
SECTION C

ATTITUDE TOWARDS DRUG ABUSE AND PRACTICES.

1. What is your attitude towards the use of any common drugs?
   a. Don’t disapprove 
   b. Disapprove 
   c. Strongly disapprove of its use 

2. Do you disapprove of people who are 18 years old or older doing the following (please tick the box for each question)
   i. Getting drunk on alcohol/beer
      a. I don’t disapprove 
      b. Disapprove 
      c. Strongly disapprove 
   ii. Sipping a little amount of alcohol/beer occasionally?
       a. I don’t disapprove 
       b. Disapprove 
       c. Strongly disapprove 
   iii. Drinking alcohol/beer regularly?
        a. I don’t disapprove 
        b. Disapprove 
        c. Strongly disapprove 
   iv. Smoking less than five cigarettes?
        a. I don’t disapprove 
        b. Disapprove 
        c. Strongly disapprove 
   v. Trying to smoke cigarettes or tobacco once or twice?
        a. I don’t disapprove 
        b. Disapprove 
        c. Strongly disapprove
vi. Trying marijuana or bhang once or twice?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

vii. Smoking marijuana / bhang occasionally?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

viii. Smoking marijuana / bhang regularly?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

ix. Taking any amount of marijuana / bhang?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

x. Chewing of miraa?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

xi. Chewing any amount of miraa?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove

xii. Taking any amount of busaa / chang’aa?
   a. I don’t disapprove
   b. Disapprove
   c. Strongly disapprove
xiii. Sipping a little amount of chang’aa / busaa occasionally/
   a. I don’t disapprove □
   b. Disapprove □
   c. Strongly disapprove □

xiv. What do you think should be done to those pupils who abuse drugs?
    To be encouraged to continue □
    To be counseled to stop □
    To be warned against the practice □
    Any other specify ...........................................................

xv. Do you think drug and substance abuse is a problem in primary schools?
    Yes
    No

3. If yes to question xv above, what do you think is being done about it as a problem in primary schools?
   ................................................................................................
   ................................................................................................
   ................................................................................................
4. What do you think each of the following should do about the drugs abuse problem?

- Pupils

- Teachers

- Parents

- Government

Thank you.
APPENDIX II

INFORMANTS INTERVIEW GUIDE.

(Courtesy before administering the questionnaire)

Greetings, I am a student from the university of Nairobi. I am doing research on drug use and substance abuse in Ngong division public primary schools. I request you to spare time and assist me with certain information for my study. All the information will be considered as confidential.

1. What is the background of the respondent?
2. As head teachers, teachers, parents, school watchmen and cleaners in school. Do you think drug / substance is a problem in public primary schools?
3. Are there pupils who take drugs in primary schools?
4. What are the general habits of those who abuse the common drugs while in school?
5. Are there cases of pupils who come to school suspected high on drugs?
6. If yes to question 5, what are drugs they abuse?
7. What are some of the behaviors that are unique to pupils because of taking drugs?
8. Are thee any related behaviour patterns or practices to drug/ substance that you are familiar with in your school? (i.e. drug abuses, drug peddlers)
9. What do you think are the effects of drugs / substance abuse practices in school?
10. Are there some behaviour patterns that are uniquely observed among pupils because of taking drugs?
11. What do you think should be done about drugs / substance as a problem?
12. In your opinion is there enough awareness about drug abuse as problem?
13. In your opinion are there any existing measures of intervention on drug abuse in public primary schools?
14. What do you perceive to be the precautionary measures to control / prevent drug abuse?
15. In your opinion suggest ways in which these precautionary measures can be strengthened and by who?
16. Please suggest any measures you believe would reduce / control drug taking in primary schools.

17. What do you think each of the following should do to control / prevent drug problem in primary schools?

   a. Teachers
   b. Pupils
   c. Parents
   d. Other workers like watchmen / cleaners.