

DRUG ABUSE IN PUBLIC PRIMARY SCHOOLS IN KENYA:

A CASE OF CENTRAL DIVISION IN KITUI DISTRICT,

EASTERN PROVINCE KENYA

BY

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DECLARATION

I *Andrew Mwilu Munyoki* here by declare that, this is my original work, and it has not been presented to any academic institution, for any academic award of a degree or otherwise.



Date: 10th April 2011

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SUPERVISOR'S APPROVAL

This is to clarify that this work this work has presented to me as a University supervisor and I declare to the best of my knowledge that it is original

Sign. 

Date: 18./08/2011

Name: SSENTAMU GISSY-N.

(SUPERVISOR)

DEDICATION

I would like to dedicate this work to my family which has been patient throughout my study period. I appreciate their understanding and may God bless them.

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I would wish to pay some debts I have incurred during research period and process of writing the report. First and foremost is my University Supervisor Mrs Sentamu Cissy. She has accorded me help and guidance throughout my research period.

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LIST OF ACRONYMS

| | |
|-----------|--------------------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| D.A | Drug Abuse |
| L.S.D | Lysergic Acid Diethylamidic |
| NACADA | National Campaign Against Drug Abuse. |
| UNDCP | United Nation Drug Control Programme. |
| J.K.I.A | Jomo Kenyatta International Airport |
| P.C.P | Phencyclidines |
| K.I.U | Kampala International University |
| K.U | Kenyatta University |
| W.H.O | World Health Organization |
| H.I.V | Human Immune Deficiency Virus |
| S.E.S | Social Economic Status |
| G.O.K | Government of Kenya. |
| K.A.A.C.R | Kenya Alliance of Advancement of Children Right. |
| M.O.E | Ministry of Education |
| MOST | Ministry of Science and Technology |
| SLT | Social Learning Theory. |

ABSTRACT

The study sought to investigate Cause of drug abuse in public primary schools in Kenya. A case study of Central Division in Kitui District Eastern province Kenya with specific objectives which include; to evaluate the effect of Academic stress on drug abuse, to assess the effect of peer pressure on drug abuse, to examine the effect of peer group altitude or drug abuse.

The study developed a correctional design employing descriptive summary methods in the collection of data and its analysis. The study included 92 respondents.

From the study, it was found out that drug abuse affect many pupil initiated in drug abuse during their primary school life (14-18).

Drug abuse are available in Kenya primary schools are supplied by both pupil and community surrounding the school, Alcohol is the most abused drug among primary school going pupils in the central division of Kitui district, Curiosity is the prime factor that has compelled most of pupils to start taking drugs of abuse in central division, Children whose parents take drugs of abuse are likely also to take drugs, Home background has an influence on drug abuse, Last but not least, we conclude that the most socio – economic of families where pupils comes from most affluent (high S.E.S) leading.

It was concluded that drug abuse problems affect adolescent pupils their schools.

It is therefore recommended that schools provide to pupils that is; Adequate information on drugs and drug abuse should be availed to pupils before joining primary schools, Parents should be good role models to avoid taking drugs in presence of their children, More research should be done on issue of supply of drugs in schools.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Introduction

Drug abuse is a problem world wide. It is a scourge that does not respect national boundaries, races, creed, level of education, age or economics status uses of drugs is as old as man kind and had been an integral part of each society. Man has been using substances from plants as medicines.

1.2 Background of study

When drugs are properly administered they are medicinal blessings to human beings. Man had basically communities knew how to make alcohols, with onset of modern science we have seen refining and standardizing of drugs in laboratories (Mitchell, 2003)

Karechio (1996) notes that, unfortunately some drugs produce enticing side effects such as Euphoria, a sense of feeling good, elating serenity and power such that what began as means of relaxation evolved in time into a problem of dependence and abuse (Karechio 1996:14)

Ciakuthi (1999) quoting from Yussuf (1983) explicits that man's knowledge of drugs is very old. For instance the Chinese knew about cannabis salva (bhang) since 2700BC while Egyptians knew about opium since 1500BC. Alcohol orinated from Greece who invented it's fermentation. In Biblical times drugs such alcohol were taken but sometime with sad outcomes for instance Noah took wine and was nkaed one of his son (Ham) saw his father naked and was cursed (Genesis 9:21 -22). Lot under influence of alcohol had incestuous relationship with his two daughter (Genesis 19: 30-36) King Solomon was in deceit of alcohol when he wrote "look not thou up on the wine when it is red when it gives it's colour in the cup....at last it biteth like a serpent and stingeth like an adder (Proverbs 23:31-32)

According to Kateregga and Snenk (1980) the Holy Quran teaches sharia as a complete code of life.

The sharia shows what acts of life are forbidden (Harram) wine drinking.

Drug Abuse had become one of most important social issues of our times. Illicit drugs has killed people and even destroyed families. Drugs have power to undermine international and community relation. It disturbs financial systems and corrupt governments. Michel laments that, despite this being one of the international most vital concern, information on illicit drugs and supply is limited and obscured by its very illegality (Mitchel 2003).

Most drugs have been used and abused for centuries opium and cocaine were used originally as part of the heathen religious rites. Herbiturate were used as early as 1900 as an answer to isomnis but became apparent that patients using them diverted dependence thus could not do without it (Gazzanioga 1980) The amphetamines were synthesized in the 1920s to combat fatigue but its its abuse became life when people used it as "pick me up" and "Peep pill" (Gazzanioga 1980).

Use of highly dangerous illegal drugs has been wide spread since the 1960s Hallucinogens like LCD were used by consumers to produce bad trips and frightening experiences, worse still accidental overdose may lead to unconsciousness or death.

Numerous studies have been done on demographic characteristic of adolescent users of illicit drugs Richard Carroli (1970) in USA and smart and Fejer (1969) in Canada found in general that users LSD and other Hallucinogens tends to be of male Jewish religiously uncommitted middle class families and were often failing in schools.

These findings concur with report by NACADA (Kenya) which shows that the number of males abusing drugs were significantly higher than females counterpart in learning institution. In other studies or factor influencing the use of drugs by Goldstein (1971) shows Marijuana use to be related loward riles and convention values greatly insecurity among groups of college student.

Jessor and Finely (1973) found that personality as well as environmental factors plays a vital rule in the variations of social behaviour such as drug abuse. Alcohol is the most abused and used drug and unlike narcotics it is socially accepted and used by 70% of the American adult. Cahalan et al (1969) saup both alcohol and narcotise are addiction. Today drug abuse is a challenge experienced by both youth and old.

The youth is the most affected research findings have indicated that this has its roots in the preteen age years and the problem becomes more amplified in teenage years where the youth are in secondary schools (Daily Nation, October 27, 2003).

WHO reported that the most widely used and abused drugs are alcohol, tobacco, marijuana, its derivative and hallucinogens. Others abused drugs are miraa inhalants volatile solvents and habitants. It is also noted that prescribed drugs are widely abused that reported (Kamonjo 2002) WHO report agrees with NACADA findings of 2003 which states that the most widely abused drugs in Kenya secondary schools are alcohol, tobacco, Bhang, miraa and inhalants. It should be realised that many useful drugs have side effects and if they are used they give pleasurable sensation or to affect mind, there is a danger of misuse which can damage the body organs (Mitchel 2003).

Today, the trade on illegal drugs is the single greatest threat to the society all over the World, Kenyan secondary schools provides a bigger percentage of consumer market.

Drug abuse can have serious physical and psychological effect on the individual. A widespread use and abuse can have serious social, economic and even political implication.

Society can easily degenerate if drug abuse is not checked. Drug abuse among the youth can jeopardize the heavy investment on them by the society. It can easily interfere with their social roles once they leave school and society with this in mind. It is very essential to take a research in cases of drug abuse in primary school.

The researcher who therefore compelled to take a study on the causes of drug abuse a public Primary schools. Kenya causes of central division in Kilot District, Eastern Province. The current study unlike earlier researcher done, concentrates on mode of acquisition the causes of misuse of the drugs and which drugs are mostly abused at this Eastern part of the republic.

1.3 Statement of the Problem

Drug abuse like any other bad habit affects pupils performance negatively. It also affects the pupils concentration especially during the instructions. The regular teachers and the peers have to stop teaching and attend to the victim when the seizures are on. This is why regular teacher had a negative perception towards these learners because it wastes a lot of time.

According to performance, these drug abusers still cannot match their counterparts because the regular teachers have no skills and resources to use in teaching the drug abusers. They need special counseling and give extra time to compensate the lost time. They also need to remedial their work but the regular teachers have no knowledge and skills to teach them.

1.4 Significance of the study

Drug abuse easily lead to a class of misfits and hence the need to be aware of the causes of it in primary school. This study is therefore very significant. This study gives information to teaches in charge guidance and counselling department to be able to come up with programme that can prevent drug abuse, the study is useful to books authors and other teaching/ learning material developers who will incorporate the idea of effect of drug abuse, causes and how to avoid the drug abuse. More research will be stimulated to look at causes of drug abuse in other parts of Kenya not covered in this study. The future researchers will help parents know to be good role models and prevent drug abuse by primary school going payments.

1.5 Objectives

The following objectives have been formulated for this study

1.5.1 General Objectives

Causes of drug abuse in public primary schools in Kenya.

1.5.2 Specific Objectives

- i) To evaluate the effect of Academic stress on drug abuse
- ii) To assess the effect of peer pressure on drug abuse.

iii) To examine the effect of peer group attitude on drug abuse.

1.6 Research Questions

The following research questions were formulated for this study, viz

- i) What is the effect of academic stress on drug abuse?
- ii) What is the effect of home background on drug abuse?
- iii) What is the effect of peer pressure on drug abuse?
- iv) What is the effect of pupil's attitude on drug abuse?

1.7 State of the null hypothesis (Ho)

HO1 : There is no significant difference between gender and drug abuse.

HO2 : There is no significant difference between persons pupil live with and drug abuse.

1.8 Definitions of terms

For the purpose of this study, the following terms are defined operationally

Addiction: State of tolerance to drugs and there are withdrawal symptoms when drugs are abruptly withheld. Usually a large amount of dose is required to produce the same effect.

Adolescent: Transition period between childhood and adulthood. Sigmund Freud the founder of psychoanalysis, defines adolescent reestablishment of sexual impulse lost in childhood. It ranges between ages 11 – 18 yrs)

Anxiety: A vague unpleasant feeling accompanied by a premonition that something undesirable is about to happen.

Counselling: Skilled and principled use of relationship that develops self knowledge, emotional acceptance, growth and personal resources it is aimed to make life of a client more satisfying.

Drug: general term that includes all substances except food which when taken alter the brain function and create dependence.

Drug Abuse: Use of local drugs against the doctor's prescription. Excessive use of socially accepted drugs, the use of illegal drugs of cocaine, cannabis sativa and heroine.

Dependence: A condition created by drug use in such a way that stopping using would bring about unpleasant symptoms. The user must have the drug to avoid ache, pain, cold sweating and nausea.

Narcotics: Drug which depresses part of brain which control perception of pain, hunger, thirst and sex drive leaving the person with false sense of well being e.g morphine, heroin etc.

Peer Group: A group of people status and share common interest.

Social Economic Status: Indices like parental level of education, occupation and annual income of the main salary earners in the family of a drug abuser.

Tolerance: Where body individual adopts is repeated presence of drug and in these way reduces its effectiveness.

Youth: This is a demographic characteristics of young people between 14 – 25 yrs. In this category is where we have all secondary school students.

Withdrawal: Intense pain, nausea, cold sweat, general body weakness and social symptoms problems that arise as a result of dependence, intolerance and aggressive moods.

1.9 Theoretical Framework

The researcher based the current study on social learning (SLT)

Many Psychologists have accepted the social learning theory as the most useful explanation of addictive behaviour (Abrams and Niaura), According to the theory people learn patterns of behaviour including use drugs because they are reinforced in some manner for the behaviour (Bandura, 1977, Rotter 1982, Skinner 1953) people begin to drink alcohol according to social learning theory for at least three (3) reasons, first the taste of alcohol or its immediate effects may bring pleasure (positive

reinforcement), second a person may decide earlier that drinking alcohol (or use of other drug) is consistent with personal standards (cognitive meditation) and third, the person may learn to use drug through observing others (modelling).

The social learning theory also attempts to explain that some people drink too much alcohol some people drink too much alcohol (or use any drug in excess). Hang and Mariatt (1982) suggested that excessive drinking may serve a copying mechanism, The drinker derives a sense power from the response. Again the drinker gets a feeling of avoiding responsibility or minimizing stress. People will therefore continue to drink (Bramon and Feist 1992), modelling also provides an explanation for heavy use of drugs. Ample evidence indicates that subjects who observe a heavy drinking model will consume more alcohol than those who observe a light drinking model or no model at all (Candeil and Maviatt 1975) however some studies seem to indicate that not all people are completed to imitate a heavy drinking model, a finding that offer some support for the assumption that personal standards play a role in shaping behaviour.

A child explanation offered by social Learning Model is based on principles of negative reinforcement. Most drinkers or drug abusers have learned that they can avoid or reduce the painful effects.

As this level begins to drop, the addict feels the discomfort withdrawal, these systems can be avoided by taking in more drugs. This negative reinforcement increase the probability that heavy use of a particular drug will continue.

Finally, the Social Learning theory (SLT) suggest prevention and treatment techniques for the drug dependant persons because drinking (or use of any other drug) is learned and can be unlearned. Therefore people can learn to sustain or learn to moderate their intake. The goal for treatment hence is not strictly abstinence, it can accommodate either controlled drinking or abstinence as a treatment.

CHAPTER TWO

2.0 LITERATURE RELATED REVIEW

2.1 Review of the related Literature

To highlight the possible causes of drug abuse in public primary schools in Kenya views of various authors and researchers were examined, related literature was reviewed under the following sub heading: definition of drug abuse and various categories of drugs, effects of background to the drug abuse, peer pressure and drug abuse and how pupil's attitude may cause drug abuse.

2.2 Drugs

Drugs: General term that include substance which when taken alter the brain, function and creates dependence categories of drug abused;

Depressants

These show down the activity of nervous system. They include alcohol, inhalants including glue, nail polish remover, cleaning fluid, anti freeze, aerosols from can or household product and gasoline) minor tranquillizer (including valium) and sedative (including barbiturates, pentobarbital and pcpc- phenyl children) All depressants except pcpc can be obtained of legally, phencyclidine is used as an immobilizing agent.

Stimulants.

Stimulates activities, suppress that appetites and exacerbate emotional depression. They include the legal caffeine and nicotine as well as legal and Illegal amphetamine and are illegal mephedrone, ecstasy and cocaine.

Hallucinogens.

These are mind deserters. They have no medicinal use and create altered perception, they include Marijuana (only recently has marijuana been considered for medicinal purpose) LSD (Lysergic Acid Diethylamide) and mescaline. All hallucinogens are illegal.

Narcotics

They have an analgesic effect. They relieve physical pain and make surgery possible but are highly addictive.

They include Morphine, Codeine and heroin it is worthy to note that the knowledge of the type of drugs being abused is vital for a drug abuse prevention and control strategy.

2.3 Availability of drugs

It is evident that Africa is the fast growing transit point for drug trafficking for example cocaine from South America is transported to South Africa then the North through the continent to Europe. Africa also produces illicit drugs, countries like Morocco, South Africa, Lesotho and East African states are major producers of bhang (people daily 11th July, 1997).

Data available on drugs availability is overwhelming for instance drugs seized at Jomo Kenyatta International Airport (J.K.A) between 1994 – 2000 were worth 45 million Kenya shillings. These are destroyed by high court. The consignment included 29.09kg of heroine worth 29 million shillings, 130g cocaine worth 1.3 million Kenya shillings, 140,000 Mandrax tablets worth 14 million Kenya shillings and 7.4kg cannabis sativa worth 7000 Kenya shillings (Ndivangu 2000) comparative figure from antinarcotics unit of Kenya for the years 1992, 1993, and 1994 showed that the consumption of bhang, heroine and cocaine increased by 55%, 77% and 116% respectively. Medicinal drugs are also still abused e.g. Roche (Pawak 2000) Kenya is recognised as an important point for Southern Africa market with part of Mombasa and J.K.A being key entry points for all sorts of drugs various studies (Mueke 1980; Ochieng 1986) have revealed that the drug abuse indicator continues to show an upward trend especially in substances like alcohol bhang, miraa, and other various synthetic psychoactive substances that are locally available it is also believed that drug abuse is among the major causes of indiscipline and interest in schools and institutions of learning (Daily Nation 3rd July, 2011) with this information at hand, it is impossible to refute the sad fact that drugs are available and accessible inside and outside our learning institution.

2.4 Academic Stress and Drug Abuse.

Whilst there is little studies done on the relationship between the two (Academic stress and drug abuse) Various authors and researchers have shown that there is a positive condition between the two. A battery of secondary schools that have gone on rampage have continued to become academic stress and so the drug abuse. Following a few cases of schools that have gone on strike due to drugs with an influence of academic stress. Daily Nation 3 July, 2001 reports that students of a secondary school in Nyandurua district burned their matron's house protesting lack of access to the finance student at night. The students were reported to have consumed illicit brew called "Kairasi" students of Nyahururu High School went on rampage in 2002 in 2002 attempting to rape girls of a neighbouring mixed secondary school (Ndururumo) The raiders were said to have intoxicated with bhang and alcohol NACADA study on learning institution in Kenya confirms the wide spread use of drugs in institution where academic stress is more, Koros (1999) reports that Kenyatta (Malinga) high school of Nyeri District in central province was closed indefinitely in 1999 after students roughed up their colleagues and sent home for indiscipline. This event was attributed to drug abuse among those students. In 1999, one of the worst cases happened when students from Nyeri High school burnt fellow student in hostel cubides and four prefects died. This case was attributed to drug abuse(siringe 1999) In 2001 a fire started by students believed to be on drugs at Kyanguli secondary school of machakos district claimed that lives of 67 students (Daily nation 2003).This information provides us with evidence that academic stress could be influencing drug abuse in Kenya secondary schools growing population. The researchers tackled the questions on effect of academic stress on drug abuse. The study found that 22.7 %of primary school pupils, 60.7% of secondary school and 68.5% of technical colleges used drugs. The most prevalent drug is bhang. NACADA warns that by year 2009 drug abuse will claim more life than HIV AIDS in Kenya where 92% of the youth between 16 – 26 years have experienced drugs (Daily Nation October 20003).

Siringi (1999), report that Levana and Nairobi schools have had their reputations :aunted by many case of drug abuse in schools. Student from the two National schools have limited that they talk bhang and miraa due will enhance their academic

prowess siringi (1990:46). In 1998 Koru girls of Nyanza province went on strike and a group of girls were suspended after being caught drunk and in possession of bhang (Oiveve 1998) Tanesa High school students burned their schools to attempt to suspend some of students over discipline as a result of drug abuse.

2.5 Home Background and Influence to Drug Abuse

A breakdown of the family value and structures makes parents lose control over their children who have freedom to experiment on alcohol and drugs and have been blamed on rampant drug abuse. This is according to results of an unpublished draft report of the national baseline survey on drug and substance of abuse among the youth in Kenya (Siringi 2003), The report further notes that some youth engage in drugs because they imitate adults.

Capuzz and Lecoq (1983) noted that parental alcohol is related to adolescent drug use in that adolescent drug users feel rejected and distant from their parents and that Laissez – faire and autocratic families have a higher incidence of drug abuse and that adolescents who drink heavily after coming from dilapidated homes in which the father drinks, where marital stability and parental control are lacking, where there is tension between the parent and child and where the adolescent feel rejected (Prendergest and Schaefer 1974).

Parents are more powerful role models, permissive reared teenagers are less involved in school bearing and use of drugs more frequently than do teenagers whose parents communicate clear standards of behaviour (Barmind 1991).

According to Evans and Nurdoff (1978) the major factors in the initial use of drugs especially marijuana are among others imitation of parents who are using many drugs such as tranquillizer alcohol or tobacco. In this current study, the researcher investigated the influence of home background to the drug abuse.

2.6 Peer Pressure

Percent study carried out over the past five (5) years by Teen – web. Nairobi web based project to survey and educate students on health reports that drug abuse was identified as a big problem among adolescents. Peer pressure pushed teenagers to experiment with drugs and sex (Udoto 2004).

In many traditional non – industrialised collure, the youth are initiated into adult life through special designed rituals. In such society, one is either a child or an adult. There is a brief gap between the two stages (Constrain and Levine 1997).

In modern technological societies the youth are forced to postpone their called adolescent or youth. The major reason is that society no longer have economic values for youth people in this stage. The unfortunate result is that the youth become isolated from the rest of the society. This has intensified many youth problems among them drug abuse suicide and delinquency (Colleman 1987).

Juvenile delinquency has increased in recent years parralled by recent increase in size of youth group. This has a bearing on influence of peer culline use of drug and alcohol, growth of low income neighbourhood in big cities (Hess 1986)

Peer pressure is therefore very essential in explanation of possible causes of drug abuse. Nobody set out to become physically addicated to drugs a Chinese proverb has it that "habit are cobwerbs at first and cables at last." A medical writer Thomas MC Kowen once noted that "our habits commonly begins as pleasure of which we have no need and end as necessities in which we have no pleasure (Mitchel, 2002) the researcher therefore looted at the influence of peer pressure to drug abuse.

2.7. Attitudes and its possible influence to drug abuse among public primary school pupils

Pupils

Attitudes are ways of thinking or feeling about something or some body, usually reflected in person's behaviour. They are description of a person's readiness to respond in a certain way to stimulus. Attitudes are acquired through experience in our environment and learned in much the same way as skills and habits. They may be resistant to change because they are wrapped up with a person's needs, feelings and self concept. There are instances where a person shows readiness to respond

By showing acceptance without any conditions. Such is refered as positive attitude. Where there is negative attitude, the person responds by showing dislike and defence. A student needs approval, feeling of importance security and independence. He/she is this likely to develop an interest in any activity which brings

him/her satisfaction of such needs. Facilities such as needs, which the pupil is not aware of or hidden aggression and wishes may become key players in building attitudes.

2.8 Pupil's attitude

According to Chinard and Meir (1998) several features of moral life promotes drug use first of all most people recognise close connection between drugs and physical well being. For instance, children learn that drugs can relieve various physical discomforts. Also people associate alcohol, an important part of the drug world, with certain social events. In addition, people think drug taking as a way of attaining desired moods or physical well being which perhaps a universal desire is. Adolescents therefore learn that when they fall into undesired moods, they can either own feelings with drugs. Pupils have also formed a notion that drugs serve purposes like altering their moods; levels of their consciousness or behaviour. This has therefore led to vast consumption of substances like alcohol, tobacco, coffee, medically prescribed liquillizzers and illegal drugs such as Maryuana. The current study looked at the attitudes that pupils have towards the drugs of abuses and whether this could cause the abuse of such drugs.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1. Design.

The study employed the descriptive survey method to determine the causes of the drug abuse in public primary schools.

The study used simple random sampling.

This is a procedure in which all the individuals in a defined population have an equal of being selected as a member of the sample. There are two main advantages of this: One is that random samples can be generated to a larger population within margins of error that can be determined statistically. Then, it also permits the researcher as apply inferential statistics to the data. Lottery techniques were used. In every class, the researcher wrote fifteen papers YES and NO and folded them put them in a container, mixed them and allowed pupils to pick one each. Those with YES papers answered the questionnaire for the teachers three class teachers were picked in each school following the same procedure.

3.2. Environment.

This research was carried out in central division, Kitui central District from Eastern province and one among the four that comprises the Nkambani region. The district borders Mahnyani District to the west, Zambani District to the East, Mutomo District to the south and Mutito District to the North. The district covers an area of 6965 Kms, Has 19 divisions, 65 locations, and 194 sub- wiahirs.

The district has one parliamentary constituency namely Kihui central. There are sixty five electoral wards. The district experiences two(2) rainy season , long rain occurring march/April while the short rain in November/December. Average temperature experienced is 22.1°C.

3.3. Respondents.

This study involved public primary school in Kitui central district. The public primary schools are government of Kenya (GOK) sponsored schools and they form majority of Kenya. The number of schools that was used in Kenya. The number of schools that was used is six (6) Three (3) mixed day schools, Three (3) mixed boarding

schools. The following public schools were selected to see the data required for this study.

Mixed Day schools

| | Examination code | Name of school | Address |
|---|------------------|-------------------------|---------------|
| 1 | 302124 | Central Primary school | BOX 58 Kihui |
| 2 | 302163 | Mutukya Primary school | BOX 52 kihui |
| 3 | 30217 | Ruhugire Primary school | BOX 344 KIHUI |

Mixed Boarding schools

| | Examination Code | Name of school | Address |
|---|------------------|---------------------------|-------------------|
| 1 | 302118 | Kareth Primary school | P.O BOX 104 Kihui |
| 2 | 302125 | St Micheal Primary school | P.O BOX 714 Kihui |
| 3 | 302198 | Emco primary school | P.O BOX 904 Kihui |

3.4. Research Instruments.

In this study, data was collected using one instrument. This is the questionnaire. The questionnaire used had closed ended and open closed. The researcher constructed two questionnaire for the following respondents:. The leaders' questionnaire and Pupils' questionnaire.

3.5. Data Collection Procedures

The researcher obtained a researcher permit from the Ministry of Science and Technology (MOST) headquarters, authorising him is collect data from public Primary schools. This is in accordance with Kenyan laws. The researcher then proceeded to visit the sampled schools to seek permission from schools' head to collect data. The researcher visited the schools later gave questionnaire to pupils with an arrangement proffered by head teacher. Teachers filled the questionnaires the same day and the researcher went with filled in questionnaires. The researcher moved to the step of analysing interpreting and presenting the data in logical manner in the research report.

3.6 Statistical treatment of Data

The researcher used chri-square (X2) method for statistical treatment of Data. One dimensional chi-square (X2) was used .

Formular

$$X^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

fe is the expected frequency while fo is observed frequently.

| | |
|----------|--|
| Observed | |
| Expected | |

CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1. INTRODUCTION

In this chapter data obtained from pupils and teachers questionnaire was analysed, presented and interpreted. The data was analysed, presented and interpreted in order of research questionnaire. The following therefore is the presentation.

4.2. The contextual characteristics of the respondents.

Both the teachers and pupils who filled in the questionnaire are here in referred to respondents. Six (6) public primary schools were used in this current study. These were three (3) mixed primary Day schools and three (3) mixed boarding primary schools.

4.3. Demographic characteristics of the respondents

4.4. Pupils questionnaire.

As a part of introduction the researcher obtained data on age of the pupil who served as respondents. The table below shows the age of the pupils.

Table 1: Age of pupils.

| Age | (Frequency) Number of pupils | Percentage% |
|----------------------|------------------------------|-------------|
| 13 years & below | 4 | 4 |
| 14 years to 18 years | 70 | 70 |
| 19 years to 20 years | 24 | 24 |
| Above 20 years | 2 | 2 |
| Total | 100 | 100 |

Source: Primary data.

From the table 1 above the observed that majority respondents (70.0%) are within the expected limits. Primary schools' pupils supposed to have between 14 to 18 years. This however is not an obvious case as some pupils do repeat a few classes in primary school. Some pupils may also have formed school late. A small percent (40 %) were 13 years of age. These were only four pupils from the sampled one hundred (100) pupils slightly more than a fifty (24.0%) of the respondent were between nineteen (19) to twenty (20) years. This sample could have formed the

school late or could have repeated because of the new Government of Kenya offer of free primary education. This could have no effect on drug abuse.

4.4.1 Gender of the respondents (pupils)

The study sought for response from the two sender. This was both for teachers and pupils. The information on the gender issue is given on table 1 of appendix c under little of the presentation.

4.4.2 Religion

Respondents were required to give their religion. The table 2 below indicates the data obtained from the respondents (pupils).

Table 2: Religion of the respondents (pupils)

| Religion | Number of respondents (frequency). | Percentage% |
|-------------|---------------------------------------|-------------|
| Protestant | 56 | 56.00% |
| Pentecostal | 12 | 12.00% |
| Catholic | 31 | 31.00% |
| Islams | 1 | 1.00% |
| Others | 0 | 0.00% |
| Total | 100 | 100.00% |

Source: Primary Data

The literature reviewed had shown that pupils of Jewish origin in United states had shown a high preference in drugs consumption. However, this slitley has not shown any significant difference between religious dominations. The following presentations are made on basis of research questions and objectives.

4.4.3 Availability of drugs in school

Pupils were required to state whether they have ever taken drug of abuse. Table 3 below shows the response.

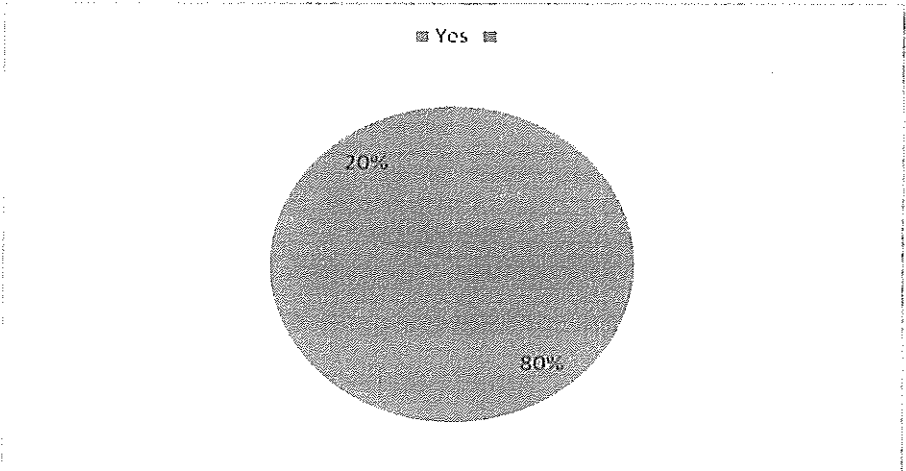
Table 3: Taking drugs for the first time.

| Response | Number of pupils(frequency) | Percentage |
|----------|-----------------------------|------------|
| Yes | 80 | 80.00% |
| No | 20 | 20.00% |
| Total | 100 | 100.00% |

Source: Primary data

A larger proportion of respondents (80) indicated that they have taken drugs. This is a significant percentage taking into consideration that the sample composed of primary school pupils. This information is also presented by a figure (pie chart).

Figure 1: Taking drugs for the first time



Source: Primary Data

Figure 1 above shows the proportion of pupils who taken drugs at least for the first time. Pupils were required to state the drug they have ever taken. The following table give data obtained from the responses.

Table 4 (a) Drugs taken by pupils

| Failure | Frequency | Percentage |
|---------|-----------|------------|
| Alcohol | 46 | 57.50% |
| Mirag | 26 | 32.50% |
| Tobacco | 8 | 10.00% |
| 3hang | 0 | 0.00% |

| | | |
|---------|----|---------|
| Cohaine | 0 | 0.00% |
| Heroine | 0 | 0.00% |
| Mandrax | 0 | 0.00% |
| Total | 80 | 100.00% |

Source: Primary data

Pupils were required to state what promoted them to take drugs. Their responses are recorded on table 4(b) below.

Table 4(b) What promoted pupil to take drugs of above.

| Father | Frequency | Percentage |
|-----------------|-----------|------------|
| Academic stress | 12 | 15.00% |
| Curiosity | 35 | 43.75% |
| Problems | 5 | 6.255 |
| Social occasion | 20 | 25.00% |
| Peer pressure | 8 | 10.00% |
| Any other | 0 | 0.00% |
| Total | 80 | 100.00% |

Source: Primary data

The table 4(b) above indicates that the majority of pupils (43.75%) who have ever taken drug of abuse did take it as a result of curiosity. This means these pupils just wanted or feel what it is like when one takes a drug. A sizeable percentage (25.00%) was promoted to take drugs due to a certain social occasion. However the question on the questionnaire did not sought to know which occasion was that. Nevertheless many of rural occasions where drugs like alcohol are availed include wedding ceremonies for non-protestants and non –Pentecost, payment of dowry ceremonies and when boys are under going circumcision. These could be the occasions that then promoted the taking of drugs. Fifteen (15%) noted that academic stress promoted them to take drug for the first time while les (10%) since that peer pressure make them to take drugs of abuse. only size point two five(6.25)

since they were influenced by problems. From the data obtained, we can therefore arrange the factors from most frequent to least as:.

- a. Authority
- b. Social occasion
- c. Academic stress
- d. Peer pressure
- e. Problems.

Parents and teachers can prevent drug to a great extent of abuse therefore by providing information to youth about drugs to reduce curiosity of the youth. The parents should also advise youth accordingly when they are attering source occasions to prevent them from consuming drugs of abuse. Parent and teachers too should know the friends of their children to prevent them from getting bad behaviour of drugs abuse.

Lastly, the parent should provide for the children to prevent them from having excessive problems and while the requirements are unavailable, the parents should give proper guidance to their sons and daughters.

4.4.4 Time for consumption of drugs for first time.

Pupils respondents were given this question on when in their life that they took drug for the first time. The responses generates the data on the table that follows:

Table 5: Time for consumption of drugs for first time.

| Age | Frequency | Percentage |
|-----------------|-----------|------------|
| Age in Years | 25 | 31.25% |
| Below 12, 13-18 | 53 | 66.25% |
| Above 18 | 2 | 2.5% |
| Total | 80 | 100.00% |

Source: Primary data

The family are interpretations derived from the table. First we note that majority of the youth take drugs for the first time in primary schools (13-18). Thus formed sixty six point , two five percentage. A relative larger proportion of youth today take drug

before their thirteenth (13th) birth day. This group forms about 31.25%. a small percentage of two point five (2.5) took drugs at above 18 years of age. The further caution here is that both parents and teachers should be careful from early age to prevent drugs abuse by children.

4.4.5 The place where the respondents take the drugs.

The responses were recorded in table 6 below.

Table 6: The place where the respondents take the drugs.

| Place | Frequency | Percentage |
|--------------|-----------|------------|
| Home | 9 | 11.25% |
| School | 34 | 42.5% |
| Friend place | 25 | 31.25% |
| Posh | 12 | 15.0% |
| Total | 80 | 1000% |

Source: Primary Data.

The data given above shows that most of pupils taking drugs currently do in schools. This forms 42.5% of these pupils 31.25% take drugs in friend's place this means they do take drugs with their friends twelve (12) pupils which forms fifteen percent (15%) pointed out that they do take drugs at near by bushes. This could be when in school or when at home out of sampled pupils the least proportion of drug abusers do it in their own homes. this category forms eleven point two five (11.25%) percent of total sampled students' arranged the places of consuming drugs for most frequently abused to the least as follows.

1. School
2. Friends place
3. Bush
4. Home.

4.4.6 The company of drug abusers.

Table 7: The Company of drug abusers.

| Company | Frequency | Percentage |
|-----------|-----------|------------|
| Alone | 20 | 25.0% |
| Friends | 45 | 56.25% |
| Parents | 0 | 0% |
| Relatives | 15 | 18.25% |
| Teachers | 0 | 0% |
| Any other | 0 | 0% |
| Total | 80 | 100.00 |

Source : Primary Data

The data in table 7 above indicate that most of pupils taking drugs do it with their friends. This proportion forms 56.25% of the total pupils taking drugs. This shows the potential influence in peer pressure friends influence each other easily and pupil taking drugs would feel comfortable talking with friends the bond between the friends build trust twenty five percent (25%) sampled pupils taking drugs, take the drug alone. The percentage of pupil taking drug with relative is eighteen point two five (18.25%). This is an unfortunate case as one would expect relatives to guide pupils to refrain from consumption of drugs. The question however, did not look for specific relatives involved though not parent. None of pupils taking drugs in the sample school do it in company of either the parents or teachers. This is a food indication of tender care offered by both the parents and teachers. Respondents also did not indicate any other company that they take drugs with.

A pie chart that follows (figure 2) illustrates this information

Figure 2: The Company of drug abusers.

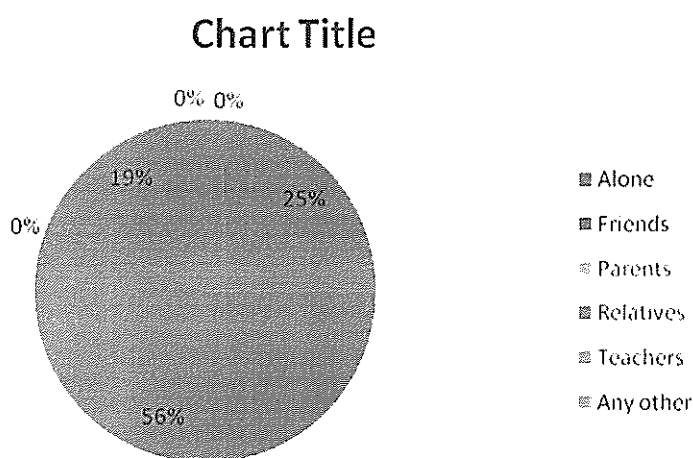


Figure 2 Company under which pupils take drugs. The pupils were required to state whether their close friends take drugs. They gave the following responses recorded in table 8

Table 8: Whether respondents take drugs.

| Response | frequency | percentage |
|----------|-----------|------------|
| Yes | 80 | 80% |
| No | 20 | 20% |
| Total | 100 | 100% |

Source: Primary data.

Majority of pupils (respondent) friends take drugs. This forms eighty percent of total pupils' respondent. A small percentage (twenty) 20% of respondent friends do not take drugs. There is a positive correlation therefore between pupils taking drugs and their friends too taking drugs.

4.4.7 Drugs taken by respondents' friends.

The respondents were required to outline drugs taken by their friends. The data that follows shows the drugs of abuse taken by friends.

- I. Alcohol
- II. Tobacco
- III. Miraa.

From the data taken, alcohol is most frequently used in comparison to other drugs. Tobacco and Miraa are also among the drugs abused by friends of the respondents (pupils).

4.4.8 Availability of drugs.

Respondents were required to state whether they think drugs are available to pupils. They gave the following responses that are recorded in table 9 as below.

Table 9: Whether the drugs are available according to pupil.

| | | |
|-------|-----|---------|
| Yes | 90 | 90.0% |
| No | 10 | 10.0% |
| total | 100 | 100.00% |

Source: primary data

Majority of pupils (90.0%) have a feeling that drugs are available at pupil. Only the percent (10.0%) had a feeling that drugs are not available. Out of the ninety (90%) pupil who thought drugs are available to pupil they were required to state where drugs are sold. The pupils gave the following responses are recorded in table 10 that follows:

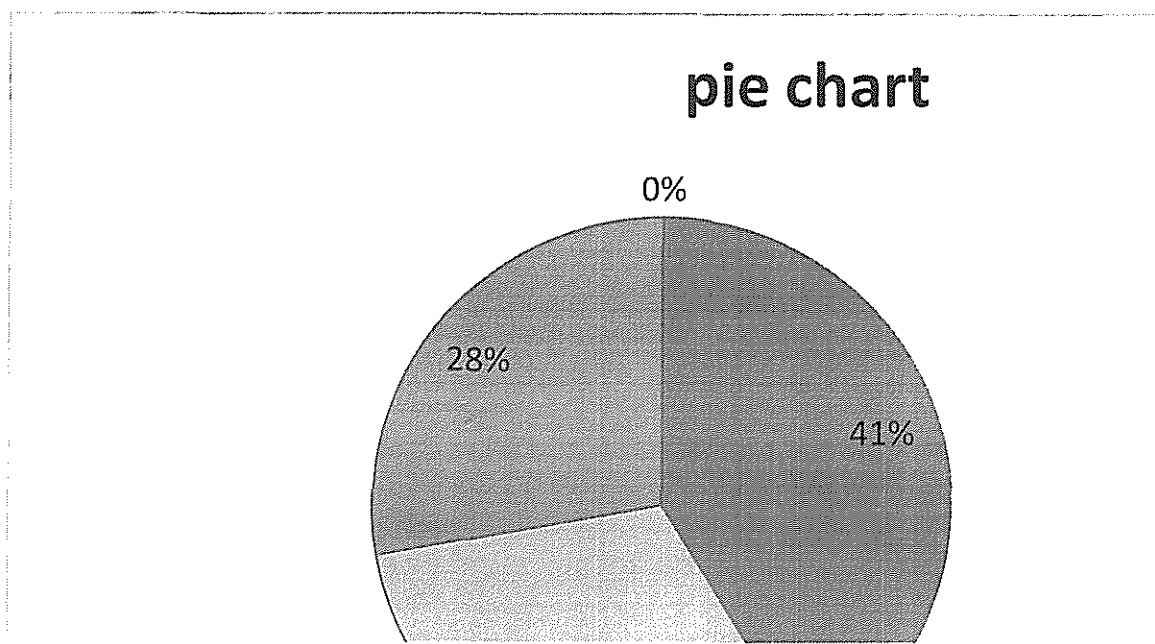
Table 10 : Where drugs are sold.

| | | |
|-----------------------|----|---------|
| Mihin school | 28 | 31.11% |
| Over the fence | 37 | 41.11% |
| Surrounding community | 25 | 27.78% |
| total | 90 | 100.00% |

Source: Primary data.

The data provided by table 10 indicate that majority of pupil 41.11% between drugs are sold over the believe drugs are sold by the surrounding community. This data indicate that pupils are aware of where drugs are availed. However, over the fence is where most of drugs are sold. The school fences are where most of drugs are sold. The school fence is the where most of drugs are sold. The school fences should be manned property to manage the issue of drug abuse in school. Data in table 10 is figure 3 that follows.

Figure 3: Places of Drug Sale



4.4.9.1 Awareness of health consequences of the drug abuse

Pupils were asked whether they were aware of health consequences of drug abuse, it was amazing to realize a great percentage said they were aware.

Table that follows has data on awareness of the consequences of drug abuse.

Table 11: Awareness of health consequences of the drug abuse

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 97 | 97.00% |
| No | 3 | 3.00% |
| Total | 100 | 100.00% |

Some: Primary Data

For the sake of clarity this data is hereby represented by a figure below:-

Figure 4: Awareness of Pupil on consequences of Drug Abuse

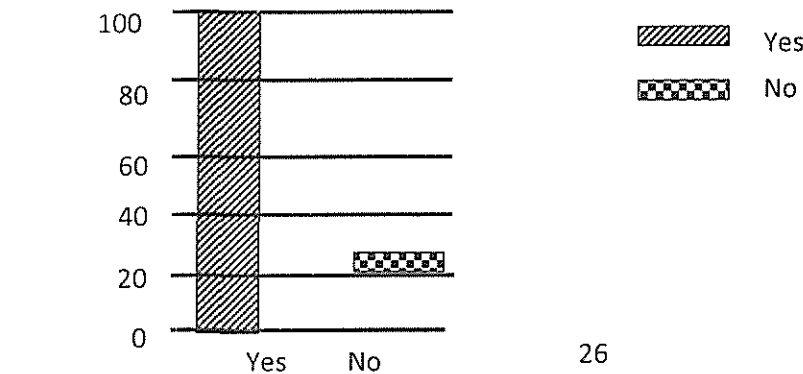


Figure 4: Awareness of consequences of drug abuse attached to drug abuse Ninety seven (97.00%) agreed they know the consequences attached to drug abuse. The information to this far could not be a problem. The pupil abusing drugs are doing so with information that drug abuse is harmful.

4.4.9.2 Whether parents take drugs.

Pupils/ respondents were asked whether any of their parents take drugs; The following respondents were given. These are recorded in table 11that follows

Table 12: Whether respondents’ parents take drugs

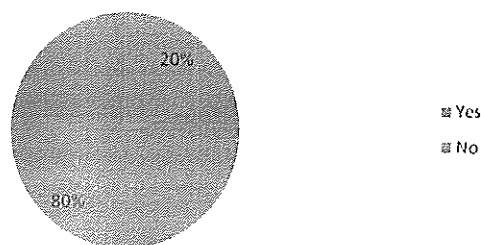
| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 20 | 20.00% |
| No | 80 | 80.00% |
| Total | 100 | 100.00% |

Source: Primary Data

From table 11, it is easy to realize that majority of respondents came from families that parents do not take drugs. This means that 80% of parents served as a good example or role model is their sons and daughters. A small percentage however (which is nearly a quarter) i.e. 20% said that their parents took drugs of abuse. It is therefore possible that they could be influencing their sons and daughters to take drugs. The figure below explicits the same information.

Figure 5 whether respondents’ parents take drugs of abuse. The last item or pupils questionnaire sought to know whether it was maternal or parental parent who was taking drugs of abuse. The respondents given by pupils were recorded in table is below.

Pie - chart showing whether respondents parents take drugs



N.B Only 20 respondents were considered as they are the only pupil who said their parents took, drug of abuse.

Table 13: Whether the father or mother takes drugs of abuse

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Father | 16 | 80.00% |
| Mother | 04 | 20.00% |
| Total | 20 | 100.00% |

Source: Primary Data

From table 12 it is the fathers who abuse more than mothers. Their percentage compares as 80.00% and 20.00% respectively. This perhaps could have a negative effect on boys as they tend to copy more of what their fathers do than mothers.

4.5 The Teachers' questionnaire

A total of twelve teachers (12) gave their responses in all the sampled primary schools, out of six (6) schools, each gave two (2) teachers who were teaching that school, by the time of data collection. The procedure here was that the teacher was a class teacher and preferably where the data was being collected. The teachers response are discussed under leading in research questions.

4.5.1 Contextual characteristics of the respondents

i) **Gender:** The researcher wanted to know the gender of the respondents. Data obtained is presented in table 13 that follows:-

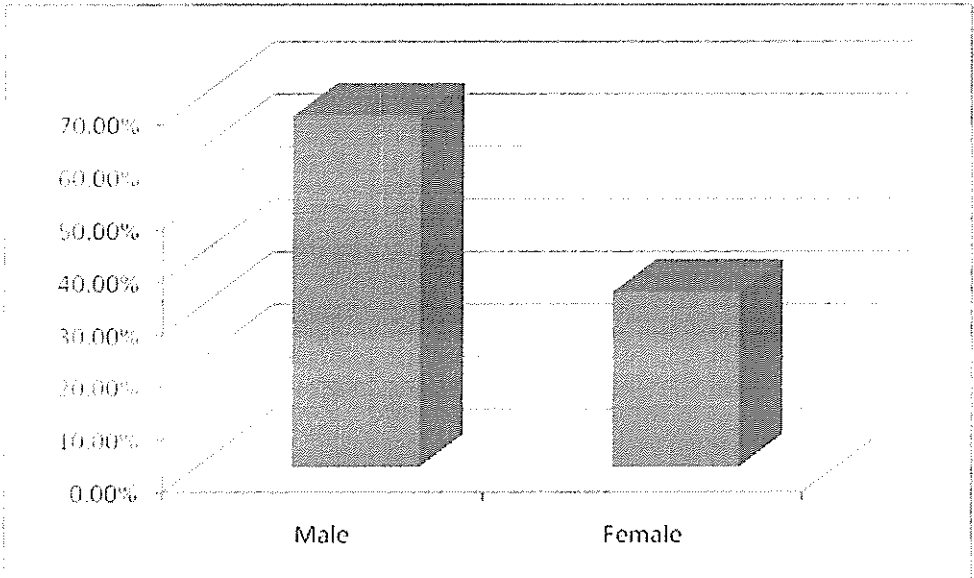
Table 14: Gender of Respondents (Teachers)

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Male | 8 | 66.87% |
| Female | 4 | 33.33% |
| Total | 12 | 100.00% |

Source: Primary Data

Table thirteen (13) has information that a larger percentage of sampled teachers were male (66.67%) female teachers formed a smaller percentage. The gender can also be presented in a bar graph are shown in figure that follows.

Figure 6: Gender of Respondents (Teachers)



Source: Primary Data

ii) **Teaching experience:** Data on teaching experience was obtained then it was recorded on table 14 that follows.

Table 15: Teaching experience

| Teaching Experience | Frequency | Percentage |
|---------------------|-----------|------------|
| 0 – 2 Years | 2 | 16.67% |
| 3 – 5 Years | 6 | 50.00% |
| 6 – 9 Years | 3 | 25.00% |
| More than 10 years | 1 | 8.33% |

Source: Primary Data

Table 14 therefore gives information that follows

- a) Majority of teachers sampled in central division had a teaching experience between 3 -5 years. This constituted 50.00% all sampled teachers 25.00% had a teaching experience of 6 -9 years. Only a few teachers had taught more than ten years. Two only (2) Teachers that formed 16.67% had taught less than two (2) years.

b) Attitude on drug abuse

A question of whether there are cases of drug in respective schools was posed to teachers, they gave their responses as indicated below: Teachers indicated that drugs are provided by the community around the school.

Table 16: Presence of cases of drug abuse in sampled schools.

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 12 | 100.00% |
| No | 0 | 0% |
| Total | 12 | 100.00% |

Source: Primary Data

All teachers agreed that there were cases of drug abuse in their schools. This formed 100.00%. They were also required to list the drugs abused and probable source. The table 16 that follows was obtained.

Table 17: Drugs abused and probable source.

| Drug of Abuse | Source |
|---------------|-----------|
| Alcohol | Community |
| Tobacco | Community |
| Miraa | Community |
| Glue | Community |
| Bhang | |

Source: Primary Data

Teachers indicate that drugs are provided by the community around the school.

4.5.2 Background of the drug abusers

Teachers gave the following data on home background of drug abusers

Table 18: Background of the drug abusers

| Home background | Frequency | Percentage |
|-----------------|-----------|------------|
| Rural | 2 | 16.67% |
| Urban | 10 | 83.33% |
| Slums | 0 | 0.00% |
| Total | 12 | 100.00% |

Source: Primary Data

Majority of teachers believed that most of drug abusers came from urban areas. No teacher was for the idea that drug abusers came from slums. This is because central division is designated as a rural area and no slums even in larger Kitui district.

A small percentage believed majority of drug abusers came from rural areas. These categories of teachers only formed sixteen point six seven percent (16.67%) we are therefore are for the idea that majority of drug abusers in central division primary schools comes from urban home backgrounds.

Classes in school that produces most of the drug abusers. The table that follows gives that information.

Table 19: Classes and frequency in drug abuse.

| Class | Frequency | Percentage |
|-------|-----------|------------|
| Std 5 | 1 | 8.33% |
| Std 6 | 2 | 16.67% |
| Std 7 | 6 | 50.00% |
| Std 8 | 3 | 25.00% |
| Total | 12 | 100.00% |

Source: Primary data

Standard seven (7) and Eight (8) form majority of drug abusers in central division public primary schools.

4.5.3 Family background of drug abusers

Pupils come from different family backgrounds. Some from single, stable broken else there was a need to know the family background that gives the drug abusers. The table 19 that follows give that information.

Table 20: Family background of drug abusers

| Family | Frequency | Percentage |
|-----------------------|-----------|------------|
| Stable | 1 | 8.33% |
| Broken | 4 | 33.33% |
| Single | 2 | 16.67% |
| Penal who abuses drug | 5 | 41.67% |
| Total | 12 | 100.00% |

Source: Primary data

From table 19 one can interpret that teachers response as; most drug abusers come from broken families and those whose parents abuse drugs. Those forms seventy five percent of the respondents (i.e $33.33 + 41.67$) = 75.00%. pupils whose families are stable have the least probability of abusing drugs. This form 8.33% of respondents.

4.5.4 Influence of religions background to the drug abuse.

Teachers opinion whether strong religious backgrounds inhibit the pupils from taking drugs teachers responses are given in the table 20 that follows.

Table 21: Teachers opinion whether strong religious backgrounds inhibit the pupils from taking drugs

| Response on whether strong religious background inhibits drugs above. | Frequency | Percentage |
|-----------------------------------------------------------------------|-----------|------------|
| Yes | 12 | 100.00% |
| No | 0 | 0.00% |
| Total | 12 | 100.00% |

Source: Primary Data

All sampled teachers gave their opinion that strong religious background inhibits drugs abuse among pupils. This is in line with common appreciation because no known religion propagates vices. The teachers and parents should take advantage of this situation by encouraging their sons and daughters to participate fully in fully in religious activities.

4.5.5 Gender and drug abuse

Teachers were required to given their opinion on general distribution of known drug abusers in terms of gender their responses were given and noted on the table 21 follows:-

Table 22: Gender and drug abuse

| Boys are the main drug abusers. | Frequency | Percentage |
|-------------------------------------------------|-----------|------------|
| Both abusers are very material in drug abusers. | 12 | 100.00% |
| Girls are the main drug abusers | 0 | 0.00% |
| Total | 12 | 100.00% |

Source: Primary date

The information gathered by the teachers noted that boys were the key drug abusers (i.e. 100.00%)

4.5.6 Social Economic status and drug abuse

Mature respondents/ teachers were required to give a response on the socio – economic class that probably produced most drug abusers. The following data was given and recorded in table 22

Table 23: Social – Economic status and drug abuse pupils

| Response on socio economic class | Frequency | Percentage |
|----------------------------------|-----------|------------|
| Most affluent (High) | 6 | 50.00% |
| Middle | 4 | 33.33% |
| Row | 2 | 16.67% |
| Total | 12 | 100.00% |

Source: Primary Data

Table 22 shows that most leaders feel that those pupils who come from high socio-economic class abuse drugs more often and readily than those who come from the low socio-economic class. 33.33% feel that middle class produces more drug abusers among pupils. This can be subjected to further research on the relationship between socio – economic class of the data that was analysed, presented and interpreted. Following is therefore a short chapter on summary, conclusion, and recommendations.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter aims at harmonizing the renewed literature and data generated by this study.

5.1 Summary

The study sought to obtain data on cause of drug abuse in public primary schools in central division. This was generalized to cover Kenya as a country. The research report has given the rationale of the study, theory, literature review, significance of the study, research objectives, research methodology, definition of terms used, abbreviation and acronyms, data analysis, presentation and interpretation.

5.2 Conclusion

From the data analysed, the following logical conclusion can be made

- i) Many pupils are initiated can be made during their primary school life (14-18yrs)
- ii) Drugs of abuse are available in Kenya both pupils and community surrounding the school.
- iii) Alcohol is the most abused drug among primary school going pupils in the central division of Kitui district.
- iv) Curiosity is the prime factor that has compelled most of pupils to start taking drugs of abuse in central division.
- v) Children whose parents take drugs of abuse are likely also to take drugs.
- vi) Home background has an influence on drug abuse.
- vii) Last but not least, we conclude that the most socio – economic of families where pupils comes from most affluent (high S.E.S) leading.

5.3 Recommendations

- i) Adequate information on drugs and drug abuse should be availed to pupils before joining primary schools.
- ii) Parents should be good role models to avoid taking drugs in presence of their children.
- iii) More research should be done on issue of supply of drugs in schools.

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APPENDICES

APPEBDIX A:Transmittal Letter for the Head Teacher

ANDREW MWILU MUNYOKI

P.O BOX 993 – Kitui Kenya

April 28, 2011

Mr/Mrs/Ms:.....

Headteacher:.....

P.O BOX:.....

Kenya.

Dear Sir/ Madam,

I am an undergraduate student at Kampala International University (K.I.U). Recently conducting a study on "causes of Drug Abuse in Public Primary in Kenya". A case of a central division in Kitui District, Eastern province, Kenya. This is in partial fulfilment of the requirement for the award of the degree of Bachelor of Education in Early childhood and Primary Education (ECPE). The study will cover central division public primary schools in making objective recommendation on how to go about preventing Drug abuse in public primary schools. I wish to be in your school for data collection in month of May 2011, I look forward to reap your in valuable assistance to enable me accomplish the task.

Respectively Yours

.....

Andrew Mwilu Munyoki

Note by

.....

Supervisor

APPENDIX B: Pupil's questionnaire

RESEARCH INSTRUMENT

This questionnaire seeks information on causes of drug abuse among primary school pupil in central division. Please respond to all questions as honestly and accurately as possible by putting a tick () against information most applicable to you and fill the blank spaces. Some question may have more than one answer.

The information obtained will be treated as private and confidential.

DON'T WRITE YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE

NB. In this questionnaire, a drug is understood as any substance natural or chemical which may be inhaled, drunk, smoked, rubbed on etc and which result in change in the therefore include alcohol, tobacco, miraa, bhang, cocaine, Heroine, glue and other inhalants etc.

Section A

Background information

1. Your age
2. Your Gender Male ☐ Female ☐
3. Your Religion Protestant ☐ Pentecostal ☐ Catholic ☐
Islam ☐ Any Other Specify.....

Section B

ATTITUDE TOWARDS DRUGS PROBLEM

1 a) Have you ever taken any drug of abuse

Yes ☐ No ☐

c) If yes in 1 (a) above, while?

Alcohol ☐ Miraa ☐ Tobacco ☐

Bhang ☐ Cocaine ☐ Heroine ☐

c) If yes, what prompted you to take these drugs

Academic stress ☐ Curiosity ☐ Problems ☐

Social Occasions ☐ Peer Pressure ☐ Any other Specify.....

d) Who prompted you take the drugs?

Very close friend ☐ Parent (father) ☐ Parent (mother) ☐ Relatives ☐

Any other specify.....

e) If yes, at what age did you take drugs for the first time?

Below 12 ☐ 12-18 ☐ Above 18 ☐

f) Are you currently taking any of these drugs

Yes ☐ No ☐

g) If yes how often do you take these drugs?

Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐

h) Where do you mostly take these drugs?

At home ☐ At School ☐ Friend's Place ☐ Bush ☐

i) Whose company do you take these drugs?

Alone ☐ Friend ☐ Parent ☐ Other relatives ☐

Teachers ☐ Any other Specify.....

2a) Does any one among your friends take drugs?

Yes ☐ No ☐

b) If yes in 2(a) above give some of drugs used by your

friend.....

3 a) Do you think drugs are easily available to pupils?

Yes ☐ No ☐

b) If yes in 3(a) above state where they are sold?

Within school ☐ Over fence ☐ Surrounding Community ☐

Any other specify.....

4. Are you aware of health consequences of drug above?

Yes ☐ No ☐

5.a) Does any of your parent(s) use drugs?

Yes ☐ No ☐

b) if yes who? Father ☐ Mother ☐

N.B Read through your questionnaire again and check all the questions

Thank you for your co-operation.

APPENDIX C: Teacher's Questionnaire

RESEARCH INSTRUMENT

This questionnaire seeks information on causes of drug abuse among primary school pupil in central division. Please respond to all questions as honestly and accurately as possible by putting a tick () against information most applicable to you and fill the blank spaces. Some question may have more than one answer.

The information obtained will be treated as private and confidential.

DON'T WRITE YOUR NAME ANYWHERE ON THIS QUESTIONNAIRE

NB. In this questionnaire, a drug is understood as any substance natural or chemical which may be inhaled, drunk, smoked, rubbed on etc and which result in change in the therefore include alcohol, tobacco, miraa, bhang, cocaine, Heroine, glue and other inhalants etc.

Section A

Background information

1. Name of the School.....
2. Type of School
i)Day Mixed ☐ ii)Boarding Boys ☐ iii)Boarding Mixed ☐
iv)Boarding Girls ☐
3. Your Gender (i)Male ☐ Female ☐
4. Your teaching experience.....years

SECTION B

ATTITUDE TOWARDS DRUGS PROBLEM

1. Are there cases of drugs abused in your school?

Yes ☐ No ☐

2. If yes (in 1) above, which type. Rank earn from most commonly used.

Indicate also the possible source of the drug in question

| No | Name of Drug | Source |
|----|--------------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

3.What is the home background of the pupil who takes drugs?

Rural ☐ Urban ☐ Slums ☐ Others(Specify).....

4.In which class in your school are most drug abusers likely to be found

Standard 5 ☐ Standard 6 ☐ Standard 7 ☐ Standard 8 ☐

5.What kind of family background are most drug abusers likely to come from?

Stable family ☐ Broken family ☐ Single family ☐

Parents who abuse drugs ☐ others Specify.....

6.According to your own view does strong religious background inhibit the pupils from taking drugs?

Yes ☐ No ☐

7.If your school is mixed, what is the general distribution of known drug abusers in terms of gender?

- i) Boys are main drugs abusers ☐
- ii) Both gender are likely matched in drug abuse ☐
- iii) Girls are main abusers of drugs ☐

8.Who do you think supplies drugs to pupils?

i) Students ☐ Subordinate ☐ Teachers ☐ Community ☐

9.What reason do pupils give for taking drugs?

Domestic problems ☐ Social Problems ☐ Peer influence ☐

Financial problems ☐ Curiosity ☐

10.From you own experience, what social economic class produces most school drug abusers?

Most affluent(High) ☐ Middle ☐ Lower ☐ Other specify ☐

Thank you for your co-operation

APPENDIX D: PLAN OF DATA COLLECTION

PLAN OF THE DATA COLLECTION

| Category | Frequency | Percentage |
|----------|-----------|------------|
|----------|-----------|------------|

AGE

| | | |
|-------------------|------------|----------------|
| Early Adolescent | 5 | 5% |
| Middle Adolescent | 95 | 95% |
| Total | 100 | 100.00% |

GENDER

| | | |
|-----------------|------------|----------------|
| Male Teachers | 15 | 11.5% |
| Male Pupil | 42 | 32.3% |
| Female Teachers | 15 | 11.5% |
| Female Pupils | 58 | 44.7% |
| Total | 130 | 100.00% |

ACADEMIC LEVEL

| | | |
|--------------|------------|----------------|
| Standard 5 | 15 | 15% |
| Standard 6 | 30 | 30% |
| Standard 7 | 30 | 30% |
| Standard 8 | 25 | 25% |
| Total | 100 | 100.00% |

APPENDIX E: CURRICULUM VITAE

Name : Andrew Mwilu Munyoki

Date of Birth : 31st December 1965

Home District : Kitui Central

Marital Status : Married

Sex : Male

ADDRESS : Killingile Primary School
P.O Box 993 – Kitui

Telephone : 254 725705255

Citizenship : Kenyan

Religion : Christian (Catholic)

Language : English, Swahili and Kamba.

Education

Institution : Mutukya Primary School

Duration : 1974 -1981

Award : KCPE Certificate

Institution : Kyangwithya Boys School

Duration : 1981 -1985

Award : KCPE Certificate

Professional Training

Institution : St. Mark Teacher's Training College

Duration : 1993 -1995

Award : P 1 Certificate

Institution : Kampala International University

Duration : 2008 -2011

Award : Bachelor of ECPE/SCIENCE

Working Experience

1. Institution : Ulonzo Primary School

Duration : November 1987 -1998

Duties : Teaching

Grade : P1

Employer : Teachers Service Commission (TSC)

2. Institution : Rilingile Primary School

Duration : January 1999 -2003

Duties : Deputy Head Teacher

Grade : P1

Employer : Teachers Service Commission (TSC)

3. Institution : Nzaaya Primary School

Duration : January 2004 -2006

Duties : Head Teacher

Grade : P1

Employer : Teachers Service Commission (TSC)

4. Institution : Mutulu Primary School

Duration : February 2007 -2008

Duties : Head teacher

Grade : P1

Employer : Teachers Service Commission (TSC)

5. Institution : Rilingile Primary School
Duration : February 2007 – to date
Duties : Head teacher
Grade : P1
Employer : Teachers Service Commission (TSC)

Referees

Mr Herison Nyumu
Area Education Officer
P.O Box 35
KITUI, KENYA

Tel +254 714 217 277

Fr John .M. Munyoki
Mutomo Catholic Mission
P.O Box 32
Mutomo
KITUI, KENYA

Tel +254 722 687 303

Mr Julius .Kanyenze
P.O Box 993
KITUI, KENYA

Tel +254 727 710 548

Certified true copy of my curriculum vitae this date

Date.....

Signature.....

APPENDIX F: Time Frame / Work Plan

| ACTIVITY | MONTH | | | | | |
|----------------------------|-----------------------------|---------------------------|--------------------------|-------------------------|---------------------------|---------------------------|
| | <i>MARCH - AUG 2010</i> | <i>AUG - DEC 2010</i> | <i>DEC -JAN 2011</i> | <i>JAN-MAR 2011</i> | <i>MAR - MAY 2011</i> | <i>MAY - AUG 2011</i> |
| Research Proposal | | | | | | |
| Collection of Data | | | | | | |
| Data Analysis | | | | | | |
| Report writing | | | | | | |
| Submission of the Project. | | | | | | |

ANDREW MWILU MUNYOKI
REG NO. BED/20365/81/DF
P.O BOX 993,
KITUI
7TH MAY, 2011.

THE HEADTEACHER,
CENTRAL PRIMARY SCHOOL
P.O BOX 53,
KITUI CENTRAL DISTRICT.


Dear Madam/Sir,

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on causes of drug abuse in
"Early Childhood and Primary Education: Case for central Division Kitui District."

I am pleased to inform you that you have been authorized to undertake research in
Kitui District at Central Primary school for a period ending 31st December 2011.

You are advised to report to the District Education Office Kitui District before embarking
on the research project.

Yours faithfully
DEPUTY HEADTEACHER
CENTRAL PRIMARY SCHOOL
P. O. Box 57 - 90200, KITUI
Date... 7/5/2011

for Head teacher

Central Primary School.

