

**EFFECTS OF DRUG AND SUBSTANCE ABUSE ON ACADEMIC
PERFORMANCE AMONG SECONDARY SCHOOL STUDENTS,
KATHONZWENI DISTRICT, MAKUENI COUNTY, KENYA**

BY

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Foundations in Partial Fulfilment of the Requirement for the Degree of
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DECLARATION

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

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This research project has been submitted for approval to my University Supervisor.

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DEDICATION

This research project is dedicated to my children Caroline Ndanu and Nelson Musyimi. May you have the same urge to further your education to greater heights

ACKNOWLEDGMENT

My foremost gratitude is to Almighty God that through His amazing grace I was able to undertake and complete this study. To Him I give honour and glory.

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LIST OF ABBREVIATIONS AND ACRONYMS

ASAL	Arid and Semi Arid Location
D.E.O	District Education Officer
E.F.A	Education For All
M.O.E	Ministry of Education
MDGs	Millennium Development Goals
NACADA	National Agency For the Campaigns Against Drug Abuse
SCAD	Student Campaign Against Drugs
UN	United Nations

ABSTRACT

Drug and substance abuse threatens and tends to derail these noble strides by demotivating the students in learning and subsequently ruining school going children that the government intends to rely on in driving the economy to the next level. Despite the overwhelming intervention strategies by the Government, religious organizations, non-state actors and many other keen stakeholders to curb the problem of drug and substance abuse especially among the youth, the number of school going youth being suck into drug abuse seems to be escalating day by day. The purpose of this study was to assess the effect of drug and substance abuse on participation in learning among secondary school students in Kathonzweni District, Makueni County in Kenya. The study used descriptive survey design combining both qualitative and quantitative research strategies. The research targeted all the form three students and their respective school principals in the 31 secondary schools in Kathonzweni District. Nine schools constituting 30% of the 31 schools in Kathonzweni District were sampled. Purposive sampling was used in the selection of the nine schools and their respective principals. From each selected school, 20 Form three students were selected using systematic sampling. Questionnaires were used for data collection. Once data was obtained from the field it was coded and analysed by computer using a statistical software SPSS (Statistical Package for Social Sciences). On basis of the findings, the study concludes that all the principals had experienced cases of drug abuse by students in their schools. Majority of the principals (87.5%) kept records of those students engaging in drug abuse. The study concluded that most of the schools offered guidance and counselling to the students and that most of the students had attended guidance and counselling against drugs in their schools. Alcohol was the frequently abused drug in the schools as expressed with a mean of 2.632. The study concluded that drug abuse among the students caused dropping out of school, strained relationship with other students, lack of interest in studying, low concentration span and declining grades. The study concluded that anxiety, headache, feeling sleepy, confusion and vomiting were serious effects of drug abuse among students and that the students have friends who take drugs. The study recommends that all schools should set up guidance and counselling offices facilitated by professionals to counsel students who indulge in drug abuse. Parents and teachers should discourage students and be firm in ensuring that the students do not take alcohol which is the most abused in the schools. The parents should also ensure they do not give so much money to their children and if they do so they should ensure that the money is put into constructive use.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The history of human race has also been the history of drug abuse (Maithya, 2009). In itself, the use of drugs does not constitute an evil; in fact some drugs have been a medical blessing. (Maithya, 2009) Since, time in memorial earliest times, herbs, roots, bark leaves have been used to relieve pain and help control diseases. History tells us that the Chinese used Opium as a cure of dysentery before the 18th century. European countries such as Britain and Holland were known to exchange opium growth in their colonies for tea and silk with China (United Nations, 1995). Unfortunately, certain drugs that initially produce enticing effects, such as sense of feeling good, elation, serenity and power have evolved into a problem of dependence and abuse.

1.1.1 State of Drug and Substance Abuse: Global Perspective

Drug abuse is a global problem that poses a great danger to the lives of individuals, society and political stability and security in many countries (United Nations, 1998). According to the United Nations (2005), the use of illicit drugs has increased throughout the world and the major world trend is the increasing availability of many kinds of drugs among ever widening spectrum of consumers. Of major concern is that children seem to be targeted as the new market for the drug industry globally.

Drugs and substance abuse has become the focus of research and preventive activities in the developed countries for decades (Muyabo, 1996). A study carried

out by the London School of Economics in 1980 on students learning behaviour revealed a relationship between drug abuse and poor academic results (Otieno, Balswick & Norland, 1994). Africa has not been spared from the abuse of drugs by the youth. The continent, over recent years has experienced an upsurge in the production, distribution and consumption of drugs with the youth and young adults being most affected (Asuni & Pela, 1986).

Africa has huge young and vulnerable populations which has become the target market for the illicit drug industry. This constitutes 56% of the population aged between 14-19 years, which constitutes secondary school students. In Ethiopia it is reported that 82 per cent of the street children in Addis Ababa use some kind of a drug (United Nations, 2013). Besides, the threat of increasing consumption of illicit drugs amongst the young people and children, South Africa is becoming a major transshipment point in the international drug trade as well as a major producer of Daga (Honwana & Lamb, 1998). Gilberto Gerra (2013), the chief of drug and preventive health branch at the United Nations office on drugs and crime pointed out that West Africa is completely weak in terms of boarder control, undermanned ports and the big drug cartels from Colombia and Latin America have chosen Africa as a way to reach Europe. The United Nations official (Gerra) added that when a country becomes a transit point it immediately becomes a consumption country.

According to the United Nations (UN) statistics 2013, 37,000 people in Africa die annually from diseases associated with drug abuse. The UN estimates that there 28 million drug users in Africa (United Nations, 2013). An International conference on drug abuse in Kampala 2013 reported that young people in

consumption countries were the most vulnerable section of the population, especially those in the period of early and late adolescence who are mostly unable to resist peer pressure and start experimenting with drugs in schools or even outside school. The international conference on drug abuse in Kampala (2013) advocated for an immediate strong interventions to reverse the trend.

1.1.2 State of Drug and Substance Abuse in Kenya

In Kenya, reports of young peoples' lives ruined by alcohol and drugs are rampant. The youth, especially, are vulnerable to the vice owing to peer pressure, media influence, poor guidance and role modelling (Kikuvi, 2009). This has taken root in schools leading to the high school drop outs and idleness. According to Amayo and Wangai (1994), drug consumption has led to unrest and widespread destruction of life and property in schools. Kenya was ranked among the top four African Nations notorious for consumption of narcotics by the United Nations International Drug Control Programme (World report, 2005).

The Kenyan airport of Mombasa has been identified in the report as the major transit point for drug trafficking in Africa. According to a National survey on the magnitude of alcohol and drug abuse conducted by National Campaign Against Drug Abuse (NACADA) (2012), the abuse of alcohol in the country is worrying. The facts and figures from this report indicate that 13 per cent of teenagers in the 10 to 11 years age bracket have used an intoxicating substance mostly alcohol followed by cigarettes. In the 15 to 24 year bracket, a worrying 11.7 per cent are currently hooked in to alcohol, while 6.2 per cent are regular users of Tobacco products, of this group, 4.7 per cent chew miraa (khat) while 1.5 per cent smokes

bhanga. Regrettably this age bracket constitutes secondary school going-age in Kenya. The sad reality presented by the figures and facts in NACADA'S 2012 survey on drugs that is 14.8 per cent of the respondents aged between 10 to 14 years old are completely oblivious of the risks associated with substance abuse. These statistics underline the need to educate our young people on dangers of alcohol and drug abuse. A number of studies have found a clear and consistent association between substance abuse and school achievement. This practice is not only a determinant to school success and motivation in learning but also on psychological and physical well-being among adolescents (Abot, 2005). The initiation into substance abuse in the early stages of life of the adolescents is positively associated to increased risk of early school dropout and an involvement in deviant adolescent behaviours and behavioural problems into adulthood, which are manifestation in learning among secondary school students (Abot, 2005).

If left unaddressed, escalating rate of drug and substance abuse puts the country at a risk of losing generations as well as underdevelopment owing to the diversion of resources to address among others; basic needs for uneducated and unskilled youth, dependant young adults, increased health care needs among the youth abusing alcohol and drugs, the cost of policing will also be high due to crimes resulting from idleness and youth drinking habits, all those compounded will go a long way in frustrating the attainment of the Millennium Development Goals (MDGs) specifically the Education for All (E.F.A) goal, and the vision 2030 which envisages making Kenya industrial and mid-level income country.

1.1.3 Drug Abuse and Motivation to Learn

Motivation is something that energizes, directs and sustains behaviour; it gets students moving and points them in a particular direction (Beighler, et al, 1993). Students' motivation is reflected in personal investment and in cognitive, emotional and behavioural engagement in school activities (Fredrick et al., 2010). Virtually all students are motivated in one way or another. One student may be keenly interested in classroom subject matter and seek out challenging course work, participate actively in class discussions and earn high marks; another student may be more concerned with the social side of school, interacting with classmates frequently, attending extracurricular activities almost every day. Still another may be focussed on athletics, excelling in physical education classes.

Motivation increases student's time on task which is an important factor affecting their learning achievement (Brophy, 1988) a motivated student makes a concerted effort to understand classroom material. The more motivated students are, the more they want to be accepted and respected by peers. Students who have little interests in academic achievement are at high risk of dropping out before they graduate from high school. Yet another student perhaps due to undetected learning disability or negative peer pressure and consequently indulgence in drug and substance abuse may exhibit withdrawal symptoms, a shy temperament and uncoordinated behaviour. Such a student may be motivated to avoid academics, social situations or athletic activities, pursue school tasks apathetically with an ultimate result of declining performing in academics. According to Ryan et al (2011) indicators of motivation in participation in school related activities include among of time spent on homework, rate of homework completion achievement of

high grades, school attendance and perceptions of the connectedness to school, teachers and peers.

Kathonzweni district has posted declining results in Kenya National examinations compared to neighbouring districts in the country among other factors that can be attributed to this trend is the problem of illicit brew. The region being under the Arid and Semi-Arid Land (ASAL) classification is devoid of any meaningful economic activity, this situation has forced many households to turn into illicit liquor brewing as a mainstay to earn a livelihood, school going children in those households and the neighbourhood get exposed and introduced to drug abuse at a very tender age. In secondary school it is not rare to find students nursing hangovers resulting from drinking sprees the previous night. The most prevalent illicit brew in the region goes by the native name “Kaluvu”.

Data available at the District Education office at Kathonzweni District show that in 2012 alone, 16 students from 5 secondary schools were an agenda for discussion in several District Education Board meetings facing eminent expulsion. Again during sports and other out of school activities, it is common to meet students taking alcohol or being suspended for having taken drugs. In a recent Education Day, the District Education Officer urged that liquor licences of those who sell beer to students, be cancelled by the relevant authority. It is against this backdrop that the current study sets out to study the effects of drug and substance abuse on participation in learning in Kathonzweni District of Makueni County with a view of suggesting intervention measures to salvage the drug abuse menace in our Kenyan Secondary Schools.

1.2 Statement of the Problem

Despite the overwhelming intervention strategies by the Government, religious organizations, non-state actors and many other keen stakeholders to curb the problem of drug and substance abuse especially among the youth, the number of school going youth being suck into drug abuse seems to be escalating day by day. The government for instance has placed education at the centre of the social pillar of vision 2030 that intents to make Kenya a middle level income country. To show its commitment it has highly subsidized secondary school education thus boosting access and retention rates in the system, all these intervention strategies have had huge cost implications on the taxpayer including the opportunity cost. Drug and substance abuse threatens and tends to derail these noble strides by demotivating the students in learning and subsequently ruining these school going children that the government intends to rely on in driving the economy to the next level. Drugs and substance abuse menace should therefore be given the attention it deserves if the intentions of this hefty investment in education are to bear fruits. Kathonzweni District like any other region in the country experiences internal inefficiencies in the school system such as declining academic performance; apathy in learning activities and subsequent drop out in schools as demonstrated in the background to the study. The fact that there is no known study in the region that has ever sought to address the problem of drug abuse in secondary schools forms a justification of the current study that seeks to establish the effects of drug and substance abuse on participation in learning among secondary school students in Kathonzweni district, Makueni County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to assess the effect of drug and substance abuse on participation in learning among secondary school students in Kathonzwani District, Makueni County in Kenya.

1.4 Objectives of the Study

The specific objectives of the study sought to:

- i) Identify the commonly abused drugs in secondary schools in Kathonzwani District.
- ii) establish the causes of drug abuse among secondary school students in Kathonzwani District
- iii) Establish the prevalence of drug abuse among secondary school students of Kathonzwani District.
- iv) Establish the effects of drug abuse on participation in learning among students in Kathonzwani District.

1.5 Research Questions

- i) What are the commonly abused drugs by students in secondary schools in Kathonzwani District?
- ii) What are the causes of drug abuse among secondary school students in Kathonzwani District?
- iii) How prevalent is drug abuse among secondary school students in Kathonzwani District?
- iv) What are the effects of drug abuse on participation in learning among secondary school students in Kathonzwani District?

1.6 Assumptions of the Study

Data from students, teacher counsellor and key informants on the cause, prevalence, effects and the commonly abused drugs was accurate.

1.7 Scope of the Study

It was not possible to carry out the study in all the schools in Kathonzweni district due to financial constraints, time factor and other logistics. Again, the study targeted secondary school students and principals and therefore other stakeholders like parents and community leaders were not involved in the study.

1.8 Limitations of the Study

Drug and substance abuse may involve powerful people in the society and as such respondents might have being afraid to give information for fear of being victimized. School Principals might have withheld information about drug and substance abuse amongst their students since this would tarnish the reputation of their schools.

1.9 Significance of the Study

- i) The findings are expected to yield significant empirical data and information on the effect of drug and substance abuse on participation in learning and school participation of learners.
- ii) The findings are expected to help the ministry of education officials in understanding the causes of drug abuse amongst secondary school students hence help them develop intervention strategies.

iii) The study is likely to add to the body of knowledge in the area of drug and substance abuse in Kenyan secondary schools that may be utilized by other researchers.

1.10 Operational Definition of Terms

Addiction- Having a physical and /or psychological dependence on a substance.

Drug abuse- Drug abuse is the non- medical use of drugs that destroys health and productive life of an individual.

Drug dependency- A physical and or a psychological need for a mood- altering substance.

Drug- Is any substance that, when absorbed in to the body of a living organism, alters normal bodily function.

Hypnos datives- These are drugs that depress brain function. They have quietening and tranquilizing and hypnotic (sleep) effects e.g. benzodiazepines.

Kuber- Kuber is a substance made from leftovers from cigarettes manufacturing in India. It is packed in colourful sachets. It contains 40% nicotine, a highly addictive substance.

Motivation in learning – This is taken to mean interest in the pursuit of learning activities in school as portrayed by parameters like academic achievements, school attendance, participation in co-curricular activities, discipline, absenteeism and conflict with teachers.

Narcotics-These are drugs from the opiate family such as, Bhang, Cocaine and Heroin.

Opiates-A type o-f narcotic drug that acts as depressants in the central nervous system. They come from opium. They include hydrocodone, heroin and oxycodone.

Stimulants-These are drugs which cause alertness and create energy for example Amphetamines.

Withdrawal- What someone who is addicted to drugs and alcohol experiences when they abruptly discontinue the use of drugs or alcohol.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter covered a review of literature related to the study. The chapter covered the following: Family background and drug abuse, peer pressure and drug abuse, availability of drugs and drug abuse, school environment and drug abuse, socio-economic background and drug abuse, age and drug abuse, category of school and drug abuse and the effects of drug abuse on participation in learning among secondary school students.

2.2 Family Background and Drug Abuse

The family especially the parents are the child's basic socializing agents. Muthigani (1995) indicates that a child gains his or her first standard of behaviour from the teaching of parents and other grown-up person around. She further argues that if a child observes a disjuncture between parents teaching and practice, it creates doubt, which is carried into adolescence, giving rise to deviant behaviour. Eggert (2001) associates delinquency, for example alcohol and marijuana abuse with lax, inconsistent or abusive parental discipline. Indeed Ndeti (2004) noted that the family setup of a child influences his or her habits. If a child is borne of a drug addict then there is a likelihood of the same habits being transferred .He further notes that this is why there is high rate of drug abuse at the coastal region of Kenya where over 150,000 inhabitants of Nyali are drug addicts, prompting some villagers to form vigil groups to eject visitors out of the villages.

Abot (2005) is among researchers who have looked at issues related to the family and use of drugs among the youths. In his Rapid Situation Analysis in Nigeria, he found that being male in unstable family was associated with high risk for substance abuse. He also notes that in Nigeria, cannabis abusers tend to be young men including students, who have been deprived parental supervision and warmth when they were young. Kikuvi (2009) says that adolescents with substance abusing parents experience a higher rate of parental and family problems than adolescents whose parents do not abuse substances. This may cause poor parents-child attachment, which may in turn lead to lack of commitment to conventional activities thereby at times leading to adolescent drug taking. Imbosa (2002) adds that youths with poor home support tends to seek support and understanding elsewhere. Many find affection, understanding and support in the lifestyle of a drug abuse subgroup.

Imbosa (2002) also notes that society is always changing, and being a unit of society, the family has undergone many structural and role changes. Rapid social, economic and technological changes may under certain circumstances weaken family relationships and reduce the sense of belonging in various social spheres. African family structure has been and is still changing from the mainly extended to the smaller nuclear family plus immediate relatives. Unlike in the past, socialization of the young has been neglected. Many children are left in the care of house helps because parents have to work. According to NACADA (2007), there is a strong link between alcohol/drug abuse by young people and the breakdown in family values. In the indigenous society, drunkenness was frowned upon.

In today's setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. Stories of children barely in teens undergoing rehabilitation due to alcohol problems are causes of concern (NACADA, 2007). On the other hand, families can serve a protective function where there is a strong bond between children and their families; parental involvement in a child's life; supportive parenting that meets financial, emotional, cognitive and social needs; clear limits and consistent enforcement of discipline (Gerstein and Green, 1993). Abandonment and homelessness is another reason for drug abuse among the youths in Kenya.

2.3 Peer Pressure and Drug Abuse

According to the United Nations (1992), drug users, like other people seek approval of their behaviour from whom they attempt to convince to join them in their habits as a way of seeking acceptance. Muthigani (1995) conducted studies on the issue of drug use and abuse and agreed that there is significant relationship between the subject's drug using behaviour and involvement of their friends in drugs. According to him, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased. Another survey of youth in Southern Nigeria, also found out that the source of drugs for drug using-students was friends in the same or neighbouring schools, and students who reported using drugs had more drug using than abstinent friends (Imbosa, 2002). Confirming this findings Kiiru (2004) argues that peer pressure influences youth to use substances under the false impression that some drugs stimulates appetite for food, increase strength and give wisdom as well as courage to face life. According to Mwenese (1996), an adolescent who is affiliated to drug-

abusing peers exposes the individual to other drugs. The interest expectation of the peer groups have an important bearing on whether or not a person will try dependence or be lured to taking drugs (Mwenesi, 1996). A peer group member is likely to be the source of information for the drug users about the availability of drugs and their allegeable effects (Mwenesi, 1996). Initial drug abuse can be influenced by different people including those who first offer the drugs to non-drug user, for example, siblings and friends (Hawkins and Calatano, 1992).

Association with drug-abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behaviour. However, in an environment with no drug-abusing peers and strong antidrug norms, that child is likely to become a drug abuser (Hawkins and Calatano, 1992). Studies on early risk behaviours in school setting show that aggressive behaviour in boys and learning difficulties in girls are the primary causes of poor peer relationships (Elizabeth, Susan and Suman, 2003). If these behaviours continue, they will likely lead to other risks like early peer rejection and later affiliation with deviant peers which are often the most immediate risks for drug abuse in adolescence (Elizabeth et al, 2003). The role played by peers is twofold. First, most often through peers, illicit drugs are made available since these drugs can seldom be purchased through ordinary means (King'ala, 2000). The peer group may either supply the drug directly or provide information on obtaining it. Second, the peer group may provide models for drug usage, teaching its members when, where and how to use the drugs.

2.4 Availability and Cost of Drugs and Drug Abuse

Availability and cost of drugs is associated with drug abuse. Kaguthi (2004) noted that availability of illegal drugs such as heroin, cocaine and mandrax, together with the availability of legal substances such as cigarettes and alcohol may lead to drug abuse. The ready availability of most drugs appears to be the most important cause of the prevalence of substance use and abuse amongst the Kenyan youth. For instance medicines (drugs) are purchased from chemists even without a physician's prescription. Kithi (2007) supports this by stating that addicts are reported to visit chemists to get close of Roche- a drug that should strictly be sold on prescription in Lamu town. Kaguthi (2004) established that widely used substances are grown in the country like Bhang, Khat (miraa) and Tobacco. As these substances are grown, manufactured and distributed, they are openly exposed to the youth. Cheap and unclean alcohol like Chang'aa is readily available among students from the poor population.

According to a survey by the National Authority for the campaign against alcohol and Drug Abuse (NACADA) on rapid situation assessment of the status of the drug and substance abuse in Kenya (2012), drug accessibility was found to be one of the major contributing factors of drug abuse in Kenya. Traditional liquor being the most easily available type of alcohol followed by wines and spirits and Chang`aa. Chang`aa was found to be easily accessible in Western, followed by Nyanza and least accessible in Northern Eastern. Traditional liquor was found to be most accessible in coast followed by western and least accessible in North Eastern. Wines and spirits were found to be most accessible in Nairobi followed by Central and least accessible in North Eastern. Kuber was found to be easily

accessible in Nyanza followed by Nairobi and least accessible in Central. Miraa (Khat) was most accessible in Nairobi and least accessible in Nyanza. Bhang was found easily accessible in Nairobi and least accessible in North Eastern. Cocaine and heroin were most accessible in Coast region and least accessible in North Eastern. Of major concern from the NACADA (2012) report is the decline in age at which the respondents revealed their initiation into drugs, the data for those aged 10-14 years olds showed an increase from 0.3% in 2007 to 1.1% in 2012 for those reporting ever using bhang. This was recorded among rural, male, in school and low economic status categories. In Bungoma East District, for instance NACADA (2012) established that as many as 50% households are involved in brewing, buying and reselling of brews, thus increasing access to alcohol by children.

2.5 School Environment and Drug Abuse

School environment also plays a part in deviant behaviour including drug abuse. School activities are a focal point for adolescents` behaviour (Kandel, 1980). Students in schools and colleges as well as other people are individuals with their unique problems and critical issues that can be tackled meaningfully only on individual basis. Failure to address the problem by individual students could result in feelings of hopelessness, hatred, failure and physical weakness. In an attempt to overcome the above mentioned feelings the individual seeks refuge in drugs. Such persons may become social drinkers or drug abusers (Gathumbi, 2003). Karechio (1996) asserts that low performance in class may lead to misuse of drugs such as Marijuana which is believed to improve understanding and insight.

This misconception is based on the belief that people who use or abuse substances will become bold, confident or courageous. School risk factors that may enhance drug and substance abuse according Kerachio (1996) include, ineffective classroom management, failure in school performance, truancy, affiliations with deviant peers, peers around deviant behaviour and perceptions of approval of drug using behaviour in the school. Reports of drug abuse among the youth, socially unacceptable sexual adventures, academic underachievement, poor study habits, serious misunderstandings between teachers and students is common in Kenyan educational institutions. These have led to students' expulsions from schools and even students dropping out of school (Republic of Kenya, 2006). Behavioural problems like stress, fatigue, anxiety, bullying and even committing of murder are reported to emanate from drug abuse. In Kenya such instances have occurred, where students under the influence of drugs have beaten up their teachers, raped them or killed fellow students.

A study by King'ala (2000) in selected schools Kenya showed that the type of schooling has an influence on drug abuse, among students. According to him, experimentation with common drugs was more frequent reported by Kenyan youth who have attended day schools rather than boarding schools. The reasons given were that, in boarding school learners are more closely monitored, while day school students are often more exposed to drug abuse as they move to and from school daily. Mwenesi (1996) suggests that school closeness (connection to school activities, goals and objectives) was a major determinant to substance use. Those who are more connected to school are less prone to substance use.

Some school risk factors that can influence students to drug and substance abuse are: inappropriate classroom behaviour such as aggression and impulsivity, academic failure and poor social coping skills (Dishion et al, 1999). King'ala (2000) noted that how the school administration manages student`s affairs may lead to drug abuse. High handedness, harsh treatment, lack of freedom and student`s failure to have their grievances addressed creates stress which can lead to abuse of drugs.

2.6 Socio-Economic Background & Drug Abuse

Poverty tends to be a characteristic of social deviants including drug abusers. This is what comes to be called economic explanation of deviant`s behaviour. Poor economic conditions are worsened when the youth do not see any hope of employment even with education. A sociologist defines this feeling when he states “Now with formal education everywhere and for nearly everyone, the relationship between schooling and future work is at best not very direct and at worst completely incomprehensible.”

Slum areas in cities and towns are said to breed the youngster percentage of drug abusers. This can be cited in the Kenyan cities and towns particularly Nairobi (Kaguthi, 2004).Where slums like Mathare, Kibera, Mukuru and Majengo are known to accommodate a large number of alcoholics and drug addicts. However, drug abuse is not confined to young people in certain geographical areas or from particular social-economic back grounds. It affects the Nation as a whole –both urban and rural areas. The problem cuts across class. It is not only in slums or low income areas where people are poor and unhappy but also with families living under better conditions where children are better controlled. Some youths who

come from well-to-do families & who materially lack nothing; take drugs for pleasure of it and more fun. This is according to Njagi (2013) on Drug Abuse Rehabilitation and treatment care, Nairobi, who argues that when drugs are taken over long periods for fun and pleasure, addiction sets in.

2.7 Age and Drug Abuse

According to Gillis (1996), young people are individuals in the process of development and change. He further goes on to say that during this period they experiment with newly discovered aspects of their physical and emotional selves. During this period the youth are likely to experiment with drugs and some will be addicted. An English Psycho-Analyst Dr. Deret Miller said that “Adolescent is a period of adaptation. All Adolescents are disturbed”. Sociologists and anthropologists as well as other people have clearly defined the difficulties that adolescents find in a changing society. In many societies it is accepted and understood that adolescent is the period when a youngster forms his own identity usually by meaningful conflict with his parents or the older generation. It has been said that adolescence is a period of health hostility on the part of the youngsters who confronting the adult standards and traditions is discovering himself. Dr Miller says that during this time the youngsters is hostile and deviant behaviour may provide a solution for him.

In the United States of America, the use of drugs commonly begins in adolescent and the age of initiation is decreasing averaging 13-15 years where the majority of the adult addicts start using drugs in their teens. Bachman, et al. (2000) in King`endo (2010) conducted a monitoring study tracking the prevalence of

adolescent substance use among American eighth, tenth and twelfth grade students each year from the mid-1970s into the twenty first century. From this study, it was found that, in 2000 more than half (54%) of American high school seniors reported using some type of illicit drug in their lifetimes.

According to the NACADA (2012) survey on the rapid situation assessment of the status of drug and substance abuse in Kenya, it is of concern that there is a decline at the age of which respondents revealed their initiation into drugs, the data for those aged 10-14 year olds show an increase from 0.3% in 2007 to 1.1% in 2012 for those reporting ever using bhang. This increase was recorded among rural, male, in school and low economic status categories.

2.8 Drug Abuse and the Category of School

According to Maithya (2009) there is a significant relationship between drug abuse and the category of school a student attended. Mixed schools have more cases of drug abuse than girls or boys schools. He also found out that mixed schools have internal problems that are related to substance abuse among students. Girls' schools did not show alarming drug abuse problems, but boys' schools did. This implies that the peer influence among girls and boys was higher than they were in the same school.

2.9 Effects of Drug and Substance Abuse on Participation in Learning among Secondary School Students

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems, poor peer relationships and involvement with the juvenile justice system. Additionally, there

are consequences for family members, the community, and the entire society like conflict between friends, family breakdown, violence, gangs, drug trafficking etc.

Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse. Hawkins, Calatano and Miler (1992) had research finding that low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents. Again drugs abused effect the brain, this result in major decline in the functions carried out by the brain (Abot, 2005).

Drugs affect the students concentration span, which is drastically reduced and boredom sets in much faster than for non-drug and substance abusers. The student will lose interest in school work including extra curriculum activities. Most of the psychoactive drugs affect the decision making process of the students, creative thinking and the development of the necessary life and social skills are stunted. They also interfere with the awareness of an individual's unique potential and interest thus affecting their career development (Kikuvi, 2009).

Cognitive and behavioural problems experienced by alcohol-and Drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmate (United Nations, 2005). Drug abuse is associated with crime maintenance of an orderly and safe school atmosphere conducive to learning .It leads to destruction of school property and classroom disorder.

Drug and substance abuse have far reaching ramifications, for instance, according to the survey by NACADA (2012) with a sample of 632 children, it was found out that 6% have ever engaged in sex while on drugs (7.3% for boys and 4.4% for

girls).The median age at sexual debut being estimated at 11 years. An assessment of the situation during the first sexual intercourse indicates that 30% had sex unwillingly. Further, about 20% were given incentives to lure them in to sexual act, with a further 8% reporting having taken drugs before their first sexual encounter. This early introduction into illicit sex goes a long way in impacting negatively on their self-esteem, exposing them to dangers of early pregnancy contracting STIS and AIDS, declining academic performance and ultimately dropping out of school altogether(Maithya, 2009).

2.10 The Prevalence of Drug and Substance among Secondary School

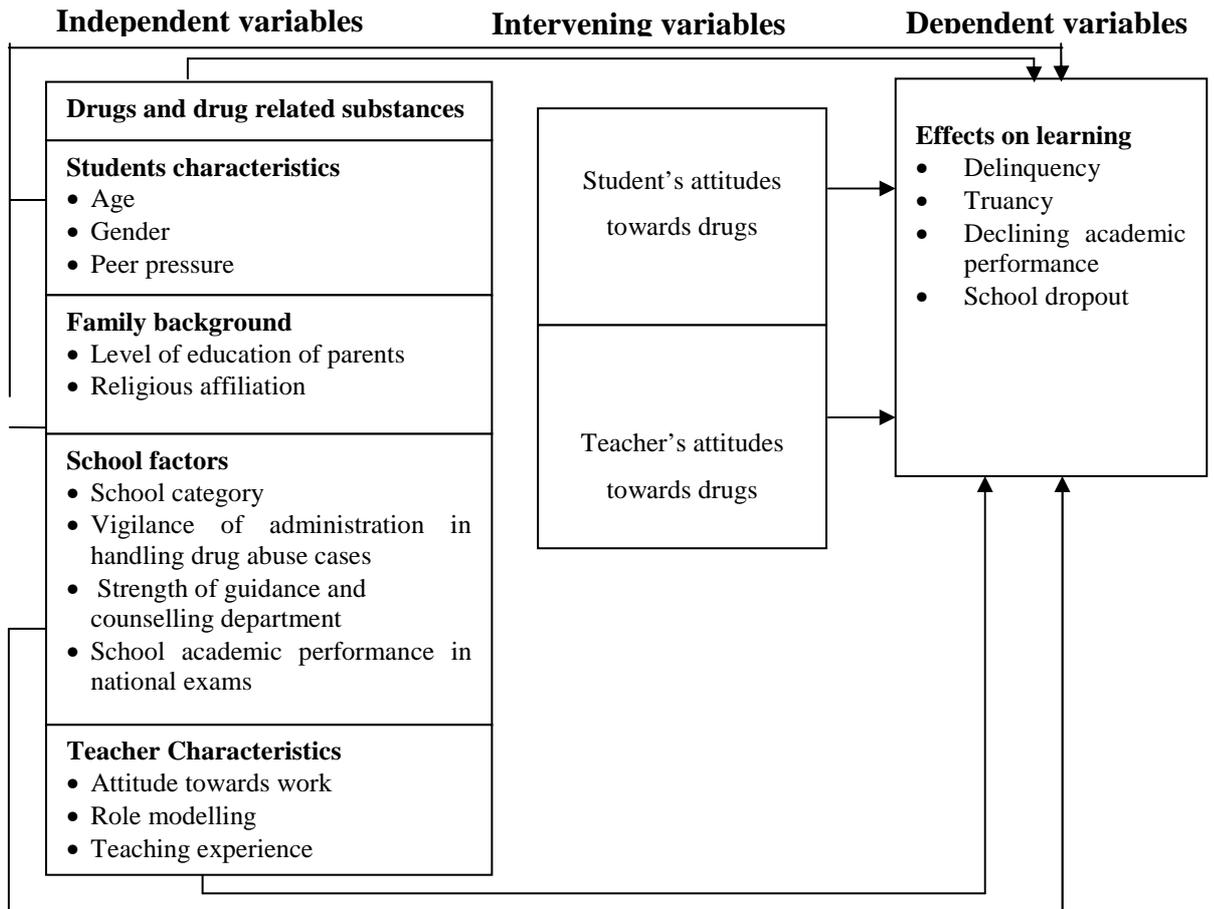
Students

According to a National Baseline survey carried out by the NACADA (2012) and the Ministry of Education (MOE, 2012), drugs and substances used for the first time by students in both primary and secondary schools across the County include: Cigarettes and Bhang (4-20%), Miraa / Khat (7-30%), Kuber 6%, Cocaine and Heroin (2-3%).

NACADA (2012) further indicates that Nairobi and Central Kenya regions lead in majority of callers seeking help through the toll free call number 1192 for alcohol and drug users, followed by Nyanza, Western, and Eastern and Coast regions. The least affected is the North Eastern region. However, patterns of abuse show that alcohol abuse is prevalent in Central and Western, tobacco in Central, Bhang at the Coast and Western, Miraa in North Eastern while Coast region leads in Heroin and Cocaine abuse.

2.11 Conceptual Framework

The figure 1 shows the likely relationships of drug and substance abuse and participation in learning among students. There are various variables that have an effect on learners that abuse drug and related substance.



The conceptual framework presents independent variables such as drug and drug related substances, school factors, student's characteristics and teacher characteristics. The independent variables and the intervening variables such as attitude towards drugs and teachers attitudes towards drug have an effect on participation in learning among students as manifested in delinquency, truancy, declining academic performance and school dropout which are the dependent variables.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter dealt with research design, location of the study, target population, sample size, sampling procedures, research instruments, pilot study, instrument reliability, instrument validity, data collection procedures and data analysis techniques. A discussion of each aspect of the research methodology was given hereunder, beginning with research design.

3.2 Research Design

The study used descriptive survey design combining both qualitative and quantitative research strategies. Orodho (2009) notes that a survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals and it is the most frequently used method for collecting information about people's habits in a variety of education or social issues. Gay (1992) notes that descriptive survey research method of study is used to investigate educational problems and to determine and report the way things are or were. The study employed the survey design since the researcher intends to get the precise information and make conclusive results regarding the effects of drug and substance abuse on participation in learning and participation in school.

According to Mugenda and Mugenda (1999) the survey design is the best method available to social scientists who are interested in collecting original data for the purposes of describing a population which is too large to observe directly. The researcher combined both qualitative and quantitative approaches to research. Orodho (2009), notes that both approaches are complementary and where

appropriate should be combined in such a way as to maximise their strengths and minimise their limitations.

3.3 Target Population

Mugenda (1999) defines target population as the population to which researcher wants to generalize the results of the study. The research targeted all the form three students and their respective school principals in the 31 secondary schools in Kathonzweni District. The form threes were targeted because they have been in school long enough as to be influenced by the school environment.

3.4 Sampling Procedures and Sample Size

Nine schools constituting 30% of the 31 schools in Kathonzweni District were sampled. According to Mugenda & Mugenda (1999), atleast 10% of the target population is adequate, for social science research. Purposive sampling was used in the selection of the nine schools and their respective principals. The researcher relied on her expert judgement to select school that are representative or typical of the population. Orodho (2009) notes that purposive sampling is hand picking the cases to be included in the sample on the basis of ones judgement of the typicality. The schools were chosen on the following criteria, boys' boarding schools (1) girls boarding schools (2), mixed day and boarding schools (3) and mixed day schools (3). From each selected school, 20 Form three students will be selected using systematic sampling. The first 20 students in the students school attendance register were used in the study. Orodho (2009) notes that the use of systematic sampling is quite common in education and social science research where large populations are studied, when lists of the population members are available.

3.5 Research Instruments

The following research instruments were used to collect data in the study.

3.5.1 Questionnaires

Questionnaires were used for data collection because as Kiess and Bloomquist, (1985) observed, a questionnaire offers considerable advantage in administration; It represents an even stimulus potentiality to large numbers of people simultaneously and provides the investigation with an easy accumulation of data. According to Orodho (2009) a questionnaire is a suitable method of data collection because;

- i. It has the ability to collect a large amount of information in a reasonably quick space of time.
- ii. Respondents 'anonymity ensures that they give honest answers.
- iii. Questions are standardized thus everyone gets the same questions.

a) School Principal's questionnaire

The study used questionnaires designed by the researcher in consultation with her university supervisor to collect information from nine school principals from the nine secondary schools selected. The researcher aimed at establishing whether there are cases of drug and substance abuse in those schools. The questionnaire was used to seek information on the causes of drug and substance abuse and the commonly abused drugs. The researcher also sought to know whether students who take drugs experience difficulties in learning and their general motivation towards learning.

b) Students' questionnaire

The researcher developed a students' questionnaire to enable her to collect data from the students selected for study. This sought data on; the age of the student, gender, religious affiliation, class, their parents' education level and occupation, whether they have taken or seen other students taking drugs in school, what make students take drugs, whether the students who take drugs are affected in learning.

3.6 Pilot Study

Before visiting the schools for data collection a pre-testing of the questionnaires was conducted using the two schools in the district but which were not included in the final sample. The aim of the pilot study was to determine accuracy, clarity and suitability of the research instruments and to check their validity and reliability.

3.7 Instruments' Reliability

Reliability is defined as a measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda 1999). Orodho (2009) further notes that reliability of an instrument is the consistency in producing a reliable result. Piloting enabled the researcher to test the reliability of the instruments and also to familiarise herself with administration of the instrument.

Split-half technique of reliability testing was employed, where the test items were divided in to two halves, each half was scored independently of the other with items of the two halves matched on content and difficulty. A correlation coefficient was calculated using Pearson's formula;

Product Moment Correlation:

$$r = \frac{N \sum XY - (\sum X)(\sum Y)}{\sqrt{\{(N \sum x^2 - (\sum x)^2)(N \sum Y^2 - (\sum y)^2)\}}}$$

Where $\sum x$ = Sum of X scores

$\sum y$ = Sum of Y scores

$\sum x^2$ = Sum of squared X raw scores

$\sum y^2$ = Sum of squared Y raw scores

$\sum xy$ = Sum of the products of paired X and Y raw scores

N = Number of paired scores

3.8 Instruments' Validity

Validity shows whether the items measure what they are designed to measure (Borg and Gall, 1989). According to Wilkinson (1991), a pilot study helps to identify those items that could be misunderstood, and such items were modified accordingly thus increasing face validity. Expert opinions, literature searches and pretesting of open ended questions help to establish content validity. The researcher prepared the instruments in close consultation with her supervisor whose expert judgement helped improve content validity.

3.9 Data Collection Procedures

The researcher obtained an introduction letter from University of Nairobi and a research permit from the Ministry of Education (MoE). After which, the researcher booked an appointment with the sample schools through the head teachers to visit the schools and administer the questionnaires. The respondents were given instruction and assured of confidentiality after which there was

enough time to fill in the questionnaires. The researcher then collected the filled-in questionnaire within stipulated time as agreed upon with the respondents. The interview schedules were pre-arranged and appointments booked with the head teacher who was interviewed as the researcher fills in the details in the interview schedules.

3.10 Data Analysis Techniques

Once data was obtained from the field it was coded and analysed by computer using a statistical software SPSS (Statistical Package for Social Sciences). It was then arranged and grouped according to relevant research questions, data was then summarised using distribution tables, bar graphs and pie charts for all items.

After data collection using questionnaires the obtained information was arranged and grouped according to the relevant research questions. The data was then organized, tabulated and analysed in frequency table; ratios and percentages with the help of the statistical package for social sciences (SPSS) software. According to Piel (1995), in data analysis percentages have a considerable advantage over more complex statistics.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATIONS

4.1 Introduction

This chapter presents analysis of the data on the effects of drug and substance abuse on participation in learning among secondary school students, Kathonzweni District, Makueni County, Kenya. The chapter also provides the major findings and results of the study and discusses those findings and results against the literature reviewed and study objectives. The data is mainly presented in frequency tables, means and standard deviation.

4.1.1 Response Rate

The study targeted 180 Form Three students and their respective 9 (nine) school principals in nine secondary schools in Kathonzweni district. However, only 8 (eight) head teachers and 132 Form Three (3) students responded and returned their questionnaires contributing to 74.07% response rate. According to Mugenda and Mugenda (1999) a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent; therefore, this response rate was adequate for analysis and reporting.

4.1.2 Reliability Analysis

Prior to the actual study, the researcher carried out a pilot study to pretest the validity and reliability of data collected using the questionnaire. The pilot study allowed for pre-testing of the research instrument. The results on reliability of the research instruments are presented in Table 4.1.

Table 4.1: Reliability Coefficients

Scale	Cronbach's Alpha	Number of Items
Drugs and drug related substances	0.784	15
Students characteristics	0.849	8
Family background	0.735	10
School factors	0.746	13
Teacher Characteristics	0.823	7

The reliability of the questionnaire was evaluated through Cronbach's Alpha which measures the internal consistency. The Alpha measures internal consistency by establishing if certain item measures the same construct. Cronbach's Alpha was established for every objective in order to determine if each scale (objective) would produce consistent results should the research be done later on. The findings of the pilot study shows that all the four scales were reliable as their reliability values exceeded the prescribed threshold of 0.7 (Mugenda and Mugenda, 2003).

4.2 Demographic Data of Students (Student Characteristics)

This section comprises the demographic information of the respondents including the age and gender of the respondents.

Age of the Respondents

The findings on age by various age brackets of the respondents are presented in Table 4. 2.

Table 4.2: Age of the Respondents

	Frequency	Percentage
10-12 years	0	0.0
13-15 years	0	0.0
16-18 years	123	93.2
19-21 years	8	6.1
21 years and above	1	0.8
Total	132	100.0

The analysis in Table 4.2 indicates that, 93.2% of the respondents were between 16-18 years, 6.1% were between 19-21 years and 0.8% were 21 years. This is in line with the normal expected age for Form Three (3) students.

Gender of students

The findings on the gender of the respondents are presented in Table 4. 3.

Table 4.3: Gender of the Respondents

	Frequency	Percentage
Male	77	58.3
Female	55	41.7
Total	132	100.0

The analysis in Table 4.3 indicates that 58.3% of the respondents were male and 41.7 % were female. This is in line with the education trend in Kenya where there are more male students' enrolments in secondary schools than female students.

4.3 Family Background

This section has given the findings on the family background as indicated by whom the students live with and the religion of the respondents.

People who stayed and lived with students

The findings on who the students live with are represented in Table 4.4.

Table 4.4: Who the Students Live With

	Frequency	Percentage
Parents	108	81.8
Guardian	9	6.8
Relatives	15	11.4
Total	132	100.0

The analysis in Table 4.4 indicates that 81.8% of the respondents lived with their parents, 11.4% lived with their relatives and 6.8% lived with guardians. Students can take to drug abuse depending on the commitment of the person they live with to look out on their activities at home and away from home and the friends that the students keep. This is in line with Ndeti (2004) who noted that the family setup of a child influences his or her habits. If a child is borne of a drug addict then there is a likelihood of the same habits being transferred.

Religion of the Respondents

The findings on the religion of the respondents are represented in Table 4.5.

Table 4.5: Religion of the Respondents

	Frequency	Percentage
Catholic	61	46.2
Protestant	69	52.1
Muslim	2	1.7
Total	132	100.0

The analysis in Table 4.5 indicates that 52.1% of the respondents are Protestants, 46.2% of the respondents are catholic and 1.7% of the respondents are Muslim. This can be attributed to the fact that there are many protestant churches in the area.

4.4 School Factors

This section has focused on school factors such as school category, steps that schools take on students found taking drugs, guidance and counselling against drugs attendance in schools and the expected school performance.

The findings on the category of school of the respondents are presented in Table 4. 6.

Table 4. 6: Category of School

	Frequency	Percentage
Boarding School	18	13.6
Day School	55	41.7
Day and Boarding School	59	44.7
Total	132	100.0

The analysis in Table 4.6 indicates that 44.7% of the respondents were in day and boarding school, 41.7% were in day schools and 13.6% were in boarding schools.

4.5 Commonly Abused Drugs

The first objective of the study sought to find out the frequency of drug abuse in schools and the frequency of certain drugs in the schools. The findings on the frequency of drug abuse in schools are indicated in Table 4.7 as indicated by the students.

Table 4. 7 Frequency of drug abuse in schools

	Frequency	Percentage
Very frequently	0	0.0
Frequent	14	10.6
Moderately frequent	25	18.9
Not frequent	84	63.6
I do not know	9	6.8
Total	132	100.0

The analysis in Table 4.7 indicates that 63.6% of the respondents indicated that the frequency of drug abuse in schools was not frequent, 18.9% indicated that frequency of drug abuse in schools was moderately frequent, 6.8% indicated that they did not know frequency of drug abuse in schools. According to the principals the drugs that are frequently used in schools are presented in Table 4.8.

Table 4. 8 Frequency of Various Drugs Use in School

	Mean	Standard Deviation
Alcohol (beer)	2.632	1.414
Tobacco	2.122	0.500
Bhang	2.106	1.113
Miraa (Khat)	2.064	0.645
Glue	1.321	0.587
Kuber	1.254	0.753
Opium	1.153	0.506
Cocaine	1.123	1.003
Gasoline	1.008	0.682
Heroin	1.002	0.577

According to the results in Table 4.8, the respondents indicated that alcohol was frequently used in the schools as indicated by a mean of 2.632. The respondents also indicated that tobacco, bhang, miraa were fairly frequently used as expressed by a mean of 2.122, 2.106 and 2.064 respectively. In addition the respondents indicated that glue, kuber, opium, cocaine, gasoline and heroin were not used as expressed by a mean of 1.321, 1.254, 1.153, 1.123, 1.008 and 1.002 respectively.

The findings indicate that alcohol was frequently used in the schools and this can really affect the performance of the students especially the ones engaging in it because their concentration in class may be affected by the aftermaths of alcohol taking such as hangover.

4.6 Causes of Drug Abuse in Schools

The second objective sought to establish the causes of drug abuse among students. The findings on the extent to which various factors influence students to abuse drugs as expressed by students are indicated in Table 4.9.

Table 4. 9 Extent to which various factors influence students to abuse drugs

Factors	Mean	Standard Deviation
Stress at home	2.834	0.822
Availability of money to buy drugs	2.621	0.546
Family background for example parent also drinks	2.564	0.757
Peer pressure	2.453	0.655
School failure	2.325	0.655
Influence by mass media	1.048	0.708
To keep me awake so as to read more	1.009	0.572

The findings summarized in Table 4.9 show that, the respondents indicated that stress at home such as lack of school fees, availability of money to buy and family background, parent also drinks were influential to the students abuse of drugs as expressed by a mean of 2.834, 2.621 and 2.564 respectively. The respondents also

indicated that peer pressure and school failure were moderately influential to the students abuse of drugs as expressed by a mean of 2.453 and 2.325 respectively. In addition, the respondents indicated mass media and students' desire to stay awake so as to read more were not influential to the students' abuse of drugs as expressed by a mean of 1.048 and 1.009 respectively. This is in line with Kaguthi (2004) who argues that poverty tends to be a characteristic of social deviants including drug abusers. This is what comes to be called economic explanation of deviant's behaviour.

Further students were asked to relate statements on the likely reasons why students abuse drugs. The results on their responses to various statements on drug abuse are summarized in Table 4.10

Table 4. 10 Agreement of the students with various statements on drug abuse

	Mean	Standard Deviation
Some of my friends take drugs	4.567	0.757
I use drugs because of home problems	4.235	0.655
I know about drugs from my friends	4.124	0.655
I take drugs because my parents also take	3.973	0.708
Many students are involved on one drug or another	3.671	0.764
I use drugs to cope with stress	3.578	0.546
I take drugs to belong to my friends	3.346	0.804
I take drugs to gain strength	1.564	0.822

The findings summarized in Table 4.10 show that, the respondents strongly agreed some of their friends take drugs as expressed by a mean of 4.567. The findings also show that the respondents agreed they use drugs because of home problems, they know about drugs from their friends, they take drugs because their

parents also take, many students are involved in one drug or the other drug and that they use drugs to cope with stress as indicated by a mean of 4.235, 4.124, 3.973, 3.671 and 3.578 respectively. The study also found out that the respondents were undecided on taking drugs in order to be accepted by their friends as expressed by a mean of 3.346. Further the study found out that the respondents disagreed that they take drugs to gain strength as expressed by a mean of 1.564.

Additional information on school factors that cause students to abuse drugs is contained in Table 4.11. This information was elicited from students. The study sought to find out the agreement level with the contribution of various school factors to drug abuse among students. The results are indicated in table 4.11 as expressed by the students.

Table 4. 11: Contribution of various school factors to drug abuse

School Factors	Mean	Standard Deviation
Poor role modelling by teachers	4.391	0.679
Failure in school academic performance	4.002	0.524
Conflict between students and teachers?	3.873	1.414
Perceptions of approval of drug using behaviour	3.277	1.247
Ineffective classroom teaching	3.217	0.545
Poor communication between students and the administration	2.764	0.576

The analysis in Table 4.11 show that, the respondents agreed that poor role modelling by teachers, failure in school academic performance and conflict between students and teacher contributed to drug abuse among students as expressed by a mean of 4.391, 4.002 and 3.873 respectively. The respondents were undecided on the contribution of perceptions of approval of drug using

behaviour, ineffective classroom teaching and poor communication between students and the administration to drug abuse among students as expressed by a mean of 3.277, 3.217 and 2.764 respectively. The findings correlate with Kandel (1980) who argued that school environment also plays a part in deviant behaviour including drug abuse. School activities are a focal point for adolescents' behaviour.

Dishion et al (1999) posits that some school risk factors that can influence students to drug and substance abuse are: inappropriate classroom behaviour such as aggression and impulsivity, academic failure and poor social coping skills. King'ala (2000) noted that how the school administration manages student's affairs may lead to drug abuse. High handedness, harsh treatment, lack of freedom and student's failure to have their grievances addressed creates stress which can lead to abuse of drugs.

The study also wanted to find out the views of the respondents about the factors in the community that lead or enhance the taking of drugs by students in the schools. The respondents indicated that factors such as drugs are readily available in the community; when parents take drugs too; poor companies in the village may influence some students to take drugs especially in holidays, some families sell the drugs, some bars are built near the schools, drug peddling in the community and some bar attendants allow under age students to enter the bars.

The students recommended that the government should ensure that bars do not sell alcohol to under age persons; parents should be stricter with their children and monitor their activities, parents should ensure that their children maintain friends who are not into drug abuse, parents should also talk and counsel their children about the dangers of drug abuse and the effects associated with the same, teachers should give advices to the students, there should be an improvement in guidance and counselling sector, students should avoid bad company, there should be spiritual guidance to students from teachers, priests and pastors about drugs and their effects .

4.7 Prevalence of Drug and Substance Abuse in Schools

The third objective sought to find out the prevalence of drug and substance abuse in schools. Information on this matter was provided by the principals. The information from the principals on frequency of drug abuse is contained in Table 4.12

Table 4. 12 Prevalence of Drug and Substance Abuse in Schools

	Frequency	Percentage
Yes	8	100
No	0	0
Total	8	100

The analysis on Table 4.12 indicates that all the respondents (principals) had experienced cases of drug abuse by students in their schools. In addition principals were asked to indicate whether they kept records of the students that

were involved in abusing drugs. The findings on keeping of records of those students engaged in drug abuse are indicated in Table 4.13

Table 4. 13 Records of those students engaged in drug abuse

	Frequency	Percentage
Yes	7	87.5
No	1	12.5
Total	8	100

The analysis on Table 4.13 indicate that, majority of the respondents (87.5%) kept records of those students engaging in drug abuse and 12.5% of the respondents did not keep records of those students engaging in drug abuse.

Finally principals were requested to approximate the number of students that were involved in (Drug taking). The findings on the approximate number of students engaging in drug abuse are indicated in Table 4.14

Table 4. 14 Approximate number of students engaged in drug abuse

	Frequency	Percentage
Most	0	0
Average	2	25
Few	6	75
None	0	0
Total	8	100

According to the findings on Table 4.14, majority of the respondents (75%) indicated that the approximate number of students engaged in drug abuse was few while 25% of the respondents indicated that the approximate number of students engaged in drug abuse was average.

4.8 Effects of Drug Abuse in Schools on participation in learning

The fourth objective sought to find from students the likely effects of drug abuse on students' participation in learning. The findings on the effects of drugs abuse on participation in learning among students in the schools are indicated in Table 4.15 as expressed by the principals and students.

Table 4. 15: Principals reports on Effects of drugs abuse on participation in learning among students in the schools

Effects	Mean	Standard Deviation
School drop out	3.424	0.298
Strained relationship with other students	3.005	0.464
Lack of interest in studying	2.789	0.457
Low concentration span	2.594	0.493
Declining grades	2.578	0.49
Lack of interest in extra curriculum activities	2.387	0.298
Theft	2.354	0.493
Bullying	1.647	0.661
Truancy	1.231	0.298

The results on the effects of drugs abuse on participation among students in the schools in Table 4.15 indicate that the effect of drugs abuse on participation in learning among students in the schools was severe on school dropout, strained relationship with other students, lack of interest in studying, low concentration span and declining grades as expressed by a mean of 3.424, 3.005, 2.789, 2.594

and 2.578 respectively. The study also found that effect of drugs abuse on participation in learning among students in the schools in terms of interest in extra curriculum activities, theft and bullying as expressed by a mean of 2.387, 2.354 and 1.647 respectively was low. In addition the study found out that effect of drugs abuse also included truancy as expressed by a mean of 1.231. These findings correlate with those of Hawkins, Calatano and Miler (1992).

More information on the influence of drug abuse on participation on learning was provided by students. The results on the effects of drug abuse experienced by the students are summarized in Table 4.16

Table 4. 16 Effects of drug abuse experienced by the students

Effect	Mean	Standard Deviation
Anxiety	3.042	0.781
Headache	2.786	0.971
Sleepy	2.643	0.789
Confused	2.574	0.876
Vomiting	2.546	1.113
Nervousness	2.423	1.457
Red eyes	2.236	1.124
Lack of co-ordination	2.202	1.157
Tiredness / fatigue	2.096	0.678

The results on the effects of drug abuse experienced by the students in Table 4.16 indicate that anxiety, headache, sleepy, confused and vomiting were serious effects of drug abuse that the respondents experienced as expressed by a mean of 3.042, 2.786, 2.643, 2.574 and 2.546 respectively. In addition, the study found out that nervousness, red eyes, lack of co-ordination and feeling tired were moderate effects of drug abuse as indicated by a mean of 2.423, 2.236, 2.202 and 2.096

respectively. This is in agreement with United Nations (2005) view that cognitive and behavioural problems experienced by alcohol-and Drug-using youth may interfere with their academic performance and also present obstacles to learning. Again drugs abused effect the brain; this result in major decline in the functions carried out by the brain. According to Abot (2005) drugs affect the students' concentration span, which is further drastically reduced setting in boredom sets in much faster than for non-drug and substance abusing students. The student who abuses drugs is likely to lose interest in school work including extra curriculum activities.

Steps that schools take on students found taking drugs

The study found out that all the schools suspended students found taking drugs. The study also found that 5 schools (62.5%) offered guidance and counselling to the students found taking drugs and 3 (37.5%) schools referred the student to counselling elsewhere.

Attendance of guidance and counselling against drugs in schools by students

The findings on the attendance of guidance and counselling against drugs in schools by students are represented in Table 4.17.

The principals of schools were asked to indicate the steps they used to deal with students who were involved in drug taking. Their responses are contained in Table 4.17

Table 4.17 Attendance of guidance and counselling against drugs by students

	Frequency	Percentage
Attended	88	66.7
Not Attended	44	33.3
Total	132	100.0

The analysis in Table 4.17 indicates that 66.7% of the respondents had attended guidance and counselling against drugs in their schools while 33.8% of the respondents had not attended guidance and counselling against drugs in their schools.

Expected school academic performance in national exams by school principals

The findings on the expected school academic performance by the principals in national exams are indicated in Table 4.18 as indicated by the principals.

Table 4. 18 Expected school academic performance by principals in national exams

	Frequency	Percentage
Grade A	0	0.0
Grade A-	0	0.0
Grade B+	0	0.0
Grade B	0	0.0
Grade B-	0	0.0
Grade C+	4	50.0
Grade C	2	25.0
Grade C-	2	25.0
Grade D+ and below	0	0.0
Total	8	100.0

The analysis in Table 4.18 indicate that 50% of the respondents expected academic performance of their schools in national examinations to be Grade C+ and a tie of 25% of the respondents expected that the school academic performance in national examinations of their school would be between grade C+ and C-. The findings showed that the respondents expected that most of their students would achieve a grade C plus (C+) and below. These results suggest that principals were aware that drug abuse is not associated with achievement of good grades of B plus (B+) and above.

On the other hand, students do not seem to be realistic about their grades. Indeed the majority of students expected to attain grade C plus (C+) and above. These findings are presented in Table 4.19.

Grade expected by students at KCSE

Table 4.19: Grade expected by students at KCSE

	Frequency	Percentage
Grade A	13	9.8
Grade A-	17	12.9
Grade B+	32	24.2
Grade B	23	17.4
Grade B-	16	12.1
Grade C+	30	22.7
Grade C	1	0.8
Grade C-	0	0.0
Grade D+ and below	0	0.0
Total	132	100.0

According to the findings in Table 4.19, 24.2% indicated they expected a B+ at KCSE, 22.7% followed by 17.4% of students who expected to attain a C+ at

KCSE. The findings on students expected grades contradict those of the targeted school principals. The expectations of students appear to be unrealistic compared to those of their principals.

Level of education aspired by the students

The study sought to find out the level of education aspired by the students. The results are indicated in Table 4.20 as expressed by the students.

Table 4. 20: Level of education aspired by the students

	Frequency	Percentage
Form Four Level	5	3.8
Diploma Level	36	27.3
Bachelor's Degree	49	37.1
Masters Degree	40	30.3
PhD Degree	2	1.5
Total	132	100.0

The findings in Table 4.20 indicate that 37.1% of the respondents aspired for a Bachelor's degree level of education, 30.3% of the respondents aspired for a master's degree level of education, 27.3% of the respondents aspired for a diploma level of education, 3.8% of the respondents aspired for a form four level of education and 1.5% of the respondents aspired for a PhD level of education. The results indicate that about 70% of the students aspired to continue with education to degree level. These findings concur with those of Kibera (1993).

Finally, the study sought to find out the views of the principals on the problems that they had experienced as a result of students' involvement in drug and substance abuse and their recommendations on dealing with challenges of drug and substance abuse among secondary school students. The principals indicated that they are sometimes forced to leave their duty unattended to attend to cases of students' involvement in drug abuse and this results in delays in their day to day schedule; the principals are forced to deal with higher cases of indiscipline as a result of students engaging in drug abuse, having to take students to hospitals due to the effects of drug abuse, increased cases of theft and declining academic performance.

The principals recommended that the schools should adopt thorough inspection and supervision when the students are reporting to schools after holidays and on daily basis for day schools; the guidance and counselling departments should be made more effective to ensure that they serve and guide the students better; teachers should avoid taking any form of drug while in the school premises and students should be enlightened on effects of drug abuse by experts. Finally, parents should work with the teachers to ensure any deviant behavior in the students that can lead to drug abuse by the students is dealt with as early as possible.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter provides the summary of the findings from chapter four, and it also gives the conclusions and recommendations of the study based on the objectives of the study. The objective of this study was to assess the effect of drug and substance abuse on participation in learning among secondary school students in Kathonzwani District, Makueni County in Kenya.

5.2 Summary

The study found out that most of the students (81.8%) lived with their parents. Most of the students (93.2%) were between the ages 16-18 years. Most of the Most of the student families' religion (52.1%) was protestant. The study found out that all the schools suspended those student found taking drugs. The study also found that most schools (62.5%) offered guidance and counselling to the students. Most of the students (66.7%) had attended guidance and counselling against drugs in their schools. The study also found out that most of the principals (50%) expected their school academic performance in national examinations in their school to be Grade C+. Most of the students (24.2%) indicated that they expected a B+ at KCSE. The study also found out that most of the students (37.1%) aspired for a Bachelor's degree level of education.

The study found out that all the principals had experienced cases of drug abuse by students in their schools. Majority of the principals (87.5%) kept records of those students engaging in drug abuse. The approximate number of students engaged in drug abuse were few as indicated by 75% of the principals. Most of the principals invited specialists to talk to students on dangers of drug abuse. The study also found out that alcohol was frequently used in the schools as indicated by a mean of 2.632. The study also found out that stress at home e.g. lack of school fees, frustrations at home e.g. family breakup, conflict with parents; availability of the drugs e.g. availability of money to buy; and family background e.g. parent also drinks were influential to the students abuse of drugs as expressed by a mean of 2.834, 2.751, 2.621 and 2.564 respectively. The effect of drugs abuse on participation among students in the schools was moderate on school dropout, strained relationship with other students, lack of interest in studying, low concentration span and declining grades as expressed by a mean of 3.424, 3.005, 2.789, 2.594 and 2.578 respectively. Most of the students (63.6%) indicated that drug abuse in the schools was not frequent.

The study found out that anxiety, headache, sleepy, confused and vomiting were serious effects of drug abuse that the students experienced as expressed by a mean of 3.042, 2.786, 2.643, 2.574 and 2.546 respectively. The students strongly agreed that some of their friends take drugs as expressed by a mean of 4.567. Further, the study found out that poor role modelling by teachers, failure in school academic performance and conflict between students and teacher contributed to drug abuse among students as expressed by a mean of 4.391, 4.002 and 3.873 respectively.

5.3 Conclusions

On basis of the findings, the following conclusions have been made. These include:

1. All the principals had experienced cases of drug abuse by students in their schools. Majority of the principals (87.5%) kept records of those students engaging in drug abuse.
2. All the schools suspended students who were found taking drugs.
3. The study concluded that most of the schools offered guidance and counselling to the students and that most of the students had attended guidance and counselling against drugs in their schools.
4. The principals expected their school academic performance in national examinations in their school to be Grade C+ and the students expected they will attain a grade of B+ in KCSE.
5. Alcohol was the frequently abused drug in the schools as expressed with a mean of 2.632.
6. Stress at home for instance lack of school fees, frustrations at home, family breakup, and conflict with parents; availability of the drugs, availability of money to buy; and family background for example the parent also drinks contributed to the students' abuse of drugs.
7. The study concluded that drug abuse among the students caused dropping out of school, strained relationship with other students, lack of interest in studying, low concentration span and declining grades.

8. The study concluded that anxiety, headache, feeling sleepy, confused and vomiting were serious effects of drug abuse that the students and that the students have friends who take drugs.
9. Finally the study concluded that poor role modelling by teachers, failure in school academic performance and conflict between students and teacher contribute to drug abuse among students.

5.4 Recommendations

The study recommends that:

1. All schools should set up guidance and counselling offices facilitated by professionals to counsel students who indulge in drug abuse. This will help take care of the students with emotional needs that they wish to share in confidence but lack the platform to do so and in return end up turning to drug abuse. Principals also should invite specialists often to talk to students on dangers of drug abuse.
2. Parents and teachers should discourage and be firm in ensuring that the students do not take alcohol which is the most abused in the schools.
3. Parents should handle their issues like breakups in a better manner to avoid hurting the children and avoid conflict with the children which can lead to them engaging in drug abuse.
4. The parents should also ensure they do not give so much money to their children and if they do so they should ensure that the money is put into constructive use. The fact that some students have access to a lot of money tempts them to buy drugs.

5. Parents and teachers should monitor the company that the students keep to ensure they do not involve themselves with students or non-students who abuse drugs.
6. That teachers should set a good example to the students. They should avoid going to school when they are drunk or using other drugs in the presence of the students. They should also work to have better relationships with the students.

5.5 Suggestions for Further Research

A similar study could be carried out in other counties to find out whether the same results will be obtained so as to allow for generalization of results.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR STUDENTS

Dear Respondent,

I am Stellamaris Kanini Muoti a Masters of Education student in the Department Educational Foundations at the University of Nairobi. This questionnaire is designed to gather information on the effects of drug and substance abuse on participation in learning among secondary school students, Kathonzwani District, Makueni County. This research will aim at recommending on how to curb the drug abuse menace that may make learning difficult among secondary school students.

The information you give will be treated with confidentiality, therefore you will not be required to indicate your names anywhere on this questionnaire as a measure of confidentiality. The information provided will be used for the purpose of this study. I kindly request you to fill the questionnaire. Your responses will be highly appreciated.

Section A: Demographic details (Tick (√) appropriately)

1. Please indicate your age

- 1)10-12 years 2)13-15 years 3)16-18 years
4)19-21 years 5)21 years and above

2. State your gender

- 1) Male 2) Female

3. Indicate the category of your school

- 1) Boys 2) Girls 3) Mixed

4. Is your school

1) Boarding 2) Day 3) Day and boarding

5. Do you live with your parents? Yes No

6. If No, whom do you live with?

1) Guardian 2) Relatives 3) Any other (specify)

7. What is your religion?

Catholic

Protestant

Islam

Others (specify) _____

8. What is your parents' educational level?

Father _____ Mother _____

Section B: Drug Abuse and substance abuse among students

1. Indicate how frequently these drugs are used in your school by students.

No	Type of drug	Very frequent 4	Frequent 3	Fairly frequent 2	Not used 1
1	Alcohol (beer)				
2	Tobacco				
3	Opium				
4	Heroin				
5	Bhang				
6	Glue				
7	Gasoline				
8	Cocaine				
9	Miraa(Khat)				
10	Kuber				

2. Indicate the extent to which the factors /situations listed below influence students to abuse drugs (tick the appropriate column)

	Factors	Very influential 4	Influential 3	Moderately influential 2	Not influential 1
1	Peer pressure				
2	Family background e.g. parent also drinks				
3	Availability of the drugs e.g. availability of money to buy				
4	School failure				
5	Frustrations at home e.g. family breakup, conflict with parents				
6	Stress at home e.g. lack of school fees				
7.	Influence by mass media				
8.	To keep me awake so as to read more				

3. To what extent have you noticed the effects of drug abuse on participation in learning among students in your school from the list given below

	Effects	Severely 4	Moderately 3	Not affected 2	Don't know 1
	Declining grades				
	Truancy				
	School drop out				
	Bullying				
	Theft				
	Low concentration span				
	Lack of interest in studying				
	Lack of interest in extra curriculum activities				
	Strained relationship with other students				

4. Do your classmates take drugs?

1) Yes

2) No

5. Indicate the frequency of drug abuse in your school (Tick where appropriate)

Abuse of drugs in my school is:

Very frequent Frequent Moderately frequent
 Not frequent I do not know

6. After taking drugs, which of the following effects have you experienced?

	Effect	Severe 4	Serious 3	Moderate 2	Mild 1
1.	Anxiety				
2.	Vomiting				
3.	Headache				
4.	Nervousness				
5.	Red eyes				
6.	Sleepy				
7.	Tired				
8.	Confused				
9.	Lack of co-ordination				
10.	Loss of appetite				
11.	Chest pains				
12.	Any other(specify) _____				

7. Indicate the extent to which you agree with the following statement.

Key:

SA = Strongly Agree A = Agree U = Undecided D = Disagree SD = Strongly Disagree

NO.	ITEM	SA 5	A 4	U 3	D 2	SD 1
1	I know about drugs from my friends					
2	Some of my friends take drugs					
3	I use drugs to cope with stress					
4	I use drugs because of home problems					
5	I take drugs to belong to my friends					
6	I take drugs to gain strength					
7	I take drugs because my parents also take					
8	Many students are involved on one drug or another					

8. Have you gone for counselling against drugs?

1) Yes

2) No

9. If not would you like to be counselled to stop taking drugs?

1) Yes

2) No

10. Do the following school factors contribute to drug abuse? Key: SA – Strongly Agree,

A – Agree, U – Undecided, D- Disagree, SD – Strong Disagree.

	School Factors	SA	A	U	D	SD
		5	4	3	2	1
1.	Ineffective classroom teaching					
2.	Conflict between students and teachers?					
3.	Failure in school academic performance					
4.	Poor communication between students and the administration					
5.	Perceptions of approval of drug using behaviour					
6.	Poor role modelling by teachers					

11. Are there some factors in your community that lead or enhance the taking of drugs by students in your school? If yes explain.

12. What recommendation can you give to minimise drug abuse in schools?

13. What grade do you expect to get at KCSE? Tick one only

Grade A

Grade A-

Grade B+

Grade B

Grade B-

Grade C+

Grade C

Grade C-

Grade D+ and below

14. What level of education do you aspire for? Tick only one

Form Four Level

Diploma Level

Bachelor's Degree

Masters Degree

PhD Degree

Thank you for your co-operation and assistance

APPENDIX II: QUESTIONNAIRE FOR SCHOOL PRINCIPAL

Dear Respondent,

I am Stellamaris Kanini Muoti a Masters of Education student in the Department Educational Foundations at the University of Nairobi. This questionnaire is designed to gather information on the effects of drug and substance abuse on participation in learning among secondary school students, Kathonzwani District, Makueni County. This research will aim at recommending on how to curb the drug abuse menace that may make learning difficult among secondary school students.

The information you give will be treated with confidentiality, therefore you will not be required to indicate your names anywhere on this questionnaire as a measure of confidentiality. The information provided will be used for the purpose of this study. I kindly request you to fill the questionnaire. Your responses will be highly appreciated.

Drug and substance Abuse among students

1. a) Do you experience cases of students engaging in drug abuse in your school?

1) Yes

No

b) Indicate how frequently these drugs are used in your school by students.

No.	Type of drug	Very frequent 4	Frequent 3	Fairly frequent 2	Not used 1
1	Alcohol (beer)				
2	Tobacco				
3	Opium				
4	Heroin				
5	Bhang				
6	Glue				
7	Gasoline				
8	Cocaine				
9	Miraa(Khat)				
10	Kuber				

2. Indicate the extent to which the factors /situations listed below influence students to abuse drugs (tick the appropriate column)

	Factors	Very influential 4	Influential 3	Moderately influential 2	Not influential 1
1	Peer pressure				
2	Family background e.g. parent also drinks				
3	Availability of the drugs e.g. availability of money to buy				
4	School failure				
5	Frustrations at home e.g. family breakup, conflict with parents				
6	Stress at home e.g. lack of school fees, poverty etc				
7	Influence by mass media				
8	To keep me awake so as to read more				

3. What are the effects of drugs on student's motivation in learning?

4. Do you keep records of those students engaged in drug abuse?

1) Yes 2) No

5. What is the approximate number of students engaged in drug abuse in your school?

1) Most 2) Average 3) Few 4) None

6. Whenever a student is found taking drugs, what steps do you take?

1) Suspension 2) Guidance and counselling while in school

3) Refer to counselling elsewhere 4) Ignore the student altogether

5) Other (specify)

7. Do you invite specialists to talk to students on the dangers of drug abuse?

1) Yes 2) No

8. To what extent have you noticed the effects of drug abuse on participation in learning among students in your school from the list given below

	Effects	Severely 4	Moderately 3	Not affected 2	Don't know 1
	Declining grades				
	Truancy				
	School drop out				
	Bullying				
	Theft				
	Low concentration span				
	Lack of interest in studying				
	Lack of interest in extra curriculum activities				
	Strained relationship with other students				

9. Is there any drug assessment procedures in the school?

1 Yes No

10. What are some of the problems that you experience as a result of students' involvement in drug and substance abuse?

11. What recommendations can you give to minimize drug abuse in school?

12. What grade do you think the majority of your students will get at Kenya Certificate of Secondary Education? Tick one only

Grade A	<input type="checkbox"/>	Grade A-	<input type="checkbox"/>	Grade B+	<input type="checkbox"/>
Grade B	<input type="checkbox"/>	Grade B-	<input type="checkbox"/>	Grade C+	<input type="checkbox"/>
Grade C	<input type="checkbox"/>	Grade C-	<input type="checkbox"/>	Grade D+ and below	<input type="checkbox"/>

Thank you for your co-operation and assistance