TEACHERS' PERCEPTIONS ON INFLUENCE OF PARENTS' ALCOHOL AND DRUG USE ON SCHOOL PARTICIPATION OF LOWER-PRIMARY SCHOOL PUPILS IN THARAKA-NITHI COUNTY

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JUNE, 2018
DECLARATION

I declare that this project is my original work and has not been presented for a degree in any other university or any other institution of higher learning for consideration. This research project has been complemented by referenced sources duly acknowledged. Where text, data, graphics, pictures or tables have been borrowed from other sources, including the internet, these are specifically accredited, and references cited in accordance with anti-plagiarism regulations.

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Supervisor’s Approval

I confirm that the work reported in this research project was carried out by the candidate under my supervision.

Signature........................................Date........................................

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DEDICATION

This work is dedicated to my husband Mr. Mutembei and children.
ACKNOWLEDGEMENT

First and foremost I thank the Almighty God for His protection, guidance and support during the process of writing this work. My heartfelt appreciation and indebtedness go to my supervisor Dr. Juliet W. Mugo who gave me academic and professional guidance. Her commitment, patience, support and wise counsel made me feel academically enriched and inspired. In addition, I would wish to appreciate Kenyatta University for giving me an opportunity to further my studies. I wish to acknowledge with greater thanks the support accorded to me by my family members whose love, support and inspiration have seen me through this study. I am also indebted to several individuals for their contribution towards the success of this study. My Lecturers whose inspiration and motivation gave me the zeal to work harder. Thanks for challenging me to excel and always aim at achieving the best in my studies. My sincere appreciation goes to my dad and mum for their unwavering support and encouragement. Finally to my friends and well-wishers, I thank you all.
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<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual</td>
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<tr>
<td>ECDE</td>
<td>Early Childhood Development Education</td>
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<tr>
<td>EFA</td>
<td>Education For All</td>
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<td>FAS</td>
<td>Fetal Alcohol Syndrome</td>
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<tr>
<td>FPE</td>
<td>Free Primary Education</td>
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<tr>
<td>KESP</td>
<td>Kenya Education Strategic Plan</td>
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<td>KESSP</td>
<td>Kenya Education Sector Support Programme</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>NACADA</td>
<td>National Agency for the Campaign Against Drug Use</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
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<td>W.H.O</td>
<td>World Health Organization</td>
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ABSTRACT

Pupils’ participation in pre-schools in relation to enrolment, attendance, and engagement in learning activities is a challenge due to myriad of factors key among them being parent factors. Specifically, parental alcohol and drug use is a major health concern and detrimental to the general growth, development and learning of their children. Thus, the main purpose for the study was to find out prevalence and influence of alcohol and use among parents’ in public lower-primary schools in Meru South Sub County in Tharaka Nithi County, Kenya. The objectives of the study were: to find out the extent to which parents abused alcohol and drugs as well as influence of parental alcohol and drug use on lower primary school pupil’s enrolment; to determine the influence of parental alcohol and drug use on lower primary school pupil’s attendance; to establish the influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities; and to establish the extent of use of alcohol and drug use and measures that can enhance school participation of pupils born of alcohol and drug abusive parents in lower primary school. The study was guided by the Ecological Systems Theory by Bronfenbrenner’s (1979). Descriptive survey design was used in study. The study targeted a total of 320 class teachers in 52 public primary schools in Meru South Sub-County. Proportionate random sampling method was used to select 32 class teachers. Questionnaire was used for data collection. Pilot study was done in four schools to enhance validity and reliability of the research tool. Qualitative data were analyzed thematically according to the study objectives and presented in narrative manner. Quantitative data on the other hand was analyzed by use of descriptive statistics namely frequency counts, means and percentages with the help of the Statistical Package for Social Sciences (SPSS). The results of the analyzed data have been presented using tables, pie charts, histogram and bar graphs. The study findings showed that parental alcohol and drug use influenced children’s enrollment in the study area of study. Children of alcohol and drug abusing parents failed to attend school regularly. Majority of teacher respondents agreed that most children of alcohol and drug abusive parents were not attentive in class. The study concluded that parental alcohol and drug use significantly influenced children’s enrollment, attendance and classroom participation. The study recommended that seminars for community awareness on influence and effects of alcohol and drug abuse on children’s school participation should be encouraged. Improved training was also advocated for teachers to enable them to respond more effectively to both the needs of the child and parents experiencing substance misuse problems.
CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

This chapter presents an introduction to the study under the following subheading; background to the study, statement of the problem, purpose of the study, objective of study, research questions, significance of the study, scope of the study, limitations of the study, assumption of the study, theoretical framework, conceptual framework as well as the operational definition of terms.

1.2 Background to the Study

Pupils’ participation in pre-schools in relation to enrolment, attendance, and engagement in earning activities is a big problem due to countless causes key among them being parent factors such as those related to alcohol and drug abuse. Alcoholism refers to liquor seeking and consumption behavior that is harmful both to the user and to others people (NACADA, 2015). World health Organization (2013) noted that alcoholic one of the oldest and the most commonly abused drug in the world. It is a psychoactive substance but society has allowed its use by the public either socially or for medication. The consequences of alcohol abuse are significant not only in terms of adverse health effects and health care costs but also in terms of lost earnings, decreased performance and neglect of children.

Alcohol and drug use by parents is a phenomenon experienced worldwide and it is a concern that many countries have had to put up with for centuries (Gupta, 2008;
Velleman, 2008; WHO, 2004) and in particular, it interferes with the general growth, development and learning of children. Unfortunately many parents worldwide take alcohol and drugs excessively (Garland, 2009) regardless of the effects associated with the vice. Studies by Hansen (2003); Buckley and Holt (2007) indicates that children of parents affected by addiction with alcoholism and drug abuse are prone to a high degree of confronting a host of constraints such as bodily illness, psychological/ emotional disturbances and risks indulging alcoholism as well as drug addiction in their later years. The study further observes that, children in families of addiction to a large extent risk facing a physical and emotional neglect and abuse.

In reference to Erikson (1968) as well as Moss and Billings (2004), many of these problems experienced by children of parents with drug problems translate into difficulties in schooling. Suffla and Ratele (2009) argue that, children from alcohol and drug engaging families risk mental impairment during the prenatal stage due to exposure to alcohol or damage following their being reared in troubled/ violent home conditions at the period before joining school.

From the hypotheses on child growth and development (Erikson, 1968), it may be noted that children from alcohol and drug indulging families tend to join school system less ready to learn compared to the rest. According to Suffla and Ratele (2009) this occurs as a result of difficulties experienced in the family life. Further, children who hail from alcohol ridden families portray low performance academically compared to their colleagues and also have higher rates of school
dropouts, failure to attend school continuously and suspension, truancy and prone to leave schooling or be retained in the same class or level. Children from alcoholic families are more likely to portray low self-esteem and also do experience lack of low basic self-confidence (Stranger, Higgins and Cickell, 2009) without which success in life may be jeopardized.

In United States Velleman (2008), reveals that more than 15% of addicted adults, were themselves children of alcoholic parents or they faced challenges that resulted from alcoholism or drug addiction in their families. A research by Buckley (2007), in Canada, also concurs that parental alcoholism and drug abuse influenced child maltreatment and altered children’s multiple stages development.

In UK, Haller, Handley, Chassin and Bountress (2010) also revealed that when parents indulge in drug or alcohol abuse, their children can suffer from a host of maladaptive outcomes stretching from developmental issues which encompass the cognitive, behavioral, psychological, emotional and social domains. Such children have expressed being socially isolated, frequently neglected and with a feeling or a sense of being hated, low self-worth and low self-esteem. As observed by (Velez, 2007), in some cases the children end up taking on responsibility of caring for their affected parents, which implies that the children are left with no time to concentrate in school work, hence their participation in class is affected.
In a study in South Africa by Johnson (2009) on school-based environmental intervention to reduce smoking among high school students, found that the elevated rates of alcohol and drug abuse by most parents exposed children to abuse related to both physical and sexual manner. They also lack security and protection from the said parents and in addition, the children also face school based violence and criminal victimization. Moreover, children’s negotiation of critical developmental transitions, as well as the mastery of key developmental competencies are compromised due to the fact that they encounter bad experiences. On the larger spectrum these children are exposed to violent communities which emanate from simply being born and nurtured in families characterised by substance abuse. According to Ahmed and Ahmed (2007), parental substance and alcohol abuse threatens the educational achievement of the child’s full potential by exposing them to a stress, chaotic and often frightening home. This has adverse effects on student’s education in terms of academic achievement, discipline, school attendance and learning motivation of the student.

In Uganda, Masiye (2013) pointed out that children living with parental alcoholism disorder and drug abuse were not consistent in class work, but families differed according to the composition of risk factors that contributed to the outcomes. In Tanga, Tanzania Miruka (2006) reported that children experienced devastating effects out of adverse usage of marijuana the outcome of which was poor performances and the government had to infuse an aspect of anti-drug and alcohol
abuse facts into the school curriculum. In addition, guidance and counseling departments were established to deal with the menace.

A study carried out by Gitari (2013) on the Influence of Domestic Violence on Child’s Learning in Meru South Sub-County revealed that parents who take a lot of alcohol or abused other drugs adversely influenced learners’ social economic status and in a way it affected the academic lives of the girls. Just like learners in secondary schools, children in early years also require support from caregivers in order to excel in academic performance since aspects of growth and development as Piaget (1983) notes are inter-related. Further, alcohol and drug abuse are detrimental to the welfare of families and children. It is against this background that the researcher was interested in establishing the extent to which parent substance abuse influenced school participation of early childhood pupils in lower primary schools in Meru south sub county, Tharaka Nithi County, Kenya.

1.3 Statement of the Problem
Alcohol and drug use by parents is a phenomenon experienced worldwide and it is a concern in many countries especially those developing, Kenya being unexceptional. Studies have revealed that the consequences of alcohol abuse are significant not only in terms of adverse health effects and health care costs but also in terms of neglect of children in education (Garland, 2009; Haller et al., 2010; Masiye, 2013; WHO, 2013; This situations inhibits the children from adequately participating in pre-schools. Drug abuse prevalence has grown in the Kenyan society today across the country
and its impacts are overwhelming. Academic performance of learners at all levels of education is used by stakeholders to assess the quality of education. Alcoholism in Kenyan homes has been on the rise with NACADA (2016) noting that many families in Kenya particularly in the Central region has been on the rise. However, alcohol abuse in families remains a prominent problem in Kenya.

In Meru South Sub-County parental substance use negatively influenced the learning performance of mature girls in secondary schools. Their counterparts in early childhood level however, require support from parents/ caregivers in order to participate and excel in learning performance. Despite the truth in this fact, a few studies have been done to address the issue of alcoholism and drug abuse (Gitari, 2013). However, Gitari’s work only focused on the domestic violence as a result of alcoholism and its influence on learning. In addition, most studies covered the influence of parent’s alcoholism on learning among students in secondary schools. Hence, participation of pupils at pre-school level vis-à-vis drug and alcohol use was not covered. It was against this context that the current study investigated teachers’ perceptions on the influence of parental alcohol and drug use on the school participation of early childhood pupils in lower primary schools in Meru South Sub-County in Kenya.
1.4 Purpose of the Study

The main purpose of the study was to establish the perceptions of teachers towards the extent to which parental alcohol and drug use influenced early childhood pupil’s school participation in Tharaka Nithi County.

1.5 Objective of Study

The study was guided by the following objectives:

i. To find out the prevalence of alcohol and drug abuse among parents of lower primary school pupils in Meru South Sub-county of Tharaka-Nithi County, Kenya.

ii. To find out teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s enrolment.

iii. To determine teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s attendance.

iv. To establish teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities.

v. To establish teachers’ perception on measures that can enhance school participation of pupils born of alcohol and drug abusive parents in lower primary school.
1.6 Research Questions

The study was guided by the following research questions

i. What is the prevalence of alcohol and drug abuse among parents of lower primary pupils in Meru South Sub-county of Tharaka-Nithi County, Kenya?

ii. What is the perception of teachers towards the extent of influence of parental alcohol and drug use on lower primary school pupil’s enrolment?

iii. What is the perception of teachers towards the extent of influence of parental alcohol and drug use pupil’s attendance?

iv. What is the perception of teachers towards the extent of influence of parental alcohol and drug use on pupil’s classroom learning activities?

v. What is the perception of teachers towards intervention measures to enhance school participation of pupils in lower primary school?

1.7 Significance of the study

The current study may inform the national and county governments to formulate policies that not only maintain good practices to safeguard children and family ethos as a basic unit for good parenting, but also sustaining them.

Through the findings, education of the learners may also be enhanced by stakeholders and school representatives through collaborating with volunteers, non-governmental bodies, sponsors and churches based on supporting children who are affected emotionally and financially due to neglect by alcoholic parents or guardians.
The findings may be useful to teachers in establishing suitable approaches of dealing with vulnerable children, especially whose parent’s abuse drugs and substances. This way, teachers may definitely provide individual counseling and provide necessary encouragement to such children in order to make them stable emotionally and socially. This may consequently improve teachers’ attitudes, knowledge, skills and competencies of handling vulnerable children due to parental drug abuse.

Finally, the study findings may also give opportunities for future researchers towards investigating the knowledge gaps on parental participation and academic performances considering both school and home factors which based on different settings, either in rural or urban areas.

1.8. Limitations and De-limitations of the Study

The limitations encountered during the study are hereby described.

1.8.1 Limitations

The major limitation was the secrecy involved in the issues of drug use. To be able to get the necessary information the researcher created rapport with the respondents and assured them of confidentiality on all the information given. Some of the respondents were not willing to talk of the issue under study since it touched on themselves and their children but the researcher assured them that the information given was for research work only.
1.8.2 Delimitations of the Study

The study was conducted in public pre-primary schools in Meru south sub county in Tharaka-Nithi County, Kenya. The study sought to investigate the relationship between parental alcohol as well as drug use and children’s participation in preschool with regard to enrolment, attendance and learning.

Also the exercise confined itself only to teachers of children of affected parents who were questioned during the study. For more conclusive results, all the divisions in Tharaka Nithi County could have been studied but due to logistics and infrastructural constraints, only a few standard three teachers participated in the study.

1.9 Assumption of the Study

The study was carried out under the following assumptions:

i. That the respondents would co-operate during the study and provide genuine and accurate information.

ii. That alcohol and drug use by parents played a significant role in their children’s participation in lower primary schools.

1.10 Theoretical Framework

The five (5) level Ecological Systems Theory by Bronfenbrenner’s (1979) namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem guided the study. The theory for instance holds that micro system consists of the most immediate environment (physically, socially and psychologically) of the child acting
as the avenue for learning which includes the family, health services, daycare centre, neigbourhood play area and church group. Thus if the family is the child’s early microsystem for learning how to live, their beliefs and behavior in relation to school attendance may be influenced in a negative way by the alcoholic parent may choose not to interact with the child concerning academic progress (Swick, 2004) since a big proportion of them are negligent and only care about their alcoholic needs rather than the need of their children or families.

The mesosystem level on the other hand assists in connecting two or more systems in which the child, parent and family live. For instance, it links the family, school and peers to friends of the family, mass media, legal services and neighbours. Hence the level assists to move children from beyond the two-party relation. The level also postulates that there must be loving adults beyond the parents who engage in caring ways with children. However, in families where parents use alcohol or drugs, there are weak mesosystems which lead to series of chaos hence children are more likely to develop withdrawal syndrome due to depression and anxiety which may affect their participation in learning.

The exosystem which is the third level in the theory, advocates that children live in systems psychologically and not physically. For instance, parents may physically be at work but psychologically be very present in the school their child attends. In exosystem children may experience vicariously which may be empowering or degrading and could cause stress to them since they are not attended to as should be.
Parents who are drug addicts make themselves absent in children’s education leading to either lack of enrolment to school or truancy among children. In another circumstance, many children realize the stress of their parent’s workplaces even without them being in these places. Hence parents need to seek to be involved in children’s ecosystems by encouraging more family-friendly practices to boost their children’s morale to attend school and participate in learning activities.

As for the macrosystem, it represents the larger systems of cultural beliefs, societal values political trends, and community happenings. In a sense, the macro-systems that surround the children assist in holding together the many threads of the lives. Without an umbrella of beliefs, services and supports for families, children and their parents, especially those who abuse drugs, are open to great harm and deterioration. Therefore, without strong connection between the child and the community, the child is more likely to withdraw from school due to lack of role models and motivation from parents who abuse drugs. Based on the context of this study, parents’ ability or inability to carry out that responsibility toward their child within the context of the child’s microsystem (due to the culture of alcoholism) is likewise affected.

Finally, the chrono-system entails the dimension of time as it relates to a child’s environments. Elements within this system can be either external, such as the timing of a parent’s death, or internal, such as the physiological changes that happen with the aging of a child. Based on the context of this study, as children get older, they may react negatively to psychological changes of their parent (s) who abuses alcohol.
and may be more able to determine more how that change will influence them in education. However, if the parent is responsible and participates in the child’s education, the child is more likely to envy the achievement of their parent and would embrace the tactics of their parents towards accomplishing their education goals since he/she realizes the value of education in life.

The theory was found relevant to the current study because it helped to examine the relations that existed between parents’ misuse of alcohol and school participation of their children in Tharaka Nithi County when all the ecological systems in the child’s environment are integrated.

1.11 Conceptual Framework

As Mugenda and Mugenda (2003) portray, the conceptual framework for this study represents the manipulation of the independent variables and their effects on a dependent variable. Thus Figure 1.1 illustrates the relationship between the parental alcohol and drug use (independent variable) and school participation of lower-primary pupils (dependent variable) as well as the results after application of the knowledge generated by the study.
Figure 1.1 Conceptual Diagram on Influence of Parental Alcohol and Drug Use on Children’s Participation in School

Figure 1.1 illustrates that the independent variables (parental alcohol and drug abuse) have the potential to influence on pupils’ school participation, children’s school participation in terms of enrollment, attendance and learning. Parents who are alcohol and drug abusers may not be able to appreciate the benefit of enrolling their children in school. Such parents would neither ensure that their children attended
school at the right time nor would they encourage them to learn which would ultimately affect their children’s performance in learning negatively.

If however measures such as guidance and counseling of parents who are under the influence of alcohol and drugs, sensitizing them through seminars on the negative effects of the vice, instituting skill building programmes for them to engage in income generating activities and encouraging them to seek help through rehabilitation programmes, it was anticipated positive outcomes would follow, chief among them participation of their children in school.
1.12 Operational Definition of Terms

**Abstinence**: A total voluntary denial or habitual self-deprivation from drugs or alcohol by parents of std. 3 children.

**Alcohol abuse**: A habitual state that evolves due to prolonged and intense use/consumption of liquor by parents of std. 3 children which creates a psychological and/or physiological dependence.

**Alcoholism**: Over dependence on alcohol by parents of std. 3 children, which creates a compulsive, excessive consumption of alcohol or the pathological effects of such over indulgence.

**Attendance**: Number of times std. 3 pupils are in school for the entire duration as laid down in term dates.

**Child**: Referred to a pupil between the ages of 5-13 years in public lower-primary school.

**Drug abuse**: A continuous use of harmful substance by parents of std. 3 children, which alters the mood of the user.

**Enrolment**: Number of pupils who join or are registered in early childhood education section in public lower-primary schools per year.

**Learning activities**: Educational engagements meant to enhance std. 3 pupil’s knowledge, skills and attitudes in at school.

**Parent**: An individual with the responsibility of taking care of a biological or adopted standard three child in public lower-primary school.
**Participation** : Entailed engagement of children in school in terms through enrolment, attendance and taking part in classroom learning activities.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The section presents review of related literature under the following sub headings:
To establish the influence of parental alcohol and drug abuse on the enrolment, attendance participation as well as interventions to be put in place to help parent victims and families of early childhood pupils’ in standard 3 public lower primary schools.

2.2 Parental Alcohol and Drug Use and Their Influence on Pupil’s Enrollment

Alcohol and drug abuse or misuse refers to the extent or measure to which the behavior occurs. The use of illicit drugs and substance among the adults has steadily increased in the previous years in the world as the availability of many kinds of drugs is also increasing (World Drug Report, 2005). According to a report by United Nations Drugs Control Program (United Nations, 2007) it was approximated that at least 4.8% of the population in the world consume drugs though more prevalent among the young people of below 30 years of age.

In the United States of America, about 25% of parents experience difficulty in meeting their children’s needs due to drug use. This expose their children to such difficulties as earning low grades, doing poorly on test, missing class and falling behind in academic performance in most pre-schools (National Institute on Alcohol and Alcoholism, 2005). Almost 14 million Americans who are perceived as drinkers,
4 million are alcoholics and 76 million people are consequently exposed to risks of alcoholism in family settings. The drugs that manifest severely on parents include alcohol, cocaine and marijuana (WHO, 2003).

In Kenya today drug use has become prevalent than at any other times, (NACADA, 2010). Majority of the users are adults where more than 30% are parents. According to NACADA (2010) drug abuse has tremendously increased across all parts of the country. The use of alcohol is reflected back and connected with foreign cultures that have been undermining hitherto conservative traditional ones in the community. These were special occasions and signified certain passage of rites in a community. Nevertheless, this is not the scenario today as the consumption of alcohol is no longer restricted with regards to cadre (NACADA Report, 2004).

Children’s enrolment in early childhood education is very crucial particularly because these are the formative years that lay foundation for learning in other levels later on in upper primary and elsewhere. However, drug abusing parents may not be in a position to enroll and enforce regular school attendance for their preschool children (Earls, Reich, Jung & Goninger, 2008)

An individual user of alcohol and drug abuse is susceptible to deleterious effects as well as his immediate family members. Close to 10 million children below 18 years were members of families where one of the parents was classified by diagnostic and statistical manual (DSM-IV-TR) criteria as having a past year diagnosis of alcohol
abuse or dependence in the year 1992. This was according to Steinberg, Kamborn, Dornbusch and Darling (1992). Gestwicki (1995) came up with the findings that an estimated 28 million children living in households with at least one parent who had been dependent or abused alcohol at some time in their life.

The intensity of substance misuse and the length of time the parents have been involved in misuse directly influences the impacts of parental alcohol and drug abuse on children and families. This was revealed by a recent research by Haller, Handley, Chassin, and Bountress, (2010). This research went further and revealed that parental alcohol misuses as well as the levels of parental functioning, parental education and stimulation of children at home do influence the adverse cognitive outcomes in children.

Parental misuse of a substance can not only be destructive to a family but to the relationships existing within the Unit. Erickson (1968) observes that each child handles this situation in a different way but a child developing behaviour problems is a common phenomenon. As a child advances in age these eminent behaviour problems can result to substance abuse, educational disabilities, academic deficiencies behaviour disorders, delinquency and violence. It has been observed that young children can portray aggression, rage, physical destruction and injury by oneself. These children may show less serious behaviour problems like talking back, failure to follow directions and adamant to comply. Brown, Herjanic and Wheatt
(2005) observes that many children manifests these behavioural issues and not everyone would contribute them to parental substance misuse.

Earls, Reich, Jung and Goninger (2008) denotes that, children members of families characterised by substance abuse are most of the time seen as having impulsive behaviour. This happens mainly due to the fact that they do things for themselves and have not well established structure or routine at their home. When they decide to act or do something or require something they wholly do it single handed on their own, whether right or wrong or on good time or not whether right or wrong or on good time or not. An example is when hunger strikes and they have to look for food on their own. If tired they resign to sleep and should they be threatened they protect themselves as (Earl et al, 2008) shows. Generally the personalities of the children can differ very much. There are those who externalize their emotional as psychological feeling and turn violent/aggressive, and at same time other remain adamant and are termed as passive. By a child’s being resentful toward the addicted parent or observing domestic violence he may become aggressive as Buckley and Holt (2007) reveal.

In many a times child seem to assume the role of a parent for her/his children, like cooking for them and preparing for bedtime (Buckley & Holt, 2007). They undertake these responsibilities because the parent cannot be trusted on these duties. According to Finkenauer and Hawk (2011) a need may arise to secure their environment that they live in because all that surrounds them is quite chaotic and rough. This may act
as a trigger for temper tantrums and verbal harsh words when things do not go as per
planned. A different reason as to why these children have temper tantrum, verbal
outbursts, or complain of illness may be the attention that they are sure to get from it.
If a child is deprived attention, even though are being punished by a teacher for
misconduct, to them is also attention (Gray & Henderson, 2006).

According to Masiye and Ndhlovu (2013), a child who grows with parents who do
not use drug and alcohol portrays an upright behaviour and is develops a feeling of
being enrolled in school as his/her older siblings and friends. However, the one from
parents abusing drugs and alcohol hardly understands the importance of education
since he/she rarely gets guidance based on education by the parents. This fear of
school is attributed to the fear developed in children leading to behaviour of being
hyperactive, anxious and learning disabilities (Buckley, 2007; Schumacher, Smith-
Slep & Heyman, 2011). Does this imply that use of alcohol and drug by parents
influence enrolment of children to school? The current study sought to fill this gap.

In Australia, the association between domestic violence and substance abuse has also
been well documented by Swify, Copeland and Hall (1996, cited in Theresa, 2008)
who revealed that 52% of women abusing drugs experienced sexual or physical
assault as adults including their children in which 29% indicated that the husband
was under the influence of alcohol during the assault. The study concluded that
women who are alcoholics are more likely to have been beaten than non-alcoholics,
and they are more likely to have partners who also drink heavily. This condition
exposes children to fear and lack of concentration due to lack of care and parental love leading to lack of enrolment.

Streissguth (1999) conducted a study in the USA on attention, distraction and impulsive behaviour problems in 475 young school age children whose mother drank moderate amounts of alcohol. The study used sensitive neurological test measures called Continuous Performance Tasks (CPT) to determine endurance, persistence, organization, distractibility and impulsivity in this large group of 7-year old children. The results showed that greater alcohol exposure resulted in far more errors on tasks given to the children. There was an 8% distraction rate for the 0-3 drink exposure children, 14% distraction rate for the 3-4 drink exposure children and a 46% distraction rate for the children whose mothers drank more than 4 drinks per day. Average reaction times were about twice as slow for the more than 3 drink exposure children.

In another study in Saudi Arabia on improving the outcomes of children affected by parental substance abuse, Calloun, Conner, Miller and Messina (2015) indicated that that a variety of neurological and school problems were detected among 500 children examined at numerous points in time, including day 1 and 2 of life, at 8 and 18 months and then again at 4, 7 and 14 years. Mothers were primarily middle class, well educated, married women at low risk for adverse pregnancy outcomes. Approximately 80% were drinking and the findings revealed prenatal alcohol-related difficulties in classroom behaviour, enrolment, academic performance and
information processing. At 14 years, continued prenatal alcohol effects on measures of attention and memory were observed, as well as on measures of phonological processing and numerical processing. This implies that exposure of children to alcohol leads to delayed enrollment among the children.

In another study in the USA, Allen, Litten, Fertig and Barbor (2003) investigated two 16-year-old children (1 male, 1 female), who did not have fetal alcohol syndrome (FAS) but whose mothers were considered alcoholic and drank heavily during pregnancy. The findings revealed that both children also had a history of behavior problems and cognitive impairments. Their IQ scores were 64 and 69. In one way or the other, Mattson, Schoenfield and Riley (2001) backed this information by arguing that low IQ scores delay the time at which a child is ready to enroll in school.

A study by Stranger et al (2009) based in California also shows that a child is said to have attained education when he finish high school during his teenage years and also his achievement is measured using the performance index. Therefore, according to Stranger (2009) circumstances which include allocation of parental resources goes a long ways in shaping educational attainment in early learning during early childhood. Research by Best and Khan (2008) and Heller (2010) denoted that majority families preferred educating the boy child compared to the girl child.
A report by NACADA (2004) showed that about seventy women complain each and every day about their husbands who spend most of the time at drinking sprees thus not providing for their families. Rugut said rising alcohol abuse among the youth has ruined education, economy and social life (NACADA newsletter Feb Edition, 2010). In Kenya, a study done by NACADA focused on alcohol abusers below age 21 years revealed that apart from interfering with normal growth, alcohol abuse is harmful to children. In this perspective, alcohol abuse is associated with violence and criminal behaviours which distract children from schools (Miruka, 2006).

They further accuse law enforcing units of looking away as men turn to zombies. Among the many negative impacts, alcohol in Meru is taking toll on children as it violates their rights as children. The rights of children have been debated and agreed upon by many world governments. World concern with the care and development of children is highlighted in the documents that have been signed by many countries of the world which include; the convention of the rights of a child, the world conference on education for all and the world summit for children.

In Kenya the only study that appears to have been done is by NACADA (2007) which concentrated with alcohol abusers below age 21. This study shows that apart from interfering with normal children growth, alcohol abuse is harmful to youth at this adolescent stage of their lives. It leads to quarrelsome, violent or criminal behavior resulting to unrest, arson, rape or death in the country’s educational institutions. It predisposes the youth to diseases and poor health. There is conflict
with low, poor academic performance which translates into dropping out of educational institutions, narrowing one’s opportunities in life and into dropping out of educational institutions, and into an inability to get or keep jobs.

In a study conducted in Kenya by Miruka (2006) on the Prevalence of Alcohol in Kenya, it was observed that drug abuse and alcoholism in a family creates a trend in families where the alcoholic and drug user family is viewed as unreliable while the drug and alcohol free family is termed as the enabler who permits the affected to continue with this kind of lifestyle under such environment the children assumes some roles within the family, where they are known differently as hero, scape goat, lost child or family mascot.

Data from the National Campaign against Drug Abuse (NACADA, 2010), Meru, among other counties in Central Kenya, is fast gaining notoriety as a den of alcoholics and drug abusers. Following the order by the Sub-County Commissioner to eradicate illicit brew within a hundred days, women in the County have taken to the streets several times to protest against increased lethal brews that have robbed them of husbands and sons and accused men of abandoning their roles in Meru County (Sunday Nation, 4th April, 2009). According to the report by NACADA (2015), there are high cases of drug and alcohol dependence amongst parents of children of school going age. Many children who are believed to be of age are not accessing education and others are always seen at home having dropped out and...
the few who continue with education are being supported by the extended family members.

From the review of enrolment, most of the information dwelt more on social cultural beliefs which affected enrollment rather than substance abuse from developed countries which have different academic system form the Kenyan one. Also a section of the literature focused more on individual parent factor and institutional factors rather than the effects of both alcohol and drugs. This necessitated the current study to find out the influence of parental alcohol and drug use on lower primary school pupil’s enrolment.

2.3 Parental Alcohol and Drug Use and Pupil’s School Attendance

School attendance is a term used to describe the physical presence of a pupil in school during a specified learning period such as school term. Attendance in school is always documented by class teachers on a class register on a daily basis. According to Blackson, Tarter, Martin, Loeber and Moss (2004) the ability of a child to be in school always forms an integral part of the child success academically. The pace at which children fail to attend school is relevant since it translates to academic performance (Herjanic, Brown and Wheat, 2005). Garlander (1997) looked into an after school programme as a link to regular school attendance and academic achievement (Johnson, 2009). Best and Khan (2008) observes that connection between after school programs and school time may transform into transportable strategies for school managers for bettering students’ performance and attendance.
A high risk of academic failure was noted amongst sons from families in which both parents reported alcoholism or at least one parent reported significant antisocial behaviour and alcoholism (McNichol and Tash (2001). As was norm high risk males performed below per on subjects such as maths in middle childhood and reading achievement in late childhood contrary to achievement in late childhood contrary to their counter parts from low risk families.

In an attempt to explain more explicitly on risk factors for child neglect, Schumacher et al. (2001) designed a model by categorizing attendance as per families which were vulnerable (high risk with high family strain and conflict), resilient (high risk with low family strain/conflict), troubled (low risk with high family strain/conflict) or non-challenged (low risk with low family strain conflict). Based on the study findings, ages 12-14 which they termed as late adolescence, attendance amongst vulnerable boys was lower compared to non-challenged (resilient category) come early adolescence, ages (9-11), attendance was lower to almost all categories of resilient and non-challenged in the boy gender and on the academic performance front there were no differences between resilient vulnerable and non-challenged boys in childhood (ages 6-8). Schumacher et al., (2001) further concludes that where there are no family strain and conflict, the academic excellence of boys of drug and alcohol abusing parents may be the same to their colleagues of non-alcoholic parents in some situations and to an extent in issues development.
According to Burcker (2006), young caring responsibilities can be a significant factor in the lives of children of families affected by alcohol and drug abuse; poor attendance; late arrival at school are some of indicators which can be explained by inappropriate or time consuming duties at home and not poor behaviour or indiscipline (Hansen; 2003). A group of children born to heroine addicted fathers showed that these children are at risk for early school behavioural and learning problems. Sowder and Burt (2000), comparing children of cocaine and opiate dependent parents with a similar population group matched sample of people who were referred for mental health services and children who were not referred, Stranger et al., (1999) noticed similar results. Results from this study indicated that referred children scored lower on all competence scales inclusive of social and economic competence.

Asani (2005) observes that “the children who hails from families subjected to use of drugs will not different from their fellow vulnerable young people at school. Asani argues further and advices that the vital information obtained of parental alcohol and drug abuse should consequently be viewed as part of a school’s overall responsibilities to ensure that participation/attendance is attained. On the other hand emphasis should be shown on the implications for personnel training, evaluation and case management procedures to usher more light on concerned children class attendance.
Based on the studies in the above literature, relationship between parental drug use and attendance varies because they were conducted internationally. Hence, there was inadequate literature. In addition, most from the current study thus the effect could be different. Thus, a gap existed as per comparison of the factors influencing attendance and the current study. The current study therefore sought to determine the influence of parental alcohol and drug use on lower primary school pupil’s attendance.

2.4 Parent’s Drug and Alcohol use on Classroom Learning Performance

Classroom learning performance entails various aspects of participation in learning including; asking questions in class, seeking out new ideas and showing interest in learning (Wachira, Mariene & Wamalwa, 2017). Thus, active learners are fun to indulge in class and accept new ideas. Nevertheless, dull ones are no fun to teach because they do not appear to share teacher’s enthusiasm for the content or the thrill of discovery in the discipline.

Children who receive adequate and quality nutrition will grow healthy and these will less likely become sick, miss school and fall behind in class. Velez (2007) in his study found that iron deficiency was most prevalent nutritional problems in Pakistan and cause a permanent loss on children I.Q later in life. Diseases like anaemia could result to irritability; fatigue and lack of concentration at lesson/learning time. On vocabulary reading and similar academic activities, anaemic children results to poor performance and also this result are reflected in tests excellence. A negative effects of morning fasting on cognitive performance was manifested in a study on healthy
and well-nourished school age children as Garland (2009) reveals. In a further examination, the researcher found out that children who missed breakfast and were subjected to a test on speed and accuracy of response on problem solving tasks, had an adverse influence on their performance on the tests.

In a related study, Gupta (2008) noted that children deprived of food are malnourished and are also poor in fighting diseases as they are more likely to become sick, miss school, fail to participate in learning activities and fall behind in class. The benefits of nutrition have a direct influence on learning in that more developed brain accommodates more knowledge and is capable of higher and more complex functions. Body immunity will prevent incidence of disease and hence reduce absenteeism from school and learning centers.

It is apparent that parents involved in alcohol and drug abuse might mount efforts geared towards providing a decent home characterised by provision of all the basic services needed by their siblings. However, the costs posed by alcohol and drugs may hinder them from realising adequate food, clean water, housing, Healthcare, clothing and educational materials for their loved young ones (Buckley, 2007). Parents under the influence of drugs will be unable to address emotional as well as physical needs appropriately resulting to poor parent child bonds. Consequently this might result to behavioural problems both in school and societal environments. Hence, this study sought to ascertain this by investigating the influence parental alcohol and drug use on lower primary school pupil’s classroom learning activities.
In a study conducted by Miruka (2006) in Tanzania, it was found that drug and alcohol abusing families do not care about their children or that they outrightly oppose a positive involvement with the child’s. In reality, they may attempt to retake a positive parenting role and be receptive to support in undertaking it if for example they are accessing treatment and counselling. Hence, the current study sought to find out whether the many children not participating in learning activities due to poor health, malnutrition, and poverty could be as a result of parental involvement in drug abuse and alcohol in Meru south sub county.

Drug and substance use is largely implicated in interpersonal violence, school violence and often lead to a non-conducive teaching or learning environment. According to Meghdadpour, Curtis, Pttifor and MacPhail (2012), drug use often leads to a family dysfunctionalities and disintegration, financial losses and distress, increased burdens associated with medical and other treatment services for drug users not able to support themselves. In a national exercise, Amato and Flower (2002) conducted research on 1,707 adolescents aged between ages 12 -18 years and found out that parental support was positively related to the academic grades adolescent. This suggests for more parental support which was associated with higher adolescent grades. Although parenting has been linked to adolescent outcomes, the direction of the relationship was not clear, hence the gap filled by the current study.
Children who live with a substantial consumer father or mother have a tendency to get agonized over the physical damage the guardian do to him/herself, the danger of mishap or harm, and the way that a guardian who beverages would be distracted or not able to deal with their adapting needs like books, uniform and school charges (Needlman, 2004). The impacts of parental liquor addiction, Needlman pointed out, are more terrible, and may incorporate battles between folks, physical or psychological mistreatment, and the misfortune or absence of procurement of cash that may be required for nourishment, school, utilities or different necessities. As far as difficulties, Nastasi and DeZolt (2004) found out that 41% of parents who were addicted to alcohol reported that at least one of their children had to repeat a grade level in school, 19% of their children got involved in truancy, and 30% had been suspended from school. Children of parents who are addicted compared to children of non-addicted parents were found at significant disadvantage on standard scores in arithmetic.

The literature present studies which focused on the influence of parental drug abuse on children’s participation in classroom. However, most studies were conducted in developed countries. This implied that few studies have been conducted in local settings of Kenya. The current study thus sought to bridge this gap by establishing the influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities.
2.5 Intervention Strategies for Alcohol and Drug Abusive Parents/Families

Parental alcohol and drug abuse has negative effects that extend to the whole family and require carefully strategized interventions. Lawrence-Lightfoot (2003) argues that strategies are approaches been put in place to check of the situation of more prevalent phenomenon. It is important to appreciate that alcohol and drug addicts are sick and that they could benefit from external support. Erickson (1968) notes that people who once were neglected when they were young do cultivate mistrust in their relationships when they are mature. Children of alcoholic and drug abusing parents need information that is accurate about alcohol, diseases of alcoholism and other drugs. By learning about blackouts, denial, relapse and recovery, children are able to make better sense of what's happening at home. They also come to learn that they are not to blame and that there is nothing they can do. Giving kids these critical actualities during a time fitting way is urgent, so they are not overpowered, loaded, or further confounded (Moss & Billings, 2004).

According to Moss, Vanyukov, Majumder, Kirisci and Tarter (2004), children of alcoholic and other drug-dependent parents are at greater risk for many emotional and behavioral problems. Equipping them with a variety of life skills enables them to cope with many challenges. For instance, some of these children face difficult situations with family neglect, violence, and anxiety. These kids can take in an assortment of adapting and self-care systems to stay safe. Some of these youngsters are likely to allow their feelings to build up inside until they are ready to explode or end up sick with stomachaches and headaches.
The educator can train them on how to identify and express their feeling in healthy ways, especially by finding safe people whom they can trust as (Mattson, 2001) explains. Mattson (2001) argue that young people can learn to respect and love themselves through encounters in which they can succeed and flourish. Research on resilience has confirmed the value of skill-building activities for children living with adversities like liquor addiction in the crew. Flexibility exploration analyzes different defensive elements which permit people to beat the chances and rebound back. Various learning programs nowadays enable young people to improve and develop exemplary abilities that assist them in one way or the other. Programs that assist learners and other school strategies introduce these skills and provide a safety net for children to practice and deepen them.

Even if these children go back to families with active alcohol and drug addiction, children of addicted parents who are assisted in such ways are better prepared to handle the various problems that they may encounter as (Mwiti, 2006) observes. While age-appropriate, accurate information and skill building help children of addicted parents in a big way, the most important gift is that of the bonding and attachment children acquire in healthy relationships with others. As a result of harsh words, the threat of abuse and the broken promises, children in numerous families take in the "Don't Trust" mantra and they end up in self-confinement and quietness which becomes their consistent behaviour. In adolescence they mostly grow up as folks who cannot convey their feelings to their fellow youth folks or to their teachers. In most cases the teachers might for instance be confronted by youth who
feel uncertain of themselves, feeling neglected, regretful, or who continually lack recognition by their youth peers and community as (Earls, Reich, Jung & Cloninger, 1998) show.

According to Moss and Billings (2004) children hailing from these vulnerable families need some assistance from everybody and most so from school staff entrusted with extracurricular activities who are endowed with golden opportunities capable of aiding in primary relationships for children emanating from addicted parents. These students can reap numerous benefits from extracurricular activities for example establishment and maintenance of peer relationships.

Johnson (2009) in a study in Britain observed that an alcohol oriented home is characterized by denial, delusion and “no-talk” behaviour. However children born to addicted parents do not have the knowledge of what is happening in their families and funny enough some look down to themselves as the main cause of it all. The predominant feeling for many children is confusion but not as expected anger, sadness, or hurt. What children from such families require is the correct informative knowledge of about alcohol, other drugs and alcoholism as a disease as (Reid, Machetto & Foster, 1999) explain. Young people can make better sense of what’s happening at home by learning about denial, blackouts and relapse at recovery (Reid et al. 1999). They may learn not to blame and become contented because they cannot make better of some situations ushering children with such crucial facts in the
appropriated age since they do not risk being overwhelmed, burdened or even confused as (Handley et al, 2010) correctly state.

Werner and Johnson (2000) looked into resilience and established the importance of skill empowerment activities for children confronted by parents involved with alcoholism and drugs abuse. Research on resilience concentrated on several factors which enable a person overcome the odds and bounce back. These factors that can deepen strength and resilience were identified by a longitudinal study by (Werner and Johnson 2000). To name some of them, we have Autonomy and independence, ability to engage in acts of required helpfulness, a strong social orientation and social skills, ability to gain positive attention from others, ability to maintain a positive vision of life, coping strategies for emotionally hazardous experiences and development of an intimate bond.

Earl et al, (2008) comes up with a model tool that he calls “seven Cs” which aims to assist young people to know that their parent’s problems are not due to them whatsoever. Children ought to know it is not as result of their contribution that their parents drink too much or abuse drugs and those they have no power to alter their parent’s behaviour. There is need to teach these children that there are methods they can master to deal with their parents alcoholism or drug use. He identified the seven Cs as follows, CAUSE- I did not cause it. CURE: I cannot cure it, CONTROL: I cannot control, CARE: I can help take care of myself, by COMMUNICATING my feelings, making healthy CHOICES, CELEBRATING me.
Nastasi and Dezoh, (2004) advocate for a way of getting them involved in a wholesome group activity, as an integral proposal as a role to play on behalf of children with familial addiction. It proves challenging however in bringing these children to take part in these activities may be hard, since most of the students are not interested in joining school groups as (Zellamn 1998) disclose. This is true if the view extra-curricular activity is a burden to be endured rather than an avenue aimed at reducing the strain of the already there duties.

Several interventions have been identified by various researchers (Copello, Templeton, Krishnan, Orford & Velleman, 2005) among others. According to Copello et al, (2005) there are three areas that are important for interventions: working with family members to promote the entry of substance misusers to treatment; the joint involvement of family members in the treatment of the misusers; responding to the needs of family members in their own right. Participation of parents towards realization of their children’s education is something that all governments wish to attain and hence it is worth considering methods to enhance their participation in education matters of their children. In 1997 such initiatives were born by the Global Initiative on Primary Prevention of Drug Abuse as (WHO, 2003) reports.

In an initiative project by United Nations International Drug Control Programme and the World Health Organization aimed at preventing the use of psychoactive drugs among adults which comprised five sets of interrelated prevention activities based on
the mobilization of local communities, namely baseline assessment, training of local partners, public health interventions, monitoring of activities and post-prevention assessment, it was suggested that specific protection should involve some control over the advertising of alcohol and exert pressure on all involved in the promotion of these products. Promotion of social norms and control of alcohol advertisement should also be attended.

A study by Streeton and Whelan (2001) in Zambia, various programs that facilitate socio-economic development were designed. Many drug fighters recommended such measures as: increased youth educational employment, increasing drug-free recreational opportunities, mobilizing coordination of community groups within existing structures, educational campaigns for the prevention of drug abuse, and improving the infrastructure to control drug abuse in the adolescents to be implemented.

In Tanzania, such strategies as mobilizing communities against drug use, providing peer education to prevent drug use, providing education to enhance behavior change, strengthening existing networks of organizations that support youth-related activities and engaging in drug use prevention activities were initiated to reduce the availability of drugs according to (WHO, 2003) revelation.

In Kenya, the National Campaign against Drug Abuse Authority (NACADA) was founded in 2001 to campaign against drug abuse among the youths who are
vulnerable in the society. The union, NACADA came into being through the establishment of the Office of the National Coordinator for the Campaign against Drug Abuse. The duties of NACADA Authority include one, to coordinate the activities of individuals and organizations relevant to the campaign against drug and substance abuse. The initiative aimed to initiate, promote and sustain public education against drug and substance abuse. Moreover, it was formed to develop inaction plan to curb drug and substance abuse in schools and other institutions of learning. For this to develop an action plan to curb drug and substance abuse among the youth. The foundation was hinged to initiate rehabilitation programs for drug dependents.

Despite the measures stipulated in the literature, alcohol and drug use amongst parents of pre-school children continued to persist and negatively hindered their participation in their children’s education in most parts of Kenya (NACADA, 2015). This study sought to establish the extent of use of alcohol and drug use among parents. The current study further sought to establish interventions when dealing with parents under alcohol and drug abuse.

2.6 Summary and Gaps

The literature review established that the problem of alcohol and drug use was common all over the world. From the review of enrolment, most of the information dwelt more on social cultural beliefs which affected enrollment rather than substance abuse from developed countries which have different academic system form the
Kenyan one. This necessitated the current study to find out the influence of parental alcohol and drug use on lower primary school pupil’s enrolment.

Literature present studies which focused on the influence of parental drug abuse on children’s participation in classroom. However, most studies were conducted in developed countries. This implied that few studies have been conducted in local settings of Kenya. The current study thus sought to bridge this gap by establishing the influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities. Despite the measures stipulated in the literature, drug use amongst parents of pre-school children continues to persist and negatively hinder their participation in their children’s education in most parts of Kenya. This study sought to establish the extent of use of alcohol and drug use among parents.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The chapter presents the research methodology, research design, target population, location of the study, sampling procedure and sample size. The chapter further presents research instruments, validity of instruments, reliability of instruments, data collection procedure and data analysis.

3.2 Research Design

The study used the mixed method research design which shows that it encompasses two methods such as qualitative and quantitative methods that complemented each other (Kothari, 2004). The use of quantitative and qualitative methods was appropriate because they provided a framework to analyze the data obtained from study, learn about similarities, differences, and trends and make predictions about the population being studied. It also allowed the researcher to gather information, summarize, present and interpret the findings without manipulating any study variables.

3.2.1 Variables of the Study

This section presents both independent and dependent variables as follows:

Independent variables: parental alcohol and drug use was the independent variables. This was measured by asking teachers to show the extent to which parents of children use drugs.
Dependent variable: children’s school participation (enrollment, attendance and learning performance) were the dependent variables.

Enrollment: It was determined through analyzing school admission registers.

Attendance: It was measured by analyzing attendance records on the class registers.

Learning performance: It was determined by finding out the extent to which pupils engaged in classroom during teaching and learning.

Based on how the influence of parental alcohol and drug use on pupils’ participation in school, a 5-Likert scale of was used to show the level of agreement with each item and scores were assimilated as 5=Strongly Agree (SA), 4=Agree (A), 3=Neutral, 2=Disagree (D), and 1=Strongly Disagree (SD).

3.3 Location of the Study

The study was carried out in Meru South Sub-county which is located in Tharaka Nithi County. Meru south sub county has five educational zones namely; Magumoni, Mugwe, Kithagani, Igambago’mbe and Karingani Zones. The study location was chosen because Gitari (2013) indicates that parental alcohol and substance use were responsible for the poor learning performance of their secondary school daughters, almost half (47.50%) of parents abused drugs. The vulnerability of early childhood learners due to their tender age as compared to older children in secondary school made it important to carry out the study to investigate the influence of parental alcohol and drug use on the learning of the said pupils. The current study was also
deemed fit because the existing records did not segregate the figures of parents who used alcohol and drugs from those who abused it.

3.4 Target Population
The study targeted a total of 320 class teachers in 52 public primary schools in Meru South Sub-County. Class teachers were selected because they had information of each pupil with regards to parents/guardians and their background at home.

3.5 Sampling Techniques and Sample Size
The sampling techniques and sample size of schools and participating teachers are described in this section.

3.5.1 Sampling Technique
Purposive sampling was done to select the study locale (see 3.2.2.) while stratified sampling was first used to categorize the schools in zones and thereafter, proportionate random sampling method was utilized to select standard three classrooms in public lower primary schools. Kothari (2004) insists that when the target population is small (less than 1000) like 52 in the current study, a maximum sample of 30% is adequate in educational research. Using proportionate random sampling, 16 schools representing 30% of the target population were selected. The use of proportionate random sampling was appropriate because it gave every school a chance to participate in the study. As for the class, teachers two of them per school were selected using purposive sampling method. However, where there were more
than two teachers in a school random sampling by rotary applied, ending up with 32 teachers from the 16 schools. Random sampling involved writing names of each member of the target population on pieces of papers and after shuffling them the researcher while blind folded picked out the desired sample like 16 for schools and two teachers per school.

3.5.2 Sample Size

The sample constituted 4 pre-primary schools in Magumoni zone, 4 in Karingani zone, 3 in Mariani zone, 2 in Igambang’ombe zone, and finally 3 in Mugwe-Kithangani zone, 3 out of 10 schools were selected. The sample of this study constituted a total of 32 teachers. Table 3.1 presents the study’s sample size.

<table>
<thead>
<tr>
<th>ZONES</th>
<th>Targeted No. of Schools</th>
<th>Schools’ Sample (30%)</th>
<th>Teachers’ Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magumoni</td>
<td>13</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Karingani</td>
<td>12</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Mariani</td>
<td>9</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Igambang’ombe</td>
<td>8</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Mugwe-Kithangani</td>
<td>10</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>16</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

Sixteen (30%) out of the 52 targeted lower primary schools and 2 teachers per the 16 sampled schools which translates to 32, formed the study’s sample size.
3.6 Research Instruments

The study used questionnaires to gather teachers’ viewpoints because it allowed collection of information in a reasonably short span of time and without external manipulation as (Kothari, 2004) recommends. The questionnaires consisted of both closed-ended and open-ended questions. Four-point likert scale type of closed ended questions and open ended question were used. The questionnaire had four parts: 1, 2, 3 and 4. Part 1 gathered teachers’ bio-data. Part 2 solicited information relating to prevalence of parental and drug use. Part 3 focused on influence of parental and drug use on children’s school enrolment, attendance and participation in learning activities while part 4 contained the strategies that could be put in place to help drug abusive parents, their children and families in general (See Appendix II).

3.7 Piloting

Before the actual study, the data collection instruments were pre-tested to determine their relevance in four public primary schools from Meru south Sub County within a span of a week. The selected schools were not to participate in the actual study so as to guard against familiarity of participants to the study items.

3.7.1 Validity

To test the instrument’s validity, a pilot study was carried out and in addition, content in the research items were constructed strictly based on the study objectives. Content and construct validity was achieved by use of non-statistical approaches including supervisor’s review and pilot testing. Therefore, the validity of the
instruments was established by submitting the instruments to the supervisor and the suggestions of the supervisor were incorporated in construction of the final research instruments. Unclear questions, or amendments that could have been forgotten or left out in structuring of the questions were detected and the tool revised in preparation for the main study thus improve the construct validity.

3.7.2 Reliability
Reliability was ensured by subjecting the instruments to the test retest technique whereby they were administered twice within a period gap of two weeks. Subsequently, scores of the first test and the second test were recorded. The results from the two tests were then correlated using Spearman’s correlation test at a coefficient (rho) of 0.7. Mugenda and Mugenda (2003) explain that a coefficient of 0.7 or above is acceptable for study, hence the instruments were deemed reliable.

3.8 Data Collection
The researcher distributed the self-administered questionnaires to teachers personally and also made clarifications where need arose. After two weeks, the researcher went back to collect the questionnaires from all the 32 standard three teachers in public primary schools in Meru South sub-county.

3.9 Data Analysis
The data were edited, coded and classified in readiness for analysis using appropriate methods. Qualitative data were analyzed thematically according to the study
objectives and presented in narrative manner. Quantitative data on the other hand was analyzed by use of descriptive statistics namely frequency counts, means and percentages with the help of the Statistical Package for Social Sciences (SPSS). The results of the analyzed data have been presented using tables, pie charts, histogram and bar graphs. Qualitative data were organized using relevant themes, presented using direct quotes and discussed as per the research objectives.

3.10 Logistical and Ethical Considerations

The following logistical and Ethical considerations were made.

3.10.1 Logistical Considerations

The researcher first sought clearance from Kenyatta University, which was taken to NACOSTI seeking permission in form of a research permit to allow the researcher to proceed with the study. The researcher also sought permission from the Meru South Sub-count Education office. Thereafter, the researcher proceeded to the schools to seek clearance from heads of schools so as to be allowed to engage the teachers in the study.

3.10.2 Ethical Considerations

Confidentiality and anonymity of the research participants as David and Sutton (2004); Urombo 2000; Makore- Rukuni (2001) indicate was ensured by reassuring the respondents did not write their names on the questionnaires. They were also assured that information that they shared with the researcher was highly safeguarded using a password.
CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS

4.1. Introduction

The purpose of the study was to establish the influence of parents’ alcohol and drug use on school participation of lower-primary schools pupils in Meru South Sub-County, Kenya as characterized by enrolment, attendance, learning and intervention measures. The findings are presented starting with data on teachers’ response rate, their demographic information followed by the main findings per the four study objectives.

i. To find out the prevalence of alcohol and drug abuse among parents of lower primary school pupils in Meru South Sub-county of Tharaka-Nithi County, Kenya.

ii. To find out teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s enrolment.

iii. To determine teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s attendance.

iv. To establish teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities.

v. To establish teachers’ perception on measures that can enhance school participation of pupils born of alcohol and drug abusive parents in lower primary school.
The first section regarding objective one of the study, presents the findings on the influence of parental alcohol and drug use on lower primary school pupil’s enrolment. The second section presents findings on parental alcohol and drug use on lower primary school pupils’ school attendance. The third section presents findings on the influence of parental alcohol and drug use on lower primary school pupils’ performance in learning activities. Lastly the study sought to make suggestions on intervention measures to help pupils of alcohol and drug abusive parents in lower primary school based on information obtained from study participants.

4.1.1 Questionnaire Response Rate

Questionnaire return rate is the proportion of the sample that participated as intended in all the research procedures. In this study out of 32 teachers sampled, 31 (97%) returned the questionnaires (see figure 4.1).

![Figure 4.1: Response Rate](image-url)
From the study findings the results translated to a sum aggregate of 97% response rate. This is in line with the findings of Cooper and Schindler (2010) who asserted that a response rate of at least 70% is adequate for a social scientific study. Mugenda and Mugenda (2003) also concur that a response rate of 50% is adequate for analysis and reporting, that of 60% good while that of 70% and above is very good. This implied that the response rate of 97% was very adequate for reporting in this study. According to Mugenda and Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a response rate of 60% is good and that of 70% and above is very good. This implied that the response rate of 97% was adequate for reporting in this study. The one (1) teacher respondent who did not participate in the study was not available at the time of data collection.

4.2 Demographic Characteristics of Respondents

The demographic characteristics that were considered in this section included gender, age and the level of education of the participants. This gave a deeper insight on understanding the relationship between the variables under study.

4.2.1 Teachers’ Gender

Gender of participants referred to socially constructed roles, behavior, activities and attributes that specific societies consider appropriate for men and women. The researcher felt that it was necessary to determine the gender parity among lower primary school teachers of standard three in order to appreciate the gender diversity of teachers within Meru South Sub-County and most importantly, the influence of
parents’ alcohol and drug use on school participation of lower-primary schools pupils in Meru South Sub-County. For this reason, teachers were asked to indicate their gender. Their responses were as summarized in Figure 4.2.

![Chart: Gender of Teachers]

**Figure 4.2: Gender of Teachers**

Out of the 31 teachers who participated in the study, 12 (38%) were male while 19 (62%) were female. The findings thus indicate that there were more female teachers than male. This therefore implies that the dream of gender parity (equal number of male and female teachers) is yet to be achieved in Meru South sub-County. However, it provided a good opportunity to enhance involvement of both gender ensuring diversity.
4.2.2 Teachers’ Age

The researcher asked respondents about their ages because this could determine their experience, commitment and level of responsibility. In view of this, respondents were asked to state their ages and the results were as presented in the Figure 4.3.

![Figure 4.3: Distribution of Respondents by Age](image)

As figure 4.3 shows, majority of teachers were between the ages 36 to 45 representing 32%. This age group was followed closely by those between 46-55 years representing 26%, while those above 56 years were at 19%. Those between 26-35 years were minimal at 17%, while those below 25 years were at 6%. The data shows that the majority of the teachers were relatively old which supposes that they had been teaching for a long time and were likely to be familiar with parents of children in their community under the influence parents’ alcohol and drug use and
could thus assist in providing information about them as concerns influence of their behavior on standard 3 pupils participation in schools in Meru South Sub-county.

### 4.2.3 Teachers’ Academic Qualifications

The study sought to establish the distribution of respondents by academic qualification. The researcher was interested in this information because academic qualification translate to teachers’ ability to know the effects of parents’ alcohol and drug use on school participation of standard 3 pupils in their lower-primary schools. Their responses in view of the status of their academic qualifications are as illustrated in Table 4.1.

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Frequency</th>
<th>Percentages%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>12</td>
<td>39%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>PhD</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Approved status</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>P1 Teacher</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The study results show that 16% of teachers had diploma certificates, while 39% had bachelor’s degree. A substantial number of them had masters’ degree representing 23%, while only 3% had reached the PhD level of education. On the other hand 13% were PI approved teachers, while only 6% were under Approved Status. Results also
indicate that teachers were striving for higher academic qualification evidenced by the presence of 5 (6%) and 12 (39%) teachers with Diploma and Degree academic qualifications respectively. This could be attributed to the fact that the current policy of Teachers Service Commission (TSC) on promotion of teachers is pegged on academic qualification and not merit only. Most teachers therefore repackaged themselves for promotion by striving to further their education, an aspect that explained why majority of teachers representing 78% had diploma, bachelors and master degree academic qualifications. Teachers need various skills in order to cope with the demands of their school management and job tasks. Such skills can be attained through formal training and this makes them better placed in matters of education like current study that required them to share with researcher on the issue of parents’ alcohol and drug use and its influence on school participation of lower-primary schools pupils in Meru South Sub-County

4.2.4 Teaching Experience of Teachers

Respondents were asked to indicate how long they had taught in schools. The results are presented in Table 4.2.
Table 4.2 Distribution of Respondents by Teaching Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 5 years</td>
<td>15</td>
<td>49%</td>
</tr>
<tr>
<td>6 – 10 years</td>
<td>9</td>
<td>30%</td>
</tr>
<tr>
<td>11 – 15 years</td>
<td>4</td>
<td>12%</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The study established that most of the teacher respondents (49%) had been teaching for less than 5 years. The results show that 30% of the teacher respondents have been teaching in their current schools for between 6 and 10 years. On the other hand 12% had been in the same station for between 11-15 years, while another 9% had been in the same schools for over 15 years. This could be interpreted to mean that most of the teachers have been in their current institutions long enough to understand the problems of parents’ alcohol and drug use and how it could influence school participation of lower-primary schools pupils in Meru South Sub-County.

The next section sought to establish how parents’ alcoholism and drug use influenced children’s school participation in terms of enrollment, attendance and learning in Meru South Sub County. Results on influence of parental alcohol and drug use on the participation of their children in school commence with scrutiny on enrolment.
4.3 Prevalence Alcohol and Drug Abuse among Parents of Lower Primary Pupils

The first study objective was to find out the prevalence of alcohol and drug abuse among parents of lower primary school pupils in Meru South Sub-county of Tharaka-Nithi County. The participating teachers were therefore asked to state whether or not they had any alcohol and drug abusing parents in your school. The responses were derived from a two-point rating scale whereby Yes was assigned 1 point and No, 2 points. From the findings, all the 32 teacher participants revealed that they had alcohol and drug abusing parents in their schools.

Thereafter, the teachers were asked to indicate to what extent they could say parents of children their preschool abused drugs based on a 3-point likert scale. They were to do so according to accounts they gathered from possible complaints they received from the children of drug abusing parents. Very great extent was assigned 4 points, great extent three points, and little extent 1 point. The results are as presented in Figure 4.4.
From the findings in the Figure 4.4 above it was evident that more than half (58.06%) of teachers felt that parents of the pupils in lower primary school frequently used drugs and alcohol. This is in agreement with NACADA (2010) drug abuse has tremendously increased across all parts of the country, in which. To do so bigger proportion are parents.
4.4 Teachers’ Perceptions on Influence of Parents’ Alcohol and Drug Use on their Children’s School Participation

The participation parameters examined in this study were in terms of: school pupil’s enrolment, attendance and classroom learning activities discussed in subsections 4.4.1 – 4.4.4, covering objective 2, 3 and 4.

4.4.1 Participation of Pupils in Enrolment into Lower Primary School

The second objective of the study sought to find out teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s enrolment. To establish information regarding the influence of alcohol and drug use by parents on the school participation of their children as per objective number one, the teachers were given a list of items in a table and were required to rate their agreement levels of questions provided. The items were based on a five-point Likert scale ranging from strongly agree to strongly disagree. The frequencies and mean are presented in Table 4.3.
Table 4.3: Rating on Influence of Substance Use on Enrolment

<table>
<thead>
<tr>
<th>A. Enrollment</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children of alcohol and drug abusive parents enroll to school at the recommended age</td>
<td>3(10%)</td>
<td>5(16%)</td>
<td>12(39%)</td>
<td>11(35%)</td>
</tr>
<tr>
<td>Schools in locations where alcohol and drug use is rampant have low enrollment of pupils</td>
<td>14(45)</td>
<td>11(35)</td>
<td>4(13%)</td>
<td>2(7%)</td>
</tr>
<tr>
<td>Children whose parents use alcohol and drugs enroll to school very late in terms of age</td>
<td>15(48)</td>
<td>9(30%)</td>
<td>3(8%)</td>
<td>4(14%)</td>
</tr>
<tr>
<td>Alcohol and drug abusive parents are less concerned with their children’s enrollment to schools</td>
<td>13(42)</td>
<td>14(45)</td>
<td>3(10%)</td>
<td>1(3%)</td>
</tr>
<tr>
<td>In general, parental alcohol and drug use negatively affects the enrollment of their children in school</td>
<td>14(45)</td>
<td>12(40)</td>
<td>3(8%)</td>
<td>2(7%)</td>
</tr>
</tbody>
</table>

The analysis on Table 4.3 shows that majority of teacher respondents seemed to strongly agree that parental alcohol and drug use had influence on children’s enrollment. According to the teachers, children of alcohol and drug abusing parents did not seem to enroll to school at the recommended age with 39% confirming so by disagreeing and another 35% who strongly disagreed both representing 74%. This shows that parents who used alcohol and drug were not keen on their children’s holistic development, and they would enroll their children to school whenever they chose disregarding the recommended age by the Ministry of Education.
With regard to whether schools in the locations where alcohol and drug abuse were rampant had low enrollment of pupils compared to none abusing locations, 45% of them strongly agreed while another 35% agreed with the statement. The finding concurs with Masinye (2013) who observed that drug abuse and alcoholism in a family creates a trend in families where the alcoholic and drug user’s family is viewed as unreliable in supporting their children to participate optimally in school in comparison with their counterparts in non-abusing families.

On the statement that children whose parents abused alcohol and drugs enrolled to school very late in comparison to children where parents did not, 48% of teachers strongly agreed and another 30% also agreed. Which shows that many of those children in alcohol and drug abusive families experienced problems which translated into difficulty in school participation. The study further observes that, children in families of addiction to a large extent risks to face a physical and emotional neglect and abuse which affects enrollment. These findings are supported by those of Calloun et al. (2015) in an empirical study which revealed exposure of exposure of children to alcohol leads to delayed enrollment among the children as a result of alcohol-related difficulties developed by children in families where both parents abuse drugs.

In the other statement that, alcohol and drug abusive parents were less concerned with their children’s enrollment to schools 42% strongly agreed while another 45% also agreed. Mattson, Schoenfield and Riley (2001) backs this information by
arguing that low IQ scores was influenced by parents addiction and in some ways delayed the time at which a child was ready to enroll in school.

The study in general established that the enrollment of their children in school was to a high extent affected by parental alcohol and drug abuse, with 45% strongly in agreement and another 40% also in agreement. A high risk of academic failure was noted amongst children from families in which both parents reported alcoholism or at least one parent reported significant antisocial behaviour and alcoholism. In a similar finding of McNichol and Tash (2001), the frequency of parents’ not checking homework was associated with greater drinking among pupils from parent or families with alcohol or drug related dependence. In contrast, this was opposite where parents did not abuse alcohol or drugs because to a great extent they closely monitored, supervised and helped their children with homework and school related activities.

The respondents were further requested to include other factors not mentioned and could influence enrollment of children in the respective schools. The intensity of parents’ substance misuse by length of time was established to have a direct influences and impacted children and families negatively. Also parental misuse of substance was destructive to existence of family relationships and influenced school enrolment. Children’s family members characterised by substance abuse were most of the time seen as having impulsive behaviour and at times they ended up influencing them not to go to school. In many a times these children seemed to take
over the role of parenting because the parents could not be trusted on these duties or responsibilities. It was also established that alcohol and drug over dependence was attributed to both environmental and genetic factors. As a result siblings of addicted parents showed the highest group of persons that may be at risk of becoming alcohol and drug users in future as Bandura (177) reveals, through modelling what they lived through. Worse still adopted children into the drug and alcohol addicted homes were also at a high risk as Muluka (2006) observed.

From the foregoing, there may thus arise a need to secure the environment that these children live in as (Finkenauer & Hawk, 2011) observed because all that surrounds them is quite chaotic and rough. During the study, attempts were made to find out whether or not, such incidents occurred in the schools where the study was conducted.

4.4.2 Participation of Pupils in Attendance into Lower Primary School
The third study objective was to determine teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s attendance. To establish this fact, the teachers sampled were given a list of items on a table regarding the influence of drug and substance-use of parents on their children’s school attendance in Meru South. They were specifically required to rate their agreement levels with the items, based on a five-point Likert scale ranging from strongly agree to strongly disagree. The frequencies and means obtained are presented in Table 4.4.
In Table 4.4, it can be seen that children of alcohol and drug abusing parents failed to attend school regularly with 39% of teachers strongly agreeing to this statement while another 35% also agreed. On the other hand 29% strongly agreed and another 32% agreed that children of alcohol and drug abusive parents were always late to school. However, on the same note 23% disagreed and another 16% strongly disagreed. In relation to the statement that, children of alcohol and drug abusive parents usually experienced domestic squabbles which had effect on their attending school late, 35% strongly agreed that this was the case, and another 32% agreed. Domestic squabbles also contributed to children’s irregular school attendance with 39% teachers strongly agreeing to this statement and another 35% agreeing so. Thus 74% teachers showed that there was high rate of irregular school attendance in the area.
Table 4.4: Rating on Influence of substance Use on attendance

<table>
<thead>
<tr>
<th>Alcohol and Attendance</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children of alcohol and drug abusive parents fail to attend school regularly</td>
<td>12(39%)</td>
<td>11(35%)</td>
<td>5(16%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents are always late to school</td>
<td>9(29%)</td>
<td>10(32%)</td>
<td>7(23%)</td>
<td>5(16%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents usually experience domestic squabbles which contribute to their attending school late</td>
<td>11(35%)</td>
<td>10(32%)</td>
<td>6(19%)</td>
<td>4(14%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents usually experience domestic squabbles which contribute to their irregular school attendance</td>
<td>12(39%)</td>
<td>11(35%)</td>
<td>5(16%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Alcohol and drug abusive parents are usually unconcerned with the school attendance of their children</td>
<td>10(32%)</td>
<td>10(32%)</td>
<td>7(22%)</td>
<td>4(14%)</td>
</tr>
<tr>
<td>Alcohol and drug abusive parents rarely attend the school parent meetings</td>
<td>8(26%)</td>
<td>9(29%)</td>
<td>8(26%)</td>
<td>6(19%)</td>
</tr>
<tr>
<td>Parental alcohol and drug use negatively affects their children’s school attendance in general</td>
<td>14(45%)</td>
<td>12(38%)</td>
<td>3(10%)</td>
<td>2(7%)</td>
</tr>
</tbody>
</table>

The findings of the current study agree with those of Johnson (2009) which indicated that children nurtured in prolonged domestic use were highly vulnerable to developing long-term psychological problems due to exposure to abuses both physical and psychological from their abusive parents and also lacked security and protection. The children also faced school based violence and criminal victimization.
With regard to the statement that alcohol and drug abusive parents were usually unconcerned with the school attendance of their children, 32% of teacher respondents strongly agreed to this detail and another 32%, agreed. This translated to a high representation of 64%. This shows that most parents abusing alcohol and drugs were unconcerned about their children’s school attendance but were more concerned with where to get the alcohol or drugs rather than their children’s education. In relation to the above finding, Blackson et al., (2004) argue that the ability of a child to be in school always forms an integral part of the child’s success academically based on school attendance.

On whether or not alcohol and drug abusing parents attended school parent meetings, the findings established that 26% teacher respondents strongly agreed the said parents rarely attended meetings and another 29% also agreed. On the other hand another 26% disagreed with the statement.

The study also established that parental alcohol and drug abuse negatively affected their children’s school attendance in general with 45% strongly agreeing to this statement and another 38% agreed, both responses representing 83% which showed that the problem of alcohol and drug use by parents was real and thriving in the area and was in every way influencing children school attendance in Meru South Sub-County. This is supported by Best and Khan (2008) that connection between after school programs and school time may transform into transportable strategies for school managers for bettering students’ performance and attendance.
The study findings also correspond to Asani (2005) who observed that “the children who hailed from families subjected to use of drugs were different from their fellow none vulnerable children in school attendance. Asani further argues and advices that the vital information obtained regarding parental alcohol and drug abuse should consequently be viewed as part of a school’s overall responsibilities to ensure that children’s school participation in terms of attendance is attained. Most importantly, emphasis should be shown on the implications for personnel training, evaluation and case management procedures to usher more light on the class attendance of the concerned children.

The respondents further reported that socially, alcohol and drug abusing parents led to break-up of families and children found themselves out of school because all recourses were spent on alcohol consumption. They also pointed out that heavy drinking led to lack of attention to basic hygiene by alcohol and drug abusing parents as well as children. The teachers also shared that there was general complaint by female parents that each and every day their husbands who spend most of the time at drinking sprees thus not providing for their families which also affected school attendance of the children. In economic terms, alcohol is a major contributor to impoverishing its victims and crimpling their abilities to provide for their dependents, for instance, paying school fees for children’s education and associated costs leading to students not attending school. At the same time, it drained financial resources and destroyed human resources which could have been directed to social and economic development of the family. Parental alcoholism and drug use also
disrupted social structures through misery, crime and violence which affected the children in many ways. These findings correspond with those of Gupta (2008) who noted that deprived children as regards food were malnourished and also poor in fighting diseases as they were more likely to become sick, miss school, fail to participate in learning activities and fall behind in class. The benefits of a parent’s provision of nutrition to children have a direct influence on learning in that a more developed brain accommodates more knowledge and is capable of higher as well as more complex functions.

4.4.3 Participation of Pupils in Lower Primary School Classroom Learning Activities

The fourth study objective sought to establish teachers’ perception on influence of parental alcohol and drug use on lower primary school pupil’s classroom learning activities. To find out this information, the teachers were given a list of items in a table regarding the parental alcohol and drug use on children learning. They were required to rate their agreement levels with the items on a five-point Likert scale ranging from strongly agree to strongly disagree. The frequencies and mean are presented in Table 4.5.
Table 4.5: Rating on Influence of substance Use on Learning

<table>
<thead>
<tr>
<th>C. Learning</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most children of alcohol and drug abusive parents are not attentive in class</td>
<td>10 (32%)</td>
<td>11(35%)</td>
<td>6(20%)</td>
<td>4(13%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents have problems in participating in class discussions</td>
<td>12(39%)</td>
<td>10(32%)</td>
<td>5(16%)</td>
<td>4(13%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents hardly do their homework</td>
<td>9(29%)</td>
<td>10(32%)</td>
<td>7(23%)</td>
<td>5(16%)</td>
</tr>
<tr>
<td>Children victims of alcohol and drug use usually in-disciplined in class.</td>
<td>11(35%)</td>
<td>9(29%)</td>
<td>8(26%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents usually lack basic requirements to support their learning</td>
<td>14(45%)</td>
<td>10(32%)</td>
<td>4(13%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Children of alcohol and drug abusive parents always want to stay at school to avoid the situation at home</td>
<td>12(39%)</td>
<td>11(35%)</td>
<td>5(16%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Alcohol and drug abusive parents would rather spend money on alcohol and drugs rather than on the required materials to support their children’s learning</td>
<td>11(35%)</td>
<td>10(32%)</td>
<td>6(20%)</td>
<td>4(13%)</td>
</tr>
<tr>
<td>Alcohol and drug abusive parents are usually unconcerned about their children doing homework</td>
<td>13(42%)</td>
<td>11(35%)</td>
<td>4(13%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Parental alcohol and drug use negatively affects learning participation among their children in school</td>
<td>15(48%)</td>
<td>10(32%)</td>
<td>4(13%)</td>
<td>2(7%)</td>
</tr>
</tbody>
</table>

From Table 4.5, it can be seen that children of alcohol and drug abusive parents were not attentive in class where 32 % of respondents teachers strongly agreed and
another 35% also agreed both representing 67% of the respondents. On the same note children of alcohol and drug abusive parents had problems in participating in class discussions with 39% of teachers strongly agreed and another 32% also agreed, both representing 71%.

This showed that parental alcoholism and drug abusing had direct effect on children learning in schools in Meru South. The findings concurs with the findings by Garland (2009) who found out that children from alcohol and drug abusing parents, who missed breakfast and were subjected to a test on speed and accuracy of response on problem solving tasks, had an adverse influence on their performance on the tests.

The study also established that children of alcohol and drug abusive parents hardly did their homework with 29% strongly agreed and 32% also agreed. On the other hand children victims of alcohol and drug use were established to be in-disciplined in class with 35% of respondents strongly agreed and another 29% also agreed, both representing 64%. The study showed that children from alcohol and drug abusing parents did not normally do homework and they were in-disciplined in class work. Brown, Herjanic and Wheatt (2005) also observed that children from alcohol and drug abusing parents may show less serious behaviour problems like talking back, failure to follow directions and adamant to comply.
It was established that children of alcohol and drug abusing parents usually lack basic requirements to support their learning with 45% in support and another 32% agreed, both representing 77%. On the other hand 39% of the respondents strongly agreed that children of alcohol and drug abusing parents always want to stay at school to avoid the situation at home where another 35% of the respondents also agreed both representing 74%. The children in this families live in constant fear because of substance abusing parent. The children may develop hyperactivity, anxiety and might experience learning disabilities as (Schumacher et al, 2011) observed.

The study established that alcohol and drug abusing parents would rather spend money on alcohol and drugs rather than on the required materials to support their children’s learning. The factor was supported 35% of the respondents who stated that they strongly agreed and another 32% also agreed with the statement. Also alcohol and drug abusing parents were usually unconcerned about their children doing homework where 42% strongly agreed and another 35% also agreed. Parental alcohol and drug use negatively affects learning participation among their children in school in the area where 48% strongly agreed and another 32% also agreed.

The teachers were also asked to provide any other influence of parental alcohol and drug use on the participation of their children in learning, that were not mentioned in the questionnaire. Some noted that because of early exposure to the adversity of a parent who used alcohol and drug, children developed tools to respond to extreme
stress, disruption, and change, including mature judgment, capacity to tolerate ambiguity, autonomy, willingness to shoulder responsibility, and moral certitude which in effect affect the children’s learning.

In addition, children of alcohol and drug abusive parents were sometimes confused because they cannot figure out the boundaries of right and wrong. As a result, they may behave badly in the hope of getting their parents to set clearly defined boundaries. Without known limits, children cannot predict parental responses and adjust their behavior accordingly. This is normally replicated in schools and class work and affects learning activities. Earls, Reich, Jung and Goninger (2008) denotes that, children members of families characterised by substance abuse are most of the time did things for themselves because they had not well established structure or routine at their home. When they decide to act or do something or require something they wholly do it single handed on their own, whether right or wrong or on good time or not whether right or wrong or on good time or not.

4.4 Teachers’ Perception on Measures that can Enhance School Participation of Lower Primary School Pupils

In the last objective the aim was to establish teachers’ perception on intervention that could promote school participation of pupils sired by alcohol and drug abusive parents in lower primary schools in Tharaka-Nithi County. To get the thoughts of the teachers, they were required to indicate their thoughts as to the intervention measures that could enhance school participation of pupils from a list of items given in a table. Specifically, they were to rate their agreement levels based on a five-point Likert
scale ranging from Strongly Agree (SA) which was awarded 4 points, Agree (A) was assigned 3 points, Disagree (D), two points and Strongly Disagree (SD), one point. The frequencies and mean are presented in table 4.6

<table>
<thead>
<tr>
<th>Interventions</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and counseling of children of alcohol and drug abusive parents can help them cope with their difficult circumstances at school and home</td>
<td>14(45%)</td>
<td>12(39%)</td>
<td>3(10%)</td>
<td>2(6%)</td>
</tr>
<tr>
<td>Guidance and counseling of children of alcohol and drug abusive parents can help them improve in their learning</td>
<td>13(42%)</td>
<td>11(35%)</td>
<td>4(13%)</td>
<td>3(10%)</td>
</tr>
<tr>
<td>Guidance and counseling programmes for alcohol and drug abusive parents may help them recover from their addiction and enhance their involvement in school activities</td>
<td>12(39%)</td>
<td>12(39%)</td>
<td>5(16%)</td>
<td>2(6%)</td>
</tr>
<tr>
<td>Isolating children from alcohol and drug abusive parents can shield them from much harm Recuperate</td>
<td>11(35%)</td>
<td>9(29%)</td>
<td>7(23%)</td>
<td>4(13%)</td>
</tr>
<tr>
<td>Rehabilitating of alcohol and drug abusive parents is meant for restoration, can help them learn self-care strategies and skill building activities they can use to support their families</td>
<td>9(29%)</td>
<td>8(26%)</td>
<td>7(23%)</td>
<td>7(23%)</td>
</tr>
<tr>
<td>Parental education can help targeted alcohol and drug abusive ones to</td>
<td>8(26%)</td>
<td>10(32%)</td>
<td>6(19%)</td>
<td>7(23%)</td>
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</tbody>
</table>
support their children in doing homework

Parental education can enhance the parenting styles and life style of alcohol and drug abusive parents

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<tr>
<th></th>
<th>11(35%)</th>
<th>13(42%)</th>
<th>3(10%)</th>
<th>4(13%)</th>
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</thead>
</table>

Programmes in self-care strategies and skill building activities can empower alcohol and drug abusive parents to nature their children’s holistic growth and development

<table>
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<th>14(45%)</th>
<th>11(35%)</th>
<th>4(14%)</th>
<th>2(6%)</th>
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</table>

Seminars on community awareness on influence and effects of alcohol and drug use on children’s school participation can empower all community members on ways they can support addicted parents and their families

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<th>12(39%)</th>
<th>13(42%)</th>
<th>5(16%)</th>
<th>1(3%)</th>
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</thead>
</table>

The study established that children of alcohol and drug abusive parents through guidance and counseling can help them cope with the difficult circumstances experienced both in school and at home with 45% strongly agreed and another 39% also agreed. Also guidance and counseling of children of alcohol and drug abusive parents was established to be of help in improving on the school participation where 42% strongly agreed and 35% also agreed both responses’ representing 77%. It was also established that guidance and counseling programmes targeting alcohol and drug abusing parents can help the addicts recover from their addiction and enhance their participation in school activities where 78% strongly agreed.
Based on the results of the survey up to this point, it is clear that guidance and counseling is perceived to be the best method for addressing drug use among school youth. It can be argued that this could most likely be attributed to the general understanding that the students are assured of privacy in this context which makes it easy for them to open up and share their problems. It might also suggest that students do not know of other methods which the schools can use to curb drug use. This could be interpreted as suggesting that there is need to expose the students to more effective awareness programmes to avoid risky behaviours that can expose them to drug use. Since pupils spend most of their time within the school, it was necessary to find out who should be approached when students with drug related problems need support.

The study also established that isolating children from alcohol and drug abusive parents can shield the children from much harm both at home and school with 35% of respondent strongly agreed and another 29% also agreed both representing 64%. Isolation of alcohol and drug abusive parents in Rehabilitation Centers can help them learn self-care strategies and skill building activities they can use to support their families and 29% strongly agreed and another 26% also agreed both representing 55%.

Parental education can help targeted alcohol and drug abusing parents to support their children in doing homework at home where 26% of the respondents strongly agreed and another 32% also agreed both representing 58% of the respondents. Also
parental education was established to enhance the parenting styles and life style of alcohol and drug abusive parents with 35% strongly agreed and another 42% agreed, both represented 77% of the respondents.

Also the study established that programmes in self-care strategies and skill building activities can empower alcohol and drug abusive parents to nature their children’s holistic growth and development where 80% of respondents strongly agreed. On the other hand 81% of respondents strongly agreed that seminars on community awareness on influence and effects of alcohol and drug use on children’s school participation can empower all community members on ways they can offer support to the addicted parents and their families.

The current study agrees with Moss and Billings (2004) who argues that children hailing from vulnerable families need some assistance from everybody and most so from school staff entrusted with extracurricular activities who are endowed with golden opportunities capable of aiding in primary relationships for children emanating from addicted parents. These students can reap numerous benefits from extracurricular activities for example establishment and maintenance of peer relationships.

Teacher respondents were also required to provide any other forms of intervention strategies not in the questionnaire. According to them, prevention programs are most effective when they employ interactive techniques, such as peer discussion groups.
and parent role-playing, that allow for active involvement in learning about drug use and reinforcing skills. Moreover, prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques may help to foster students’ positive behavior, achievement, academic motivation, and school bonding.

Further, prevention programs aimed at general populations at key transition points, such as the transition to lower school, could produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community. In addition, community prevention programs that combine two or more effective programs, such as family-based and school-based programs, could be more effective than a single program alone.

These findings are in line with Reid et.al. (1999) that what children from such families require is the correct informative knowledge of about alcohol, other drugs and alcoholism as a disease. Moreover, young children can make better sense of what is happening at home by learning about denial, blackouts and relapse at recovery. They may learn not to blame and become contented because they cannot make better of some situations ushering them with such crucial facts in the appropriated age since they do not risk being overwhelmed, burdened or even confused.
These findings concur with Reid, Macchetto & Foster (1999) who found that the educator can train children on how to identify and express their feelings in healthy ways, especially by finding safe people whom they could trust. Barnes and Windle (2007) argue that young children can learn to respect and love themselves through encounters in which they can succeed and flourish. Research on resilience by Mattson (2001) confirmed the value of skill-building activities for children living with adversities.

Further, it is important to make the parents aware of how important their involvement is in their children’s education. Copello et al, (2005) affirms that participation of parents towards realization of their children’s education is something that all governments wish to attain and hence it is worth considering methods to enhance their participation in education matters of their children.

Streeton and Whelan (2001) recommended such measures as: increased youth educational employment, increasing drug-free recreational opportunities, mobilizing coordination of community groups within existing structures, educational campaigns for the prevention of drug use, and improving the infrastructure to control drug use in the adolescents to be implemented in Zambia. In addition, mobilizing communities against drug use, providing peer education to prevent drug use, providing education to enhance behavior change, strengthening existing networks of organizations that support youth-related activities and engaging in drug use prevention activities were initiated in Tanga Tanzania Miruka (2006) and (WHO,
to reduce the availability of drugs. The next chapter presents the summary, conclusions and recommendations deemed important to the study.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter therefore presents the summary of findings, conclusions and recommendations of the study.

5.2. Summary of Major Findings

Based on the results of this study, the following summary can be drawn from the findings:

The results showed that parental alcohol and drug use was real with a good number indicating so at different levels. Moreover, the perception of the participating teachers indicated that it influenced children’s enrollment in the study area. The affected children did not seem to enroll into school at the right age, which showed that parents who abused alcohol and drug were not keen on their children’s holistic growth and development as it appeared they would take their children to school when they wanted. Also, schools in the locations where alcohol and drug abuse was rampant had low enrollment rate of pupils compared to none abusing locations. Children whose parents abused alcohol and drugs enrolled to school very late in terms of age and also many of these children experienced problems which translated into difficulties in schooling. Alcohol and drug abusing parents were also less concerned with their children’s enrollment which negatively affected enrollment of their children in school. The intensity of substance misuse and the length of time by
parents was established to have a direct influence and impacted children’s school enrolment.

The results showed that children of alcohol and drug abusing parents failed to attend school regularly. Most of alcohol and drug abusing parents exposed their children to various forms of abuse and they lacked security and protection from parent. Children nurtured in such prolonged domestic abuse were highly vulnerable to developing long-term psychological difficulties which influenced their school attendance. Alcohol and drug abusive parents were usually unconcerned with their children’s school attendance. These parents also rarely attended school parent meetings. Moreover, most them appeared to be more concerned with where to get alcohol and/or drugs, rather than focus on their children’s education.

Sixty seven percent of the teacher respondents agreed that most children of alcohol and drug abusive parents were not attentive in class. These children also had problems with class discussions, hardly did their homework and were in-disciplined in class. They mostly had serious behavioural problem like talking back, failure to follow directions and adamant to comply. These children usually lacked basic requirements to support their learning, although most of them wanted to stay at school to avoid the situation at home. They also lived in constant fear which could lead to anxiety and learning difficulties.
The teachers stated that through the help of guidance and counseling children of alcohol and drug abusive parents may cope with the difficult circumstances experienced both in school and at home as well as improvement in school activities. Isolating children from alcohol and drug abusive parents could also shield the children from much harm. Rehabilitation Centers could help the affected parents to learn self-care strategies and skill building activities they could use to support their families.

As for parental education, it could can help targeted alcohol and drug abusing parents to support their children in doing homework at home and also enhance their parenting styles and life style. Prevention programs were established to be most effective when they employed interactive techniques and could foster students’ positive behaviors in academics.

5.3 Conclusions

Based on the study findings, the following conclusions were made:

i. The study concludes that parental alcohol and drug abuse existed in the sampled lower primary schools and was a threat to how well or not children participated in school related activities generally.

ii. Parental alcohol and drug use was influencing children’s enrollment in the sampled area. Specifically, the affected children seemed to enroll in school prematurely in terms of age, while others enrolled late which showed that parents who abused alcohol and drugs were not keen on their children development.
iii. Parental alcohol and drug abuse significantly influenced the extent to which pupils in lower primary schools in Meru South Sub-County. This is attributed to the fact that children exposed to alcohol are psychologically affected and hardly develop interest in going to school.

iv. The teachers also stated that most children of alcohol and drug abusive parents were not attentive in class and these children had problems in participating in class discussions which had direct influence on their learning. These children were in most cases in-disciplined, hardly did their homework, failed to follow instructions and were adamant to comply with regulations.

v. To assist children of alcohol and drug abusive parents cope with the difficult circumstances experienced both in school and at home, the study concluded that guidance and counseling programmes targeting their alcohol and drug abusing parents could help them recover from their addiction and enhance their participation in school activities. Seminars and community awareness on influence and effects of alcohol and drug abuse could equally empower all community members on ways they could offer support to the addicted parents and their families.

5.4 Recommendations of the Study

Based on the results of the research questions the following recommendations were made:
i. The government should consider developing a curriculum on effects of drug use in the core subjects. This will ensure that all students are informed about the dangers of drug abuse to enable them make informed choices.

ii. Seminars for community awareness on influence and effects of alcohol and drug abuse on children’s school participation should be encouraged.

iii. The local community need to support children and family through local focus groups to offer a safe environment and supportive care to children when parents are unable to due to alcohol and drug abuse.

iv. There is need for drug preventative education for young learners to keep off drugs.

v. Improved training is advocated for teachers and will enable them to respond more effectively to both the needs of the child and parents experiencing substance misuse problems.

5.5. Recommendations for Further Research

The researcher suggests that further research should be carried out on the following areas:-

i. Impact of parental drugs abuse on the prevalence of drug use by their children.

Such study will be important since children from alcohol and drug abusing parents could result into being addict themselves and by extension it is worth establishing the prevalence for counter measures.
ii. Impact of drug abuse on students’ performance in all public primary schools in Meru South Sub County. The study would be important to the policy makers and education stakeholders to come up with relevant mitigation measures.

iii. A similar study could be replicated in other counties to find out if the same results would be obtained. Such studies could give insight on measures undertaken from different areas on alcohol and drug abuse for comparativeness.
REFERENCES


Burke, S. (2006), Discusses the Impact on Children and the Effectiveness of Interventions Designed to Support Parents and Careers Managing Alcohol Misuse Within Families. *Department of Community Services, NSW.*


NACADA (2015) alcoholics makes beeline for rehab in Murang’a, retrieved from www.ipsos.co.ke


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Osthoff, S. (2002). *But, Gertrude, I beg to Differ, a hit is not a hit is not a hit*. Violence against Women, 8, 1521-1544.


Theresa I. M (2008). Alcoholism in Africa during the Late Twentieth Century: A Socio-Cultural Perspective International Journal of Business and Social Science Vol. 5 No. 2; February 2014


APPENDICES

APPENDIX I: INTRODUCTION LETTER TO RESPONDENTS

Dear Sir/Madam

RE: RESEARCH PROPOSAL ON TEACHERS’ PERCEPTIONS ON THE INFLUENCE OF PARENTAL ALCOHOL AND DRUG USE ON PUPILS ACADEMIC PERFORMANCE IN THARAKA-NITHI COUNTY

I am a student of Kenyatta University. The questionnaires attached have been designed to gather information on the topic shown above. This information will be used to complete a research project as a requirement for a Master’s degree in early childhood education of Kenyatta University. The information you provide will be treated with strict confidentiality. However, don’t indicate your name on the paper, but other details are very important as per this research work.

Please spare some of your time and fill in the attached questionnaires to the best of your knowledge. Please cooperate.

Yours faithfully,

Mutembei Rose Kanyua

Kenyatta University
APPENDIX II: QUESTIONNAIRE FOR TEACHERS

This questionnaire is intended to collect information regarding the implications of parental alcohol and drug abuse on pupil’s school participation in Meru South Sub-county, Tharaka Nithi County, Kenya. The questionnaire has four parts” 1, 2, 3 and 4. The information you give will be treated confidentially, and you are advised not to write your name or that of your school anywhere in the questionnaire. Please be as truthful as possible and respond to all relevant items.

School Code..........................................................  Form No............................................

Part 1: Demographic Information

Please tick inside the bracket your most preferred response.

1. What is your gender?
   Male    ( )
   Female  ( )

2. What is your age bracket?
   Under 25 yrs ( )
   26-35 yrs   ( )
   36-45 yrs   ( )
   46-55 yrs   ( )
   56+ yrs     ( )
3. Which of the following grades indicate your highest professional training?
   - Diploma (  )
   - Bachelor’s Degree (  )
   - Master’s Degree (  )
   - PhD (  )
   - Approved status (  )
   - PI (  )
   - Others, please specify.................................................................

4. What is your teaching experience in years?
   - Below 1 year (  )
   - 1 – 5 years (  )
   - 6 – 10 years (  )
   - 11+ years (  )

Part 2: Prevalence of Parental Alcohol and Drug Abuse

5. Would you say you have any drug abusing parents in your school?
   - Yes [  ]
   - No [  ]

6. On average, to what extent would you say parents of children in your preschool abuse drugs?
   - Very great extent [  ]
   - Great extent [  ]
   - Little extent [  ]
Part 3: Influence of Parental Alcohol and Drug Abuse on their Children’s School Participation

Below are some of the effects of the alcohol and drug abuse on the school enrollment, attendance and learning of their children. State the extent to which you agree or disagree with each statement by ticking in the box corresponding with your best opinion using: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD)

<table>
<thead>
<tr>
<th><strong>A. Enrollment</strong></th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
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<tbody>
<tr>
<td>i. Children of alcohol and drug abusive parents enroll to school at the recommended age</td>
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<tr>
<td>ii. Schools in locations where alcohol and drug abuse is rampant have low enrollment of pupils</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>iii. Children whose parents abuse alcohol and drugs enroll to school very late in terms of age</td>
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<tr>
<td>iv. Alcohol and drug abusive parents are less concerned with their children’s enrollment to schools</td>
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<tr>
<td>v. In general, parental alcohol and drug abuse negatively affects the enrollment of their children in school</td>
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<tr>
<td>vi. What other ways could parental alcohol and drug abuse that you might know influence the enrollment of children in your school, but not mentioned above?</td>
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### B. Attendance

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<th>SA</th>
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<tbody>
<tr>
<td>i.</td>
<td>Children of alcohol and drug abusive parents fail to attend school regularly</td>
<td></td>
<td></td>
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<td>ii.</td>
<td>Children of alcohol and drug abusive parents are always late to school</td>
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<td>iii.</td>
<td>Children of alcohol and drug abusive parents usually experience domestic squabbles which contribute to their attending school late</td>
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<tr>
<td>iv.</td>
<td>Children of alcohol and drug abusive parents usually experience domestic squabbles which contribute to their irregular school attendance</td>
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<tr>
<td>v.</td>
<td>Alcohol and drug abusive parents are usually unconcerned with the school attendance of their children</td>
<td></td>
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<td>vi.</td>
<td>Alcohol and drug abusive parents rarely attend the school parent meetings</td>
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<tr>
<td>vii</td>
<td>Parental alcohol and drug abuse negatively affects their children’s school attendance in general</td>
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1. How else can parental alcohol and drug abuse affect the class attendance of children in your school, not mentioned above?

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### C. Learning

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<tbody>
<tr>
<td>i.</td>
<td>Most children of alcohol and drug abusive parents are</td>
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<td></td>
<td>not attentive in class</td>
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<td>ii.</td>
<td>Children of alcohol and drug abusive parents have</td>
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<td></td>
<td>problems in participating in class discussions</td>
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<td>iii.</td>
<td>Children of alcohol and drug abusive parents hardly</td>
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<td></td>
<td>do their homework</td>
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<td>iv.</td>
<td>Children victims of alcohol and drug abuse usually in-</td>
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<td></td>
<td>disciplined in class.</td>
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<td>v.</td>
<td>Children of alcohol and drug abusive parents usually</td>
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<td></td>
<td>lack basic requirements to support their learning</td>
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<td>vi.</td>
<td>Children of alcohol and drug abusive parents always</td>
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<td></td>
<td>want to stay at school to avoid the situation at home</td>
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<td>vii</td>
<td>Alcohol and drug abusive parents would rather spend money on</td>
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<td></td>
<td>alcohol and drugs rather than on the required</td>
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<td></td>
<td>materials to support their children’s learning</td>
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<td>viii</td>
<td>Alcohol and drug abusive parents are usually</td>
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<td></td>
<td>unconcerned about their children doing homework</td>
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<td>ix</td>
<td>Parental alcohol and drug abuse negatively affects</td>
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<td></td>
<td>learning participation among their children in school</td>
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2. What other effects of parental alcohol and drug abuse on the participation of their children in learning activities you may know but are not mentioned here?

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Part 4: Intervention Strategies to Support Alcohol and Drug Abusive Parents, their Children and Families

For each of the following intervention strategies listed below to support alcohol and drug abusive parents, children and families in order to improve their children’s school enrollment, attendance and learning, state the extent to which you agree or disagree with each statement provided, by ticking in the box corresponding with the response that best represents your opinion using: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD)

<table>
<thead>
<tr>
<th>Interventions</th>
<th>SA</th>
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<td>Guidance and counseling of children of alcohol and drug abusive parents can help them cope with their difficult circumstances at school and home</td>
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<td>Guidance and counseling of children of alcohol and drug abusive parents can help them improve in their learning</td>
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<td>Guidance and counseling programmes for alcohol and drug abusive parents may help them recover from their addiction and enhance their involvement in school activities</td>
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<td>Isolating children from alcohol and drug abusive parents can shield them from much harm recuperate</td>
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<td>Rehabilitating of alcohol and drug abusive parents in centers meant for restoration, can help them learn self-care strategies and skill building activities they can use to support their families</td>
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<td>Parental education can help targeted alcohol and drug abusive ones to support their children in doing</td>
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Parental education can enhance the parenting styles and lifestyle of alcohol and drug abusive parents

Programmes in self-care strategies and skill building activities can empower alcohol and drug abusive parents to nature their children’s holistic growth and development

Seminars on community awareness on influence and effects of alcohol and drug abuse on children’s school participation can empower all community members on ways they can support addicted parents and their families

What other ways measures not listed above may mitigate the challenges faced by children of alcohol and drug abusive parents?

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APPENDIX III: APPROVAL FROM GRADUATE SCHOOL

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

FROM: Dean, Graduate School
TO: Mutembei Rose Kanyua
C/o Early Childhood Studies Dept.

DATE: 14th February, 2017
REF: E55/CE/24402/2012

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

We acknowledge receipt of your revised Research Proposal as per our recommendations raised by the Graduate School Board of 28th January, 2017 entitled “Influence of Parents’ Alcohol and Drug Abuse on School Participation of Lower-Primary Schools Pupils in Meru County, Kenya”.

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking Forms per semester. The form has been developed to replace the Progress Report Forms. The Supervision Tracking Forms are available at the University’s Website under Graduate School webpage downloads.

Thank you,

CHEBEK KAMENYI
FOR: DEAN, GRADUATE SCHOOL

C.c. Chairman, Department of Early Childhood Studies

Supervisors:

1. Dr. Juliet W. Mugo
C/o Department of Early Childhood Studies
Kenyatta University
APPENDIX IV: AUTHORIZATION LETTER FROM GRADUATE SCHOOL

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: E55/CE/24402/2012
DATE: 14th February, 2017

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MUTEMBEI ROSE KANYUA – REG. NO.
E55/CE/24402/2012

I write to introduce Ms. Mutembei Rose Kanyua who is a Postgraduate Student of this
University. She is registered for MED degree programme in the Department of Early Childhood
Studies.

Ms. Mutembei intends to conduct research for a MED Project Proposal entitled, “Influence of
Parents’ Alcohol and Drug Abuse on School Participation of Lower-Primary Schools Pupils in Meru
County, Kenya”.

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL

GK/lnn
APPENDIX V: RESEARCH AUTHORIZATION FROM NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Ref. No. NACOSTI/P/17/83019/16056

28th March, 2017

Rose Mutembei Kanyua
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Influence of parents’ alcohol and drug abuse on school participation of lower-primary schools pupils in Meru County Kenya.” I am pleased to inform you that you have been authorized to undertake research in Meru County for the period ending 27th March, 2018.

You are advised to report to the County Commissioner and the County Director of Education, Meru County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Meru County.

The County Director of Education
Meru County.
APPENDIX VI: APPROVAL FROM NACOSTI

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, mining and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two (2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

RESEARCH CLEARANCE PERMIT

Serial No. 13482

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:

MS. ROSE MUTEMBE KANYUA
of KENYATTA UNIVERSITY, 43844-100
NAIROBI, has been permitted to conduct research in Meru County,
on the topic: INFLUENCE OF PARENTS', ALCOHOL AND DRUG ABUSE ON SCHOOL PARTICIPATION OF LOWER-PRIMARY SCHOOLS PUPILS IN MERU COUNTY, KENYA
for the period ending:
27th March, 2018

Signature

Director General
National Commission for Science, Technology & Innovation