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**EFFECTS OF DRUG ABUSE ON THE STUDENTS' ACADEMIC
PERFORMANCE IN THE SELECTED SECONDARY SCHOOLS
WAJIR DISTRICT OF NORTH-EASTERN
PROVINCE KENYA**

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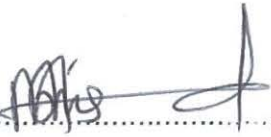
**RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF
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DECLARATION

I Adam Arab Hussein do declare that this research report is my work and that it has not been presented to any other university for a similar award.

Signed:



Student

Date.....

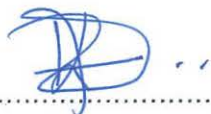
29/8/08

DEDICATION

I Adam Arab Hussein, hereby, dedicate this research report to my beloved father Arab Hussein and Mother Adey Ali

APPROVAL

I certify that Adam Arab Hussein carried out this research under my supervision.



MS. ZAHARAH KIGGUNDU



DATE

ACKNOWLEDGMENT

I am sincerely grateful to all those who sacrificed their valuable time out of their kindness to assist me in all ways possible during the study.

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More thanks go to my fellow students of B.A Education, Siyad bare, Onyaka Edwin, for the encouragement and understanding they have accorded to me during the course of this programme and most so, during the critical difficult times of the programme.

May God richly bless you.

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DEFINITION OF TERMS

- A drug** - A drug is a substance (other than food or water) which when taken alters the state and function of the body
- Drug abuse** - Drug abuse is simply the use of any legal or illegal drug/substance when it is detrimental to health and well being for physical or psychological reasons
- Illegal drugs** - Illegal drugs are the drugs whose production, distribution and possession are not licensed because they causes damage to the body

ABSTRACT

The study was aimed at carrying out an assessment on the effects of drug abuse on the students' academic performance in the selected secondary schools. The study used a casual comparative research design which involved descriptive, which was used because of its ability to describe results from questionnaires and interviews. The respondents were randomly selected and categorized. They comprised of both sexes, but of different marital statuses and age groups and the study used 100 respondents

The study used both questionnaires and interview guides. Questionnaires included questionnaires accompanied by checklists.

The data filled in the questionnaires was copied and analyzed by tallying it and tabling it in frequency tables identifying how often certain responses occurred and later evaluation was done. The information was later recorded in terms of percentages. The recorded data was later edited and interpreted which ensured uniformity, legibility and consistence. Also, interview results were coded on frequency tables which calculated in terms of percentages.

According to the study the researcher found out that its true drug abuse affects students' academic performance as they somehow destabilizes their brains

The study recommended that the government and other stakeholders should commence a massive and continued campaign against substance abuse.

CHAPTER ONE

1.0 Introduction

This study focused on the effects of drug abuse on the students' academic performance in the selected secondary school Wajir District of North-eastern province-Kenya; this chapter presented the background to the study, the statement of the problem, the objectives of the study and the scope of the study plus the significance of the study.

1.1 Background to the study

Drug abuse is the use of a mind-altering drug without medical need, in an amount large enough or over a period long enough to threaten the quality of life or health and safety of the user or other. Taking drug that does not usually alter the mind is still considered abusive if the drug is taken without medical need and if the drug endangers the quality of life or health and safety of the user or other. Hence Drug considered or judged to be illegal immoral by the culture and resulting in harm to the person or society." Use being considered or judged to be illegal (immoral by the culture and resulting in harm to the person or society." (Childress, 2006)

Drug abuse is rapidly growing worldwide problems. The problem of drug poses a significant threat to the health, social and economic fabric, communities and nations. Almost every country in the world is affected from drug abuse. The problem of drug has now crossed national, ethnic, religious and gender lines also. Today the problems of Global increase of drug abuse reflect and contribute to both the national as well as international tensions. The high level of drug has brought problems such as spoiling brains of learners in different institutions as a result of poor academic performance. The Republic of Mauritius in spite of its size and geographical location has not been spared from the evil consequences of this scourge. Cannabis is the only illicit substance primarily cultivated in the

sugar cane fields. Despite of this maximally abused substance in this country is heroin. This review article presents the demographical variations of drug abuse, with more emphasis on African continent. We shall also present the hazards of drug abuse and its prevention strategies (Abdool, 1994).

The second category of substance abuse is illegal or illicit. Under the international convention of the United Nations conventions against the illicit traffic in narcotic drugs and psychoactive substance 1998, most nations have bound themselves to outlaw trade in non-medical use of opiates, cannabis, hallucinogens, hypnotics, stimulants and sedatives. In addition to these lists, countries often add their own prohibited substances for example Changaa, Kumi and their illegal brews in Kenya (Nahas, 2000).

However whatever the purpose, the psychoactive properties of the substance inevitably accompany its use.

According to Mac Kay and Ercksn, 2007) of the World Bank, the mostly abused substances are the legal ones, top on the list are alcohol and cigarette world wide, the situation is the same in same in Kenya, the 3rd being Miraa. The report says that there are 5500 billion cigarettes manufactured annually with 1-2billion smokers in the world and the number is expected to increase to 2 billion by 2030.

Alcohol for its part is marketed by transitional companies that target young people in their advertisement according to global status report on alcohol (WHO, 1999). "Mirra", which is legal in Kenya and the horn of Africa, has been outlawed in neighboring Tanzania also the USA and Canada for its adverse health effects on its citizens.

According to the United Nations office on drug and crime UNDC) about 185 million people make illicit use of two or more types of illicit substances. The report indicates the practice is more prevalent among young people than in older ones.

On USA the national household survey on drug abuse (NHSDA, 2002) has found drug abuse is high among young people in secondary schools. Also the European monitoring committee on drugs and addiction (EMCDA, 2000) showed drug abuse is high among the students.

Here in Kenya the situation is even worse, according to (NACADA, 2002) substance abuse is very high between the ages of 10-24years.

The main harmful effects of substance abuse can be divided into three groups. The first is the chronic health effects like liver cirrhosis, lung cancer, emphysema, accidents due to reduced level of consciousness and judgments and finally are the social consequence of unrest in schools, school drop outs, family break-ups and increase in crime in the society.

In the last few years secondary schools in Wajir district-north Eastern province of Kenya have experienced a wave of school unrest, wanton destruction of school properties and gross misconduct among students in which parents and teachers pointed a blaming finger towards substance abuse.

1.2 Statement of the problem

In spite of the collective government efforts put in place to trim down on devastating effects of drug abuse on the students' academic performance in the selected secondary schools in Kenya, like increased theft, brain disturbances and increased criminal cases, the situation in some places of Kenya particularly in Wajir District are proving to be nastiest. In that, there has been no compensation and the government has not come out to explain the unfolding disasters brought about by drug abuse on the people living around such areas. And it's such

undesired circumstances that call for an investigation, thus the study (Summiman, 2006)

1.3 Objectives of the study

1.3.1 General Objective

The study aimed at assessing the effects of drug abuse on the students' academic performance in the selected secondary schools in Kenya.

1.3.2 Specific Objectives

The study aimed at;

- i) Identifying the different forms of drug abuse in the selected secondary schools in Kenya.
- ii) Assessing the causes of drug abuse in the selected secondary schools in Kenya.
- iii) Examining the effects of drug abuse on students' academic performance in the North Eastern province, Kenya.
- iv) Suggesting possible measures that can be put in place to overcome the increased number of drug abuse in the selected secondary schools in Kenya.

1.4 Research questions

- i. What are different forms of drug abuse in the selected secondary schools in Kenya?
- ii. What are some of the causes of drug abuse in the selected secondary schools in Kenya?
- iii. What are adverse effects of drug abuse on students' academic performance in the selected secondary schools in Kenya?

- iv. What possible measures can be put in place to overcome the increased number of drug abuse in the selected secondary schools in Kenya?

1.5 Scope of the study

The study was conducted in three secondary schools in Wajir district of North-Eastern Province-Kenya, these included; Furaha mixed day S.S, Wajir girls S. S and Wajir high school. Because the areas were within reach for the researcher in terms of time, transport and the language.

The study focused on the devastating effects as the independent variable and drug abuse on the students' academic performance in the selected schools as dependent variable since the two are inter-linked.

1.6 Significance of the study

The study is expected to benefit the following categories of people;

The findings of the study will help the government of Kenya in making comprehensive policies on how drug abuse is hazardous in relation to the effects by the local community, on sensitive issues like; increased security to promote peaceful co-existence. The results of the study will also enable the Ministry of gender, labour and drug abuse to invent amendments in the policy and other instruments defining clearly the rights of children in the provinces where such calamities are taking place.

The study findings will also enable other stakeholders, for instance the civil society charged with accountability and strengthening participatory mechanisms mediate in the windfall revenue phenomenon' which are likely to lead to the death of such students in the long run.

As a student of education, I am hopeful that the research findings will to a large extent improve on my profession in researching and facilitate me to have a practical approach in solving drug abuse related problems in relation to students' performance in institutions at different levels, as the course requires.

The study will also be useful to other researchers in the field of child upbringing and child relations to those who would wish to expound on the area of poor academic performance being attributed drug abuse to obtain a foundation in the form of literature review in other universities as well as Kampala International University.

1.7 Theoretical Framework

Academic performance, which in turn affects various forms of deviance-delinquency, drug abuse and alcohol abuse. Academic performance is more important than a sense of purpose in life as a mediating variable for alcohol use. Study links poor academic performance with smoking.

A report by statistics Canada concludes that students who smoke may be more likely to perform poorly in school, the Toronto Globe and mail reported June 15th 2008.

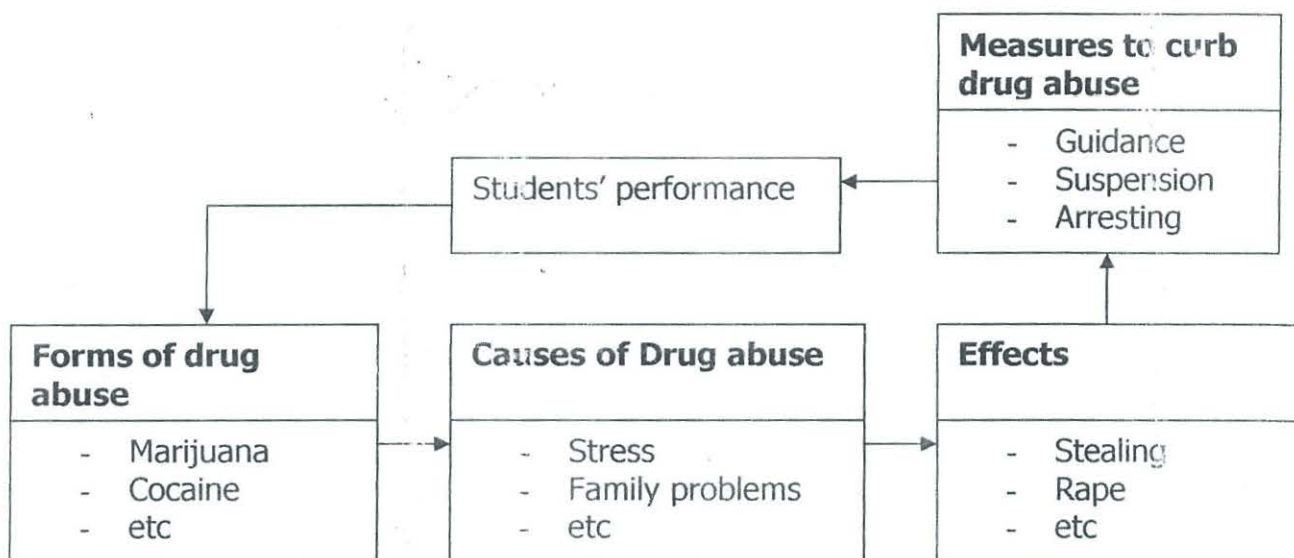
The survey of 19000 students in grades 5 to 9 found that three in 10 students who smoked said they were performing below average academically, while no smokers said they were performing well.

Rina Gupta, a child psychologist at McGill University, said similar results were found among users of other addictive drugs.

These kids who grow up experiencing problems learning or with learning disabilities, they do have a poorer self-concept of themselves," said Gupta. She

added that such children may smoke to be accepted or as part of a self-destructive pattern. "It's a negative sense of self. And they tend to orient themselves towards negative behaviors", Gupta said.

1.7.1 Conceptual framework



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, a review of some literature concerning the effects of drug abuse on the students' academic performance in the selected secondary schools in Kenya and else where in the world was done. Specific interest areas on the philosophy and understanding of education and its process were given. The chapter reviews the works of other scholars who have written about the topic of the study or those who have addressed similar issues as those of the variable that was available in the study.

2.1 Definition of drug abuse

Drug abuse according to World Health organization is "a state of physical dependence, or both on a drug, following administration of the drug on a periodic or continuous basis". Man has long sought ways to enhance his pleasure, and to ease his discomforts. Curiosity, as one of man's outstanding characteristics, appears early in life, and leads to extensive exploratory behavior. It is not surprising then that, many young persons will wish to try certain drugs in order to determine their effects for themselves.

2.2 Literature related to forms of drug abuse

The main drugs in this group are cannabis, LSD (Lysergic Acid Diethylamide) and magic mushrooms' (*Psilocybe semilanceata* that contains psilocin and psilocybin). Phencyclidine (PCP, angel dust) is a relatively new drug of abuse but has rapidly become a major problem in USA. Drugs are sometimes divided into two categories – "soft drugs" and "Hard drugs". Hard drugs are "non-metabolizable" drugs. Hence hard drugs or hard compounds can be defined as compounds which do not degrade in the environment or do it very slowly. The common

examples of drugs used by abusers are cocaine, heroin, morphine, pethidine, amphetamine, alcohol and nicotine. Soft drugs or soft compounds can be defined as biologically active compounds which are readily degraded into nontoxic and biologically inactive degradation products in the environment (Abdool et al, 2002).

Childress MT (2004) asserts that, Cannabis, Mescaline, Psilocybin, and LSD are common examples of soft drugs. Not all drugs fit "Gateway drugs" is a term for drugs that supposedly lead to abuse of other substances. The term gateway drug is used to describe a lower classed drug that can lead to the use of "harder", more dangerous drugs. This is in fact a controversial concept that using one "soft" non- or only slightly addictive drug will lead to the use of other "harder" drugs, the first drug used is thus described as a gateway to further abuse.

Tobacco, alcohol and Marijuana are considered gateway drugs. The use of Tobacco, alcohol and Marijuana start a progression on to the use of illegal drugs like cocaine regardless of the age, sex, ethnicity or race of the individuals involved. NIDA researchers have found that craving for nicotine also increases craving for illicit drugs among drug abusers who smoke tobacco.

Cannabis

(Hashish) is the most commonly abused drug with 141 million users. That figure corresponds to 2.25% of the World population. Prevalence rates of Cannabis use among young people in the United States have continued to rise since the early 1990s. In Western European countries data suggests that rates of cannabis use are generally lower than those reported in the United States, Australia and Canada. Reported prevalence rates of cannabis use in some northern European countries are lower. Cannabis use is reported at lower levels in developing countries, although data from many developing countries is limited. Studies in India have shown lifetime prevalence of cannabis use of 3%. Lifetime prevalence

of cannabis use in Rajasthan (India) among males were higher (7.2%). WHO has recently reviewed and summarized knowledge about cannabis use and health effects.

Cocaine

In the recent years increased use of opiates is being experienced in the Western European and Central Asian countries. In Asia, there are two main illicit opium producing areas – “Golden Triangle” and Golden Crescent”. The golden Triangle is an area of around 350000 square kilometers that overlap the mounts of four countries of Southeast Asia: Myanmar (Burma), Laos, Vietnam, and Thailand. The Golden Crescent is one of the most extensive opium producing areas of Asia which includes Afghanistan, Iran and Pakistan. The available evidence shows that there has been a global increase in the production, transportation and consumption of opioids, mainly heroin 13-15. Heroin use has become increasingly common in North-America and Europe since the 190s. The abuse of heroin is less widespread when compared to other drugs. UNDCP estimates that 8 million people worldwide are consuming opium based narcotic drugs, with the majority being in Europe, South and Western Asia which is about 2% of the population. The estimated world-wide production of heroin has been more than doubled or even tripled since 1985. Evidence from national surveys and other data sources suggests that in Europe heroin injectors, who regularly consume large amounts of different drugs, face a risk of death which may be 20 or 30 times higher than non-drug users in the same age 16. Since heroin is commonly used by injecting, the health risks including that of HIV and hepatitis transmission are substantial (Griffin IL, 1993).

Tobacco, Alcohol and illicit drugs

Contributed altogether 12.4% of all deaths worldwide in the year 2000. Out of which illicit drugs alone contributed around 0.4% of deaths. Tobacco continues to be the substance causing the maximum health damage globally (WHO, 1995) 20. According to WHO estimates, there are around 1.1 thousand million smokers

in the world. Tobacco is estimated to have caused around three million deaths per year in the early 1990s, and the death toll is steadily increasing. Unless current trends are reversed, that figure is expected to rise to 10mmillion deaths per year by the 2020's or the early 2030 (by the time the young smokers of today reach middle and older ages), with 70% of those deaths occurring in developing countries 20. The disease burden in Disability Adjusted Life Years (DALYs) is significantly higher in Europe and the Western Pacific than in Africa and the Eastern Mediterranean. Also the share of the burden for the different substances varies; tobacco is the largest burden in Europe and South-east Asia while alcohol poses the largest burden in Africa, the Americas, and Western Pacific 21. Between 1970 and 1980 alcohol consumption increased by about 3.6% world wide. However, it increased by 22% in Asian countries where alcohol is not used traditionally 22. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users.

Scenario in African continent and altering sense

According to Nahas G (2006), during the past fifteen years, Africa has become a revolving door and a major centre of consumption for the drug trade. The main drugs of abuse or so called 'danger drugs' are marijuana also known as dagga or ganja, cocaine, heroin and a number of other synthetic narcotics for instance amphetamines and the hallucinogen LSD and methaqualone ('Mandrax'). An estimated 32 million Africans abuse illicit drugs. Cannabis remains the most widely abused drug (27 million). Approximately 5 million Africans are the abusers of heroin, opiates, cocaine, and psychotropic substances. The use of cannabis has been more prevalent in North Africa and Southern Africa but appears to be less abused in countries of east Africa, such as Ethiopia and Somalia, where the abuse of khat is prevalent. The chewing of khat has been practiced for years and is socially accepted in Ethiopia, Kenya, Madagascar and Somalia. It is mainly used by students to improve their academic performance, by truck drivers to

keep themselves awake and by laborers to supply the extra energy they need for their work.

Seizures of cannabis have made in many African countries including: Algeria, Kenya, Lesotho, Malawi, Morocco, Nigeria, Senegal and South Africa. In some northern and Sub-Saharan African countries (for example Egypt, Kenya, Morocco, Nigeria and Tanzania), there is a long tradition of cannabis use for culinary, medicinal and ceremonial purposes 28. Data from Nigeria show that 7% of university students had even used cannabis and lower rates are reported in the general population.

Lynskey et al (2003) the abuse of amphetamines in Africa is also a problem mainly among adolescents and unskilled laborers, such as drivers and farmers and the prevalence rate Amphetamine and amphetamine like substance is 0.5%. Madrax (methaqualone and diphenhydramine) was commonly abused in Nigeria in the early 1970's, but since it was banned, its abuse has abated. However, some other African countries, such as Swaziland, have reported an increase in the trafficking and abuse of mandrax. Recent reports from Kenya, Somalia, Swaziland and Zambia indicate the abuse of glue and petrol by sniffing, though the extent of such abuse varies from country to country.

The drugs abuse in South Africa can be divided into three categories, extensively used, moderately used, and less frequently used. In the category of extensively used drugs, alcohol remains the commonly abused drug followed by dagga (cannabis), Mandrax (Methaqualone) and the dagga/Mandrax (white pipe) combination. In addition to these drugs, there is also considerable abuse of over-the-counter and prescription medicines like pain relievers, tranquilizers (including benzodiazepines), cough mixtures (containing codeine), and slimming tablets) and solvents (especially glue). In moderately used drugs crack cocaine, cocaine (powder), heroin, Speed, LSD, hashish and Ecstasy (MDMA) are included. Less

frequently used drugs are opium, Rohypnol (Flunitrazepam), Ketamine, and Wellconal. However in terms of pharmacological properties, the substances most abused in South Africa are depressants (e.g alcohol, white pipes, Mandrax, benzodiazepines) followed by hallucinogens (dagga, LSD, Speed and Ecstasy).

In a survey of 1378 African young persons aged 10-12 from urban and rural areas of South Africa, Rochasilva et al found that apart from Dagga (5.5%), the use of various other illicit substances were as follows; LSD (1.9%), Mandrax (1.7%), cocaine (0.9%), heroin (0.9%), Ecstasy (0.1%), non prescriptive narcotics other than heroin (2.1%), and steroids (2.0%). In the Cape Province of South Africa a survey conducted in 1990 found that 7.5% of high school students had ever smoked cannabis 32.

The Republic of Mauritius is located in the Indian Ocean with an area of 1865Sq.km. It is situated 900km east of Madagascar. In 2002, the population of the Republic of Mauritius was 1,193,737 with 595,067 males and 598,130 females (Government of Mauritius, 2002). The republic of Mauritius in spite of its size and geographical location has not been spared from the evil consequences of this scourge. The consequences and the burden of harm on the individual, the family and society are manifold. The abuse of illicit drugs in the island has over the past decade increased significantly. The main drugs abuse among persons in drug treatment is Brown Sugar, heroin, cannabis and psychotropic drugs. Prior to the 1980's drug abuse in Mauritius consisted mainly of locally grown cannabis. Cannabis is the only known illegal substance cultivated in the country.

According to Police, cannabis is cultivated illegally in sugar cane fields, in remote and inaccessible areas of mountains, river banks and in forest especially in the South West Region of the Island as well as in private yards in flower pots and plastic bags. Beginning in the early 1980's, the 'brown sugar' unrefined from a heroin was introduced into the urban and peri urban regions of the island, and

Cannabis is also reported to be cultivated in the Island of Rodriguez. In Rodriguez, the increase in prevalence of cannabis use is given to be higher, followed closely by alcohol abuse. There is, however, an insignificant prevalence of heroin use.

2.3 Effects of drug abuse on students performance

Health and social consequences of drug abuse

The negative consequences of drug abuse affect not only individuals who abuse drugs but also their families and friends, various businesses, and government resources. Substance abuse and addiction have grave consequences on our existing social systems, effecting crime rates, hospitalizations, child abuse and neglect, and rapidly consuming limited public funds.

To the family and community

The disintegration of the family appears to be related, in some way to the problems of substance abuse. Study carried out by United Nations Research Institute for social Development (UNRISD) and United Nations University on Mexico, show that illicit drug abuse correlates more strongly with the disintegration of the family than with poverty.

Many studies so far have confirmed direct association between the consumption of illicit drugs and the breakdown in the family bond. Country study on the Lao People's Democratic Republic and on Thailand attributes increasing use of heroin, opium and psychotropic substances to urbanization, rapid cultural change and a breakdown in family cohesion. The substance abuse strains the family relationships and ultimately makes the families dysfunctional and transforms them from an asset of society into a burden. Family factors like prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level are usually thought or lead to, or intensify, drug abuse. While the family itself can be the source of drug problems, it can also be a potent force for prevention and treatment. There has been increased acceptance of family

therapy, where more than one member of the family is involved simultaneously in therapy sessions.

Education

School children who use drugs often suffer from impairment of short-term memory and other intellectual faculties, impaired tracking ability in sensory and perceptual functions, preoccupation with acquiring drugs, adverse emotional and social development and thus generally impaired classroom academic performance. Reduced cognitive efficiency leads to poor academic performance and a resulting decrease in self-esteem and the adolescent may eventually drop out altogether. This contributes to instability in an individual's sense of identity which, in turn, is likely to contribute to further drug consumption, thus creating a vicious circle.

Alcohol is almost always taken orally and absorbed quickly from the intestine into the blood stream. A delay in gastric emptying is mainly due to presence of food which slows down absorption. The acute behavioral effects of alcohol are due to many factors such as rate of drinking, gender, body weight, alcohol blood level and the time since previous dose.

At low dose it causes hastened activity and disinhibition while in higher dose it will cause impairment of cognitive perception and motor function. Effects on moods and emotions vary greatly from person to person (Facons and Fehr, 1987).

Alcohol increases the inhibitory activity mediated by GABA – A receptors and decreases the excitatory activity mediated by glutamate receptors which is related to the general seductive effect of alcohol and impairment of memory during periods of intoxications (Samson Chapped, 2001).

Excessive abuse of alcohol induces behavioral and metabolic tolerance and the severity of its withdrawal symptoms depends on the amount of alcohol consumed, frequency and duration of drinking history. Early signs of withdrawal are severe shakings of hands, sweating, weakness, agitation, headache, nausea and vomiting and rapid heart rate. Severe form of withdrawal leads to a state of delirium which is characterized by severe agitation confusion, hallucinations and delusions (Jacob and Fehr 1987) if it goes untreated the withdrawal syndrome lasts for 5-7 days. Benzodiazepines are used to lessen the severity of alcohol withdrawal.

Crime, corruption and dangers for civil society

Taylor R, et al (2005) Drugs and crime are related in several ways. Drugs increase the likelihood of many kinds of criminal activity. Long term trends based on data collected between 1975 and 1989 and presented to the commission on crime prevention and criminal justice; show that drug related crime and robbery were the fastest-growing component in crime as a whole, after kidnapping.

Sharma HK (1996) reviewed some of the relevant literature indicates a strong probability that drug addicts tend to be deeply involved in criminality than non-drug users. This has also been confirmed indirectly by the national Crime victimization survey of the United States, which revealed that 30percent of the victims of violent crime in 1992 perceived their attacker to have been under the influence of drugs or alcohol.

Drug-related crime and violence is high not only in consumer countries, but also in producer countries, the most striking example of this being Colombia. The Colombian Government clearly sees a link between the narcotics trade and the deaths of many of its citizens over the past two decades.

With drug cultivation and trafficking booming, the number of killings increased from 17 per 100,000people in the 1973-1975 period (i.e before large-scale drug

cultivation started) to 63 per 100,000 in 1988, which, at the time, was the third highest murder rate in the world.

2.4 Possible measures to overcome the use of drug abuse

Prevention and control

The prevention strategies of the Who are deeply embedded in the public health approach that encompasses primary, secondary and tertiary prevention, with the aim of helping individuals to adopt healthy practices and life styles, make use of relevant information and skills in order to avoid the use of psychoactive substance, and prevent or minimize the associated health consequences of substance use.

Primary Prevention

Aims to prevent or at least delay the initiation of illicit drug use. The focus of this initial stage of prevention is to provide information and educate various target groups with the general population about psychoactive substances and the risks associated with their use. Educational services aim to strengthen individuals self esteem and resistance to peer pressure; to promote healthy lifestyles; to provide a supportive environment and the resistance to peer pressure; to promote healthy life styles; to provide a supportive environment and the opportunity to develop life skills. In Mauritius, National agency for the Treatment and Rehabilitation of substance Abusers has implicated strategies of primary prevention at the level of school, students and workplace along with anti-drug education unit.

Secondary prevention

Aims at helping people who are illicit drug abusers to break their habits. It provides drug abusers with educational and counseling services to persuade them to cease experimentation, as well as a range of treatment regimes, followed by rehabilitation programs. It also provides drug abusers with adequate

aftercare services in order to sustain drug-free behaviors, prevent relapses and facilitate social reintegration. Secondary prevention should ideally culminate in the drug addict's return to a drug-free life. In Mauritius, the setting up of the National Prevention Unit by the National Agency for the Treatment and Rehabilitation of substance Abusers has been highly commended in carrying prevention activities in high risk area in close collaboration with respect to NGOs, community Leaders and community at large.

Environmental factors: Disorganized communities such as those with high population density, high neighboring crime rates and lack of informal social controls have less ability to limit drug abuse among adolescents (Hawkins et al, 1987). Adolescents tend to increase use of drugs due to the influence of friends and they also tend to choose friends who reinforce their own harmful drug use behaviors. Mobility from one resident to another as well as transition from primary to secondary and to universities is associated with high rate of drug initiation and frequency of use (Hawkins et al 1987).

Constitutional and personality factors:- there is evidence of a constitutional position towards substance abuse and alcoholism. Suggesting that genetic factors play a role in this area (Hawkins et al, 1987). Personality characteristics that are often associated with substance abuse include low-esteem, low self confidence, need for social approval, high anxiety, low assertiveness and rebelliousness.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presented the methodology was used in the study; it is divided into sections which include research design, Sample procedure, Sample size, data sources, research instruments and methods of data analysis.

3.1 Research Design

The study used was a casual comparative research design which involved descriptive, which was used because of its ability to describe results from questionnaires and interviews while explanatory was used because of its flexibility for instance, it used survey for concerning literature experience and analysis of insight stimulating examples such as existing records. Casual comparative was used due to the nature of the topic that looks at causes and effects thus casual compares the two variables.

3.2 Population and sampling

The study population was ranging from district councilors both at district and village level, other respondents from law and order section within from various departments in the drug and abuse department. Other respondents included the local people surrounding the province.

3.3 Sample procedure

The study used both random sampling and purposive sampling procedures. Purposive was used to select different activities in the area of investigation in order to get the required data and information. Random sampling was used because respondents have equal chances of being selected.

3.3.1 Sample size

The respondents were randomly selected and categorized. They comprised of both sexes, but of different marital statuses and age groups and the study used 100 respondents. This was intended in order to get a variety of views and unbiased response which made the study a reality.

3.4 Data collection methodology and Research Instruments

3.4.1 Interview Guide

This involved face to face interaction between the researcher and the participant through discussion. The interview was in two ways, namely;

- Structured interview in which the responses by the participants were brief and specific.
- Unstructured interviews that is where the responses were long, elaborated and not specific.

The interviews were conducted in group, individual

The researcher carried out interviews with district councilors both at district and village level, using the interview guide because it is the most appropriate method which can be used to study the attitudes, values, beliefs and motives of people. It also had an element of flexibility. These persons were interviewed individually so as to get independent answers.

3.4.2 Observation

This involved the use of personal intuition based on different body senses, for example seeing (eye) hearing (ear) touching (hand) smelling (nose). Observation was used in three main ways, namely;

- Naturalistic observation. The presence of the researcher was not known. He hid himself
- Passive observation. The presence of the researcher was known but his role in the activity was hidden. He was not participation at all.

- An active observation. The presence of the researcher was known to the participants. The observer was playing a leading role to bring out information.

3.4.3 Questionnaires

This was a discussion in written form whereby the responses of the participants are put on paper provided by the researcher, the questionnaire can also be in two forms, namely;

- Open-ended questionnaire in which the responses by the participants are free according to their understanding.
- The close-ended questionnaires in which responses are provided by the researcher and the participants one of them accordingly, for example strongly agree, agree or strongly disagree.

The researcher left out questionnaires to mainly the literate group. These included district councilors both at district and village level, plus the street children. These had guiding questionnaires which the researcher gave to individual respondents to fill. The researcher gave some two days to respondents to study and fill the questionnaires. He requested the respondents to ask for clarification where they do not understand.

3.4.4 Research instruments

The study used both questionnaires and interview guides. Questionnaires included questionnaires accompanied by checklists.

3.5 Reliability and validity of research instruments

In order to ensure and maintain a high level of reliability and validity in this study, the researcher did the following:

Questionnaires were pre-tested. Ambiguous questions were made clear and irrelevant questions deleted. The researcher used acute questions which are open ended in nature by use of questionnaires from the staff members, and

head teachers. The questions set had enough space to give appropriate responses. Close ended questions were also used.

3.6 Procedure for data collection

The researcher used questionnaires which admitted to carefully chosen respondents. Oral interviews with province local chiefs, officers were carried out. The researchers took the questionnaires to respondents and proceed by a briefing about the purpose of the questionnaires and ask them to fill them on their convenience to allow them more time and flexibility. Later the researcher made a follow-up and collected the filled questionnaires. Careful observation of respondents from the area of study was carried out by the researcher. Apart from this, the researcher obtained more information regarding the effects of drug abuse on the abuse on the students' performance in the secondary schools, by reading newspapers, journals, textbooks plus the already existing work on internet and magazines.

3.7 Data analysis techniques and presentation

The collected data was analyzed using a computer package called MS-Excel. The data filled in the questionnaires was copied and analyzed by tallying it and tabling it in frequency tables identifying how often certain responses occurred and later evaluation was done. This yielded the primary data which was raw in nature. The recorded data was later edited and interpreted which ensured uniformity, legibility and consistence. Also interview results were coded in frequency tables which were calculated in terms of percentages and presented in this study.

Tables are the most common method of presenting data. Tables offer a useful means of presenting large amounts of detailed information in a small place. Frequency distribution tables in this case were used whereby response values are summarized in a table.

Frequency distribution table measurements are grouped into classes. The number of measurements for each class is reported. The totals for each class are called the frequency of the responses for that class. Frequency distribution tables present the frequencies or counts of the occurrence of each value (class or category) of a variable (Babbie, 1990).

The main objective of graph was to present data in a way that is easy to understand and interpret, and interesting to look at. Common types of graphs include; bar charts, histograms, frequency polygons, scatter graphs and cumulative frequency polygons.

For this research, bar charts and pie charts were used to present the collected data. A bar graph is a visual display used to compare the amounts if frequency of occurrence of different characteristics of data. This type of display allows us to;

- i) Compare groups of data and
- ii) To make generalizations about the data quickly

Bar graphs are used to compare changes in given quantities or values and to show the relationship of these quantities to on another (McNabb, 2002).

A pie chart is a graphic display of data that depicts the differences in frequencies or percentages among categories of a nominal or ordinal variable.

3.8 Limitations of the study

In the process of carrying out this study, a number of constraints were encountered. These constraints hampered the speed at which the study was carried out. These included;

- i) there was insufficient time as the study was demanding
- ii) Financial resources are likely to be inadequate since the university was not in position to facilitate the researcher with funds for typing,

binding and other expenses like transport fees when visiting the area of investigation.

- iii) There was mounting pressure from the administration for students to complete the research on schedule which affected the quality of research.

3.9 Solutions to the limitations

- i. The researcher obtained extra funds from family members, colleagues and good friends
- ii. The researcher devoted more time on the research work by reducing on the leisure time at his disposal.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter shows how the collected data was analyzed and interpreted. The data filled in the questionnaires was copied and analyzed by tallying it and tabling it in frequency tables identifying how often certain responses occurred and later evaluation was done. The information was later recorded in terms of percentages. The recorded data was later edited and interpreted which ensured uniformity, legibility and consistence. Also, interview results were coded on frequency tables which calculated in terms of percentages and presented in this study as illustrated below;

4.1 background information

Table 1: Classification of respondents by age

Age	Frequency	Valid Percentage
12-13 years	34	28
14-16years	25	21
17-20years	13	11
21-24 years	40	40
Total	100	100

Source: Primary data

Table 1 shows that the biggest percentage of the respondents were in age bracket of 21-24years, where as 7.5% represents students who were in the age bracket of 17-20years, then close to 30% of them were in the age bracket of 12-13years especially those in S.2 and 3, and over 20% of the respondents were in the age bracket of 14-16years as illustrated in the table above.

Table 2: Classification of respondents by sex

Sex	Frequency	Valid Percentage
Females	77	64
Males	23	36
Total	100	100

Table 2 shows that the majority of the interviewees were females as shown by 65% and 35% represents those interviewees who were males.

A total of hundred questionnaires were distributed within secondary schools in Wajir district and all the questionnaires were received back fully answered.

The study respondents were students from the age of 14 years to 30 years grouped into three age groups in the following manner 14-20 years, 21-26years and 27-30years.

The table above shows that all the 100 students interviewed had heard about substance abuse.

Table 3: Number of substance each knows

Type of substance	Number of respondents that know and percentage		That don't know and %	Total	%age
Cigarettes	92	92	8	100	100
Alcohol	83	83	17	100	100
Miraa	94	94	6	100	100
Heroin	40	40	60	100	100
Hashish	57	57	43	100	100
Sadatives/hynotics	42	42	48	100	100
Cocaine	27	27	73	100	100
Others	11	-	89	100	100

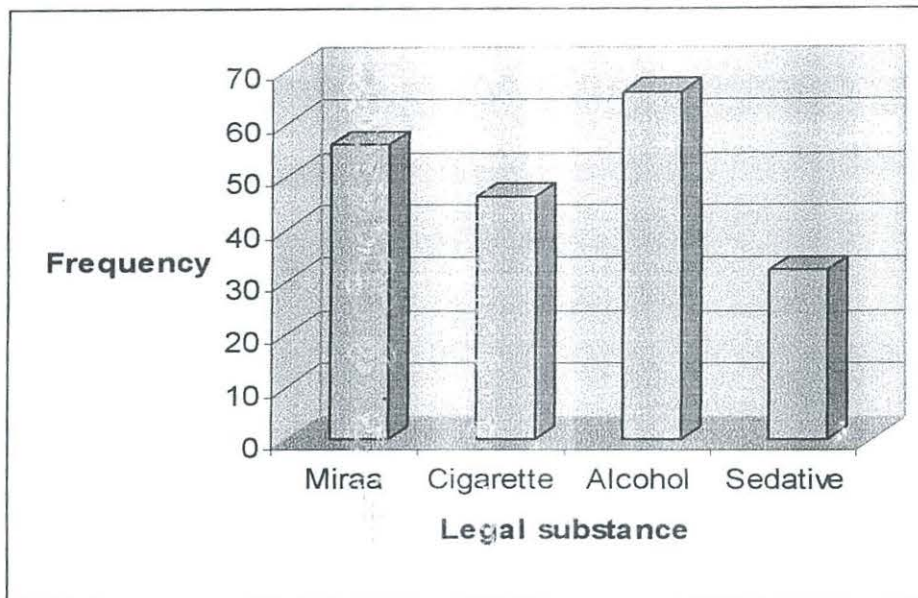
Source Primary data

The table shows that maturity of the respondents knows that Miraa 94 (92%) and alcohol 83(83%) as substance abuse. At the same time 40(40%) of the respondents know about heroine, 57(57%) about hashish, 42(42%) about sedatives, 27(27%) about cocaine and 11(11%) about others that include Kuber and Tambo.

4.2 findings on causes of drug abuse

The respondents were asked to list the substances that are legal within the laws of Kenya and are abused in Wajir district.

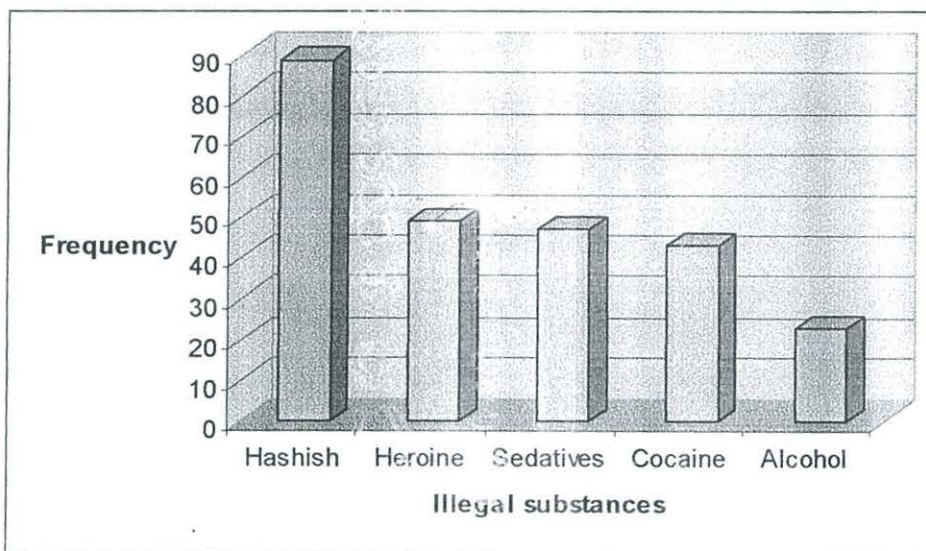
Figure 1: Substances that are legal



Source: Primary data

Figure 1 shows that the majority of the respondents said Miraa as represented by 56% whereas 45% of the respondents attributed to cigarette and alcohol was represented by 66% of the interviewees as being legal substance, while 32% of the respondents said sedative/hypnotics are legal.

Figure 2: Showing substances that are illegal

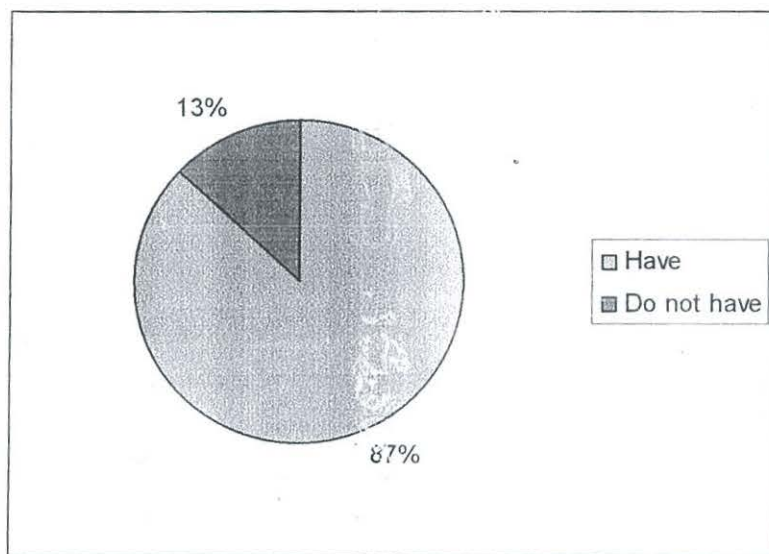


Source: Primary data

The figure above shows that majority of the respondents responded that 89(89%) is illegal, 49(49%) heroine, 47(47%) cocaine, 43(43%) sedatives and 23(23%) said alcohol is illegal since majority of the respondents are Muslims and their faith prohibits the taking of alcohol.

The respondents were asked if they have a relative or a friend who abuses substance and the age at which they started.

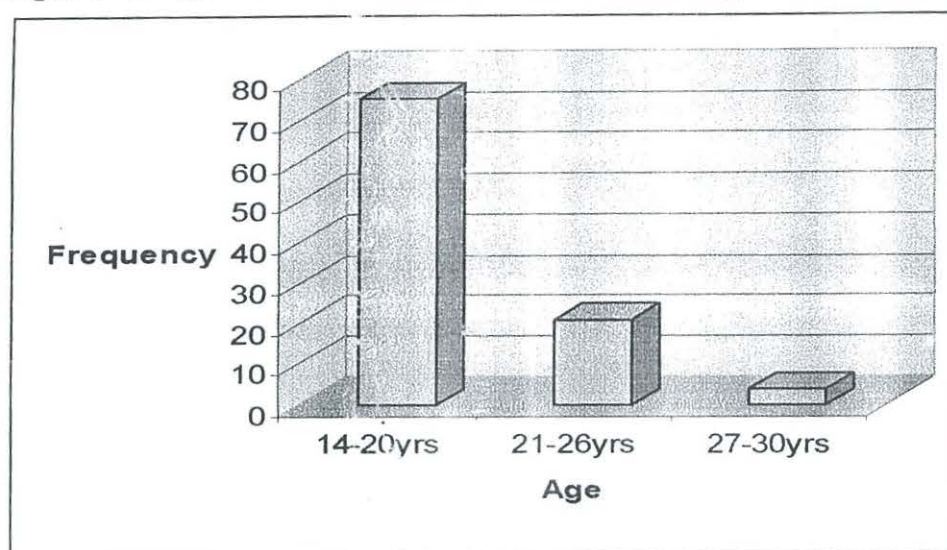
Figure 3: Relatives or friends who abuse or not



Source: Primary data

The pie chart shows an overwhelming number of respondents (87(87%)) who said that they have relatives or friends abusing substances, while only 13(13%) said they have no relative or friend who abuses substance.

Figure 4: Age at which students start abusing substances



Source Primary data

The figure shows that majority of the abusers start at the age of 14-20years 62(75%), 17(21%) at 21-26 and 3(4%) at the age 27-30years.

The respondents were asked various substances that their relatives or friends abuse.

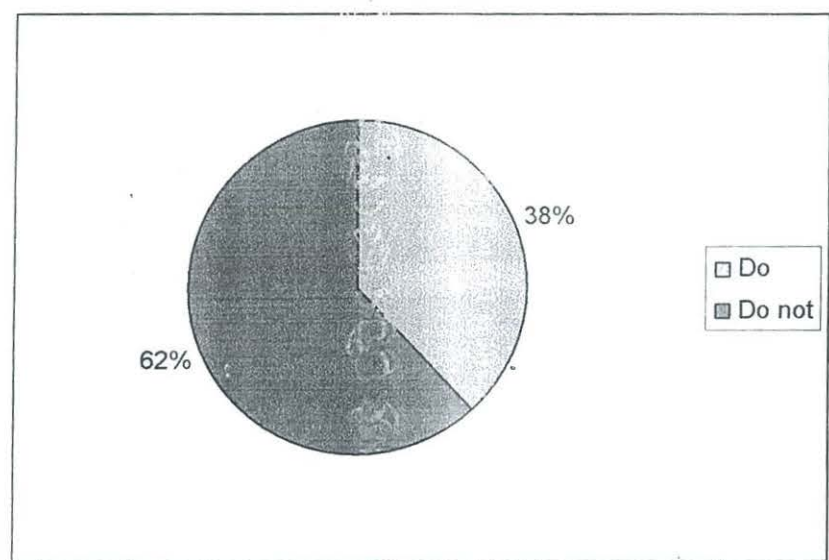
Table 4: Substance abused

Substance	Respondents	Percentage	Total
Miraa	80	97	80
Cigarette	77	93	77
Alcohol	13	15	13
Sedative	17	20	17
Hashish	13	15	13
Cocaine	2	2	2
Heroin	2	2	2
Illicit brew	1	1	1

Source: Primary data

The table above shows that majority 80(97%) and 77(93%) above miraa and cigarette respectively. 17(20%) abuse sedatives, 13(15%) abuse alcohol and hashish, 2(2%) abuse heroine and cocaine and 1(1%) respondents abuse illicit brew.

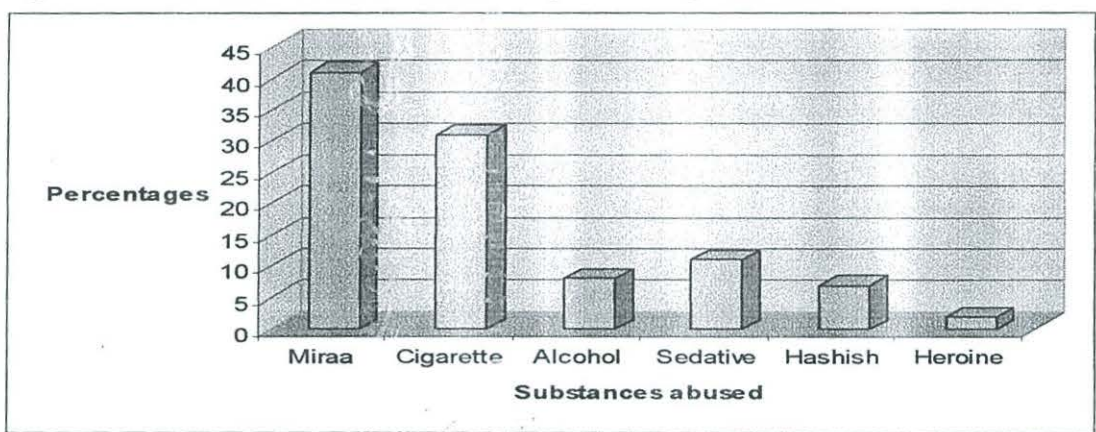
Figure 5: The respondents abusing substances



Source: Primary data

The pie chart shows that 38% of the respondents abuse substance(s) and 62% do not abuse.

Figure 6: The substance abused by the respondents



Source: primary data

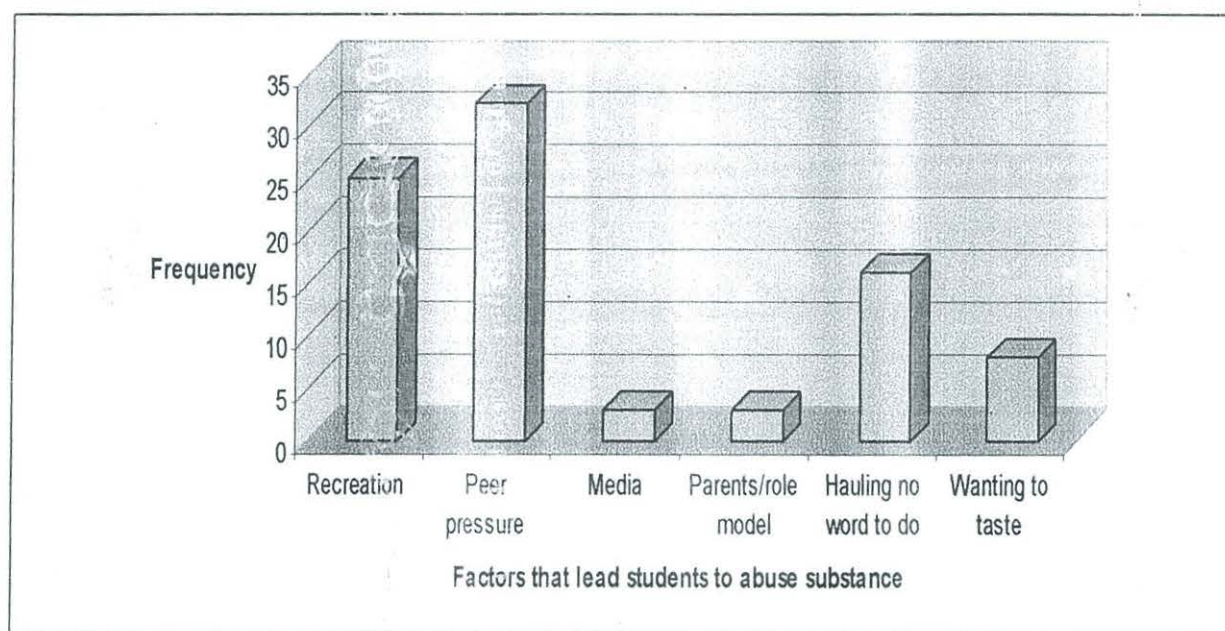
The figure above shows that the majority of respondents abuse miraa (70(41%), 23(31%) cigarette, 8(11%) sedatives, 6(8%) alcohol, 5(7%) hashish and 2(2%) abuse heroin and cocaine. It also shows that most respondents abuse more than one substance.

The respondents were asked at the age they started abusing the substances

4.3 Factors that lead students to abuse substance

The researcher wanted to find out factors that lead the person to abuse the substance. The respondents were asked what influenced them to abuse substance.

Figure 7: Factors that lead students to abuse substance



Source: Primary data

The figure above shows that 32 respondents were influenced by peer pressure, 25 by recreation, 16 because of boredom, 8 wanted to taste and both media and parents/role models were only 3.

The figure also shows several factors influenced each respondent to abuse substance. The respondents were asked what influenced their relatives or friends to take up the habit.

Table 5: Factors that influenced their relatives to take up the habit

Factors	Respondents	Percentage
Recreation	38	23
Peer pressure	58	35
Parents or role model	6	4
Having no work to do	38	23
Wanting to taste	19	12
Other-Relief stress	3	2
To commit crime	1	1
Total	163	100

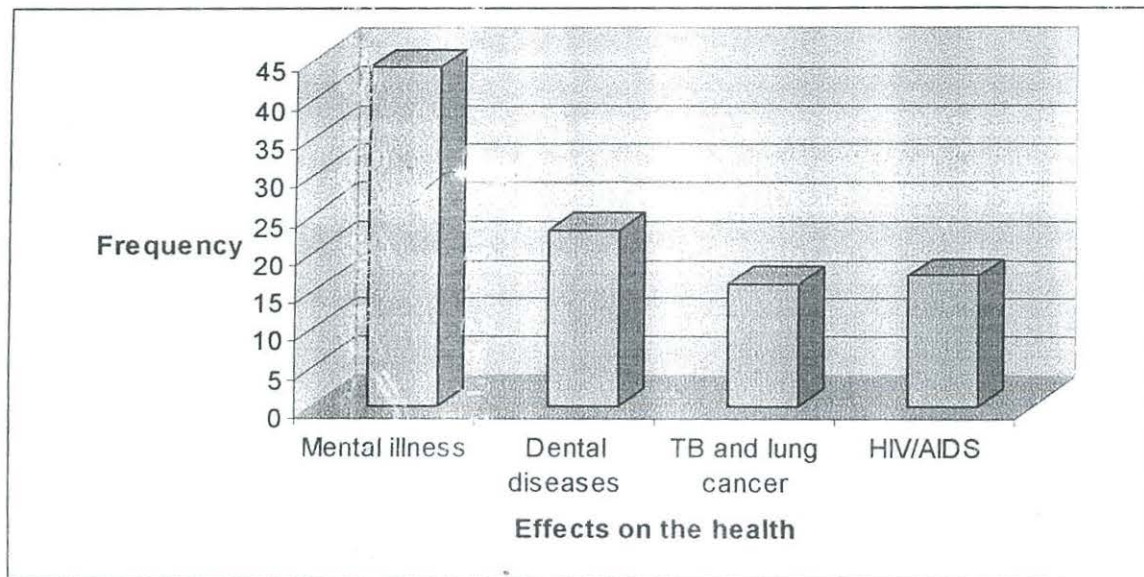
Source: Primary data

The table shows that 58(35%) were influenced by peer pressure, 38(23%) for recreation and idleness, 19(12%) wanted to taste, 6(4%) influenced by their parents or role model, 3(2%) wanted to relief stress and 1(1%) said they wanted to commit a crime.

4.4 Effects on the Health of the students

The researcher wanted to find out effects of substance abuse among the students in Wajir district. To meet this objective the researcher formulated questions in which he divided into 4 groupings; that is health, economy, social effects and performance in school.

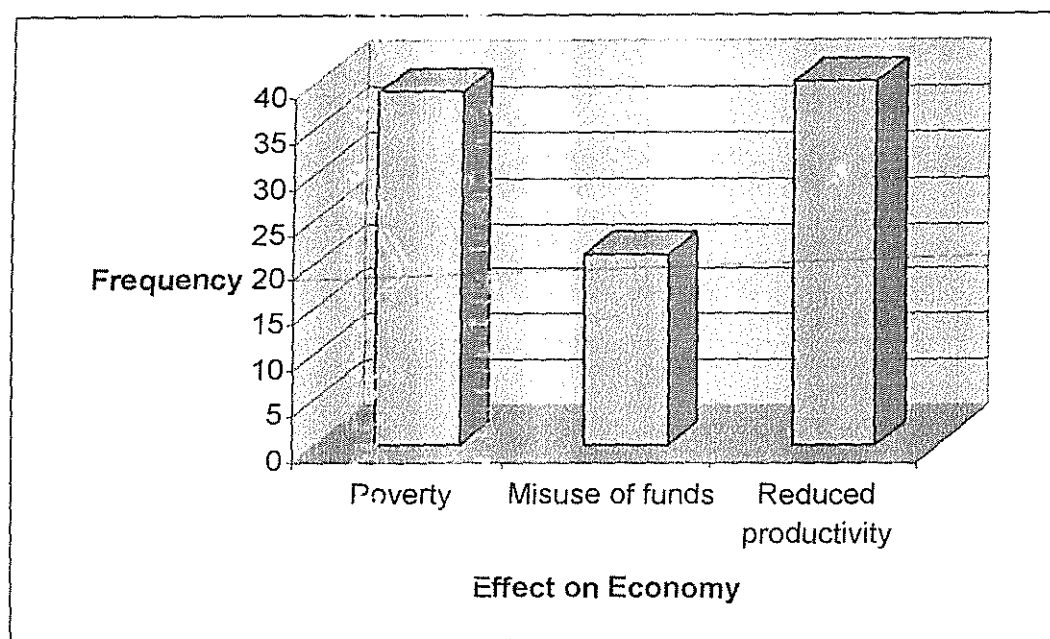
Figure 8: Effects on the health of the students



Source: Primary data

The figure shows that 44(44%) of the respondents said it causes mental illness, while 23(23%) said that it causes HIV/AIDS, 17(17%) causes TB and lung cancer and 16(16%) causes dental diseases.

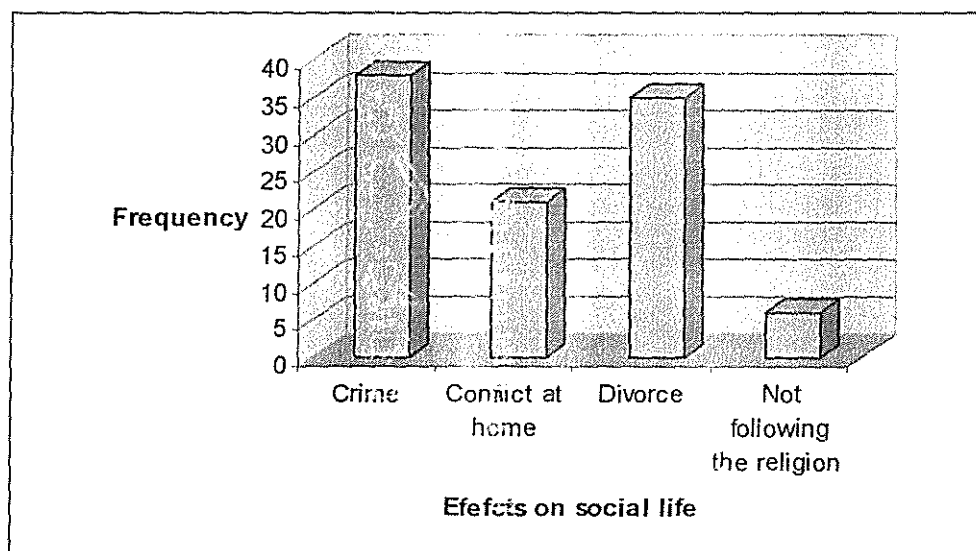
Figure 9: Effects on the economy



Source: Primary source

Majority of respondents 40(40%) said it reduces productivity, 39(39%) said it causes poverty while 21(21%) said it is wastage of money.

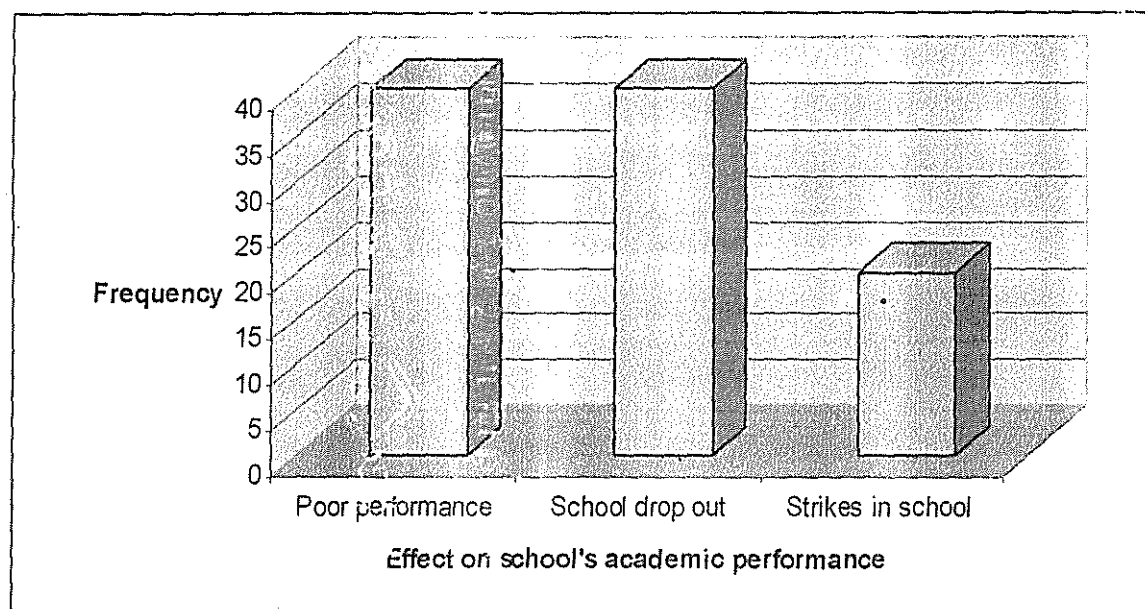
Figure 10: Effects on social life while at home and school



Source: Primary source

The figure shows that 35(35%) of the respondents believe that it causes divorce, 38(38%) crime, 21(21%) conflicts at home and 6(6%) said that it makes the person less religious.

Figure 11: Effects on school's academic performance



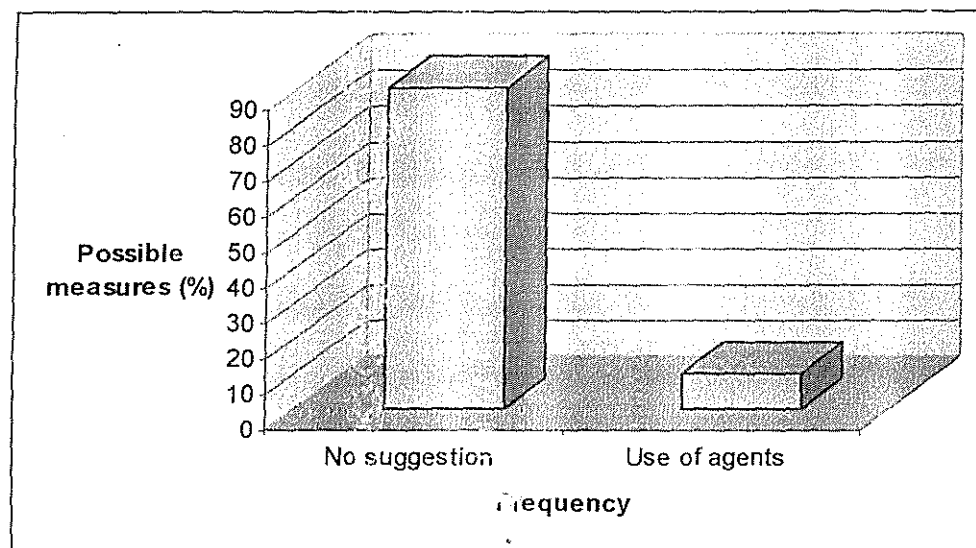
Source: Primary source

The figure above shows that an equal number of respondents 40(40%) said it leads to poor performance and school drop out while 20% said it's the main cause of school unrest and violence.

4.5 Measures put in place to control substance abuse in Wajir District

The researcher wanted to find out measures that are in place in Wajir to control substance abuse.

Figure 12: Measures that are in place to control drug abuse in Wajir district



Source: Primary data

According to the figure an overwhelming majority of 90% said that there are no measures to control substance abuse in Wajir district while 10(10%) said there exist controls and they gave agents that control substance are NGOs, religious leaders, the Kenya police, teachers, parents and public health officers.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter represents conclusions recommendations based on findings of chapter four, it thus presents findings on research data that is effects of drug and substance abuse on the students.

5.1 Summary

The research was carried out in three secondary schools in Wajir district of North-Eastern province -- Kenya, these included; Furaha mixed day S.S, Wajir girls, S.S Wajir girls S.S and Wajir High school.

The respondents ranged from age of 14 years to 30 years male and females as well as all religious denominations. The researcher found out that 30(38%) of the respondents abuse substance(s). In addition to this an overwhelming members of the respondents 82(82%) have either a relative or friend who abuse substances.

Most respondents 29(29%) started abusing substances at the age of 14 to 20years while 9(24%) started at the age of 21 to 26, at the same time most respondents 32(84%) were influenced by peer pressure to take up the habit, followed closely by reaction 25(65%) and idleness 16(42%).

Most respondents acknowledge that substance abuse causes myriad of problems. A large number 44(44%) said it causes mental illness, 23(23%) HIV/AIDS, 17(17%) TB and lung cancer while 40(40%) and 39(39%) said it reduces productivity and causes poverty respectively.

On effect on school performance 80(80%) the respondents said it leads to poor performance and school dropout. On the social aspect many respondents

38(38%) belief it's a source of crime while 35(35%) said contribute to increase in crime rate.

5.2 Conclusions

The research was very interesting to the researcher. The project has broadened the researcher's knowledge on the subject since it provided an opportunity of reading literature, other researchers work and interacting with different personalities.

The research project enabled the researcher to meet the set objectives through the questions answered on the questionnaire.

The project proved there was rampant abuse of substances among the students of Wajir district.

The project was very involving, as it required time, patience and self-dedication. It required finance in the form of materials, transport, doing literature search and data collection, time to analyze and interpret the data collected.

5.3 Recommendations

The researcher recommends that the government and other stakeholders commence a massive and continued campaign against substance abuse

The researcher recommends that an act of law to be enacted to govern the trade and the use of khat

The researcher recommends the establishment of treatment and rehabilitation centres for substance abusers.

The researcher also recommends more research to be undertaken about substance abuse in Wajir district.

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APPENDICES

Appendix I: Budget Estimate

Item	Costs (Ug.Shs)
Reams of papers	100000/=
Printing	100000/=
Transport to the field	100000/=
Typesetting the work	50000/=
Accommodation	150000/=
Airtime	40000/=
Total	500000/=

Appendix II: Time Frame

Activity	Duration(Days)
Questionnaire design	2
Collecting data	4
Data analysis	3
Report writing	3

Appendix III: Questionnaire to Be Filled By Secondary Students in Wajir District Of North Eastern Province-Kenya

Introduction

Dear respondent,

I am a student of Kampala international University conducting a research study as a requirement for the award of a bachelors degree in education. I kindly request you to spare some time and fill this questionnaire.

The information given will be used for academic rationality only and will be handled with paramount confidentiality. Your teamwork will be decidedly appreciated.

QUESTION

BACKGROUND INFORMATION

Gender?

a) Female

☐

b) Male

☐

Age?

20-25 years

☐

26-35 years

☐

36-45 years

☐

46 and above

☐

Level of education?

Secondary level

University level

Post secondary

☐☐☐

OBJECTIVE I: DIFFERENT FORMS OF DRUG ABUSE IN SELECTED SECONDARY SCHOOLS

Are aware of drug and substance abuse in this school?

Yes

☐

No

☐

If yes, what substances are consumed under the disguise of drug abuse?

a) Alcohol

☐

b) Miraa

☐

c) Cannabis

☐

d) Khat

☐

e) Others.....

Are you aware that, the consumption of such mentioned above is harmful to an individual's health?

Yes

☐

No

☐

If yes, give reasons to your answer?

.....

.....

.....

EFFECTS OF DRUG ABUSE ON THE PEOPLE LIVING AROUND AND IN THE SCHOOL

How does drug abuse affect an individual level of understanding?

.....

.....

.....

Do you think there is satisfaction to those who practice of drug abuse?

Yes ☐ No ☐

if yes, justify you answer?

.....

.....

.....

CAUSES OF DRUG ABUSE IN THE SELECTED SECONDARY SCHOOLS

Give reasons as to why people engaged in such practices of drug abuse?

.....

.....

.....

To you as a student what can be done to over the consumption of drug abuse

.....

.....

.....

**SUGGEST POSSIBLE MEASURES THAT CAN BE PUT IN PLACE TO
OVERCOME THE INCREASED NUMBER OF DRUG ABUSE IN THE
SELECTED SECONDARY SCHOOLS**

What do you recommend the concerned sector in government to do overcome
such practices of drug abuse?

.....
.....
.....

Do you think the poor performance of students in class is attributed drug abuse?

.....

Feel free, to comment or supplement on the study?

.....
.....

Thanks very much for your participation



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Office of the Director

24th April 2008

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR ~~MS/MRS/MR.~~ ADAM ARAB HUSSEN

REG. #. BED/13759/61/DF

The above named is our student in the Institute of Open and Distance Learning (IODL), pursuing a Diploma/Bachelors degree in Education.

He/she wishes to carry out a research in your Organization on:

EFFECTS OF DRUG ABUSE ON THE
STUDENTS' ACADEMIC PERFORMANCE
IN THE SELECTED SECONDARY SCHOOLS
WAJIR DISTRICT OF N.E.P - KENYA

The research is a requirement for the Award of a Diploma/Bachelors degree in Education.

Any assistance accorded to him/her regarding research will be highly appreciated.

Yours Faithfully,

JHWEZI JOSEPH
AD, IN-SERVICE