

Influence of Drug use on Academic Performance Among Secondary School Students in Matinyani District KENYA

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Abstract:

Drug use has become prevalent today than any other time in Kenya. Youths are using drugs which modify their mental, emotional and behavioural functioning. The purpose of this study therefore was to investigate the influence of drug use on academic performance among secondary school students in Matinyani district. Descriptive survey was used in this study. Fourteen public secondary schools were involved with population of 1701 students. Purposive sampling was used in the sample selection to select 5 schools which included a girls' boarding, a boys' boarding school, a mixed day school, a mixed boarding school and a mixed day and a boarding school. A sample size of 269 was used. The data was collected by use of a Core Alcohol and Drug Survey Questionnaire. Validity and reliability of the study instrument was established through a pilot study. A correlation coefficient alpha of 0.7408 was obtained. According to, Fraenkel and Wallen (2002) a reliability coefficient of 0.7 or more implies high degree of reliability. Data was analysed by use of descriptive statistics with the aid of Statistical Package for Social Science (SPSS). Percentages, tables, bar graphs and charts were used in presenting and summarizing the findings. The study established that drug use is common among secondary school students in Matinyani district; students drink alcohol, smoke cigarettes and chew miraa/khat. The study findings on emerging trends drug use revealed that most of the students started taking drugs at adolescent stage.

Keywords — Matinyani district, drug use, common drugs, emerging trends, secondary schools, students.

I. INTRODUCTION

There is growing concern worldwide today over growing number of youth using drugs that the law does not permit or prohibit. The existence and extent of drug use has been identified as one of the greatest problem in learning institutions. Drugs are chemical substances that modify mental, emotional and behavioural functioning, APA (2000).

According to, the World Drug report (2005) the use of illicit drugs has increased throughout the recent years. The report further states that a major World trend is the increasing availability of many kinds of drugs. A report released by United Nations Drugs Control Programme (2004) 4.8% of the global population consume drugs, but the worrying fact is that according to, United Nations Drugs Control Programme executive director (2004) those hooked are the youth. In China it was reported that drug use is going up while the age of new users is going

down. A survey in the Czech Republic showed that 37% of new drug users were teenagers between 15-18 years old. Drug use in particular heroine is becoming a serious problem in Egypt where around 6% of sampled secondary school students admitted to have experimented with drugs. In Pakistan it was reported that the share of those who started using heroine at 15-20 years has doubled. Africa's role in global drug supply chain is increasing. Already the continent is second largest region for cannabis production, trafficking and consumption accounting for 26% of global Seizures of this drug in 2001, UNODC (2004).

In Kenya today drug use has become prevalent than at any other times, NACADA (2010). Majority of the users are students in secondary schools, tertiary colleges and universities. According to, NACADA (2010) the use of the drugs has spread at a fast rate and reached every part of the country. Use of drugs can be traced back to pre-colonial days when

alcohol and other drugs were used and consumed as part of traditions of the communities. The communities had virtues and values that strictly guided the use of drugs. Generally consumption of alcohol, tobacco and other drugs was a privilege of the elders, more often than not male elders. The actual existence of drug use as a social problem was rare because of strong social structures. The low levels or non existence of drug use was sustained as a result of strong kinship ties that ran through different social institutions. Traditions and taboos were upheld to discourage the misuse of drugs.

One of the most common consequences of drug use is keeping up with academic responsibilities. According to, National Institute on Alcohol and Alcoholism (2005) in United State of America about 25% of students experience difficulty in academics due to drug use. Such difficulties include earning low grades, doing poorly on test, missing class and falling behind in academic performance. Even students who don't use drugs may suffer academically as a result of their peers taking drugs. The so called secondary effects of drugs include taking care of friends on drugs and being victims of assault which can affect school work of students who don't use drug. These consequences can have dramatic end results. School administration report that significant number of students who drop out of school do so because drugs interfere with their academics. Drug use undermine academic mission of schools, colleges and universities. Drug use and its effect on students performance can lead to a decline in the overall academic performance of a school as a result schools may face declining retention rates and poor reputation. Schools with reputation of 'drug use' may attract students who engage in high-risk behaviors and may discourage prospective students who are looking for an academically vigorous institution.

One of the top school in Kitui County, Eastern Province, of Kenya, is today a shadow of its former self. The school is now infamous for poor academic performance. According to the Principal of the institution, the declining academic performance of the school can be attributed to rampant drug use among students. In Matinyani District where rains are inconsistent and unreliable, education is a major investment that determines the livelihood of many

people. Many parents have realized this and hence invest heavily on education of their children. Therefore, examination serves as feed back to the parents on their success or failure of this investment. The dismal performance of students in the K.C.S.E in Matinyani District has caused a lot of public outcry among education stakeholders of the District. The District performance has been below average . It is speculated that academic performance of the student is affected when they start using drugs which may affect academic performance. Therefore this study sought to investigate influence of drug use on academic performance among secondary school students in Matinyani District.

Purpose of the Study

The purpose of the study was to investigate the influence of drug use on academic performance among secondary school students in Matinyani district.

Objectives of the Study

The study was guided by the following objectives:-

- i. To establish common drugs used among secondary school students in Matinyani District.
- ii. To examine the emerging trends in drug use among secondary school students in Matinyani District.

Research Questions

- i. What are the common drugs used among secondary school students in Matinyani District?
- ii. What are emerging trends in drug use among secondary school students in Matinyani District?

Significance of the Study

The findings may help the Ministry of Education and school administrators in the development of strategies for students' behaviour management in schools. Students may be helped by the findings of the study by being made aware of effects of drug use on academic performance and hence be more cautious and instead concentrate on studies. The study findings might help curriculum developers in formulating and inco-operating psycho-education programs in secondary schools. The findings may also be useful to schools management to come up

with drug policies and put in place suggested counselling interventions.

Scope of the Study

The study was conducted at Matinyani District, Kitui County. The study involved public secondary schools students. Form three and four students were targeted. This was because they have been in the schools for a longer period of time hence they had knowledge on drug use. The focus was on the influence of drug use on academic performance among secondary school students.

Limitations of the Study

Students may not give genuine information because of fear. This is because drug use is illegal and therefore students may fear being victimized. The other notable limitation was the generalization of the anticipated findings of the study since the study involved purposive sampling which would not allow results to be generalized to all schools, both private and public.

Assumptions of the Study

The study was guided by the following assumptions:

- i. Drug use was perceived to have negative consequences on student academic performance in Matinyani District.
- ii. Students would give honest responses and not socially accepted responses.
- iii. Only willing students participated in the study.

II.LITERATURE REVIEW

Introduction

This chapter reviews the literature on the, categories of drugs used by students, A theoretical and conceptual frame work that relates drug use to academic performance will also be discussed.

Classification of Drugs

Steve and Smith,(2001) divided drugs into eight classes which include

Stimulant: They include cocaine which is extracted from leaves of coca plant (Erythroxyln colas). It is a stimulant that until recently was used in coca cola. Today it is sold in the illicit market as pellets or powder. Other stimulants include khat, nicotine and caffeine.

Hallucinogens: They include lysergenic acids, ecstasy tablets and other compounds.

Depressants: They are taken orally and slow down nervous system. Examples are alcohol and barbiturates.

Cannabis: Includes marijuana, hashish and hashish oil an extract from hemp plant. According to, UNODC (2004) cannabis is the world's forth most commonly used psychoactive drug after caffeine nicotine and alcohol. A source of concern is its regular use by teenagers because the intoxication marked by altered thinking and interferes with learning.

Opiates: they are derived from opium poppy whereas others are synthetic. They include morphine and codeine.

Inhalants: These include various chemicals such as glue, typewriter correction fluid, gasoline, and paint thinner, and finger nail polish remover.

Nicotine: It is a powerful addicting drug that sustains wide spread tobacco use. It is an extremely poisonous substance just two or three drops of pure active alkaloid will rapidly kill a person. Examples are cigarettes, tobacco and Kuber.

Designer drugs: They are synthetic stimulants, examples amphetamines.

Theoretical Frame Work.

The study was based on two theories: reality therapy and social cognitive theory both theories' focus is on action and subsequent consequences.

Reality Therapy.

Reality therapy rests on the central idea that we choose our behaviour and we are therefore responsible not only for what we are doing but also for how we think and feel. The approach place confidence in the client's ability to deal with his/her needs through a realistic or rational process. From a reality therapy standpoint, counseling is simply a special kind of training that attempt to teach an individual what he/she should have learned during normal growth in a rather short period of time. According to, Glasser (1981) reality therapy is applicable to individuals with behavioral and emotional problems. Reality therapy works well with alcohol and drug related problems. It has been widely used in schools, correctional institutions, mental hospitals, general hospitals and business management. It focuses on the person and on getting people to understand that they choose

essentially all their actions in an attempt to fulfil their basic needs. When they are unable to do this, they suffer or cause others to suffer. The therapist's task is to guide the individual towards better or more responsible choices that are always available getting a commitment to plan for change. The goals of reality therapy emphasises on meeting needs by taking control over choices in life. The clients are helped in assessing their total behaviors and their needs and developing ways to meet them. Reality therapy has been used as treatment of drug use. The implication of this theory is that drug users can be trained to make responsible decisions and recognize responsible choices. They can learn to observe the outcome of good choices and consequences of poor choices. They can thus be helped to acquire critical thinking skills that help them consider and understand long term consequences. The theory is used because it focuses on present avoiding discussing the past. It also focuses on what the counselee can directly act and think and spent less time on what they cannot do directly. It is non – judgmental and non –coercive it encourages people to judge their choices. It is solution based theory

Social Cognitive Theory

The theory agrees with the idea that drug use represents a learned habit and can be changed by applying learning theory principles. Social cognitive theory deals with cognitive and emotional aspects of behaviour. It describes learning in terms of behavioural, environmental and personal factors, Bandura (1997). Social cognitive theory explains how people acquire and maintain certain behaviour patterns, Bandura (1997). Behavior change depends on factors such as environment, personal and behavioural factors which are responsible for human action. According to, Bandura 2001 social cognitive theory asserted that an individual's behaviour is uniquely determined by three factors, namely, cognitive, environment and personal factors. The theory emphasises that one's cognitive the mind is an active force that constructs one's reality and what we are like as people, Bandura (2001). Environmental factors can affect an individual behaviour. This can either be social or physical environment. Social environment may include modeling from friends, family or colleagues. A person may model from these people who use

drugs. A physical environment may provide framework for understanding behaviours, Parraga (1990). A person may observe others and learn their behaviours and reinforce the behaviour, for example, the use of drugs. This situation may refer to cognitive or mental representation of the environment that may affect person's behaviour. For example, in an environment (school) where no one will ask (a student) where or what they are doing (behaviour) at any particular time drugs can then be used without any one asking them. Personal factors mean that humans have the capacity to exercise control over their own lives. Bandura (2001) believes that people are self regulating, proactive, self-reflective, self organizing and have power to influence their own actions to produce desired consequences. This applies to drug use where an individual can use their cognitive processes as a point of reference to either use drug or face the consequences and thus self-direction or self regulation. Behaviour that is learned through social cognitive learning can be eliminated such as drug use through acquiring new functional behavior. Social cognitive theory is an insight theory that emphasises recognizing and changing negative thoughts and maladaptive beliefs, Beck (1987) and this implies to drug users. They can be assisted not to set back on personal inadequacies and draw negative conclusions about their worth as a person. The theory was used because it assumes that secondary school students who are in adolescent stage acquire beliefs about drug use from role models, friends, relatives and parents. From this perspective the theory can be used to provide students with positive role models and teach them refusal skills.

III. RESEARCH METHODOLOGY

Research Design

The research was a descriptive survey adopting *ex-post facto* research design.

Population of the Study

All the 1701 students in 14 public secondary school in Matinyani District.

Sampling Procedure and Sample Size.

Purposive sampling was used in selecting 5 schools out of 14 schools from the schools based on sample

size. Simple random sampling was used to select 269 students.

Data Collection Method

Data was collected using the Core Alcohol and Drug Survey.

Data Analysis

The data was analysed using descriptive statistics with the aid of statistical package for social science (SPSS) version 17.0 for windows. Percentages tables and chart were used in presenting and summarizing the findings

IV.RESEARCH FINDINGS AND DISCUSSIONS

Common Drug Used Among Students

The first study objective was to establish common drugs used among secondary school students in Matinyani District. Table 1 illustrates commonly used drugs by students

Table 1:

Type of Drugs Used by Students

Type of Drug	Yes		No	
	Frequency	Percent	Frequency	Percent
Alcohol	137	50.9	132	49.1
Miraa/Khat	106	39.4	163	60.6
Cigarettes	105	39.0	164	61.0
Kuber	60	22.3	209	77.7
Marijuana	32	11.9	237	88.1
Sleeping peels	25	9.3	244	90.7
Amphetamines	8	3.0	261	97.0
Inhalants	8	3.0	261	97.0
Sedative	7	2.6	262	97.4
Opiates	7	2.6	262	97.4
Cocaine	6	2.2	263	97.8
Steroids	6	2.2	263	97.8
Hallucinogens	4	1.5	265	98.5
Designer drugs	4	1.5	265	98.5

Table 1 illustrates that 50.0% of the respondents reported that they were taking alcohol, 39.0% indicated that they had been smoking cigarettes while 39.4% reported that they were chewing miraa/khat. Other drugs common to students were

marijuana and kuber. In line with the above findings, a study by, Otieno & Ofulla (2009) on drug abuse among secondary school students in Kisumu was designed to ascertain the extent and factors associated with drug abuse among

secondary school students in Kisumu. The results showed that 57.9% of the respondents had consumed alcohol at least once in their lives, 34.7% had abused tobacco, 18.3% had abused cannabis, 23.1% had abused khat and 5.2% had used inhalants and/or cocaine. A study commissioned by NACADA and published in the Sunday Nation of 28th March 2004 found out that a large number of students across all age groups have been exposed to alcohol, tobacco, khat and glue sniffing. The study further observed that students start with cigarettes before graduating to harder drugs like cocaine and bhang.

According to, NACADA (2004) baseline survey in Kenya, there are different drugs abused in various parts of the country. For instance, Meru have a lot

of khat (miraa) abuse, Kakamega region have the abuse of busaa (a local brew), Coastal region has mnazi and central Kenya muratina. All these among others are drugs that are introduced to students early in life and with the misconception that they help to relax the mind. Other drugs that find themselves in schools are bhang, cocaine, cigarettes and alcohol.

Emerging Trends in Drug Use

The second objective of the study was to examine the emerging trends in drug use among secondary school students in Matinyani District. To address this objective, students were requested to indicate number of times they had taken alcohol or smoked. Table 2 shows responses obtained.

Table 2:

Number of Times ever had Alcoholic Drinks and Smoked

	Frequency	Percent
None	191	71.0
Once	24	8.9
Twice	24	8.9
3-5 times	15	5.6
6-9 times	4	1.5
10 or more times	11	4.1
Total	269	100.0

Table 2 shows that among the students who reported they had ever taken alcohol or smoked, 24 (8.9%) students indicated once, 15 (5.6%) reported 3-5 times while 4 (1.5%) indicated 6-9 times. However, majority of the students reported that they have never taken alcoholic drinks or smoked. Figure 1 illustrates the average number of alcoholic drinks students consume in a month

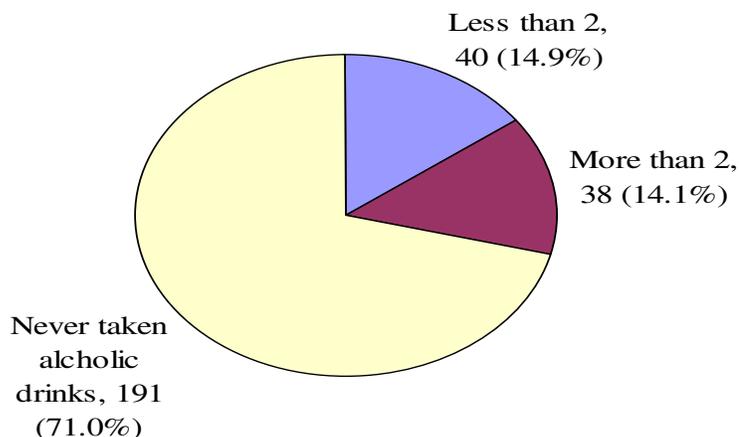


Figure 1: Average Number of Alcoholic Drinks Consumed in a Month

Figure 1 shows that 40 (14.9%) students indicated that in average they took less than 2 alcoholic drinks in a month while 38 (14.1%) took more than 2 alcoholic drinks in a month.

Table 3 shows different types of alcohol and drugs mainly used by students and the age in which they started using them.

Table 3:

Type of Alcohol, Drugs and Age in which Students Started Using

Type of alcohol and drug	Never		Under 10 yrs		10-11		12-13		14-15		16-17		21-25	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Alcohol	161	59.9	15	5.6	11	4.1	16	5.9	36	13.4	28	10.4	2	0.7
Tobacco	196	72.9	14	5.2	9	3.3	12	4.5	17	6.3	21	7.8	0	0.0
Marijuana	243	90.3	6	2.2	1	0.4	8	3.0	4	1.5	7	2.6	0	0.0
Cocaine	262	97.4	3	1.1	2	0.7	1	0.4	1	0.4	0	0.0	0	0.0
Amphetamines	253	94.1	11	4.1	3	1.1	1	0.4	0	0.0	1	0.4	0	0.0
Sedatives	261	97.0	5	1.9	0	0.0	1	0.4	0	0.0	2	0.7	0	0.0
Hallucinogens	258	95.9	2	.7	1	0.4	5	1.9	1	0.4	2	0.7	0	0.0
Opiates	262	97.4	3	1.1	2	0.7	0	0.0	1	0.4	1	0.4	0	0.0
Inhalants	260	96.7	4	1.5	3	1.1	1	0.4	0	0.0	1	0.4	0	0.0
Designer drugs	263	97.8	2	0.7	1	0.4	1	0.4	1	0.4	1	0.4	0	0.0

Steroids	261	97.0	3	1.1	0	0.0	3	1.1	1	0.4	1	0.4	0	0.0
Miraa/Khat	188	69.9	9	3.3	6	2.2	14	5.2	20	7.4	32	11.9	0	0.0
Kuber	223	82.9	15	5.6	6	2.2	4	1.5	9	3.3	12	4.5	0	0.0

As shown in Table 3, 13.6% of the students started taking alcohol at the age of 14-15 years, 7.8% used tobacco at the age of 16-17 years while 11.9% used Miraa/Khat at the age of 16-17 years. Other reported as shown in the table. This was an indication that most of the students started using drugs and taking alcohol during their adolescence stage. These results concurred with, Melgosa (2002) who noted that, no stage of life is more troubled than the teenage years (13-19 yrs) and the adolescence period. It is the transition period where all human doubts, hesitation and uncertainties appear. If these doubts are not correctly treated the person may take drugs to gain confidence.

CONCLUSIONS AND RECOMMENDATIONS

The study established that drunk alcohol, smoked cigarettes and chewed miraa/khat.. The study findings on emerging trends on drug use revealed that 8.9% of the student had taken drug once, 8.9% twice while most of the student start taking drug at adolescent age.

Recommendations

School administration should be more vigilant in curtailing drug use among secondary school

adolescents. For instance, they can facilitate officials from NACADA to sensitize both the teacher counselors and the adolescents on all issues to do with drug trafficking and abuse, especially among the adolescents.

REFERENCES

- [1] American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorder .(4th ed, text rev.). Washington, DC:Author.
- [2] Bandura, A. (1997). Self-efficacy: The Exercise of Control. New York: Freeman.
- [3] Bandura, A. (2001). Social Cognitive Theory: An Agentic Perspective .Annual Review of Psychology, 52, 1-26
- [4] Carla, R. (2002). World drug report. International journal of drug policy vol.13 (issue 3), 225-235.
- [5] Coney, M. Corey, G. (2002). Groups, Process and Practice (6th Ed). Pacific Grove; CA: Brooks/Cole.
- [6] Dryfoos, J. G. (1990). Adolescents at Risk: Prevalence and Prevention. New York: Oxford University Press.
- [7] Duignan, R. (1986). Research on Effective schooling some implication for school improvement. Journal of Education Administration, volume xxiv No. 1

- [8]Fraenkeal,R.J. & Wallen,N.E.(2000). How to Design an Evaluate Research in Education (4TH ed.)New York: McGraw-Hill Higher Education.
- [7]Frank, N. (2010). What's wrong with these Children? A guide to the parents and teachers. Nairobi: Kenya Oxford University Press.
- [8]Garber, S. (2001). Where has this Theory gone? Learning theory and Intentional intervention. *Journal of Counseling and Development*.79 (3), 282-291.
- [9]Glasser, W. (1981). *Stations of the Mind*. New York: Harper and Row.
- [10]Griffins, G. (1994): *School Mastery: Straight Talk About Boarding School Management*: Lectern Publication. Nairobi.
- [11]Harmatzo, O. (1973). *Developmental Psychology in Nigeria*: Ibadan. Evens Books.
- [12]Hollister, C. (1971). *Roots of Western Traditions; A Short History of ancient World*. New York. Willey.
- [13]John, W. (2005). *Psychology updated edition (7th ed)*. MC Graw Hill.
- [14]Kaplan, H.I. and Sadock, B.J. (2002). *Synopsis of Psychiatry: Behavioral Science, Clinical Psychiatry (8th ed)*. Williamsons and Wilkins Baltimore.
- [15]Kathuri, N.J. & Pals A.D. (1993). *Introduction to Educational Research*. Egerton University Njoro: Educational Media Centre Kenya.
- [16]Kerochio B. (2004). *Drug use – Cults and Satanism*, Nairobi: Uzima Press.
- [17]Kerochio, B (1994). *Drug use in Kenya*. Nairobi: Uzima Press.
- [18]Kinai, T. K. (2010). *Behaviour Modification and Lifestyle Rehabilitation*. Almasi Nairobi :Holistic Healthcare Ltd.
- [19]Malulu, J.K. (2004). *A Study of Drugs in Public Boarding and Secondary Schools in Nairobi*: Unpublished M. Ed; Nairobi.
- [20]Melgosa, J. (2002). *To Adolescents and Parents*. Barcelona: Editorial Safeliz
- [21]Melgosa, J. (2009). *To Adolescent and Parents*: Madrid. Spain.
- [22]Mugenda, O.M. & Mugenda, G.D. (1999). *Research Methods: Quantitative and Qualitative Approach*: Nairobi: Act Press.
- [23]Mwangi, D.T. (1983). *Factors that influence academic achievement in Kenya*. Kenyatta University: Nairobi Bureau of Education.
- [24]Mwenesi, H.A. (1995). *Rapid Assessment of Drug use in Kenya*. A National Report Kenya Medical Research Foundation. MIMEO.
- [25]NACADA (2001). *Resolutions of the education authorities in the fight and campaign against drug use in learning institutions in Central Province on 22nd November 2001*. Nairobi, NACADA News.
- [26]NACADA (2002). *Drug and substance abuse: The Kenyan context*. Nairobi, NACADA
- [27]NACADA (2004). *Youth in Peril: Alcohol and Drug use in Kenya*. Nairobi, NACADA
- [28]NACADA (2010). *Drug and Substance Abuse in Kenya*: Nairobi: NACADA.
- [29]National institute of alcohol and alcoholism (2005). *A national plan for alcohol services research*. Publication No. 98. 3888. Washington D.C; us Government printing officer. Retrieved March 8, 2012 From

www. niaa. nih.
Gov/publication/exsum/html

- [30]Otieno, A.O. & Ofulla, A. (2009). Drug use in Kisumu Western Kenya. Unpublished Thesis. Kenyatta University.
- [31]Richard, S. (1996). Theories of Psychotherapy and Counseling Concept and Cases. Brooks: USA. Cole Publishing Company.
- [32]Rickey, L.G. & Theresa, S.C. (1987). Counseling Theory and Practice (3rd ed). New Jersey.
- [33]Staves & Susan, L.A. (2008). Drug use Concepts, Prevention and Cassation; Cambridge University Press.
- [34]Stevens, P. & Smith, R.L. (2001). Substance Abuse Counseling: Theory and Practice. (2nd ed). Upper Saddle River, NJ: Merrill/Prentice Hall.
- [35]UNDOC (2004). Global Illicit Drug Trend. New York: United States.
- [36]Wanyoike, W. (2003). Understanding Youth and Family Issues from a Christian Perspective. Makuyu: Don Bosco Printing Press.
- [38]World Drug Report (2005). Drug statistic vol.2. Oxford University Press.
- [39]World Health Organization (2003). Joint united nations programe on HIV/AIDS, united nations educational, scientific and cultural organization, united nation children fund. Geneva, Swizerland

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