Sociological Factors To Drug Abuse And The Effects On Secondary School Students' Academic Performance In Ekiti And Ondo States, Nigeria

B. O. Abdu-Raheem, Ekiti State University, Nigeria

ABSTRACT

This study examined the influence of drug abuse on secondary school students in relation to their family background, family cohesion, peer group influence, and students' academic performance. Descriptive research design of the survey type and an inventory were used for the study. The population comprised all secondary school students in Ekiti and Ondo States, while the sample consisted of 460 students that were found to be using drugs in Ekiti and Ondo states. Simple random sampling was used to select one school from each of the 16 local governments in Ekiti and one each from the 30 in Ondo state. Purposive sampling was used to select ten students from each school in the 16 local governments in Ekiti and ten each from the 30 local governments in Ondo states.

The instruments used for collection of data were a self-designed questionnaire called Drug Abuse Questionnaire (DAQ) and an inventory for collection of students' results. The data were analysed using Pearson Moment Correlation Analysis. The four hypotheses raised were tested at 0.5 level of significance. The study determined that there was significant relationship between family background, peer influence, family cohesion, and drug abuse. In the study, it was also discovered that drug abuse negatively affects students' academic performance in Ekiti and Ondo States. It is therefore recommended that parents should give their children moral, social, psychological, and financial support to guide them against negative peer and societal influences.

Keywords: Sociological Factors; Drug Abuse; Academic Performance; Secondary School

INTRODUCTION

$\mathcal{D}$rug abuse is a matter of grave concern to educational stakeholders, medical practitioners, sociologists, religious leaders, counselors and parents. It is a national and international sensitive challenge that needs urgent attention due to the alarming rate of involvement of the youth. Adewuya (2005) noted that alcohol is most widely used among young people. West and Graham (2005) also agreed that students, as a subset of the youth population, consume large quantities of alcohol, tobacco and other drugs. Ajake, Isangedihi and Bisong (2009) posited that premarital sexual practices and drug abuse constitute social ills that have been age-long problems in the secondary school system. Ajayi and Ekundayo (2010) equally confirmed that drug abuse has been identified as a serious constraint to effective teaching and learning process in the Nigerian educational system.

Drug abuse, according to Ajayi and Ayodele (2002), is the wrong use or inappropriate use of chemical substances that are capable of changing functions of cells in the body. Bayer, as cited in Egbochuku and Akerele (2007), saw stimulants, which are substances that cause an increase in the activity of an organ in the body, as chemicals that excite certain activities of the central nervous system. Ajayi and Ekundayo (2010) also saw drug abuse as over-dependence and misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners. They further identified dangerous drugs like cocaine, Indian hemp (marijuana),

morphine, heroin, tobacco, ephedrine, valium five and Chinese capsules as few among the drugs commonly abused by youths.

Oshodi, Aina and Onajole (2010) reported that, despite worldwide concern and education about psychoactive substances, many adolescents have limited awareness of their adverse consequences. They further explained that curiosity, social pressure and peer group influence are noted to be primary reasons for substance misuse. Makanjuola, Daramola and Obembe (2007), Aina and Olorunsola (2008), and Buddy (2009) lamented that a substantial percentage of the national budgetary allocation is utilized for treatment and rehabilitation of people with substance use problems in Nigeria.

In an attempt to control sleep or energise themselves, most adolescents and young ones start experimenting with tobacco, alcohol, ephedrine and other caffeinated substances such as Nescafe and red bull. Some of the reasons for the drug abuse, as identified by Ajayi and Ekundayo (2010), are to reduce pain, anxiety and tension, ignorance and misinformation, parental background, urge to commit crimes, peer group influence, isolation and loneliness.

Linhadt (2001) also noted that students see the use of stimulants in positive terms for relief from pain and problems, elevation of mood, wakefulness, increased confidence, feeling and psychomotor activities and athletics, and feeling of euphoria. McCrystal, Higgins and Percy (2007) confirmed that for many adolescents, drug abuse has now become a part of their lives and perhaps may have now contributed to their academic failure.

Abianwu (2005) confirmed that cannabis is by far the most commonly used illicit drug with usage of 4% of the world population compared to 1% for all other drugs combined. Oshodi, Aina and Onajole (2010) also explained in their study that marijuana is the most commonly used substance followed by tobacco. They further stressed that in the United Kingdom, cross-sectional studies have shown that among students aged 15-16 years, at least 40% had used illicit drugs, mainly cannabis, at some time during their lives. Oshodi, Aina and Onajole (2010) also discovered that alcohol hypo-sedatives, tobacco and psycho stimulants were commonly abused substances with varying prevalence rates found for both overall and specific substance use. They further noted that the lifetime prevalence rates of substance use among secondary and university students were found to vary between 1.5% for tobacco and 47% for psycho stimulants in Ilorin, Kwara State of Nigeria.

Furthermore, Chikere and Mayowa (2011) found that in a number of school and college surveys in Nigeria, alcohol use is the most common among students, with many drinking students having had their first drink in family settings. They also discovered that the majority of students affected were initiated into the use of alcohol at a tender age of 16-20 years.

The motive behind drug abuse may be sociological (status-seeking, peer pressure, the news media or substance-oriented society), psychological (to banish pain or discomfort, to attain euphoria, fantasy or to escape from unpleasant reality), out of curiosity, boredom, to alleviate fear, derive sexual and physical pleasures, or family background (Alan, 2003). He further stressed that despite the fact that drug abuse has adverse effects on the youth involved by changing their brain perception of difficulties and problems, the number of undergraduates that use or abuse stimulants has steadily increased in recent years. Zullig, Huebuer, Patton and Murray (2009) also reported that university students who witnessed dissatisfaction with life due to anger, frustration and boredom, consume alcohol to fit in.

Stimulant use and abuse appears with increasing frequency in the nation. The reasons individuals, including students, often give as a reason for stimulant usage include the need to belong, expectancy, mental set, sex, certain drives, integrative use, ceremonial use, hedonistic use, utilitarian use and disintegrative use (Rathod, as cited in Egbochuku, Aluede and Oizimende, 2009). Oshodi, Aina and Onajole (2010) also confirmed that students use drugs for relief of stress and for self-medication at night in order to study.

In their own research, Adamson, Onifade and Ogunwale (2010) specified that in Kenya and South Africa, the major drugs of abuse have been known to be alcohol, cannabis, tranquilizers, and tobacco. In their study, they also discovered the prevalence of abuse of alcohol, cannabis and other substances among the population of students, prisoners, and patients in psychiatric facilities, among others. Johnson, O'Malley, Bachman and Schulenberg (2004),

in a survey of 1,400, discovered that, across the United States, the prevalence of alcohol use by university students was over 80%, while one-third of this population used marijuana. Wickwire, Whelan, Meyers and McCausland (2008) also revealed that gambling, which goes hand-in-hand with other dysfunctional behaviours, such as substance abuse, is part of the university environment. Akinyemi (2008) reported that despite the efforts of Nigerian National Drug Law Enforcement Agency (NDLEA) and other governmental agencies to stem the tide of substance abuse in Nigeria, there has been a consistent rapid rise in the number of cases of drug abuse among young people (ages 10-24) in Nigeria.

Drug abuse has some social, economic, psychological, cultural, physical, moral, and health consequences that may lead to poverty, disability, maladjustment or death of the abusers. Chinkere and Mayowa (2011) emphasized that in addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable one at a relatively young age. They confirmed that alcohol is estimated to cause about 20-30% (worldwide) disease of esophageal cancer, liver cancer, cirrhosis of the liver, homicide, epilepsy and motor vehicle accidents. The consequences of drug abuse, as stated by Ajayi and Ekundayo (2010), aid crime rates, cultism, mental illness, low self-esteem and self-respect, injuries to one's health, and becoming a social outcast and bringing shame to their kin. The consequence of chewing kola nut - taking bland coffee and other substances that enhance one to stay awake at night - could lead to addiction and substance abuse which may result in negative health implications and adversely affect performance in examination contrary to the expectation of the students (Ojikutu, 2010).

The World Health Organisation (WHO, 2009) reported that risk of exposure to substance abuse has become one of the factors that influence the development of the burden of disease. It was also noted that one-third of the disease burdens of adults can be associated with behaviours that began in adolescence. WHO (2009) further stressed that alcohol may have more immediate and severe effects on young people because their muscle mass is smaller than that of adults. Oshodi, Aina and Onajole (2010) also stated that extensive use of caffeine has been associated with brain fatigue syndrome, a culture-bound syndrome among West African students. They noted that brain fatigue syndrome usually presents poor study assimilation, functional somatic complaints involving the head and neck region, and visual disturbances.

In their own contributions, Adamson, Onifade and Ogunwale (2010) lamented that the trend of more adolescents using drugs (with the age of drug users getting younger) has been reported earlier. Early drug abuse has been associated with more severe addiction, delinquency, criminality, and psychological and behavioural problems. Igwe and Ojinnaka (2010) also reported that the rates of psychiatric disorders are much higher among adolescents with current substance abuse and have been replicated in many studies. They concluded that substance-abusing adolescents seem to have a high prevalence of mental health symptoms compared to their peers who do not use substances.

Moreover, Olley (2008) discovered that use of alcohol contributes 25% to the total explanatory power of sexual-risky behaviours among adolescents which exposes them to a higher risk of HIV/AIDS and other STD infections. Science and Nutrition (2009) also noted that excessive chewing of kola, consumption of bland coffee and other substances to stay awake, could lead to addiction and substance abuse. Sanni, Udoh, Okediji, Modo and Ezeh (2010) identified vandalism, drug abuse, weapon carrying, alcohol abuse, rape, examination malpractices, school violence, bullying, cultism, truancy, and school drop-outs as anti-social behaviours often associated with juvenile delinquents.

In conclusion, drug abuse has become a threat to the lives and success of the youth. This is evidently a source of sorrow to the parents, guardians and relatives. It is also a big challenge to the whole nation. Stakeholders and members of the public, generally, should devote urgent and adequate attention to the alarming rate of drug abuse, especially among the youth who will be our future leaders.

STATEMENT OF THE PROBLEM

It has been observed that drug abuse is a common phenomenon among secondary school students in Nigeria. It has also been noted that parents, peer groups, and society at large contribute to the alarming rate of drug

abuse among the secondary school students. This study, therefore, attempts to investigate the contributions of family background, peer groups and family cohesion to drug abuse in schools and the effects of drug abuse on students' academic performance in secondary schools in Ekiti and Ondo States of Nigeria.

RESEARCH HYPOTHESES

In view of the foregoing, the following research hypotheses were formulated:

1. There is no significant relationship between family background and drug abuse among secondary school students in Ekiti and Ondo States.
2. There is no significant relationship between peer group influence and drug abuse among secondary school students in Ekiti and Ondo States.
3. There is no significant relationship between family cohesion and drug abuse among secondary school students in Ekiti and Ondo States.
4. There is no significant relationship between drug abuse and students' academic performance among secondary school students in Ekiti and Ondo States.

METHODOLOGY

Descriptive research design of the survey type and an inventory were used for the study. A self-designed questionnaire called Drug Abuse Questionnaire (DAQ) contains three sections. The first (Section A) has to do with the bio data of the respondents. The second (Section B) contains the information about the family background and family cohesion of the respondents. The third (Section C) consists of information about the peer groups of the subjects. Inventory was also used to collect information about academic performance of the students involved for three academic sessions. The population for the study consisted of all public secondary school students in Ekiti and Ondo States of Nigeria. The sample was made up of 460 students who abuse drugs from 46 secondary schools in Ekiti and Ondo States. Simple random sampling was used to select one school from each of the 16 local governments in Ekiti and one each from 30 in Ondo State. Purposive sampling was used to select ten students from each school. The instruments were presented to educational managers, counselors, and social studies experts to assess the suitability of the items in the instruments. The face and content validities of the instrument were ensured by the experts. The reliability of the instrument was ascertained through a test/re-test method. The instrument was first administered to 30 students who were not used for the study. After six weeks, the instrument was re-administered to the same set of students. The scores of the two tests were correlated using Pearson Product Moment Correlation Co-efficient Analysis and the Reliability Co-efficient of 0.82 was obtained. This indicates that the instrument was reliable. Administration of the instrument was done through the class teachers and school counselors. Students' results were collected from the school principals. The data were analysed using Pearson Correlation Analysis. The four hypotheses raised were tested at 0.05 level of significance.

RESULTS AND DISCUSSION

Hypothesis 1:   There is no significant relationship between family background and drug abuse among secondary school students.

Table 1 shows that r_{cal} (0.381) is greater than r_{table} (0.195) at 0.05 level of significance. The null hypothesis, which states that there is no significant relationship between family background and drug abuse among secondary school students, is thereby rejected. It implies that there is a significant relationship between family background and drug abuse among secondary school students.

Table 1: Pearson Correlation Of Family Background And Drug Abuse

Variable	N	Mean	SD	r_{cal}	r_{table}
Family Background	600	36.27	9.02	0.381	0.195
Drug Abuse	600	167.42	11.47		

$P < 0.05$

Hypothesis 2:   There is no significant relationship between peer group influence and drug abuse among secondary school students.

Table 2 reveals that r_{cal} (0.562) is greater than r_{table} (0.195) at 0.05 level of significance. The null hypothesis, which states that there is no significant relationship between peer group influence and drug abuse among secondary school students, is rejected. Therefore, there is a significant relationship between peer group influence and drug abuse among secondary school students.

Table 2: Pearson Correlation Of Peer Group Influence And Drug Abuse

Variable	N	Mean	SD	r_{cal}	r_{table}
Peer Group Influence	600	12.08	1.07	0.562	0.192
Drug Abuse	600	167.42	11.47		

$P < 0.05$

Hypothesis 3:   There is no significant relationship between family cohesion and drug abuse among secondary school students.

Table 3 shows that r_{cal} is greater than r_{table} at 0.05 level of significance (r_{cal} = 0.659 < r_{table} = 0.195, P = 0.05). The null hypothesis, which states that there is no significant relationship between family cohesion and drug abuse, is therefore rejected. It implies that there is a significant relationship between family cohesion and drug abuse among secondary school students.

Table 3: Pearson Correlation Of Family Cohesion And Drug Abuse Among Secondary School Students

Variable	N	Mean	SD	r_{cal}	r_{table}
Family Cohesion	600	49.21	0.26	0.659	0.195
Drug Abuse	600	167.42	11.47		

$P < 0.05$

Hypothesis 4:   There is no significant relationship between drug abuse and students' academic performance among secondary school students.

Table 4 shows that r_{cal} (0.841) is greater than r_{table} (0.195) at 95% confidence level. The null hypothesis, which states that there is no significant relationship between drug abuse and students' academic performance among secondary school students, is therefore rejected. This implies that there is a significant relationship between drug abuse and students' academic performance.

Table 4: Pearson Correlation Of Drug Abuse And Academic Performance Among Secondary School Students

Variable	N	Mean	SD	r_{cal}	r_{table}
Students' Academic Performance	600	17.47	0.42	0.841	0.195
Drug Abuse	600	167.42	11.47		

$P < 0.05$

DISCUSSION

The study determined that there is a significant relationship between family background and drug abuse among secondary school students in Ekiti and Ondo States. Martunnen, Aro, Henriksson and Lonngvist (2007) are in line with this study. They stressed that family management practices, such as marital breakdown, different caretakers, harsh and inconsistent discipline, or multiple mothering in early childhood, are important factors in developing anti-social behaviour in adolescents.

The study also discovered that there is a significant relationship between peer-group influence and drug abuse among secondary school students in Ekiti and Ondo States. The study is in agreement with Nwakwo, Abanobi and Amadi (2008) who confirmed that smoking is clearly related to peer-group influence, which is extremely important in the development of the smoking habit, particularly during the teenage and college years.

In addition, the study also confirmed that there is a significant relationship between family cohesiveness and drug abuse among secondary school students in Ekiti and Ondo States. In support of the study, Ogidefa (2008) identified children from broken homes that are characterized by child abuse, intolerance, violence, insecurity, and hostility as possible members of secret cults and anti-social behaviour.

Furthermore, the study also revealed that there is a significant relationship between drug abuse and students' academic performance in Ekiti and Ondo States. Nwakwo, Nwoke, Chukwuocha, Obanny, Nwoga, Iwuagwu and Okereke (2010) agreed with the study that the inability of most adolescents to resolve emotional or psychological problems results in failure, which eventually leads to unhappiness, disapproval, non-recognition, frustration, stress, substance abuse, crime, truancy, delinquency, and many other bad lifestyles and behaviours.

CONCLUSION

In this study, it was concluded that family background, family cohesion, and peer-group influence are important factors that lead to drug abuse. It was also discovered that drug abuse leads to poor student academic performance in secondary schools in Ekiti and Ondo States.

RECOMMENDATIONS

Based on the findings, it is recommended that:

1.   Parents should try to give their children moral, spiritual, social, psychological, and financial support so as to guide them against peer and societal influences.
2.   Children should obey their parents and be satisfied with the little support given to them and they should also keep away from bad company.
3.   Teachers should familiarize themselves with their students so they are able to discover any anti-social behaviour and provide immediate solutions to it. Guidance counselors should give necessary counseling to the drug abusers, as well as to their parents or guardians.
4.   Government should provide all necessary materials and equipment to make teaching and learning interesting so as to reduce anti-social behaviours in school.

AUTHOR INFORMATION

Bilqees Olayinka Abdu-Raheem, B.Ed, M.Ed, Ph.D. (Hons) Ekiti State University, Nigeria. She is currently a lecturer of Social Studies in the Department of Educational Foundations and Management, Faculty of Education, Ekiti State University, Nigeria. She has authored many books and also has articles in reputable national and international journals. She is a member of Nigeria's National Association of Women in Academics (NAWACS) and Social Studies Association of Nigeria (SOSAN). E-mail: dr_boabduraheem@yahoo.com

REFERENCES

1.   Abianwu, H. 2005. Emerging serious psychopathology associated with abuse of cannabis (Indian hemp, marijuana). *Tropical Journal of Pharmaceutical Research*, 4(1): 329-330.
2.   Adamson, T.A., Onifade, P.O. and Ogunwale, A. 2010. Trends in socio-demographic and drug abuse variables in patients with alcohol and drug use disorders in a Nigerian treatment facility. *West African Journal of Medicine*, 29(1): 12-18.
3.   Adewuya, A. 2005. Validation of the alcohol use disorders identification test (AUDIT) as a screening tool for alcohol-related problems among Nigerian university students. *Alcohol & Alcoholism*, 40(6): 575-577.
4.   Aina, O.F. & Olorunsola, D.A. 2008. Alcohol and substance use portrayals in Nigerian video tapes: An analysis of 479 films and implications of public drug education. *International Quarterly of Community Health Education*, 28(1): 63-71.
5.   Ajake, U.E., Isangedihi, A.J. & Bisong, N.N. 2009. Child rearing styles, premarital sexual practices and drug abuse among senior secondary school students in Cross River State, Nigeria. *Medwell Journal of Social Sciences*, 4 (1): 71-75.

6.   Ajayi, I.A. & Ayodele, J.B. 2003. *History and development of education in Ado-Ekiti, Ado- Ekiti, Nigeria*. Petoa Education Publishers.
7.   Ajayi, I.A. & Ekundayo, H.T. 2010. *Contemporary issues in educational management*, Lagos, .Nigeria. Bolabay Publications,
8.   Akinyemi, K 2008. Pushing the drug war in the South West. *Daily Trust*, 30 November, 2008. On-line edition.
9.   Alan, I.L. 2003. *Drug abuse and prevention*. Washington D.C: National Institute on Drug Abuse.
10.   Buddy, T. 2009. The difference between substance use abuse. Retrieved 15th of December, 2011 from http://www.alcoholism.about.com/cs/drugs/a/a9030425a.htm
11.   Chikere, E.I.C., & Mayowa, M.O. 2011. Prevalence and perceived health effect of alcohol use among male undergraduate students in Owerri, South-East Nigeria: a descriptive cross-sectional study: *BMC Public Health* http://www.biomedcentral.com/1471-2458/11/118:1-6.
12.   Demuth, S. & Brown, S. 2004. Family structure, family process and adolescent delinquency: The significance of parental absence versus parental gender. *Journal of Research in Crime and Delinquency*, 4(1): 58-81.
13.   Egbochuku, E.O. & Akerele, J.O. 2007. Stimulant use as correlate of abusive behavior among Nigerian undergraduates: *College Student Journal*, 4(1): 50-58.
14.   Egbochuku, E.O., Aluede, O. & Oizimende, P. 2009. Analysis of the use, dependence and source of knowledge of stimulants among Nigerian university undergraduates. *Kamla-Raj Anthropologist*, 11(3): 213-218.
15.   Igwe, W.C. & Ojinnaka, N.C. 2010. Mental health of adolescents who abuse psychoactive substances in Enugu, Nigeria: A cross-sectional study. *Italian Journal of Pediatrics*, 36:53. http://www.ijponline.net/content/36/1/53.
16.   Johnston, L., O'Malley, P., Bachman, L. & Schulenberg, J. 2004. *Monitoring the Future National Survey Results on Drug Use*, 1975-2003: Volume 1, secondary school students (NIH Publication, No. 04-5507). Bethesda, MD: National Institute on Drug Abuse. Available at: http://www.monitoringthefuture.org/pubs/monographs/vol/2003.pdf.
17.   Linhardt, R.J. 2001. *Drug in World Book Encyclopedia D*, Vol. 5. Chicago World Book Inc. a Scott Fetzer Company.
18.   Makanjuola, A.B., Daramola, O. & Obembe 2007. Psychoactive substance use among medical students in a Nigerian University: *World psychiatry*, 6(2): 112-114.
19.   Martunnen, M.J, Aro, H.M, Henriksson, M.M & Lonngvist, J.K 2007. Antisocial behaviour in adolescent guide. *Acto Psychiatrica Scandinavica*, 8(9): 167-173.
20.   McCrystal, P., Higgins, K. & Percy, A. 2007. Exclusion and marginalization in adolescence: the experience of school exclusion on drug use and antisocial behavior. *Journal of Youth Studies*, 10(1) 35-54 Retrieved 15th December, 2011. www.drugsandalcohol.ie
21.   Nwakwo, B.O, Abanobi, O.C & Amadi, A.N. 2008. Antecedents to smoking behavior among male adolescent students in South East region, Nigeria. *Int. J. Trop. Med.*, 3: 60-65.
22.   Ogidefa, I. 2008. Cultism in educational institutions in Nigeria. Education, http://www.sociyberty.com/education/cultism-in-educational-institutions-in-nigeria. Retrieved February, 2012.
23.   Ojikutu, R.K. 2010. The desire to remain awake at night among students of tertiary institutions in Lagos State, Nigeria: The health implications. *International Journal of Academic Research* 2 (2): 29-33. URL: www.ijar.lit.az.
24.   Olley, B.O. 2008. Child sexual abuse, harmful alcohol use and age as determinants of sexual risk behaviours among freshmen in a Nigerian university. *African Journal of Reproductive Health*, 12 (2): 75-88.
25.   Oshodi, O.Y., Aina, O.F. & Onajole, A.T. 2010. Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African Journal of Psychiatry*, 1(3): 52-57.
26.   Sanni, K.B., Udoh, N.A., Okediji, A.A., Modo, F.N. & Ezeh, L.N. 2010. Family type and juvenile delinquency, issues among secondary school students in Akwa Ibom State, Nigeria: Counseling Implications. *Kamla-Raj Journal of Social Science*, 23(1): 21-28.
27.   Science and Nutrition 2009. Drip-drip coffee consumption to stay awake. http://www.foodnavigator-usa.com/science-nutrition/drip-drip-coffee-consumption-to-st. Retrieved on 15th December, 2011.

28.   West, L. & Graham, C. 2005.A survey of substance prevention efforts at Virginia's colleges and universities. *Journal of American College Health*, 54(3): 185.
29.   Wichwire, E.,Whelan, J., Meyers, A., McCauseland, C., Luellem, J & Studaway, A. 2008. Environmental correlates of gambling behavior among college students: a partial application of problem behavior theory to gambling. *Journal of College Student Development*, 49(5): 459.
30.   World Health Organisation Report 2009. Management of substance abuse: Alcohol Geneva 2009 [http://www.who.org]. Retrieved, December 15, 2011.
31.   Zullig, K., Haebuer, E., Parton, J. & Murray, K. 2009. The brief multidimensional students' life satisfaction (Scale-College Version). *American Journal of Health Behaviour*, 339(5): 483-493.