

**ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
INSTITUTE OF EDUCATIONAL RESEARCH**

**AN ASSESMENT OF DRUG ABUSE AMONG  
SECONDARY SCHOOL STUDENTS OF HARARI  
REGION**

**BY: MAHLET MANAYE**

**February, 2011**

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REGION**

**BY: MAHLET MANAYE**

**A Thesis Submitted to School of Graduate Studies of Addis  
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Evaluation**

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**Approved by the Board of Examiners**

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## ACRONYMS

DF	Degree of freedom
GO	Governmental Organization
NGO	Non-Governmental Organization
WHO	World Health Organization
US	United States

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***Glossary***

Khat	A social drug that is consumed as a way of relaxation
<i>Merkana</i>	<i>Getting high by khat.</i>
Shisha	Water pipe filled with tobacco
Teje	Locally brewed beer made of honey
Tela	Locally brewed beer made of grains and hops

**Abstract**

*The main purpose of this study was to assess the abuse of drug among secondary school students and to examine the prevalence rate of drug abuse among secondary school students. Basic questions were raised regarding the spread of drug abuse, its relationship with some variables of the study population such as family condition, peer influence, and level of academic performance and on drug abuse manner and its consequences.*

*The study was carried out in Harari region. To select 3 sampled secondary schools from the 7 secondary schools found in the region, simple random sampling method was used and to include the sampled grades, stratified sampling method was employed. Furthermore, students' section was used as a stratum to select sample from sampled grade, then simple random sampling method was used to select subjects from the sampled section. Students who participated in filling the questionnaire were also included in the focus group discussion by selecting them randomly and the key informants were included in the study purposefully because they would provide relevant information by virtue of their position. The sample schools included were 325 students. To deal with the objectives and basic questions, mixed method design was employed. The instruments used to gather the required information for the study were questionnaire, focus group discussion guide and interview.*

*The obtained data were analysed through frequency, percentage and chi square. Based on the analysis, the following major findings were obtained: Alcoholic drinks, khat, shisha and cigarette were the main commonly consumed drugs by secondary school students. Risk factors for drug abuse is significantly associated with lifetime Drug abuse at  $P < .05$ ,  $df=12$  and level of academic performance at  $X^2 (9, N=213) = 53.779$ ,  $P < .05$  Whereas, sex is not significantly associated with lifetime Drug abuse at  $X^2 (3, N=213) = 5.533$ ,  $P > .05$ . Behavioural, psychological, health and social consequences were the problems faced by the students due to their drug abuse behaviour which results trouble on their education directly or indirectly.*

*parents, teachers and peers should react positively, efforts should be made to design and implement drug abuse assessment programs, Laws should be amended in the school to control the drug trafficking and to create a drug free environment, awareness should be raised about the nature and consequences of drug abuse through the region's media and school media, recreational amenities and youth centers like public libraries by concerned body should be given due attention, individual, peer and group counselling sessions on drug abuse, should be designed, campaigns should be prepared on drug abuse and further research should be conducted and disseminated to concerned bodies.*

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**CHAPTER – ONE**

In this chapter, background of the study, statement of the problem, objectives and significance of the study, delimitation and limitation of the study, operational definitions and organization of the study are presented.

## **1. Introduction**

### **1.1 Background of the Study**

The social, cultural and economic growth of a given society is greatly determined by the degree of intellectual development of its young generation. It is the young generation who is responsible to eradicate poverty and to enable people to lead a better and healthier life. Since, young generation is the foundation of political, economic, technical, and social development, its education is a supporting factor.

Despite the great responsibilities of students, there are serious problems that throw their life at a danger. According to Davis et al. (1993) and Grand et al. (1984) it has been a fact that the young population is a vulnerable social group who is exposed to drug abuse practices and to all their disastrous effects.

Youth are in a state of rapid physical and psychological change. Because of their curiosity, enthusiasm and urge to try and see new phenomena, considerable numbers of youth have become addicted to alcohol, smoking, khat and dangerous medical drugs all of which are determinant to health. These and many similar health hazards challenge youth's proper physical, mental and psychological development Antennae and Mesfine (as cited in Ambanesh, 2007:5).

Similarly, based on the epidemiological study of the National Institute of Mental Health; Kwak,etal.(2004). indicated the results nearly 20%(about 48 million people)of the general US Population was identified as having problems of psychoactive substance abuse at some point during their life time. The study further indicated that adolescents (teenagers) are a major demographic group who abuses drug.

Among all stuffs, drug can hold the attention of many young students and it is a major problem in their life and education. As of the International Convention of 1961 for Narcotic drugs, and 1971 for psychotropic substances, a drug includes all substances and chemicals that should not be used for any purpose other than medical and scientific research.

Nowadays, the use of drugs by students has got a great deal than before. It has consequences on their life, the teaching-learning environment, and the entire economy of the country. WHO (1990) asserted that illicit drugs use in Africa is related with cannabis and other natural psychoactive plants. In USA cocaine, cannabis, heroine, and multiple drugs (alcohol and psychotropic drugs) are commonly utilized. In Asia and Europe the most commonly used illicit drugs are cocaine, heroin, cannabis, amphetamines, and multiple drugs such as psychotropic drugs.

Many studies like Grand etal.(1984);Davis etal.(1993);G.lassner& Loughling,1990) showed that drug abuse involves not only illicit drugs and substances having primarily medical uses but also substances which have no medical uses at all such as alcohol and tobacco being the obvious examples. Thus, the essence of drug abuse moves far beyond the limits of illicit drug since substances which are licit and socially approved alter human behaviour and users build dependence on them as they do another psychoactive drug.

## **1.2 Statement of the Problem**

The abuse of drugs is practiced in Ethiopia at earlier time. Wills (1973); Singer (1975) and Davis et al. (1993); have underlined that since earlier times roots, barks, leaves and seeds have been used to relieve pain and help control diseases. In most drug abuse researches, it has been revealed that the young population is a vulnerable social group to drug abuse practices and to all their negative effects. A report on rapid assessment on the situations of drug and substance abuse conducted in some selected towns of Ethiopia showed the alarming trends of the problem (Seyom & Ayalew, 1995). The report pointed out that khat is now consumed everywhere in Ethiopia by people of all religions, ages and social groups. The rapid increase of the consumption of alcohol and tobacco has been indicated. It is explained that the amount of cannabis increased from approximately 316kgs in 1990 to 8132kgs in 1991, an increase of more than 2400%. The amount of heroin increased from 17450 grams in 1990 to nearly 25000 grams in 1993; approximately 144% increment is seen. The age groups involved with these activities are reported to be the unemployed, street children, commercial sex workers, and the young population of both sexes.

Using drugs have lots of impact on an individual. As Ray and Ksir (1999:32) explained drug use some how changes the individual's personality in a lasting way, making him or her into a "criminal type." Similarly, Wu and Khan (2005) explained that drug abuse results a great risk of suicidal condition which can result a commotion for one's social unit. Additionally, it may bring disruption of the significant milestones such as interpersonal, social benefits, and avoiding legal harms.

Even though there is a scarcity of sufficient and readily available data, the researcher knows from her practical experience that In Harari region drug abuse problems become important

issue that affect the school youths that are the future hope of the society. In order to tackle and reduce drug abuse problems among secondary school students, its prevalence need to be researched. As far as the knowledge of the researcher there is a research gap on this area. Therefore this study attempted to assess the abuse of drug among secondary school students of Harari region.

### **1.3 Research Questions**

The study tries to seek answers for the following basic questions:

1. How widespread is drug abuse among secondary schools students of Harari region?
2. Is drug abuse behaviour related to some variables of the study population such as sex, family condition, peer influence, and level of academic performance?
3. What is the perception of secondary school students of Harari region about drug abuse manner?
4. What are the consequences of drug abuse on the education of secondary schools students of Harari region?

### **1.4 Objectives of the Study**

The general objective of the study is to asses the abuse of drug among secondary school students in Harari region which is followed by the following specific objectives:

1. To examine the prevalence rate of drug abuse among secondary School students of Harari region.
2. To see the relationship between drug abuse behaviour and examine some variables of the study population such as family condition, peer influence, and level of academic performance.

3. To indicate secondary school students' drug usage manner in Harari Region. And
4. To point out the consequences of drug usage among secondary schools' students in Harari region.

### **1.5 Significance of the Study**

The finding is believed to give timely information about the extent of drug abuse among secondary school students of Harari region and it is assumed to show the interconnection of drug abuse behaviour with social and educational factors. It may also serve as a reference for further study in this area.

### **1.6 Delimitation of the Study**

Geographically the study is delimited to Harari region secondary schools. Harari region is located at the eastern part of Ethiopia. It is 530kms far from Addis Ababa. The area is selected as a study location because there are social drugs available which make students susceptible to use and in the area it is common to observe youths abusing various drugs. To make the research focused and convenient it is delimited to three secondary schools of the seven secondary schools (grades 9 and 10 students).

### **1.7 Limitations of the Study**

Every research has its own limitation. Because the research issues are sensitive, students who are shy were afraid to express their feelings without restraint. This problem was overcome by creating a conducive and friendly environment for the students and this has helped them to express their ideas freely.

## **1.8 Operational definitions**

In this study, the following terms refer to the operational definitions provided below.

1. Adolescents: In this study, the word adolescent is used interchangeably with youth. They refer to young high school students between the ages of 13-21.
2. Drug: WHO definition of drug states “any substance that when taken into the living organisms may modify one or more of its function.” In this study, the concept of drug covers substances of alcoholic drinks, tobacco, khat, hashish, benzine and other drugs.
3. Drug abuse: Persistent and sporadic use of the substances. It is used with the word substance abuse interchangeably.
4. General secondary school: schools of grades 9 and 10.
5. Lifetime prevalence of Substance abuse: The proportion of students who had ever abused any of the drugs.(i.e. alcoholic drinks, khat, tobacco, marijuana, hashish, shisha, Heroin, Cocaine and other drugs) at least once in their lifetime.
6. Teenager: Anyone who is between 13 to 19 years of age.

## **1.9 Organization of the Study**

This study is organized in five chapters. The first chapter deals with the background of the study, objectives of the study, delimitation and limitations of the study and operational definitions. The second chapter covers the review of related literature; while the third chapter deals with the research design and methodology employed. The data presentation and analysis is presented in the fourth chapter. Finally chapter five presents the summary, conclusion, and recommendation of this study.

## **CHAPTER-TWO**

### **2. Review of Related Literature**

#### **2.1 Overview**

Drug is defined by different authors in different ways. Broadly speaking, a drug is any substance that, when absorbed into the body of a living organism, alters normal bodily function. It changes mood, perception or consciousness. According to Ray and Ksir (1999:4) defined drugs as any substance, natural or artificial, other than food that by its chemical nature alters structure of function in the living organism. Drug abuse refers the use of a substance in a manner, amounts or situations such that the drug use causes problems or greatly increases the chances of problems occurrence. The problems may be social, occupational, psychological or physical.

Another explanation about drug abuse is given by Buddy (2009, cited in Ojikutu & Adeleke, 2010) It is 'a pattern of harmful use of any substance for mood altering process'.

In Ethiopia, drugs such as khat, alcohol, Tobacco and to some extent other drugs like Marijuana are used at young age group of the population. Drug use and abuse increases the chance of having many problems at early age like risky sexual practices that causes failure in academic performance, in danger that are the future hope of the country and this will alienate the youth from their education. This affects the social, economic, and political aspects of the country directly and indirectly. Although the issue of Education in youngsters and drug use are closely interlinked. Much research are not done in order to tackle the problem.

## **2.2 Theoretical Perspective on Drug Abuse**

In this section, to support the objectives of the research different theories such as biological, psychological and social learning theories are discussed related to drug abuse.

### **2.2.1 Biological Explanation of Drug Abuse**

#### **Biological Theory**

Biological factors play an important role in drug abuse behaviour. They determine how brain responds to drugs and why substances prove addiction. Khantzian; Mathias (1995, as cited in Hanson et al, 2009) Biological explanations emphasize that the Central Nervous System reward sensors in some people are more sensitive to drugs, makes the drug experience more pleasant and more reward for this individuals.

According to biological explanations, any substance alters basic functional cell of the brain activity.

### **2.2.2 Psychological Explanation of Drug Abuse**

#### **Psychological Theory**

A psychological explanation of drug abuse includes one or more of the following: escape from reality, inability to cope with anxiety, destructive self indulgence of the constantly desired intoxicants, blind compliance with drug abusing peers, self destructiveness, conscious and unconscious ignorance regarding the negative effects of the drug abuse Hanson (as cited in Rahel, 2009:9).

The psychological theory explains that drug use and abuse begins because of the unconscious motivations within in an individual. We are not aware of these motivations nor are we aware that those are the reasons we have chosen to turn to drugs. In this case the person may be weak or without self-esteem.

Drugs also become a means for a person to stop bad feeling and discomfort about

himself/herself that last for short period unless the user continues using the drugs and this will result addiction. So the individual will continue to use drugs regularly to feel better about himself/herself.

### **2.2.3 Sociological Explanation of Drug Abuse**

#### **Social Learning Theory**

Social learning theory explains how drug abusing behaviour is learned from other drug abusers through intimacy and interaction.

It focuses on learning but also emphasizes the social environment, especially modelling.

Social learning theory explains drug use as learned behaviour. Dodgen and Shea (2000,as cited in Rahel, 2009:10) Key components of social learning theory, as applied to the understanding of substance abuse, include the roles of modelling and cognitive mediation of behaviour, Perhaps the best- known risk factor for substance use or abuse.

### **2.3 Drug Use: Concerns and Processes**

According to WHO 2005 report, drug use can lead to illness and even to death. Alcohol and substance misuse cause significant morbidity and mortality (particularly from injuries) and societal harm such as social disruption from crime, unemployment and marital disharmony.

Drug abuse affects all aspects of abusers' life. It can cause serious health complications by affecting every organ of the body, including the main thinking system of the brain, also damages one's emotional stability, finance and ability to build and sustain satisfying relationships with other people. But the problem doesn't stop here it continues crashing family, friends, and even the greater community one lives in.

## **2.4 Consequences of Drug Abuse**

To see the consequence of drug abuse in a more detailed manner, it will be discussed under four categories.

### **2.4.1 Health Consequences**

Drug abuse has many consequences, one is health consequence. Because the brains and bodies of adolescents are still developing, using drugs can have serious consequences. It has long-lasting effects that may not be evident until much later in adulthood. For example, cigarette smoking is clearly linked to increased risk of heart diseases, lung and other cancers, and stroke Ray and Ksir (1999:288).

As Fekadu et al. (2007) explained the health impact of drug abuse has functional impairment with physical illness, injuries, sleep disorder, along with being under nutrition.

Johnston (1999) also demonstrated health effect of a number of drugs; Marijuana and hashish results red eyes and possible weight loss; heroin causes loss of appetite and severe withdrawal symptom can reach up to death due to overdose; stimulants like cocaine and amphetamine bring hypertension, blackout, sleeplessness, convulsions, lung as well as nasal damages, intends high followed by frequent dysphoria, death from overdose, comma excessive irritability and brain damage.

Similarly, Ethiopia's Ministry of Health (2003) stated that specifically those drugs which are khat, hashish and cannabis that are common in Ethiopia have health related effects such as tooth decay, loss of appetite, mental illness and possibility of getting HIV/AIDS and other sexually transmitted diseases.

In addition to the various effects drugs of abuse may have effect on specific organs of the body, many drugs produces global body changes such as dramatic changes in appetite and increases in body temperature, which may impact a variety of health conditions. Withdrawal from drug use also/may lead to numerous adverse health effects, including restlessness, mood

swings, fatigue, muscle and bone pain, insomnia, cold flashes, diarrhea, and vomiting.

#### **2.4.2 Psychological Consequences**

The Psychological problem of the drug abuse produces anxiety, paranoia, depression, delusions, and reduction of concentration, memory loss, and suicidal thoughts.

In the same way, ACDE listed feeling of overconfidence, anxiety, and glance of feelings of wellbeing (happiness and love) as psychological products of drug abuse in general.

Correspondingly, khat, hashish, and cannabis are said to isolate oneself from family and community social values with a massive feeling of depression and occurrence of psychological distress and practicing suicide attempt. Ethiopia's Ministry of Health (2003) and Fekadu et al. (2007).

#### **2.4.3 Behavioural and Social Consequences**

The personal cost of drug abuse and related behavioural activities including violent crimes have short term as well as long term implications for the individual in terms of physical, mental health, social and economic wellbeing. As Ray and Ksir (1999:32) explained drug use somehow changes the individual's personality in a lasting way, making him or her into a "criminal type." Similarly the Federal Democratic Republic of Ethiopia's Ministry of Health (2003) and Fekadu et al (2007) listed that khat, hashish, and cannabis expose the abuser to loss the desire to participate in all development activities, as well as in criminal acts, and to act on sexual harassment, abduction, rape and assaulting on female youths. As a result violent behaviour might come into view with that of drug abuse.

Generally, Wu and Khan (2005) Said that drug abuse results a great risk of suicidal condition which can result a commotion for one's social unit. Additionally, it may bring disruption of the significant milestones such as interpersonal, social benefits, and avoiding legal harms.

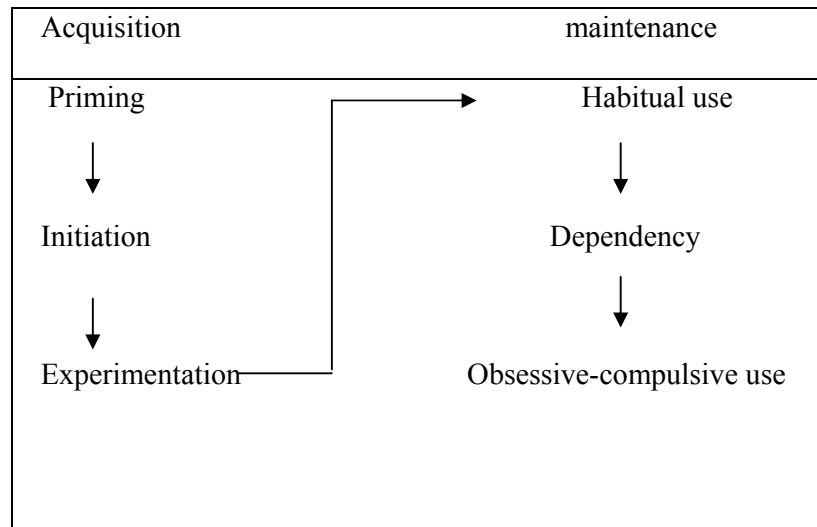
## 2.5 Progressive Stages of Substance Abuse

According to a model developed by Pandina there are stages to be experienced by an individual to continue using drugs. He had identified a progressive model for the acquisition and maintenance of drug use. In the model he identified six common stages for drug use acquisition, initiation, experimentation, habit formation, dependency and obsessive-compulsive use.

1. **Acquisition**-begins with priming this is the stage that young persons learn about the existence of substances through friends, family, media or other means and acquires early notions about the acceptability or unacceptability of substance abuse.
2. **Initiation**- This stage follows when a young person tries a substance for the first time.
3. **Experimentation**-This stage occurs in which a young person willingly uses substances occasionally as an end in itself. At this stage the user generally regards substance use as an enjoyable experience with no significant negative consequences. If uses continues, which is specially the case if an individual feels incapable of getting a desired mood change in other ways the individual can progress from acquisition to maintenance, the first stage during maintenance is habitual use, marked by repeated use of a favoured substance. The user has come to believe that substance use can reduce stress, provide excitement or facilitate social acceptance. These effects have become a means that enables the user to cope with life's problems or better experience life's joys. At this stage, the individual tends to switch from a peer group of casual users to one of habitual substance abusers.

If substance use continues, it leads inevitably to dependency when brain functions have changed and call for continued use. This stage is a stage the individual has lost control over the substance use and experiences a series of grave physical and psychological problems. This individual is most likely encountering difficulties with finances, relationships, and job or

school performance. This may lead obsessive compulsive use, in which the individual is driven by pursuing substance use behaviour as the dominant activity in his or life, even if it no longer produces the desired effects.



*Fig.1 Progressive stages of substance abuse*

## **2.6 Factors Associated With Drug Use Behaviour**

Many studies have confirmed various factors that are in the development of drug behaviour, some of these are reviewed in the following sections.

### **2.6.1 Drug Use Behaviour and Environmental Settings**

Weissbach, (1973); Bachman et al. (1984) indicated that one of the major environmental causes of drug use and abuse is the ready availability of psychoactive substances. Similarly, Hawkins et al. (1992, as cited in Wallace and Muroff, 2002) underlined favourable norms and laws, availability of drugs, along with extreme economic deprivation and neighbourhood disorganization as environmental causes for drug use and abuse. Factors such as availability price, increasing illegality contribute for the development of drug abuse. Huba et al. (1965).

### **2.6.2 Drug Use Behaviour and Social Factors**

According to Bry (1983), the important dimension in predicting substance abuse is the number of risk factors, regardless of which risk factors they are or the order in which they occur. In other words, there is a positive relationship between risk factors and the probability of substance use, but the exact combination of factors necessary to predict the addictive personality type is not known. However, the greater the number of risk factors, the greater the probability of drug use.

Researches have shown that the key risk periods for drug abuse is during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. At this stage students are likely to come across to different drugs for the first time. When they enter high school, they face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances. Scientists have proposed various explanations of why some individuals become involved with drugs and then start to abuse. One explanation points to a biological cause, such as having a family history of drug or alcohol abuse. Another explanation is that abusing drugs can lead to affiliation with drug-abusing peers, which, in turn, exposes the individual to other drugs.

### **2.6.3 Individual Risk Factor**

Personal feeling one develops about the future, self confidence and self esteem has a big role on one's drug usage. Individual risk factors include antisocial behaviour, alienation, or

rebelliousness, and favourable attitudes toward the problem behaviour. Hawkins, Lishner, and Catalano (1987:92) report that childhood antisocial behaviours appear most strongly related to serious behaviour problems such as drug abuse and much less strongly related to occasional or experimental use of drugs or alcohol.

Considering rebelliousness, Nowinski (1990) contends that the adolescent personality, which can be characterized as risk-taking, hedonistic, limited time perspective, here and-now centred, and rebellious, is in itself a risk factor. In fact, the author asserts that when personality factors are left unconstrained they could lead to disaster.

According to Canadian Center On Substance Abuse CCSA (2007) put age as a strong determinant factor on period of adolescence; attitude and beliefs about the risks of drug use, impulsivity and sensation seeking, and childhood psychological (conduct) disorders are as well revealed. Another individual risk factor for problem behaviour is a positive attitude towards that behaviour by the youth. Also, even more important is the time when that favourable attitude develops. Robins and Przybeck (1987:191) reported that "none of the factors found to predict drug use was useful in predicting progressions from use to problem use except by early age of onset."

#### **2.6.4 Family and Peer Factor**

The first agent which contributes in protecting youngsters from drug and related problems is the family.

Family factors include the effectiveness of family management, level of attachment, nature of rules and parental expectation and the strength of the extended family network Economic Commission for Asia and the Pacific (2001). Santrock (1999) noted that there is a growing consensus that adolescents with parents who guide, discipline and closely supervise their children are less likely to engage in risk factors like drug and in antisocial behaviours. They

are more likely to experience success with their peer and at school. Poor parental monitoring; distant, uninvolved, and inconsistent parenting; and unclear family rules, expectations, and rewards are all considered family risk factors. Adolescents who came from families where there is lack of monitoring and support, are prone to risky behaviours. On the other hand, strong family which includes stable family processes such as good parent-teen communication, higher family connectedness and parental monitoring which can function as preventive mechanisms against drug abuse behaviours.

Different literatures indicate that strong relationship of parents with their children brings a positive outcome on the children's education. According to Maddox (1970) Children with drug abuser family history are more likely to grow up with an accepting attitude to the use of drugs as a mechanism for recreation and/or for coping with problem in life.

Parental drug use or parental attitudes approving drug use appear to influence children to substance abuse. Since parents serve as models for their children's behaviour in so many ways, it is not surprising that children whose parents smoke, drink heavily or use illegal drugs are more likely to do so than children whose parents do not. A report on increasing drug abuse in Kenya secondary school students shows that, students who abused drugs came from families where other family members abuse drugs These included immediate family members like parents and siblings and other members of the extended family staying with them.(2009:852).

Bry (1983) indicated adolescents are more likely to use alcohol when parents have a positive attitude toward alcohol consumption. It is not unusual for parents to discourage or forbid the use of liquor by their children, but by being frequent users themselves, they send favourable messages to their children. Even though peers are important for youngsters to socialize, learn and share good things that are acceptable habit by the society, they are also often cited as the most important factors affecting their behaviour negatively.

Miccele (1999) noted that, the influence of peers can be direct or passive. Indeed, young people are sometimes influenced much by what they think their peers are doing as by what they really are doing. A young person may think that everyone is smoking or everyone is sexually active and may therefore, feels pressurized to try those behaviours.

Adolescent drug abuse is usually connected with peer group attachment. As Nowinski (1990) explained in Carol J. "to the extent that their peer group advocates and/or condones substance use, adolescents are at risk for abuse and addiction"

Drug use by close friends tended to modify the perception of children about orientation to the benefits of drug usage. This is likely to happen, because friends influence each other (especially in adolescent period) by introducing one to the drug and by teaching one how to recognize, use and enjoy its effects (Eshetu, 1998:17).

Adolescents believe their peers do have strong influence on them because their behaviours and attitudes are more closely related to what they think their friends do and behave than what is actually going among their peers.

## **2.7 Drug Use Behaviour and Demographic Factors**

### **2.7.1 Age**

Different literatures show that most youths start experimenting drugs at their early ages. 20% of Kenyan youth aged 10-14 smoke, while this figure increases to 44% for youth aged 15-19 years and 69% for youth aged 20-24. UNDCP,( 1997 cited in Eshetu, 1998) Similarly, Zein and Massersha(1979) the majority of students start smoking between the age of 16 and 18 years and the age range for the on-set of khat use is reported as 13-19 years.

### **2.7.2 Sex**

Naturally, males are superior to their female counterparts in drug use practices by constituting significantly higher proportion.

In a sample of study, 25% of the male as compared to 15% of the female students were users. Nevadomsk, (1981 cited in Eshetu 1998:19) Similarly, Agazi (2009:29-30) in his study of Socio Demographic Correlates of substance use and sexual Behaviour of urban youth of northern Ethiopia shows that, the majority of khat chewers are males who have 15.6% share of the whole participants in the study while only .02% of the participants are females. With regard to the situations of alcohol consumption, males alcohol consumers represent approximately 28% of the whole consumers while females represent 14.3%. However, the difference is not as big as seen in the khat chewing behaviour. With regard to smoking 13.5% of the whole participants 12.1% are males.

## **2.8 Situations of Khat, Alcohol and Other Drugs in Ethiopia**

### **2.8.1 Khat**

The chewing of the stimulant leaf Khat is a habit that is wide spread in certain countries of east Africa and the Arabian Peninsula.

Distefano (cited in Abdu 2003:5) pointed out the distribution of Khat use to different regions is connected with the movement of emigrants, the movement of armies and the development of transportation systems. But the major expansion of use and cultivation only occurred following Second World War as a result of speedier transportation which became available for exporting fresh Khat to most distant areas.

Khat has been used for many years in Ethiopia; particularly, in the eastern part of the country. Its uses have now spread to the neighbouring nations, as people discover the exhilarating properties of this 'flower paradise' Abebe et al. (2006)

In Ethiopia, Khat is cultivated both for export and local consumptions. Despite its wide spread use, no systematic information is available on the pattern of its use because of its economic importance. However, the side effects of khat use are being increasingly reported by medical professionals in east Africa including Ethiopia. Among students, Khat is used as a

source of strength, energy, means of relaxation and removal of tension during stressful period and in the process of studying.

### **2.8.2 Alcohol**

One can not ignore the fact that alcohol is creating big problems because it is disruptive to personal, social, and economic wellbeing.

Consumption of alcohol beverages among younger people is becoming a common practice Epherm (1996).

In USA, young people of junior high school drink to a greater extent than was true a generation ago. A large percentage of them drink, they have their first drinking earlier; they drink larger quantities and they report more frequent intoxication Mickle (1999).

Alcohol has a power to depress the action of the Central Nervous System. It is defined in different ways by different researchers. Goldstein (1983) defined alcohol as a mind altering drug that can be immediately absorbed into the portal nervous blood.

Alcohol primarily depresses the brain cells of those the highest cortical areas including the association areas of the center of judgment, self control and other learned inhibitions Jossor and Jossor (1975).

Similarly, wills, 1973; Singer, 1975 (cited in Eshetu, 1998) defined Alcohol as a powerful depressant of brain activities and its stimulant effects are more apparent than real which result from lessening of control by higher centers in the brain. Control over social inhibitions, motor co ordinations, speed and vision and walking state is progressively lost as greater amount of alcohol are consumed.

### **2.8.3 Tobacco**

Cigarette smoking, alcohol and drug abuse are commonly observed behaviours among teenagers. Cigarette smoking is the leading causes of avoidable death in USA. Most smokers begin smoking during childhood and adolescence. The average age of the beginning of

smoking is 14.5 years Mickele (1999).

The use of Cigarettes is the most widely practiced habit in the world today. Girdano and Dusek (1988) suggested that nicotine is the best candidate that is most capable of producing central nervous system mediated behavioural effects.

## **2.9 Prevalence of Drug Abuse in Ethiopia**

There is no statistical data which shows the extent of the drug use problem in Ethiopia. Abdu (2003) Even though hard drugs like heroin and cocaine are very rarely available in Ethiopia; locally produced psycho-stimulant khat is used in the country Derege et al. (2005, cited in Agazi, 2009:10).

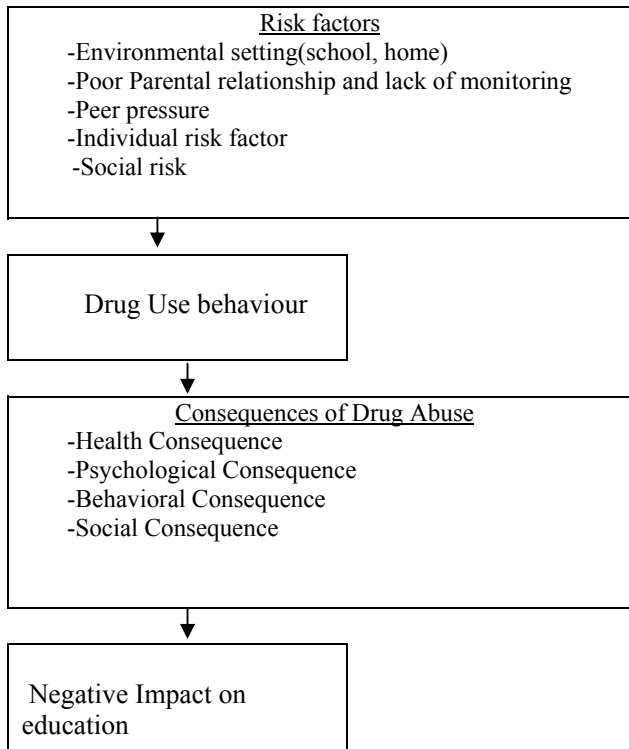
In Ethiopia, alcohol and other drugs like khat are commonly used in both urban and rural areas especially by youngsters. Khat chewing, drinking alcohol and using drugs are taken as means of spending spare time and entertainment EPHA (2003).

The use of drugs like khat, alcohol, tobacco and other drugs is not uncommon in Ethiopia. Though khat and alcoholic drinks have been used traditionally for a long period of time, now khat is consumed through many faiths, social level and age groups.

Many Ethiopian educators also noted that it is common to use khat among university, college and high school students, since the early eighties. Abdu (2003, cited in Rahel, 2009:23).

In addition to the local home made drinks like arake, tej and tela has been used starting from earlier times alcoholic drinks are being consuming by individuals.

## 2.10 Conceptual Frame work



As it is described in the literature part, availability of drugs at school and home environment, poor and inconsistent family rules, peer pressure, individual risk factors like personal feeling one have are all the possible risk factors for drug abuse behaviour. When drug abuse behaviour is developed it may result health, psychological, behavioural and social consequences and it results a negative impact on education.

## **CHAPTER THREE**

### **3. Research Design and Methodology**

This section describes the research methodology and design, the study area, sample population and sample size, the data collection instruments used, the procedures used while collecting the data, the ethical considerations and the methods used to analyse the data.

#### **3.1 Research Methods**

Descriptive survey method was employed by assuming that it helps to show the current situation of drug abuse in secondary schools of Harari region. Furthermore, this method is appropriate for relatively high numbers of sample subjects. Seyoum and Ayalew (1989:16-17) have noted the relevance of descriptive survey method for such purpose. Additionally, both quantitative and qualitative research methodologies were employed. These approaches, in combination, allow gathering complementary information on the issue and help to make the existing situation to be comprehensible Gay& Airasian (2000).

#### **3.2 Study Area**

The study was conducted in Harari region located at a distance of 530km from Addis Ababa. The selection of the study area is based on convenient and purposive sampling techniques. Specifically, the selected study area was perceived to be convenient to better access relevant data and have easy communication with participants and school officials because it was the researcher's place of residence. Also it is very common to see many people abusing various drugs irrespective of age, gender, and class that make the students to be susceptible to use.

### 3.3 Sampling method, population and sample size

The researcher used the rules of thumb method by referring Gay & Airasian (2000:135) it is described that if the given population size is between 3000-3500 the sample size should be 346. Also Gay & Airasian (2000:124) explained that simple random sampling method is the best way to obtain a representative sample. To select 3 sampled secondary schools from the 7 secondary schools found in the region, simple random sampling method was used. Grades 9 and 10 were sampled in order to include the opinions of students from lower grades of high school. Students' section was used as a stratum to select sample from sampled grade, so that the researcher can include opinions of students in different sections. Then simple random sampling method was used to select subjects from the sampled section. Eight students who participated in filling the questionnaire were selected randomly for focus group discussion to include the opinion of students with different background.

One School principal and teacher from each school were included in the study purposefully because they may provide relevant information by virtue of their position. To get the sample number of the population of each school, the researcher divided the total sample size by the total population size and multiplied it by the given population size of each school.

By using the above procedure the following sample population was summarized with respect to schools. The data were obtained from Harari region Education office annual abstract of 2002.

*Table1: Sample population and sample size of the participants*

Schools	Given population size	Sample population number
Harar senior secondary school	2729	279
SOS Herman Gemaner school	161	17
Hamaressa secondary school	495	50
Total population size	3385	Total Sample Size 346

### **3.4 Data collection instruments**

Relevant data were collected by employing different data collection instruments. Questionnaire, focus group discussion and interview with key informants were used. Additionally literature is used to have basic knowledge on the area.

#### **3.4.1 Questionnaire**

To collect quantitative data, questionnaire was designed by the researcher on the basis of theoretical and empirical grounds about the risk factors, drug use behaviour, lifetime and first time drug abuse.

The questionnaire was designed in English, and then translated into Amharic by an English language teacher to make the items clear, simple and understandable.

A total of 346 questionnaires were administered to students. Of these, 325 questionnaires were considered to be suitable for further analysis which represented a response rate of 93.9 Percent.

#### **3.4.2 Focus Group Discussion (FGD) Guide**

In order to supplement the obtained data through questionnaire, focus group discussion was used. Three FGDs were held by selecting eight students who participated in filling the questionnaire from each school. The guiding questions were focused on the objectives and research questions in away to help generate as much information as possible. The researcher was able to get more information at the time of FGDs because the discussants were encouraged to express their feelings. Discussion points came to the stage whereby, the participants were dealing with them. It also opened the chance for them to discuss about the issues frankly by stating their experiences.

### **3.4.3 Key Informant Interview Guide**

In order to triangulate the data obtained from focus group discussions, interviews were conducted with key informants (one school principal and teacher from each school) totally six participants were interviewed. The guiding questions focused on the problems of drug abuse among secondary school students, its consequences on their education and on the suggestion points about what should be done on the issues. Before the actual interview took place, participants were asked for a suitable time to conduct the interview. Then, based on their consent the time was arranged.

The interviews were taken at their work place by using tape recorder and short notes. Then After the interview, transcription of the recorded information was done and written in a note form.

### **3.5 Pilot study**

To avoid ambiguity in language construction, different procedures were employed. Thus, the instrument which was initially prepared was given to my advisor in order to get comments, the extent to which the items were appropriate in securing relevant information for the research, and then improvements were made based on the feedbacks obtained from the advisor. Furthermore, to check the reliability of the questionnaire, a pilot test was carried out in one non random school which has the same setting. Moreover, it was examined by an English language teacher to avoid error or language related problems.

### **3.6 Procedures of Data Collection**

In order to asses the abuse of drug among secondary school students, the following data collection procedures were employed. After data gathering tools were developed. The researcher made a pilot study on one non random Secondary School which has a similar setting with the actual sample. During the tryout, some vague items identified by the

participants were adjusted.

After data gathering tools are developed and checked through the pilot test, trainings were given for selected assistant data collectors on how to manage the data collection process before the actual administration of the questionnaires. This helped the participants to obtain immediate corrections when they face problems while filling the questionnaires. Then the researcher went to the field and contacted the schools principals by having a written letter to obtain consent. During the actual data collection, the participants were selected randomly from the two grade levels and gathered in their respective classes in collaboration with the school principals, unit leaders, and teachers and made to sit properly and separately. This helped the researcher to facilitate the process, to create conducive environment and to explain some misunderstandings easily.

The participants were properly oriented by providing clear explanation on the purpose and usefulness of the study and then they were provided with the questionnaires after getting verbal explanation.

### **3.7 Ethical Consideration**

By noting the importance of ethics in research work, the researcher tried to keep a high level of ethics as much as possible. The participants who were involved in the study were asked if they are willing to give the information they are required. Then the purpose, objective and usefulness of the study were clearly explained. The researcher asked whether the participants would prefer the interview to be recorded or written in a notebook. Whatever information that was considered confidential by the participants and they didn't want to be revealed to the public was held confidential.

### **3.8 Methods of Data Analysis**

Quantitative and qualitative methods of data analysis were used. The data obtained through questionnaires was cleaned, categorized and coded. Among descriptive statistics, Percentage, frequency tables and graphical representations were used. The Chi-square test was used to determine the significant association of the students' lifetime drug abuse and other variables in the study. Respondents were asked to rate the items using the five Point Likert-scales that contain: strongly disagree (5), disagree (4), undecided (3), strongly agree (2) and agree (1). The analysis is made by condensing the five point Likert-scales into three continuums i.e. disagree, undecided and agree

All variables of the questionnaire were created in SPSS version 12 and every data has been entered accordingly. Data cleaning has been made to ensure the consistency and address missing values. All relevant steps such as editing of responses, post coding, entry and data cleaning procedures were followed. The qualitative information obtained from participants during interviews and focus group discussions was summarized and analysed thematically.

To support the statistical information, the qualitative data collected through interviews and focus group discussions was first transcribed and translated from Amharic to English after the completion of each interview and discussion was completed. After the transcription of the recorded information, it was written in a note form. Direct quotations of the words of participants were also used. The key informants' suggestions were also included in order to triangulate the data obtained from different directions. Finally, a summary conclusion and recommendations were made based on the results of the study.

## CHAPTER FOUR

### 4. Presentation and Analysis of Data

In this chapter, the qualitative and quantitative data collected through various data gathering tools are presented. It is classified into two parts. The first part describes the characteristics and background of the participants; and the second part presents the analysis and interpretation of the data on students' drug abuse.

#### 4.1 Characteristics and Background of the Research Participants

This sub-topic presents characteristics of respondents in terms of their sex, age and grade level.

*Table 2: Sex and Grade Level of student Participants*

Variables	Category	Secondary school students	
		f	%
Sex	Male	181	55.7
	Female	144	44.3
<b>Total</b>		<b>325</b>	<b>100</b>
Age	12-15	207	63.7
	16-19	115	35.4
	20-23	3	0.9
<b>Total</b>		<b>325</b>	<b>100</b>
Grade levels	Ninth	183	56.3
	Tenth	142	43.7
<b>Total</b>		<b>325</b>	<b>100</b>

As it can be seen from the above table among the total of 325 study participants, 181(55.7%) were male students and 144(44.3%) were female students. Most of the respondents' age i.e.207 (63.7%) was between the age of 12-15 and from the age of 16-19 were 115 (35.4%) students. The rest falls between 20-23. From the grade levels the students were attending, it was reported that 183(56.3%) students were from grade 9 and 142(43.7%) were grade 10

students.

Students were asked with whom they are living their answer is summarized below.

*Table 3: Students' Way of Living*

<b>With whom are you living?</b>	<b>f</b>	<b>%</b>
Oneself	28	8.6
Parents	213	65.5
Guardians	47	14.5
Relatives	37	11.4
<b>Total</b>	<b>325</b>	<b>100</b>

As table 3 shows the majority 213(65.5%) of the participants reported that they are living with their parents. On the other hand, only 28(8.6%) students are living by themselves. Similarly, the rest of the students 47(14.5%) and 37(11.4%) mentioned that they are living with their guardians and relatives.

Following this, those who are living with their parents were asked to further describe their families' parental composition. The result is summarized in table 4.

*Table 4: Parental Composition of Student Participants Families*

<b>Parental Composition</b>	<b>f</b>	<b>%</b>
Both biological parents	153	71.8
Biological mother and step father	31	14.6
Biological father and step mother	23	10.8
Biological mother only	3	1.4
Biological father only	3	1.4
<b>Total</b>	<b>213</b>	<b>100</b>

From 213 students 153(71.8%) of them indicated that they are living with both biological parents. Those 31(14.6%) students said that they are living with their biological mothers and step fathers. Moreover, 23(10.8%) students reported that they are living with their biological fathers and step mothers. Others 3(1.4%) and 3(1.4%) said that their parental composition is biological mother only and biological father only. On the other side, the main source of students' income is believed to give significant information that can enrich the research in a

great deal. As a result, table 5 brings the related data.

*Table 5: Student Participants' Main Source of Income*

<b>Main Source of Income</b>	<b>f</b>	<b>%</b>
One self	15	4.6
Parents	226	69.5
Guardians	23	7.1
Relatives	61	18.8
<b>Total</b>	<b>325</b>	<b>100</b>

Here, 4.6% that is 15 students replied that they generate income by themselves. On the other hand, 226(69.5%) have said that they get income mainly from their parents. The remaining 23(7.1%) and 61(18.8%) of the respondents stated that their main source of income was their guardians and relatives. Overall, this shows that most students' main source of income is their parents.

## **4.2 Analysis and Interpretation of the Data on Students' Drug Abuse**

This second part of chapter four deals with the analysis and interpretation of the data on students' drug abuse based up on the information gathered through questionnaire, focus group discussions (FGDs), and key informant interviews.

### **4.2.1 Risk Factors for Drug Abuse**

To determine whether the risk factors are reasons for drug abuse, the following questions were asked. The answers are summarized below.

#### **4.2.1.1 School environment**

The prevalence rate of drug abuse is seen from different outlook. For that reason, some items were asked in relation to the extent to which drug abuse is expanded in their schools. The related data are found in table 6.

Table 6: Students' response about their school environment situation.

Statements	Strongly disagree		Disagree		Undecided		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
I know students who abuse drugs in their possession at school	89	27.4	109	34	20	6.2	75	23	32	9.8
I Have seen drug being used on the compound of my school	122	37.5	83	26	46	14	62	19	12	3.7

n=325

As can be seen from the above table, of the 325 students who responded to the question whether they know students who have actually had drug abuse in their possession at school, 107(32.8%) responded that they do know such students whereas, 198(61.4%) responded that they don't know such students. The remaining 20 students' answer was undecided. Also 74 (22.7%) of the students have seen drug being used on the compound of their school whereas 205(63.5%) of them didn't see drugs being used on the compound of their school. The remaining 46(14%) students answer was undecided. One teacher said "around our school there is khat store in the afternoon most students are absent from class to go there and chew khat."

#### 4.1.2.1.2 Parental relationship

In this section, items that are believed to have relation with parental factors for drug abuse were asked. Table 7 portrays the data.

Table 7: Responses of students about their parental relationship

Statements	Strongly disagree		Disagree		Undecided		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Parent discussion and advice than physical force	27	8.3	36	11	31	9.5	100	31	131	40
parents use drugs such as khat, alcohol tobacco, and other drugs	119	37	29	8.9	15	4.6	143	44	19	5.8
Live through high levels of family conflict	172	53	85	26	27	8.3	19	6	22	6.8
No positive parental modelling	147	45	76	23	56	17.2	24	7	22	6.8

n=325

From the total respondents 231(71.1) of them reported that their parents usually are open to discuss and advice than physical force when they failed to fulfil their expectation. Whereas 63(19.4%) of them explained that they have no such kind of parents, 31(9.5%) students' answer was undecided.

On the other hand, 162(49.8%) of them said that their parents use drugs like Khat, Alcohol, tobacco, While, 148(45.5%) said that their parents are not users of drugs. The rest 15(4.6%) students' answer was undecided. About 223(68.6%) of the respondents live through high levels of family conflict but the rest are not. 257 (79.1%) students lack positive parental role modelling.

One 13years old respondent expressed his experience as follows:

*“All my families chew khat and use shisha, in our region it is not a big deal and it is not seen as a bad habit. To night after “merkana” they would drink by going out to the bar. And I sometimes go out with them and drink beer. I have*

*also tried to smoke the left cigarette from them”*

Also other discussant expressed his feeling before he started using drugs as:

*“When I was 14, my mother and my father used to take drugs at home so I became curious and wanted to test the drugs. So when they went out I began to test it. Also my father often sent me to the shop where khat and cigarette was sold to buy for him.”*

(Agazi, 2009) the most important factors for being exposed to khat and alcohol use are weak-parent- child discussion and peer pressure. Similarly, Maddox (1970). Children with drug abuser family history are more likely to grow up with an accepting attitude to the use of drugs as a mechanism for recreation and/or for coping with problem in life.

The focus group participants agreed with the fact that there are several factors that contribute for an individual to abuse drugs based on the background, the living situation, family and peers, the personality and the way he/she handles his/her problems and stress.

Parents were referred as a source of obstacles by key informants. They have weak supervision and control on their children. Most parents do not confirm whether their children are in the school or not.

Principals, teachers and school staffs were complained of causing difficulty to fight against the use of drugs among their students. Despite taking measures like giving warnings and firing them, they are lenient in pre-protection of drug spread among the students.

#### 4.1.2.1.3 Peer pressure

Peer pressure was regarded as the other risk factor for drug abuse; Table 8 summarizes the answer.

*Table 8: Responses of students about Peer pressure*

Statements	Strongly disagree		Disagree		Undecided		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Friends use alcohol khat, tobacco and other drugs	168	51.7	50	15.4	54	16.6	25	7.7	28	8.6
pressure from friends to use drugs	230	70.8	41	12.6	2	0.6	39	12	13	4

n=325

Regarding this section, those whose friends drink alcohol, use tobacco, chew khat and use other drugs were 53(16.3%) and those friends who do not drink alcohol, use tobacco, chew khat and use other drugs reported to be 218(67.1%). Moreover, 52(16%) students responded that they have been encountered pressure from their friends to use drugs while 271 (83.4%) students reported that they did not encounter such pressure. A student in focus group discussion said:

*“I sometimes sneak out from school to join my friends at khat store to chew khat with them. Then I kept sneaking out from class and go to the khat store.”*

Also other student in open-ended question has also mentioned that the interest she had to try the drug before she started it as:

*“Before I started using drugs, I used to watch my friends abusing various drugs and they convinced me to try it and I was so curious and wanted the feeling they gained.”*

#### 4.2.2 Drug Use Behaviour and Practice

The data below presents about students’ drug use behaviour and practice.

*Table 9: Responses of students about their Drug use behaviour and practice*

Question Items	Responses	f	%
Do you chew khat?	Yes	96	30.1
	No	223	69.9
<b>Total</b>		<b>319</b>	<b>100</b>
Do you smoke cigarette?	Yes	55	17.7
	No	256	82.3
<b>Total</b>		<b>311</b>	<b>100</b>
Do you drink alcohol?	Yes	83	25.5
	No	242	74.5
<b>Total</b>		<b>325</b>	<b>100</b>

Regarding students drug use behaviour and practice, 96(30.1%) responded that they chew khat, 223(69.9%) of them do not chew khat. whereas 55(17.7%) of the students reported that they smoke cigarette and 256(82.3%)of the students do not smoke cigarette. 83(25.5%) of them said they drink alcohol whereas 242(74.5%) of them do not drink alcohol.

The table below portrays students' reasons regarding chewing khat and drinking alcohol.

*Table 10: Responses of students on reasons to chew khat and drink alcohol*

Why do you chew khat?	f	%	Why do you drink alcohol?	f	%
To pass the time	54	56.3	To fight depression	48	57.8
To stay awake	31	32.3	To pass the time	16	19.3
I'm addicted	11	11.5	To get pleasure	12	14.5
<b>Total</b>	<b>96</b>	<b>100</b>	<b>Total</b>	<b>83</b>	<b>25.5</b>

Students were asked why they chew khat. Accordingly, from 96 students 54(56.3%) and 31(32.3%) said that they chew khat to pass the time and to stay awake, 11(11.5%) said they chew khat because they are addicted.

It is found that most of them 48(57.8%) drink to fight depression whereas, 16(19.3%) drink to pass the time and 12(14.5%) of them drink alcohol to get pleasure.

The focus group participants have added other reasons for chewing khat and drinking

alcohol. It was mentioned that most students use drugs to create fun and to socialize with others. A tenth grade female student replied that:

*“...in our region there are no recreational amenities so like other people I relax and spend my time by using drugs.”*

A Student to the open-ended question wrote *“I keep studying the whole night by using khat and it motivated me to work”*. Other student said *“I can’t think and remember things properly without smoking.”* Also an 18 years old student added:

*“When I take khat my eyes become opened and I hate to talk with peoples. After I take hashish, I become so happy and forget all my problems. But when I didn’t take those drugs I feel depressed and dizzy.”*

The following table portrays the students’ answer on how many days did they chew khat in the past 30 days.

*Table 11: Responses of students about their Past 30 days drug use*

<b>For the past 30 days for how many days did you chew khat?</b>	<b>f</b>	<b>%</b>
Less than 5 days	48	50
5-8 days	29	30.2
9-12 days	3	3.1
13-16 days	1	1
17-20days	15	15.6
<b>Total</b>	<b>96</b>	<b>100</b>

Students who reported that they chew khat for less than 5 days during the past 30 days were 48 (50%) while 29(30.2%) of them have been chewing for 5-8 days. The rest 1(1%) and 15(15.6%) students said they chew khat for 13-16 days and 17-20 days respectively.

Students were asked about their length of time for chewing khat. The data is summarized below.

*Table 12: Responses of students about their Length of time for drug usage*

<b>How long have you been chewing khat?</b>	<b>F</b>	<b>%</b>
shorter than 6 months	20	20.8
between 6 months and 1 year	21	21.9
1-3 years	15	15.6
longer than 3 years	40	41.7
<b>Total</b>	<b>96</b>	<b>100</b>

It is reported that 20(20.8%) students have been chewing khat for shorter than 6 months. And 21 i.e. 21.9% of them said they have been chewing between 6 months and 1 year. Others 15(15.6%) and 40(41.7%) explained that they have experienced chewing khat for 1-3 years and longer than 3 years.

Below there is students' response about their Average days of chewing khat and drinking alcohol.

*Table 13: Responses of students about their Average days of chewing khat and alcohol*

<b>On average for how many days do you usually chew khat?</b>	<b>F</b>	<b>%</b>	<b>On average how frequently do you drink alcohol?</b>	<b>F</b>	<b>%</b>
less than once per week	21	21.9	Daily	20	24.1
once per week	13	13.5	3-4 days a week	4	4.8
greater than once per week but not everyday	59	61.5	occasionally	18	21.7
everyday through the week	3	3.1	rarely/on holidays	41	49.4
<b>Total</b>	<b>96</b>	<b>100</b>	<b>Total</b>	<b>83</b>	<b>100</b>

21(21.9%) said they use khat for less than per week, 13(13.5%) of students chew once per week, 59(61.5%) of them chew for greater than once per week but not everyday. The rest 3 (3.1%) said they chew khat through out the week. when we come to the frequency of drinking alcohol, 20(24.1%) of students drink alcohol daily, 4(4.8%) of them drink 3-4 days a week.

whereas 18 students 21.7% reported they drink occasionally. The rest, 41(49.4%) of the students drink alcohol rarely/on holidays.

The students answered with whom do they chew khat. The following table shows the data.

*Table14: Responses of students about their way of chewing Khat*

<b>With whom do you chew khat?</b>	<b>F</b>	<b>%</b>
always alone	32	33.3
usually alone	11	11.5
usually with others	47	49.0
always with others	6	6.3
<b>Total</b>	<b>96</b>	<b>100</b>

The majority of the respondents 47(49%) usually chew khat with others, 6(6.3%) chew always with others, 11(11.5%) of them said that they usually prefer to chew alone, 32(33.3%) said they always chew khat alone.

Participants were made to answer what other drugs they use while chewing khat. Table 15 shows the related data.

*Table 15: Responses of students on other drugs used while chewing khat*

<b>What other drugs do you use during chewing khat?</b>	<b>F</b>	<b>%</b>
Cigarette	18	18.8
Shisha	52	54.2
Donot use	32	33.3

During khat chewing, the majority of students 52(54.2%) use Shisha and 18(18.8%) students use cigarette. but 32 students i.e.33.3% use nothing while chewing.

### 4.2.3 Prevalence Rates of Lifetime Drug Abuse

The prevalence of lifetime drug abuse is presented below in table 16.

*Table 16: Responses of students on Drugs Reported to have been consumed in their lifetime.*

<b>Drugs</b>	<b>f</b>	<b>Percent of cases</b>
Alcohol	173	82.4
Khat	124	59
Cigarette	63	30
Marijuana	27	12
Hashish	21	10
Shisha	68	32
benzine	19	9
Heroin	8	3.8
Cocaine	6	2.9
Other	6	2.9
<b>Total</b>	<b>515</b>	<b>245.2</b>

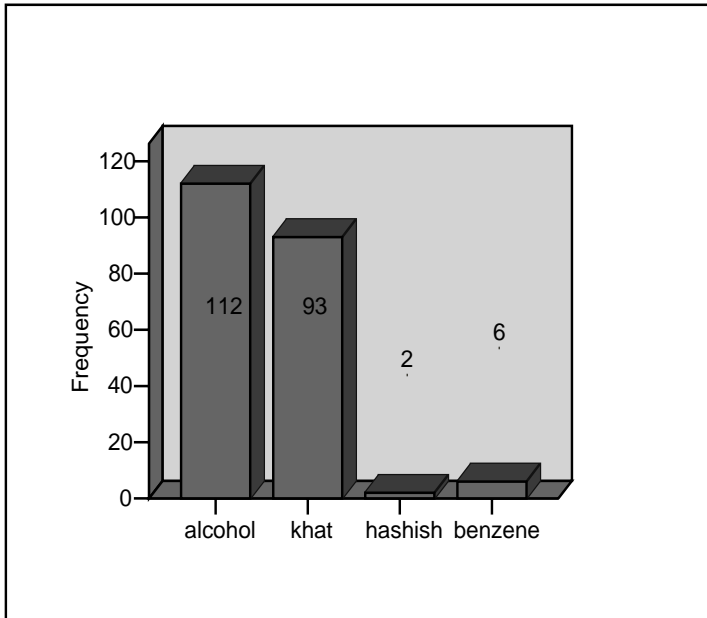
n=195, the percentage do not add to 100% since a student could give more than one answer

Almost all students said in the area, there is a high prevalence of drug abuse specially in secondary schools. One student said “I use khat, in the afternoon I always quit classes because it is difficult for me to attend class without chewing khat.”

Regarding the prevalence rates of lifetime consumption of drugs table16 presents the figure for each of the drugs. Accordingly, the prevalence rates of alcohol and khat took the biggest share in their being used 82.4% and 59% respectively. Next comes the consumption of shisha with 32percent of cases. The consumption of cigarette is 30% followed by marijuana or weed which is 12% while hashish took the sixth stage with21 (10%). Next is benzine which is proceeded by 19(9%). The users of heroin, cocaine, and other drugs are relatively rare.

### 4.2.4 Gateway for Drug Abuse

In this section it was attempted to determine the gateway of drug abuse for secondary school students. Figure2 shows the results of the analysis for the gateway of drug abuse for the secondary schools students.



*Fig 2 Gateway Drug for students' Drug Abuse (n=213)*

According to the above figure, most of the students 112(52.6%) started drug usage for the first time with alcoholic drinks. Khat and benzene are reported by 93(43.7%) and 6 (2.8%) and hashish is reported by 2(0.9%) students respectively. Thus, the predominant gateway drug for the secondary school students who reported that they had consumed a drug in their lifetimes were alcoholic drinks, khat and benzene followed by hashish.

Students were asked the places where they had been consuming drugs for the first time. The results are presented in table 17.

*Table 17: Responses of students about their first time drug used*

<b>Places of Abuse</b>	<b>f</b>	<b>%</b>
At home	48	23
Khat or shisha store	68	31.9
In school ground	19	8.9
Pool house	27	12.7
Party	30	14.1
On street	1	0.5
Bars or restaurants	12	5.6
Other	7	3.3
<b>Total</b>	<b>213</b>	<b>100</b>

Those students who experienced their first time drug usage at khat or shisha store were 31.9%. Next 49(23%) students reported that they have used their first time drug at their home while 4.1% of them had started at a party and 1 student on street. Similarly 12(5.6%) said that their first place of drug usage was at bar or restaurant.

The focus group participants gave emphasis to the highest contribution of different khat or shisha stores for the prevalence of students' drug abuse. To determine whether the first places of introduction to the gateway of drugs were nearby their school compound or not the researcher separated those who reported first time consumption at their homes from those who said at their schools. Hence, from 145 students more than half of them i.e. 81 students (55.9%) reported the places they mentioned as first place of introduction were nearby their school. This result implies availability of drugs around their school greatly increases the risk of becoming a drug abuser. The rest 44.1% students reported the places were not found nearby their school.

#### **4.2.5 Relationships of Some Variables with respect to Students' Drug Abuse**

In this section, the relationships between some variables (like students' sex, academic performance and risk factors) with that of students' drug abuse are discussed. The chi-square independent test statistics is used to test whether or not there is a significant relationship

between these variables. The level of significance of  $\alpha$ -level set was .05. This means the researcher is 95% confident that the obtained result is not simply due to chance.

#### 4.2.5.1 Relationship of Sex with respect to students' Lifetime Drug Abuse

Table 18 shows the obtained results of students' lifetime drug abuse according to their sex.

*Table 18: Relationship of Sex with respect to students' Lifetime Drug Abuse*

	N	X <sup>2</sup>	Pvalue
Male	130	5.533	.137
Female	83		
<b>Total</b>	<b>213</b>		

P>.05 df=3

The above chi-square test statistics result shows that sex is not significantly associated with students' lifetime drug abuse. at  $X^2 (3, N=213)=5.533, P>.05$ .

#### 4.2.5.2 Relationship of Risk Factors with respect to Students' Lifetime Drug Abuse

Table 19 presents the calculated chi-square test statistics for risk factors for drug abuse with that of lifetime drug abuse.

*Table 19: Relationships of some Risk Factors with respect to Students' Lifetime time Drug Abuse*

Statements	X <sup>2</sup>	P
I know students who abuse drugs in their possession at school	56.693	.000
I Have seen drug being used on the compound of my school	43.698	.000
Parent discussion and advice than physical force	95.888	.000
parents use drugs such as khat, alcohol tobacco, other drugs	81.366	.000
Live through high levels of family conflict	49.990	.000
Lack of positive parental role modeling	48.587	.000
Friends use alcohol khat, tobacco and other drugs	78.359	.000
pressure from friends to use drugs	271.205	.000

n=213 P<.05, df=12

As can be seen from table 19, all the possible risk factors for drug abuse showed significant associations with lifetime students' drug abuse. Those students who reported that drug were available in their school were more likely to use drugs at least once in their life time and

students who had drug using parents or a family member who uses drugs were more likely to use drugs at least once in their lifetime. Similarly, association with drug using peers and pressure from friends is significantly associated with drug using behaviour at  $p < .05$

#### **4.2.5.3 Relationship of Students' Level of academic performance with respect to their Lifetime Drug Abuse**

The average class size of students in one class is taken as 40.

*Table 20: Relationships of Students' Level of academic performance with respect to their Lifetime time Drug Abuse*

<b>Ranks</b>	<b>X<sup>2</sup></b>	<b>P value</b>
1-10	53.779	.000
11-20		
21-30		
32-40		

(9,N=213)=53.779,  $P < .05$

The chi-square test statistics for the association of students' level of academic performance and their lifetime drug abuse gives a significant result at  $X^2 (9, N=213) = 53.779, P < .05$ .

#### **4.2.6 Basic Motivation Underlying Students' First Time Drug Usage**

Knowing the reason students give can be used for further discussions. So the items were structured based on the most possible reasons for drug abuse. Table 21 puts the summary.

Table 21: Possible Reasons to use drugs for the first time

Statements	Rating Scales									
	Strongly disagree		disagree		Undecided		Agree		Strongly Agree	
	f	%	f	%	f	%	f	%	f	%
Peer pressure	9	4.2	43	20.3	10	4.7	74	34.9	76	35.8
Availability of drugs	23	10.8	55	25.8	11	5.2	75	35.2	49	23
Academic failure	24	11.3	85	39.9	7	3.3	54	25.4	43	20.2
Dissatisfaction with school environment	19	8.9	91	42.7	19	8.9	56	26.3	28	13.1
relatives with drug abuse	25	11.7	83	39	6	2.8	70	32.9	29	13.6
To cope with life challenges	33	15.5	79	37.1	6	2.8	71	33.3	24	11.3
To experience pleasure	7	2.2	58	27.2	31	14.6	72	33.8	45	21.1
To socialize	7	2.2	50	23.5	23	10.8	70	32.9	63	29.6

As can be seen from the above table, 150(75.2%) of the students reported that peer pressure was the major reason that made them to use drugs for the first time. whereas 133(62.5%) of the students said that they abused drugs for the first time because they want to socialize with their friends.124(58.2%)of them responded that they abused drug for the first time because of the availability of drugs, 117(54.9%), 99(46.5%) and 97(45.6%) students used drugs for the first time to experience pleasure, because of having biological relatives with drug abuse and academic failure. Among the reasons that were provided for the respondents 95(44.6%) of them said they started to abuse drugs to cope with various life challenges whereas 84(39.4%) of them said their reason was dissatisfaction with the school environment respectively.

Prevalence of current drug abuse was determined by considering the proportion of students who were consuming any of the drugs with 30 days.

*Table 22: students' response on Drugs Used in the Past 30 Days*

<b>Drugs</b>	<b>f</b>	<b>Percent of cases</b>
Alcohol	68	62.4
Khat	72	66.1
Cigarette	18	16.5
Marijuana	16	14.7
Hashish	28	25.7
<b>Total</b>	<b>202</b>	<b>185.3</b>

n=112, the percentage do not add up to 100% since a student could give more than one answer

#### **4.2.7 Reasons driven Students to Use Drugs for the past 30 Days**

To know the reasons that driven students to abuse drugs, the participants were made to respond to the possible reasons that match with that of their own reasons. Therefore, table 23 presents the figure as follows.

*Table 23: students' response on Reasons for using drugs in the Past 30 Days.*

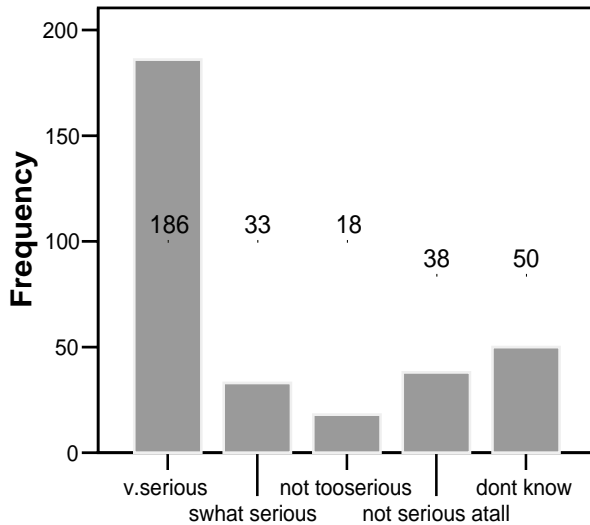
<b>Statements</b>	<b>f</b>	<b>Percent of Cases</b>
To have pleasant relaxation	82	75.2
To have a state of peace	42	38.5
To experience extreme happiness	46	42.2
To prevent drowsiness	25	22.9
To improve performance in physical tasks	11	10.1
To reduce fatigue	31	28.4
To just alter perception and thinking	12	11
To relieve pain	25	22.9
<b>Total</b>	<b>274</b>	<b>251.4</b>

n=109, the percentage do not add up to 100% since a student could give more than one answer.

According to the above table, the total number of students who responded were 109. The most mentioned reasons were to have pleasant relaxation (75.2%), to experience extreme happiness (42.2%) and to have a state of peace (38.5%). to prevent drowsiness (22.9%), to relieve pain (22.9%), to just alter perception and thinking (11%) and to improve performance in physical tasks (10.1%) were the least mentioned reasons by the drug abusers.

#### 4.2.8 Rate of Problem of Students' Drug Abuse

The participants were asked to specify the extent of drug abuse problem among secondary school students. Their responses are summarized in the following figure.



*Fig3 Perceived problem of Drug Abuse among secondary school students*

The above figure shows the extent of seriousness of drug abuse among secondary school students. From 325 respondents, the majority of the students 186(57.2%) reported the problem is very serious, 33 (10.2%) and 18(5.5%) students reported that it is somewhat and not that much serious respectively. whereas, 38(11.7%) students responded that drug abuse among secondary school students in Harari region is not a serious problem at all.

#### 4.2.9 Students' Responses of the likelihood of future drug usage

In order to know the likelihood of students' drug usage in the future they were asked whether they are inclined to use the following drugs or not.

*Table24: Students' Responses of the likelihood of future drug usage*

Drugs	Rating Scales									
	Very likely		likely		Fairly likely		Not likely		Never	
	f	%	f	%	f	%	f	%	f	%
Alcoholic drinks	53	16.3	42	12.9	95	29.2	21	6.5	114	35.1
Khat	48	14.8	36	11.1	37	11.4	96	29.5	108	33.2
Tobacco	25	7.7	17	5.2	45	13.8	114	35.1	124	38.2
Marijuana	13	4	15	4.6	49	15.1	124	38.2	123	38
Hashish	13	4	15	4.6	40	12.3	118	36.3	139	42.8
Shisha	20	6.2	7	2.2	44	13.5	116	35.7	138	42.5
Heron	14	4.3	13	4	35	10.8	122	37.5	141	43.4
Cocaine	14	4.3	13	4	33	10.2	121	37.2	144	44.3

The above table reveals that 53(16.3%) students indicated that they are very likely to use alcoholic drinks in the future whereas 42(12.9%) and 95(29.2%) of them signified that they will likely and fairly likely to use alcohol in the future. Secondly, 48(14.8%), 36(11.1%) and 37(11.4%) responded in a way that they are very likely, likely and fairly likely that they use khat in the future respectively.

The respondents confirmed that their probability of using tobacco as very likely 25 (7.7%), likely 17 (5.2%), and fairly likely 45 (13.8%). In relation to using marijuana in the future, from 325 students 13(4%) of them stated their possibility of using is very likely. Similarly, 15(4.6%) and 40(12.3) of them said they will likely and fairly likely use marijuana respectively.

With respect to using hashish in the future 13(4%) of students from 325, said that they are very likely of using it. In addition, 15(4.6%) and 40(12.3%) gave their answers as likely and fairly likely respectively. Similarly, 20(6.2%) rated the possibility of their usage of shisha as very likely as well 7(2.2%) and 44(13.5%) rated the possibility of their usage of shisha as likely and fairly likely. Also, they indicated that they will very likely use heron 14 (4.3%) while 13(4%) and 35 (10.8%) marked as likely and fairly likely respectively. Besides 14 (4.3%), as well as 13(4%) and 33(10.2%) respondents said they may very likely, likely and

fairly likely consume cocaine respectively.

#### 4.2.10 Students' observation of Teachers and students abusing drugs at school

In this section, the possible ways that are believed to indicate the prevalence rate among secondary schools were asked. The results are summarized below.

*Table 25: students' responses about their Observations of Teachers using Drugs at School*

	responses	f	%
Do any of the teachers at your school use drugs?	Yes	266	81.8
	No	59	18.2
<b>Total</b>		<b>325</b>	<b>100</b>

As shown in the above Table, of 325 students more than 50% i.e. 266(81.8%) have seen their teachers abusing drugs at their school.

*Table 26: responses of students on their observations of Other Students using drugs at school.*

Statements	Rating Scales									
	Always		Frequently		Occasionally		Rarely		Never	
	f	%	f	%	f	%	f	%	f	%
Student drink at school	31	9.5	23	7.1	43	13.2	29	8.9	199	61.2
Student smoking cigarette at school	54	16.6	65	20	61	18.8	78	24	67	20.6
Student chewing khat at school	35	10.8	84	25.8	61	18.8	73	22.5	72	22.2
Student smoking cannabis (marijuana, hashish) at school	16	4.9	21	6.5	44	13.5	94	28.9	150	46.2

n=325

Table 26 shows that from 325 total students 31(9.5%), 23(7.1%) and 43(13.2%) of them indicated that they have seen other students drunk at school always, frequently and occasionally respectively. Also, 54(16.6%) said that they always see students smoking cigarettes in school whereas 65(20%) and 61(18.8%) said they see students smoking frequently and occasionally respectively. Thirdly, 35(10.8%) students said that they have always seen students chewing khat at school; On the other hand, 84(25.8%) and 61(18.8%)

have seen frequently and occasionally respectively. Finally, 16(4.9%), 21(6.5%) and 44(13.5%) rated as always, frequently and occasionally.

#### 4.2.11 Consequences of Drug Abuse

Using drugs has lots of consequences in one’s life socially, economically and politically. Fekadu et al. (2007) and Wu and Khan (2005) also agree on the situation that drug abusing behaviour results a serious consequence on one’s life at all aspects. It is believed that it helps to improve their academic performance because it makes them to stay awake for longer time. Usually, they begin to experiment with a smaller number of drugs like alcohol, tobacco, shisha-water pipe filled with tobacco, khat-a social drug that is consumed as a way of relaxation and other drugs at the end of their elementary class they use these drugs singly or in combination. By the time they reach secondary school their rate of substance use will be high which may have a significant barrier to achieve their educational objectives and it may affect their health, productivity and quality of life. In this section behavioural, social, health and psychological consequences identified by the respondents were summarized.

#### Behavioural Consequences of Drug Abuse on Students

Below there is a table that mention the behavioural consequences that the drug abusers have encountered.

*Table 27: Behavioural Consequences of Drug Abuse on students*

<b>Behavioural consequences</b>	<b>f</b>	<b>Percent of Cases</b>
Absenteeism from school	69	35.4
Violence/disciplinary problems	65	33.3
High need for money	81	41.5
Loss of interest for daily activities	80	41
Harsh argument with people	48	24.6
Expelled from school	22	11.3
others	5	2.6
<b>Total</b>	<b>370</b>	<b>189.7</b>

n=195, the percentage do not add up to 100% since a student could give more than one answer.

The total number of students who responded to the behavioural consequences of Drug Abuse was 195. From these, high need for money was answered by 41.5% of cases, loss of interest in daily activities was rated next by 41% of cases. Students who responded to the question of absenteeism from the school were 35.4% and Violence/disciplinary problem 33.3%. These were the most mentioned behavioural consequences that the drug abusers have encountered. On the other hand harsh argument with people and being expelled from school were the least mentioned behavioural consequences that the drug abusers have faced. The key informants also added that one of the most common problems that students are facing due to drug abuse is behavioural problem. They become late and absent from classes, dismissed from the school, fight with others and behave unpleasantly.

### **Psychological Consequences of Drug Abuse on Students**

The Psychological consequences that the drug abusers have encountered were summarized in table 28.

*Table 28: Psychological Consequences of Drug Abuse on Students*

<b>Psychological Consequences</b>	<b>f</b>	<b>Percent of Cases</b>
Psychological distress	62	43.1
Suicide attempt	49	34
Strong feeling of guilt	100	69.4
Feeling of helplessness/hopelessness	36	25
Others	5	3.5
<b>Total</b>	<b>252</b>	<b>175</b>

n=144, the percentage do not add up to 100% since a student could give more than one answer.

The four most mentioned psychological consequences that the drug abusers include strong feeling of guilt (69.4%), psychological distress (43.1%), suicide attempt (34%), and feeling of helplessness/hopelessness (25%) However others were the least mentioned consequences that the abusers faced.

### Health Consequences of Drug Abuse on Students

Health Consequence was the other mentioned consequences by the respondents. The obtained data is summarized below.

*Table 29: Health Consequences of Drug Abuse on Students*

Health Consequences	f	Percent of Cases
Physically ill-health	92	51.1
Sleep disorder	69	38.3
Dizziness	53	29.4
Weight loss	42	23.3
Appetite loss	24	13.3
Over appetite	23	12.8
Weight gain	12	6.7
Mental illness	15	8.3
<b>Total</b>	<b>330</b>	<b>183.3</b>

n=180, the percentages do not add up to 100% since a student could give more than one answer.

The total number of students who reported they faced health consequence because of abusing drugs are 180. From these 51.1%, 38.3%, 29.4%, 23.3% of the respondents reported that they faced physical ill health, sleep disorder, dizziness and weight loss. On the other hand over appetite, appetite loss 13.3% weight gain 6.7% and mental illness 8.3% were the least mentioned consequences that the abuser faced. For instance, a student wrote: *“Nowadays, I’m frequently visiting a hospital to take medicine since I have a health problem that I encountered due to my excess use of drugs”*

### Social Consequences of Drug Abuse on Students

The other mentioned consequence by the respondents was Social Consequence. The obtained data is summarized below.

Table 30: Social Consequences of Drug Abuse on Students

Social Consequences	f	Percent of Cases
Loosing friends	42	33.1
In problem with parents	83	65.4
Being arrested	41	32.3
Others	6	4.7
<b>Total</b>	<b>172</b>	<b>135.4</b>

n=127, the percentage do not add up to 100% since a student could give more than one answer.

From 127 respondents those who are in problem with their parents because of abusing drugs were 65.4%, those who lose their friends are (33.1%) followed by being arrested (32.3%). Only 4.7% of them said they have faced other social problems.

A student expressed his incidence in the following manner:

*“It was the eve of the new year. I and all my friends were hanging out in a night club. After we took excessive alcohol and other drugs we get ourselves in police station though we did not have it in mind before the party.”*

The focus group participants and key informants also agreed drug abuse behaviour might cause alienation and getting undermined by the society.

Students in focus group discussion pointed out that students might be out their major future life goal as a result of using drugs. This may result unemployment that affects in the country’s economy. Also students who abuse drugs can be exiled from the society and faces problems in their social life.

Students said that drug abusers are frequently absent from classes, even when they come to class they don’t show interest to their lessons. Being in a class also, most of them are disruptive. When assignments are given they either copy from their classmates or let others do for them. One female student said: *Using drugs among secondary school students are coming into insight as a sign of modernization among students.*

Also some students said, the rules of the government are not successfully implemented

especially in supervising khat and shisha stores, parties/night clubs, and bars.

## CHAPTER FIVE

### Summary, Conclusion and Recommendations

In this section, in light of the analysis of the information gathered the following results and conclusions were drawn. Based upon the results, the summary, conclusion, and important recommendations were given under the framework of the basic research questions.

These are:

1. How widespread is drug abuse among secondary schools students of Harari region?
2. Is drug abuse behaviour related to some variables of the study population such as sex, family condition, peer influence, and level of academic performance?
3. How do secondary school students of Harari region see drug abuse manner?
4. What are the consequences of drug abuse on the education of secondary schools students of Harari region?

#### 5.1 Summary

The result of this study indicates:

1. Students witnessed the availability of drugs in their school, 107(32.9%) responded that they do know students who abuse drugs in their possession at school. whereas, 198(60.9%) responded that they don't know such students. The remaining 20 students' answer was undecided. Also 74 (22.7%) of the students have seen drug being used on the compound of their school. whereas 205(63.5%) of them didn't see drugs being used on the compound of their school. The remaining 46(14%) students answer was undecided. the students also added that it is not new to see students drunk, chewing khat and smoking cannabis (marijuana, hashish) at school.

2. Having drug using peers, lack of parental/guardians' involvement in students life, availability of drugs in the school and in the home environment, lack of recreational amenities, living in high level of family conflict are all factors that contribute for drug abuse manners.
3. Risk factor for drug abuse is significantly associated with life time drug abuse at  $P < .05$ ,  $df = 12$ . And also level of academic performance is significantly associated with life time drug abuse at  $X^2 (9, N = 213) = 53.779, P < .05$ . Whereas, sex is not significantly associated with lifetime drug abuse at  $X^2 (3, N = 213) = 5.533, P > .05$ .
4. Absenteeism from school, violence/disciplinary problems, high need for money, and loss of interest for daily activities were the four mentioned behavioural consequences as a result of drug abuse.
5. The three most mentioned psychological consequences due to abusing drugs were psychological distress, suicide attempt and strong feeling of guilt.
6. Physical ill health, sleep disorder and dizziness were the most mentioned health consequences due to abusing drugs.
7. Problem with parents was the mentioned social consequences because of drug abuse.
8. The majority of the drug abusers faced health and psychological problems which has a negative impact on their academic success.
9. The problem of drug abuse among secondary school students' was indicated as very serious by 186(57.2%) students.

## 5.2 Conclusion

Based on the findings the following conclusions were drawn:

- Alcoholic drinks, khat, shisha and cigarette are the most commonly used drugs among secondary school students.
- Life time drug abuse is significantly associated with risk factors for drug abuse such as school environment, family condition, peer pressure and availability of drugs. Level of academic performance is significantly associated with life time drug abuse. Whereas, sex is not significantly associated with lifetime drug abuse.
- Having drug using peers, lack of parental/guardians involvement in students' life, family history of drug abuse, availability of drugs in the school, insufficient youth recreational amenities all contribute for students' drug abuse behaviour.
- Students abuse drugs at khat/shisha store, at their home, in their school compound, at a party and at bar or restaurants.
- Students who abuse drugs have been encountering one or more of the following problems behavioural, psychological, health and social problems that have a negative implication on their education.

### **5.3 Recommendations**

Based on the results of the study, the following possible recommendations are forwarded:

1. Adolescence is a very sensitive and vulnerable period. It is said to be the best and the worst development period in human life. In order to make the transition from childhood to adulthood smooth and constructive parents, teachers, peers should react positively.
2. GOs and NGOs which are working on the cases of youths should give drug abuse treatments and government should design policies against drug abuse.
3. Laws should be amended in the school to control the drug trafficking and to create a drug free environment.
4. Organize various awareness creation sessions about the nature and consequence of drug abuse for students, teachers and parents should work together because they are the closest role models for the students.
5. Parents should monitor and back check their children and should have strong partnership with the school and should have communication with their teachers.
6. The government should give priority for rehabilitation center.
7. Working hard on preventive advertisements.
8. Healthy recreational amenities and youth centers like public libraries by concerned body should be given due attention. It helps the youth to spend their free time in a constructive manner and to draw their attention away from drug abuse.
9. Building strong youth network at school level that work on the issue of drug use and establishing anti drug clubs and youth association.
10. Building ethical standards of students through ethics and moral committees in the school and out of school.

11. Design individual, peer and group counselling sessions on drug abuse.

12. Campaigns should be prepared on drug abuse.

13. Further researches should be conducted and disseminated to concerned bodies.

## Reference

- Abdu,Ebrahim.(2003). The Khat chewing Habit and its incidental Interdependence with alcohol drinking Among AAU main campus undergraduate regular students. *Ethiopian Journal of Development Research* , 25(1),1-9.
- Abebe Dawit, Asfaw Debella,Amare Dejene etal. (2006). Is Khat- chewing behavior associated with Hiv risk behavior? *African Journal of Aids research*,5(1), 61-69.
- ACDE. (1995). *Drug Related Crime:Crime Prevention and Community safty Learning Styles'*
- Agazi, Ameha (2009). *Socio Demographic Correlates of Substance Use and Sexual Behavior of Urban Youth of Northern Ethiopia:Particular Study of Mekelle City*. Addis Ababa: Unpublished Ma Thesis, Addis Ababa University.
- Ambanesh,Necho. (July 2007). *Parental Characterstics and School Youth Sexual Behavior in Bahir Dar town,Northern Ethiopia*. unpublished Ma thesis.
- Bachman, J. (1984). Drug Use Among Adults: The Impact of Role Status and Social Environment. *Journal of Personality and Social Psychology* , 47 629-645.
- B.H, Bry (1983).*Emperical foundations of family -based approach to adolescent Substance Drug Abuse*. Rockville,MD:National Institute on Drug Abuse: DHHS Publication No.ADM 83-1290.
- Canadian Center on Substance Abuse/CCSA/ (2007) *Substance Abuse in Canada*.

- Carol Jean Roth. (1992). *Study Examining the Impact of Drug Abuse Resistance Education CD.A.R.E and a Comparision Group in a rural Setting* . University of Wilsconsin-la Crosse Ma Thesis in Public Health Education .
- Davis, R.C.etal. (1973). *Drug and the Community*. New York: University of New York Press.
- Economic and Social Commission for Asia and the Pacific (2001).*Third Asia Pacific Intergovernmental Meeting of Human Resources Development for youth.(Item 4 of the provisional agenda)*. Bangok.
- EPHA. (2003). *Adolescent Reproductive Health:Global and National Initatives and Lessons Learned*.
- Epher, A. (1996). *The problem of Drug Abuse in Nazreth: A Case Study of Thirty Young People who Abuse Drugs*.. Unpublished Senior Essay,Addis Ababa University.
- Eshetu, Alemu. (1998). *Some Correlates of Poly-Drug Use Behavior among Street Childeren:The Case of 4 Urban Unpublished Ma Thesis*. Addis Ababa: Unpublished Ma Thesis Addis Ababa University.
- Ethiopia's Ministry of Health (2003). *Adolescent Reproductive Health Extension Package*. Addis Ababa.
- Gay, L.R. & Peter Airasian (2000). *Educational Research: Competencies for Analysis and Application*. Upper Saddle River New Jersey: Prentice-Hall.
- Girdano,D.and Dusek,D.E. (1988). *Drug Addiction: Content and Methods*. New York: Newbery Award Records.

- Glassner, B., & Loughlin, J. (1990). *Drug in Adolescent World*. New York: Macmillan Press, Ltd.
- Grand Thomas, p. (1984). Association Among Alcoholism, Drug Abuse, and Anti Social Personality. *Psychological Reports* , 371-378.
- Hayes, C. (1987). *Risking The Future: Adolescent Sexuality, Pregnancy & Child bearing* . Washington D.C: National Academy Press.Inc.
- Huba, G. (1965). A comparison of Two Latent Variables Casual Models for Adolescent Drug Use. *Journal of Psonality and Social Psychology*, 12 , 20-29.
- Johnston D.Micheal, Heriza J.Thomas, and Dennis St.Clarke. (1999). *How to spot Illicit Drug Abuse in your Patients*. Retrieved October 22, 2010, from <http://www.prideusa.org>
- Jossor, R & Jossor S.L. (1975). Adolescent Development and the onset of Alcohol. *Journal of Studies on Alcohol* 36 , 27-41.
- Kilander, H. (1962). *School Health Education. A Study of Content, methods and Materials*. New York: The Macmillan Company.
- Kwak, H. R. (2004). Compulsive Commorbidity and its Psychological Antecedents. *Journal of Consumer marketing*, 21 , 418-434.
- Maddox, G. (1970). *the Domesticated Drug: Drinking Among Collegians*. Newhaven, Conn: College and Univerity Press.

- Mickele, D. (1999). Retrieved from [http://books.nap.edu/html/risk\\_opportunities/chap3&4html/](http://books.nap.edu/html/risk_opportunities/chap3&4html/) Risk and Opportunities: Synthesis of Studies on Adolescence, Forum on Adolescence, The National Academy of Science.
- Rahel, Asmare. (2009). *The Life Situation of Drug Abusing Women and Men Street Youth in Addis Ababa: The Case of Kirkos Sub-city*. Addis Ababa: Unpublished Ma Thesis Addis Ababa University.
- Ray, Oakley & ksir, Charles (1999). *Drugs, Society, and Human Behavior* (8<sup>th</sup> ed.). Boston: MC Graw.Hill- Company.
- Robins, L.N., & Przybeck, T.R. (1987). Age of Onset of Drug Use as a Factor in Drug and Other Disorders DHHS Publications No. ADM. 87-1335.
- Santrock, J. (1999). *Life Span Development* (7<sup>th</sup> ed),. Boston: MCGRAW Hill Companies, Inc.
- Seyoum Gebresellasié & Ayalew Gebre. (1995). *Rapid Assesment of the situation of Drug and substance abuse in selected urban areas in Ethiopia*. Addis Ababa: Unpublished Survey report.
- Singer. (1975). *The Prognosis of Narcotic Addiction*. New York: Butter worth Inc.
- Wallace, M. John and Muroff, R. Jordan. (2002). Preventing Substance Abuse Among African Childern and Youth: Race differences and Risk factor Exposure and Vulnerability. *The Journal of Primary Prevention Vol 22 No.3*.
- Weissbach, J.A.et.al. (1973). The Social and Personality Characteristics of herion users. *Psychological reports, 755-758*.

WHO. (1990). Drugs know no boundary. *United Nations Chronicle Quarterly Vol.27 No.2* .

Wills, J. (1973). *Addicts:Drug and Alcohol Re-examination* . Toronto: Clark Publishing Company.

Wu Winfred and Khan J.Amy. (2005). *Adolescent Illicit Drug Use -Understanding and Addressing the Problem*. Retrieved November 1, 2010, from [www.ag.gov.au/agd/...pdf/..NCCPP+Learning+Circles04.pdf](http://www.ag.gov.au/agd/...pdf/..NCCPP+Learning+Circles04.pdf)

Zein, A. and Massresha,A. (1979). The Prevalence of Cigarette Smoking Among Secondary School Childern in Gonder City. *Ethiopian Medical Journal,17* .

## Appendix -A

**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**INSTITUTE OF EDUCATIONAL RESEARCH**  
**DEPARTMENT OF EDUCATIONAL RESEARCH AND EVALUATION**

### **A Questionnaire to be filled by Students**

Dear Students:

The purpose of this questionnaire is to obtain primary information about The Assessment of Drug Abuse among secondary schools Students of Harari region. The objectives of the study are: to examine the prevalence rate of drug abuse among students, indicate secondary school students' drug usage manner, and to point out the consequences of students' drug usage. You are required to give response for each question genuinely. Therefore you are kindly requested to complete it frankly and responsibly.

#### **Remark**

- You are not required to write your name.
- Follow the instructions given for each of the questions.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.

**Thank You in Advance for your time and cooperation!**

**All Responses will be held confidential.**

**AN ASSESSEMENT OF DRUG ABUSE AMONG SECONDARY SCHOOLS STUDENTS OF  
HARARI REGION  
STUDENT QUESTIONNARE**

**Part one: Background information**

General Instruction: Please give your responses to the following items by circling or by writing the desired information on the space provided.

**APPLICABLE FOR ALL**

1. Sex: A. Male B.Female
2. Age: \_\_\_\_\_
3. Grade level: A. Grade 9 B.Grade10
4. With whom are you living?  
A. With oneself C. Guardians E. Other (specify] \_\_\_\_\_  
B. Parents D. Relatives

**APPLICABLE ONLY FOR THOSE WHO MENTIONED code-B IN Q-4 OTHERS GO TO Q-6**

5. What kind of parental composition is it?  
A. Both biological parents D. Biological mother only  
B. Biological mother and stepfather E. Biological father only  
C. Biological father and mother

**APPLICABLE FOR ALL (From Q.6-17)**

6. Who is your main source of income?  
A. Oneself D. Relatives  
B. Parents E. Other (specify) \_\_\_\_\_  
C. Guardians
7. Total numbers of students in your class? \_\_\_\_\_
8. What was your rank in the recent semester?  
A.1-10 D.32-40  
B.11-20 E.41-50  
C.21-30 F.>50 and above

**Part two: Questions about Risk factors for drug abuse**

**Subsection one: school Environment**

Below, there is a rating scale. Put a tick mark (√) on the number which best describes your degree of agreement or disagreement.

**KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree,1=Strongly agree)**

	Statements	5	4	3	2	1
9	I know students who abuse drugs in their possession at school					

10	I Have seen drug being used on the compound of my school					
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**Subsection two: Parental relationship**

Below, there is a rating scale. Put a tick mark (√) on the number which best describes your degree of agreement or disagreement.

**KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree,1=Strongly agree)**

	Statements	5	4	3	2	1
11	My parents usually are open to discuss and advice than physical force when I failed to fulfil their expectation.					
12	My parents use drugs such as Khat, Alcohol, tobacco, and other drugs					
13	I live through high levels of family conflict					
14	I lack positive parental role modelling					

**Subsection Three: - Peer pressure**

Below, using the rating scale select your option by using a tick (√) mark on the number which best describes your degree of agreement or disagreement. **KEY:(5=Strongly disagree, 4=Disagree,**

**3=Undecided, 2=Agree, 1=Strongly agree)**

	Statements	5	4	3	2	1
15	Many of my friends drink alcohol, use tobacco, chew khat and use other drugs.					
16	Have you ever encountered pressure from your friends to use alcohol, khat,tobacco and other drugs					

**Part three: Questions on drug use behaviour and practice, lifetime drug usage and first time drug usage.**

**Subsection one: Questions regarding drug use behaviour and practice**

17 Do you chew khat? A. Yes                      B. No IF NO GO TO Q. 24

18. If yes, why do you chew khat?

A. To pass the time

C. To socialize

B. To stay awake

D. I'm addicted

Other (specify)\_\_\_\_\_

19. During the past 30days, for how many days did you chew khat?

A. for 5-8 days

D. for 17-20 days

B. for 9-12 days

E. for >21 days

C. for 13-16 days

20. How long have you been chewing khat?

- A. For shorter than 6 months
- B. between 6 months-1 year
- C. For 1-3years
- D. For longer than 3 years

21. On average for how many days do you usually chew khat?

- A. Less than once per week
- B. Once per week
- C. greater than once per week but everyday
- D. Everyday through the week

22. With whom do you chew khat?

- A. Always alone
- B. Usually alone
- C. Usually with others
- D. Always with others

23. What other drugs do you use during chewing khat? (Multiple responses are possible)

- A. Cigarette
- B. Marijuana
- C. Shisha
- D. I don't use
- E. Other specify \_\_\_\_\_

24. Do you drink alcohol?

- A. Yes
- B. No IF NO GO TO Q.27

25. Why do you drink alcohol?

- A. To pass the time
- B. To fight depression
- C. To forget my problems
- D. To socialize
- E. I'm addicted
- F. Other specify \_\_\_\_\_

26. On average how frequently do you drink alcohol?

- A. Always (daily)
- B. Often (3-4perweek)
- C. Occasionally (1-4permonth]
- D. Rarely (on holidays]

27. Do you smoke cigarette?

- A. Yes
- B. No

**Subsection two: questions regarding lifetime drug usage and first time drug usage.(APPLICABLE FOR ALL)**

28. Which of the following drugs have you ever used in your life time?

[Multiple responses are possible]

- A. Alcohol (like beer, 'tela', liquor, wine
- B. Khat
- C. Tobacco (cigarette, cigar)
- E. Hashish
- F. Shisha
- G. Inhalants (aerosol, benzene]
- H. Heron
- I. Cocaine
- J. Other specify \_\_\_\_\_
- K. Never SKIP TO Q.35
- D. Marijuana (weed)

29. Among the following, which drug have you ever used for the first time in your life? [Multiple responses are possible]

- A. Alcohol (like beer, 'tela', liquor, wine)
- B.Khat
- C. Tobacco (cigarette, cigar)
- K.Never SKIP TO Q.35
- E. Hashish
- F. Shisha
- G. Inhalants (aerosol, benzene]
- H. Heron
- I. Cocaine
- J.Other specify \_\_\_\_\_
- D.Marijuana (weed)

30. Where was the first place you consumed the drug you mentioned in Q.29?

- A. At home SKIP TO Q.32
- B. Khat or shisha store
- C. In school ground
- D. Pool house
- E. Party
- F. On street, highways
- G. Night clubs
- H. At bar or restaurant
- I. Other (specify) \_\_\_\_\_

31. Was the place you mentioned in Q.30 found nearby your school?

- A. Yes
- B. No

32. What was the basic motivation underlying your drug use for the first time?

Use a tick (√) mark on the number which best describes your degree of agreement or disagreement.

**KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree, 1=Strongly agree)**

	Statements	5	4	3	2	1
32a	Peer pressure					
32b	Availability of drugs					
32c	Academic failure					
32d	Dissatisfaction with the school environment					
32e	Having biological relatives with drug abuse					
32f	Unhappiness at home					
32g	To cope with various life challenges					
32h	To experience pleasure					
32i	To socialize					

Other (specify) \_\_\_\_\_

33. Which of the following drugs have you used in the past 30 days?

[Multiple responses are possible]

- A. Alcohol (like beer, 'tela', liquor, wine)
- B.Khat
- C. Tobacco (cigarette, cigar)
- D.Marijuana (weed)
- E. Hashish
- H. Heron
- I. Cocaine
- J.Other specify \_\_\_\_\_
- K.Never SKIP TO Q.35

F. Shisha

G. Inhalants (aerosol, benzene]

34. Why have you used any of those substances in the past 30 days?

(Multiple responses are possible)

A. To have pleasant relaxation

I. To improve performance  
mental tasks

B. To have a state of peace and calm

J. To just alter perception and  
thinking

C. To experience extreme happiness

D. To prevent drowsiness

K. Other (specify) \_\_\_\_\_

E. To improve performance in physical tasks

F. To relieve anxiety

G. To induce sleep

H. To reduce fatigue

35. How do you rate the problem of drug abuse among secondary school students? Would you say it is \_\_\_\_ [Single mention]

A. Very serious

D. Not serious at all

B. Somewhat serious

E. Don't know

C. Not too serious

36. How likely is that you will use each of the following drugs in the future? Please, put a tick mark (√) against which best describes your response towards each of the following drugs using the rating provided.

**KEY: (5= Never 4= Not likely, 3=Fairly likely, 2=Likely 1=Very likely)**

	Drugs	5	4	3	2	1
36a	Alcohol(like beer, Spirits, 'tela', liquor, wine)					
36b	khat					
36c	Tobacco(cigarette, cigar)					
36d	Marijuana(weed)					
36e	Hashish					
36f	Shisha					
36g	Inhalants(aerosol, benzene)					
36h	Heron					
36i	Cocaine					

37. Do any of the teachers at your school use drugs? A. Yes B.No

Using the following rating scale indicate your response by using a tick(✓)mark.

KEY: (5=Never 4= Rarely, 3=Occasionally, 2=Frequently, 1=Always)

	Statements	5	4	3	2	1
38	How often have you seen a student drunk at school					
39	How often have you seen a student smoking cigarettes at school					
40	How often have you seen a student chewing khat at school					
41	How often have you seen a student smoking cannabis (marijuana, hashish) at school					

Applicable for those who mentioned options from ‘A-J’ for Q.28 those who mentioned option ‘K’ SKIP TO Q.47

42. Which of the following consequences (behavioural aspect) have you experienced due to drug use?  
[Multiple responses are possible]

- A. Lateness from the class
- B. Violence (disciplinary problems)
- C. Absenteeism from school
- D. High need for money
- E. Loss of interest in daily activities
- F. Harsh argument with people
- G. Expelled from school
- H. Other (specify) \_\_\_\_\_

43. Which of the following consequences (psychological aspects) have you experienced due to drug use? [Multiple responses are possible]

- A. Psychological distress
- B. Suicide attempt
- E. Other (specify) \_\_\_\_\_
- C. Strong feeling of guilt
- D. Feeling of helplessness/hopelessness

44. Which of the following consequences (health aspect) have you experienced due to drug use?  
[Multiple responses are possible]

- A. Physically ill-health
- B. Sleep disorder
- C. Dizziness
- D. Weight loss
- E. Appetite loss
- F. Over appetite
- G. Weight gain
- H. Mental illness
- I. Other (specify) \_\_\_\_\_

45. Which of the following consequences (social aspect) have you experienced due to drug use?  
[Multiple responses are possible]

- A. Loosing friends
- B. In problem with parents/guardians
- C. Being arrested
- D. Other (specify) \_\_\_\_\_

46. In general, to what extent your use of drugs led you to the following problem aspects? Put a tick in front of your answer [Multiple responses are possible]

A. Health problems

C. Behavioural problems

B. Social problems

D. Psychological problems

E. Other (specify) \_\_\_\_\_

47. What else would you say about the prevalence rate of drug abuse and students' drug usage manner?

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48. Generally, What do you suggest about the abuse of drug among secondary school students and its consequences on their education?

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***THANK YOU!***

**Appendix -B**

**አዲስ አበባ ዩኒቨርሲቲ የድህረምረቃ ትምህርት ክፍል  
የትምህርት ጥናትና ምርምር ተቋም  
የትምህርት ጥናትና ግምገማ ክፍል  
በተማሪዎች የሚሞላ መጠይቅ**

ይህ መጠይቅ የተዘጋጀው አደንዛዥ ዕዎች በሐረሪ ክልል ውስጥ በሚገኙ የሁለተኛ ደረጃ (9ኛ እና 10ኛ ክፍል) ተማሪዎች ትምህርት ላይ የሚያስከትለውን ተጽእኖ የሚያሳይ ጥናት ለማካሄድ መረጃ ለመሰብሰብ ይረዳ ዘንድ ነው።

የጥናቱ አላማ በሐረሪ ክልል በሚገኙ በሁለተኛ ደረጃ ትምህርት ቤት ተማሪዎች ዘንድ የአደንዛዥ ዕዎች ጥቅም ላይ የመዋል መጠን ስፋት፣ የአጠቃቀም ሁኔታና የሚያስከትሉትን አሉታዊ ተፅዕኖ ለማጥናት ነው።

ጥናቱ የተሳካ ይሆን ዘንድ የእርስዎ ቀናና እውነተኛ ምላሽ ዋና ነው። ስለሆነም በታማኝነትና በቅንነት ይህንን መጠይቅ እንዲሞሉ በትህትና እንጠይቃለን።

**መመሪያ**

- ስምዎትን መፃፍ አያስፈልግም
- ለእያንዳንዱ ጥያቄ መመሪያውን በሚገባ ያንብቡ

ለግንዛቤ:- አደንዛዥ ዕዎች የሚለው ሀረግ የአልኮል መጠጦችን ( እንደ ቢራ ፣ ጠላ ፣ አረቄ የመሳሰሉትን) ጫት ፣ ሲጋራ ፣ ማሪዋና(ዕፅ) ፣ ሃሽሽ ፣ ሺሻ ፣ ወደ ሳንባ የሚሳቡ እንደ ቤንዚን ፣ ሄሮይን ፣ ኮኬይን) የመሳሰሉት

የሚሰጡት መልስ ሁሉ ሚስጥራዊነቱ የተጠበቀና ከላይ ለተጠቀሰው አላማ ብቻ የሚውል ይሆናል።  
**ክፍል አንድ:-** በተማሪዎች የሚሞላ መጠይቅ

**መመሪያ:-** ለእያንዳንዱ ጥያቄ ትክክለኛ የሚሉትን መልስ ከጎን በሚገኘው ሣጥን ውስጥ ( ✓ )ምልክት ያስገቡ

**ለሁሉም የሚጠየቅ (ከጥያቄ 01-05)**

1. ያታ:- ሀ. ወንድ  ለ. ሴት
2. እድሜ:-
3. የክፍል ደረጃ:- ሀ. ዘጠነኛ  ለ. አስረኛ
4. ከማን ጋር ነው የሚኖሩት?  
ሀ. ለብቻ  ለ. ከወላጅ  ሐ. ከአሳዳጊ  መ ከዘመድ   
ሠ. ሌላ ካለ ይግለፁ-----

**ለጥያቄ ቁጥር 4 ለን ብቻ ለመረጡ የሚጠየቅ ሌሎች ወደ ጥያቄ 6 ይለፉ**

5. የትኛው አይነት የወላጅ አወቃቀር ይገልፀዋል?  
ሀ. ከወላጅ እናትና አባት  ለ. ከወላጅ እናትና የእንጀራ አባት



(መመዘኛ፡ 5= በጣም አልሰማምም 4= አልሰማምም 3= መወሰን አልቻልም  
2=አሰማምለሁ 1= በጣም አሰማምለሁ)

		5	4	3	2	1
15	አብዛኛቹ ጓደኞቼ የአደንዛዥ ዕዕ ተጠቃሚዎች ናቸው					
16	አደንዛዥ ዕዎችን እንድጠቀም ከአቻ ጓደኛዬ ግፊት ደርሶብኝ ያውቃል					

**ክፍል ሶስት፡- አደንዛዥ ዕዎችን የመጠቀም ባህሪ፣ በሕይወት አንዴም መጠቀምና በሕይወት ለመጀመሪያ ጊዜ መጠቀምን በተመለከተ**

**ንዑስ ክፍል አንድ፡- አደገኛ ዕዎችን የመጠቀም ባህሪ**

17. እርስዎ ጫት ይቅማሉ?

ሀ. አዎን እቅማለሁ

ለ. አይ አልቅምም ወደ ጥያቄ ቁጥር-24 ይለፉ

18. ጫት ለምንድ ነው የሚቅሙት?

ሐ. ከሰዎች ጋር ቅርብነትን ለመፍጠር

ሀ. ጊዜ ለማሳለፍ

መ. ሱስ አለብኝ

ለ. ለመነቃቃት

19. ላለፉት 30 ቀናት ለምን ያህል ቀናት ጫት ቅመዋል?

ሀ. ለ5 -8 ቀናት  ለ. ለ9-12 ቀናት

ሐ. ለ13 -16 ቀናት  መ. ለ17-20 ቀናት  ሠ. ለ21 ቀናት

20. ጫት መቃም ከጀመሩ ምን ያህል ጊዜ ሆነዎት?

ሀ. ከ6 ወር ያንሳል  ለ. ከ6 ወር - 1 አመት

ሐ. ከ1-3 አመት  መ. ከሶስት አመት በላይ ሆኖኛል

21. በአማካኝ ለምን ያህል ቀናት ጫት ይቅማሉ?

ሀ. በሳምንት አንድ ቀንም አይሆንም  ለ. በሳምንት አንዴ

ሐ. በሳምንት ከአንድ ጊዜ በላይ ነገር ግን በየቀኑ አይደለም  መ. በሳምንት ሁሉንም ቀናት

22. ከማን ጋር ነው ጫት የሚቅሙት?

ሀ. ሁልጊዜም ለብቻዬ  ለ. ብዙውን ጊዜ ለብቻዬ

ሐ. ብዙውን ጊዜ ከሌሎች ጋር  መ. ሁልጊዜም ከሌሎች ጋር

23. ጫት በሚቅሙበት ወቅት አብረው የሚጠቀሟቸው ዕዎች ከሚከተሉት ውስጥ የትኞቹ ናቸው?

ሀ. ሲጋራ  ለ. ማሪዋና  ሐ. ሺሻ

መ. አልጠቀምም  ሠ. ሌላ ካለ ይግለፁ-----

24. የአልኮል መጠጦችን ይጠቀማሉ?

ሀ. አዎን እጠቀማለሁ

ለ. አይ አልጠቀምም  ወደ ጥያቄ ቁጥር 27 ይለፉ

25. መጠጥ ለምንድነው የሚጠጡት?

ሀ. ጊዜ ለማሳለፍ

መ. ችግሮቼን ለመርሳት

ለ. ድብርትን ለማሳረር

ሠ. በአስደሳች ሁኔታ ዘና ለማለት

ሐ.ሱስ ስላብኝ

ረ. ሌላ ካለ ይግለፁ-----

26. ባለፈው ወር በአማካይ በምን ያህል ጊዜ የአልኮል መጠጦችን ጠጥተዋል?

ሀ. ሁልጊዜ /በየቀኑ/  ሐ. አንዳንዴ /1-4 ቀን በወር/

ለ. ከ3-4 ቀን በሳምንት  መ. አልፎ አልፎ /በበአላት ቀን/

27.ሲጋራ ያጨሳሉ?

ሀ. አዎ አጨሳለሁ

ለ. አይ አላጨሰም

**ንዑስ ክፍል ሁለት: አደንዛዥ እዎችን በሕይወት ለመጀመሪያ ጊዜ መጠቀምና በሕይወት አንድ ጊዜ መጠቀምን የተመለከተ ጥያቄ**

28. በህይወትዎ እስካሁን አንዴም ቢሆን ከሚከተሉት አደንዛዥ እዎች መካከል የትኛውን/የትኞቹን ተጠቅመው ያውቃሉ? (ከአንድ በላይ መመለስ ይቻላል) ( ✓ ) ምልክት ይጠቀሙ

ሀ. የአልኮል መጠጦች (እንደ ቢራ፣ጠላ፣ወይን፣አረቄ የመሳሰሉት)

ለ. ጫት  ረ. ሺሻ

ሐ. ሲጋራ  ሰ. ወደ ሳንባ የሚሳሉ (እንደ ቤንዚን የመሳሰሉት)

መ. ማሪዋና

ሠ. ሃሺሽ  ሸ. ሄሮይን  ቀ.ኮኬይን

በ.ሌላ ካለ ይግለፁ \_\_\_\_\_

ተ. አንድም ቀን ተጠቅሜ አላውቅም  ወደ ጥያቄ ቁጥር 35 ይለፉ

29. ከሚከተሉት አደንዛዥ እዎች መካከል በህይወትዎ ለመጀመሪያ ጊዜ የተጠቀሙት የትኛውን ነው?

ሀ. የአልኮል መጠጦች (እንደ ቢራ፣ጠላ፣ወይን፣አረቄ የመሳሰሉት)

ለ. ጫት  ረ. ሺሻ

ሐ. ሲጋራ  ሰ. ወደ ሳንባ የሚሳሉ (እንደ ቤንዚን የመሳሰሉት)

መ. ማሪዋና

ሠ. ሃሺሽ  ሸ. ሄሮይን  ቀ.ኮኬይን

በ.ሌላ ካለ ይግለፁ \_\_\_\_\_

ተ. አንድም ቀን ተጠቅሜ አላውቅም  ወደ ጥያቄ ቁጥር 35 ይለፉ

30. በጥያቄ ቁጥር 29ላይ የተየቀሰውን አደንዛዥ እፅ ለመጀመሪያ ጊዜ የተጠቀሙት በየትኛው ስፍራ ነው?

ሀ.ቤት-ውስጥ  ወደ ጥያቄ ቁጥር- 32 ይለፉ ረ. መንገድ ላይ

ለ. ጫት ወይም ሺሻ ቤት  ሰ. ናይት ክለብ

ሐ. ትምህርት ቤት ውስጥ  ሸ. ባር ወይም ሬስቶራንት

መ.ፑል ቤት

ቀ. ሌላ ካለ ይግለፁ\_\_\_\_\_

ሠ. ፓርቲ ቤት

31. በጥያቄ ቁጥር 30 ላይ የተጠቀሱትን ስፍራ የሚገኘው በትምህርት ቤትም አቅራቢያ ነበር? ሀ. አዎ  ለ. አይደለም

ከዚህ በታች የተጠቀሱትን ጥያቄዎች በተሰጠው መመዘኛ መሠረት የመስማማትዎን ወይም ያለመስማማትዎ መጠን ይግለፁ:: ምርጫዎን ( ✓ ) ምልክት በማድረግ ይግለፁ (መመዘኛ: 5 = በጣም አልስማማም 4 = አልስማማም 3 = ልወስን አልችልም 2 = እስማማለሁ 1 = በጣም እስማማለሁ)

32. ለመጀመሪያ ጊዜ አደንዛዥ እፅ እንዲጠቀሙ በዋነኝነት ያነሳሳዎት ወይም ምክንያት የሆነዎት ምን ነበር?

		5	4	3	2	1
32ሀ.	የንደኛ/የአቻ ግፊት					
32ለ	የአደንዛዥ ዕፅ እንደልብ ማግኘት					
32ሐ	በትምህርት መውደቅ/ደካማ/ መሆን					
32መ	በትምህርት ቤት ባለው ሁኔታ ባለመደሰት					
32ሠ	አደንዛዥ እፅ የሚጠቀም የቅርብ ዘመድ መኖር					
32ረ	ቤት ባለው ሁኔታ ባለመደሰት					
32ሰ	የህይወት ፈተናዎችን ለመቋቋም					
32ሸ	ደስታን ለማግኘት					
32ቀ	ከሌሎች ጋር ለመቀራረብ/ሀብረት ለመፍጠር					

ሌላ ካለ ይግለፁ\_\_\_\_\_

33. ባለፉት 30 ቀናት ከሚከተሉት አደንዛዥ እያች የትኛውን/የትኞቹን ተጠቅመዋል? (ከአንድ በላይ መመለስ ይቻላል)

ሀ. የአልኮል መጠጦች (እንደ ቢራ፣ጠላ፣ወይን፣አረቄ የመሳሰሉት)

ለ. ጫት  ረ. ሺሻ

ሐ. ሲጋራ  ሰ. ወደ ሳንባ የሚሳለ (እንደ ቤንዚን የመሳሰሉት)

መ. ማሪዋና

ሠ. ሃሺሽ  ሸ. ሄሮይን  ቀ. ኮኬይን

በሌላ ካለ ይግለፁ \_\_\_\_\_

ተ. አንድም ቀን ተጠቅሜ አላውቅም  ወደ ጥያቄ ቁጥር35 ይለፉ

34. ከምን የተነሣ ነው እነዚህን አደንዛዥ ዕጾች ባለፉት 30 ቀናት ውስጥ የተጠቀሙት? (ከአንድ በላይ መመለስ ይቻላል)

ሀ. በአስደሳች ሁኔታ ዘና ማለት ሸ. ድካምን ለመቀነስ

- ለ. ሰላምና የተረጋጋ መንፈስ ለማግኘት
- ቀ. የአእምሮ ስራዎችን የመስራት ብቃት ለመጨመር
- ሐ. ከፍተኛ ደስታን ለማግኘት
- በ. ግንዛቤና የአስተሳሰብ ሁኔታን ለመቀየር
- መ. ንቁ ለመሆን

- ሠ. ጉልበት የሚጠይቁ ስራዎችን ለመስራት
- ረ. ጭንቀትን ለማስወገድ

35. ከሚያውቁት በመነሳት በሁለተኛ ደረጃ ተማሪዎች ዘንድ የአደንዛዥ ዕዎችን የመጠቀም ችግርን አዝማሚያውን እንዴት ይገልፁታል?

- ሀ. በጣም አደገኛ ነው
- ሐ. በጣም አደገኛ አይደለም
- ለ. በመጠኑ አደገኛ ነው
- መ. ምንም አደገኛ አይደለም
- ሠ. አላውቅም

36. ከሚከተሉት አደንዛዥ እጾች መካከል ለወደፊቱ የመጠቀም አዝማሚያዎ ምን ያህል ነው? ከታች የተሰጠውን መመዘኛ በመጠቀም ተገቢው መልስዎ ላይ ( ✓ ) ምልክት ያድርጉ (መመዘኛ: 5= ከነጭራሽ አልጠቀምም 4= የምጠቀም አይመስለኝም 3= ልጠቀም እችላለሁ 2= የመጠቀም አዝማሚያዬ ከፍተኛ ነው 1= በእርግጠኝነት አጠቀማለሁ)

	አደንዛዥ ዕዎች	5	4	3	2	1
36ሀ	የአልኮል መጠጦች እንደ ቢራ፣ ጠላ፣ ወይን፣ አረቄ የመሳሰሉት					
36ለ	ጫት					
36ሐ	ሲጋራ					
36መ	ማሪዋና (ዊድ)					
36ሠ	ሃሺሽ					
36ረ	ሺሻ					
36ሰ	ወደ ሳንባ የሚሳቡ ( እንደ ቤንዚን መሳሰሉት)					
36ሸ	ሄሮይን					
36ቀ	ኮኬይን					

ሌላ ካለ ይግለፁ \_\_\_\_\_

37. በትምህርት ቤትዎ ከሚገኙ መምህራን አደንዛዥ እጾችን የሚጠቀሙ አሉ?

- ሀ. አዎን
- ለ. የሉም

ከዚህ በታች የተጠቀሱትን መመዘኛዎች በመጠቀም ተገቢውን መልስ የ ( ✓ ) ምልክት በማድረግ ይምረጡ (መመዘኛ: 5= በጭራሽ 4= አልፎ አልፎ 3= አንዳንድ ጊዜ 2= አብዛኛውን ጊዜ 1= ሁልጊዜ)

	አደንዛዥ ዕዎች	5	4	3	2	1
38	ትምህርት ቤታችን ውስጥ የአልኮል መጠጥ ጠጥተው የሚመጡ ወይም የሰከሩ ተማሪዎችን አይቼ አውቃለሁ					
39	በትምህርት ቤታችን ውስጥ ሲጋራ የሚያጨሱ ተማሪዎችን አይቼ አውቃለሁ					
40	በትምህርት ቤታችን ውስጥ ጫት የሚቅሙ ተማሪዎችን አይቼ አውቃለሁ					
41	በትምህርት ቤታችን ውስጥ ማሪዋና (ዊድ) ወይም ሃሺሽ የሚያጨሱ ተማሪዎችን አይቼ አውቃለሁ					



48. በአጠቃላይ የአደንዛዥ እዎችን መጠቀም በሁለተኛ ደረጃ ተማሪዎች ላይ የሚያስከትለውን ችግር እንዲሁም በትምህርታቸው ላይ ያለውን አሉታዊ ተፅዕኖ በተመለከተ ያለዎትን ማንኛውም አስተያየት፣አመለካከት፣ልምድ ወይም ገጠመኝ ይጥቀሱ (ስም መግለፅ አያስፈልግም)

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**እናመሰግናለን!**

## Appendix -C

**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**INSTITUTE OF EDUCATIONAL RESEARCH**  
**DEPARTMENT OF EDUCATIONAL RESEARCH AND EVALUATION**

### **Focus Group Discussion Guide for Students**

Welcome participants

The purpose of this study is to assess the abuse of drug among secondary school students of Harari region. The objectives of the study are: to examine the prevalence rate of drug abuse, to indicate secondary school students' drug usage manner, see the relationship of life time drug abuse behaviour to some variables of the study population such as family condition, peer influence, and level of academic performance, and to point out the consequences of drug usage among secondary schools' students.

#### **Remark:**

Your response will be kept confidential and used only for academic purposes.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.

**Thank you in advance for your time, effort, and cooperation!**

### **Focus group discussion guide**

1. How do you evaluate the situations of drug abuse among secondary school students? (Discuss one by one for khat, alcohol, tobacco and other drugs) and How do you express the situation look like in Harari region?
2. Is drug abuse behaviour a concerning issue in your locality? Why?
3. What are the main factors that force them to use such drugs?
4. What would be the problems and/or benefits of drug use? Why?
5. Can you identify any pattern of addiction to drugs that describe in this school?
6. What are the consequences of using drugs on Education as we observe from practical experience?
7. Can we say the users are problems to our society? How?
8. What kind of measures can/should be taken?
9. Any other views?

***THANK YOU!***

**Appendix -D**  
**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**INSTITUTE OF EDUCATIONAL RESEARCH**  
**DEPARTMENT OF EDUCATIONAL RESEARCH AND EVALUATION**

**Key informant Interview Guide for School Principals and Teachers**

Dear respondent,

The purpose of this interview is to collect first hand information for the study about the assessment of drug abuse among secondary schools students of Harari region.

The objectives of the study are: to examine the prevalence rate of drug abuse, to indicate secondary school students' drug usage manner, to see the relationship of drug abuse behaviour to some variables of the study population such as family condition, peer influence, and level of academic performance, and to point out the consequences of drug usage among secondary schools' students.

**Remark:**

Your response will be kept confidential and used only for academic purposes.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.
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**Thank You in advance for your time, Effort and cooperation!**

### **Key informant interview guide**

B. Present job or duty of the interviewee \_\_\_\_\_

C. Date of interview \_\_\_\_\_

1. How do you rate the problem of drug abuse among secondary school students? Why?
2. What are the most commonly used drugs among secondary school students?
3. What does the situation look like among students and youths?
4. What efforts have been made so far by your institution in order to minimize or alleviate the adverse effects of drug abuse among secondary school students?
5. Have your school established links with any concerned body? If yes, what are those? How useful and valuable are they? Describe your experience of working with those concerned bodies?
6. How do you describe students who are engaged in using and/or trafficking drug?(ask in terms of: sex, age, school type, grade level, family background, educational status, popular groups, etc)
7. What are the possible risk factors that make secondary school students to abuse drug? Ask in terms of : family dynamics, parental involvement in their lives, government laws, friends, peers, school environment, means of entertaining like movies, etc)
8. How do you explain the consequences of drug abuse among secondary school students?(From health, Psychological, and social perspectives)
9. Please explain the punishment trend applied in relation to students' drug abuse cases?
10. What should be done, in spite of all the efforts made so far?
11. What do you think should be the contribution of others (government, community, parents, school administrators, teachers, students, NGOs, etc) in order to minimize or alleviate the adverse effects of drug abuse among secondary school students?
12. What else would you like to add as a closing remark?

***THANK YOU!***

## Appendix- E

### Reliability analysis for likert type questions

	Question items	Coronach Alpha
School environment situation	I know students who abuse drugs in their possession at school	.725
	I Have seen drug being used on the compound of my school	
Parental relationship	My parents usually are open to discuss and advice than physical force when I failed to fulfil their expectation.	.510
	My parents use drugs such as Khat, Alcohol, tobacco, and other drugs	
	I live through high levels of family conflict	
	I lack positive parental role modeling	
peer pressure	Many of my friends drink alcohol, use tobacco, chew khat and use other drugs.	.745
	Have you ever encountered pressure from your friends to use alcohol, khat,tobacco and other drugs	
Basic motivation underlying drug usage for the first time	Peer pressure	.905
	Availability of drugs	
	Academic failure	
	Dissatisfaction with the school environment	
	Having biological relatives with drug abuse	
	Unhappiness at home	
	To cope with various life challenges	
	To experience pleasure	
Prevalence of Students drug usage in the school	How often have you seen a student drunk at school	.818
	How often have you seen a student smoking cigarettes at school	
	How often have you seen a student chewing khat at school	
	How often have you seen a student smoking cannabis (marijuana, hashish) at school	

## **Declaration**

I hereby declared that this thesis is my original work, and has not been presented for a degree to any university and that all relevant sources used are acknowledged.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Submission \_\_\_\_\_

This Thesis has been submitted for the examination with my approval as a university advisor.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

