THE IMPACT OF ILLICIT DRUGS PREVALENCE AMONG SECONDARY SCHOOL STUDENTS: A CASE OF KINONDONI MUNICIPALITY

By

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A Dissertation Submitted to Mzumbe University Dar es Salaam Campus College in Partial Fulfilment of the Requirements for Award of the Degree of Master of Business Administration in Corporate Management (MBA-CM) of Mzumbe University

2014
CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation titled ‘The impact of Illicitly Drugs prevalence among secondary school students’. A case of Kinondani Municipality in partial fulfilment of the requirements for award of the degree of Master of Business Administration Corporate Management of Mzumbe University.

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Sincerely, this work would not have reached at this stage, if it is not the effort and contribution made by several colleagues who gave their time and hard work. I thank all of them for their assistance.

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Furthermore, I also wish to extend my heartfelt gratitude and appreciation to Mzumbe University- Faculty of Business Administration for imparting me with the knowledge and support during the entire period of my study.

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Above all I thank God for keeping me with good health during my study until this time.
DEDICATION

This dissertation is dedicated to beloved Father who pioneered my academic success.
### LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BEST</td>
<td>Basic Education Statistics in Tanzania</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>MoET</td>
<td>Ministry of Education and Training</td>
</tr>
<tr>
<td>MoEVT</td>
<td>Ministry of Education and Vocational Training</td>
</tr>
<tr>
<td>PS</td>
<td>Purposive Sampling</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>URT</td>
<td>United Republic of Tanzania</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

The objective of this research was to determine the impact of illicit drugs prevalence amongst secondary school students in Kinondoni Municipality. Drug abuse to the secondary students has been a detrimental not only to their health, but to academic performances. Due to limited time, energy, resources, and not to mention financial assistance, the corrective and preventive measures cannot be implemented on all students.

Yet there aren’t many studies that examined the predictors of students’ involvement in drug abuse. Thus, there is a great need for parents, teachers, policy makers, law enforcers and the education ministry to understand the basic information regarding those who are vulnerable or the high-risk group.

This study used a cross-section research design simply because data were collected once from research site.

According to the research findings it was noted that, illicit drugs are among the factors with negative impacts to the students including lost studying opportunities, deaths, accidents, crime, home violence, illness, loss of productivity due to poor academic performance and subjected to high risks due to sexual. However, a number of way were proposed by respondents to mitigate the problem like imposing severe punishment to the student proved to have been engaged on illicit drugs, cooperation among parents and teachers on fight the problem and government intervening the problem.

The conclusion drawn from these findings include the fact of prevalence of illicit drugs in the study area. The recommendations were given according to the objective to all stakeholders, students, parents and teachers. It is the hope of the researcher that, if all recommendations are worked on, then the level of secondary education can be restored.
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CHAPTER ONE

PROBLEM SETTING

1.1 Background information
Drug abuse and drug dependence are of the major concerns of today's world. Since these items have negative effects on development of communities, they are considered as worrying social topics. Addiction to natural and synthetic agents has increased in the recent decade. As a result, it has become a serious problem in social and psychological health issues. According to the report of the World Health Organization, there were 200 million of drug addicts through the world in 2005. In addition, it was reported that the highest addiction rate occurred in Iran and the highest prevalence of abuse was observed in the age group of 20-35. Being aware of the age of onset for substance abuse is of great importance, since it helps policymakers in the health sector to focus on this specific age group to increase the effect of interventions.

The age of the onset in most cases is adolescence. Different studies have shown that substance abuse mostly initiates with smoking and alcohol consuming in adolescence. Few studies have been carried out on prevalence of smoking, and alcohol and substance abuse among Iranian adolescents. In a study, it was reported that 6.9% of high school students in Tehran had the experience of drug abuse, and 16.9% experienced cigarette smoking. The most frequent drugs that were abused were alcohol, opium, and marijuana. In another study in Shiraz, 30.2% of high school students had experienced smoking, alcohol drinking, or addictive or stimulant drugs at least once, and 13.8% of them took one of these substances regularly. In general, drug abuse is the result of interaction among the individual, the substance, and the environment. Knowledge and attitude of the individual toward the drug and the drug effect is effective in its abuse.
Another important factor in this respect is availability and nature of the substance. Some environmental factors that contribute to drug abuse are cultural factors, peer attitude toward drug abuse, parents' behaviour, and regulations and policies, which restrict access to the drugs (Possi, 1996). One of the worst points in drug abuse is that adolescents and youth are more susceptible to it. This is because adolescence is a period of curiosity, experiencing, and seeking for personal identity. Transition from childhood to adolescence is a delicate period and in many cases the initiating of drug abuse occurs in this period. The adolescents may abuse substances due to various reasons. Some reasons to mention are lack of adequate knowledge about the harmful effects of the substances, incorrect attitude toward drugs and addiction, presenting personal independence, peer pressure, satisfying the curiosity, low levels of self-confidence, inability in maintaining interpersonal communications, and reducing stress. In general, a combination of personal and familial factors, and the conditions of school and the society play an important role in substance abuse in adolescents.

Presence of a substance abuser in the family, the ways the family controls the adolescent, interpersonal communications in the family, level of emotional dependence between parents and children, and the expectations of parents from their children are factors effective on substance abuse by adolescents. Moreover, the type of experience of an adolescent from the school is equally important in this regard.

1.2 Problem statement
Drug abuse to the secondary students has been a detrimental not only to their health, but to academic performances as argued in report by BEST (2010) and Grant (2012). Nevertheless, there seemed to be a lack of response from the community in helping to prevent this social ill. As a result, the government has taken an aggressive measure by declaring the year 2003 as the year for seriously combating the drug abuse problem. Since drug abuse cases among students (especially those in secondary schools) are worrisome, corrective and preventive measures should be taken in order to reduce the number of drug addicts among students. However, due to limited time, energy, resources, and not to mention financial assistance, the corrective and
preventive measures cannot be implemented on all students. As an alternative, it is best to focus on those students who are categorized as vulnerable or in the high risk groups.

Unfortunately, there aren’t many studies that examined the predictors of students’ involvement in drug abuse (UN and URT, 2010). Thus, there is a great need for parents, teachers, policy makers, law enforcers and the education ministry to understand the basic information regarding those who are vulnerable or the high-risk group. This basic information encompasses the demographic details of those students who have been convicted for drug abuse crimes. This study therefore aims at investigating the prevalence of drug abuse to secondary students and its impact to their carrier advancement.

1.3 Objectives

1.3.1 General objective
The general objective of this study was to determine the impact of drug abuse prevalence among secondary schools students taking Kinondoni Municipality as a case study.

1.3.2 Specific objectives
(i) To identify factors accelerating students engagement on illicit drug
(ii) To elucidate the fate of drugs among secondary school students
(iii) To evaluate students awareness on the drug impacts

1.3.3 Research questions
(i) Which are factors accelerating students’ engagement on drug abuse?
(ii) What is the prevalence of drug abuse among secondary school students?
(iii) What is the effect of illicit drug and possible remedies
1.4 Research Justification
This study is in line with National Strategy for Growth and Reduction of Poverty (2010) which was implemented between 2004 and 2009 building on the national goals of secondary education provision (URT, 2010). Considering the importance of secondary education which occupies a pivotal role in the functioning of the economy in the country, the findings from this study will enable policy makers, researchers and other educational stakeholders to have a base to improve education particularly through assisting girls to accomplish their secondary studies as happening to boys as highlighted in Millennium Development Goal 3.

It is clear that teenage pregnancies have wider implications on those involved, including their performance at school. In some cases learners become suicidal when they discover that they are pregnant and infected with HIV Aids. Some situations are too embarrassing to discuss with anyone. It’s unpleasant to hear the details of an incestuous relationship, horrifying rape or an adulterous affair. The other problem when eliciting the truth from the affected teenagers is the issue of being biased whereby the pregnant teen will only tell their side of the story as they see it; so it’s for someone to deduce reality. In view of the aforementioned problems, the study is an attempt to make a meaningful contribution to address the problem of teenage pregnancy.

1.5 Scope of the Study
The study was carried out in secondary schools found in Kinondoni Municipality, Dar es Salaam Tanzania

1.6 Limitation and delimitation of study of the study

(i) Time
Taking into account the time frame for research activities and the scheduled time of submission, the time was not sufficient to cover all what are expected to be covered. In that respect, the constraint was to be resolved by developing a work plan which
enabled the researcher to utilize after work hours, annual leave and weekends to do
the study.

(ii) Access of data
This is the factor constraint in attaining the important information especially to elites
who were expected to give detailed due to robustness of the information required
with consideration that data were collected randomly.

(iii) Resources
This factor constrained in all activities which require financial assistance such
transport, stationary, field survey and communication. But this was solved by
developing a research budget which depicted the total amount of research funds
needed.
CHAPTER TWO

LITERATURE REVIEW

2.1 The role of literature review
Sethosa (2007) explains the literature review as “a review of the existing scholarship or available body of knowledge, which helps the researcher to see how other scholars have investigated the research problem that he/she is interested in”. So, in following Mouton’s idea, I would like to learn from other scholars: how they have theorized and conceptualised issues related to teenage pregnancy on socio-economic impacts, what they have discovered empirically, what instrumentation they have used and to what effect. I also need to familiarise myself with the current state of knowledge regarding the research problem and to learn how others have delineated similar problems.

2.2 Definition of key terms
2.2.1 Drug
According to Merriam-Webster Collegiate Dictionary (1993), a drug is defined as a substance (and often an illegal substance) that causes addiction, habituation on a marked range in consciousness. Drugs can further be defined as simply chemicals that can change something in the body's chemistry or internal makeup. It should be taken into mind that, drugs can be taken in foods like vitamins as prescribed by doctors, but these are both necessary and beneficial for human survival though they are harmful or even fatal if they are used for purposes not intended, or in the wrong way as reported by Chang’ach (2012).

There is a common misconception that drug abuse has to do primarily with illegal drugs such as cocaine, marijuana, and heroin; or with illicit use of prescriptions and medication. There are many types of drugs that may be abused. For example, chloroquine and aspirin are drugs which are commonly abused and they may be fatal. Chloroquine is at times used by girls for abortion. Some people are said to combine
aspirin and alcohol for a stronger drink. Also youths abuse substances such as gasoline, cleaning fluids, glue and other chemicals. Therefore not all abused chemicals are drugs. Drug abuse is defined as the use of a mood-altering drug to change the way one feels. Drugs may be abused by inhaling, sniffing, swallowing, or injecting into oneself.

A drug or substance is considered abused if it is deliberately used to induce physiological or psychological effects (or both), and for a purpose other than for therapeutic purposes. The drug used should contribute to health risks, disruption of psychological functioning, adverse social consequences, or some combinations of these (Kauffaman, 1989). In this article, a drug is defined as any chemical which, when inhaled or taken in the body through injection or by mouth, may adversely affect ones ability to think and make valid judgements, and adversely affect one’s drug abuse behaviour. It is also defined as any substance other than food that is purposely introduced into the body to alter normal functions. Such substances include cocaine in all its forms, opium in all its forms.

2.2.2 Illicit drug
Illicit drug may be defined as the “arbitrary” over dependence or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners (Possi, 1996). According to world book Medical encyclopaedia, Drug Abuse is the harmful use of mind altering drugs. It added that the term usually refers to problem with illegal drugs, which also include harmful use of legal prescription drugs, Such as in self medication.

Drug abuse is a global health and social problem (world journal of medical sciences 1(2): 133 – 138, 2006). Majority of the youths ignorantly depend on one form of drug or the other for their various daily activities – social, educational, political and moral. Such drugs include: Tobacco, Indian hemp, cocaine, morphine, Heroine, Alcohol, ephedrine, Madras, Caffeine, Glue, Barbiturates and Amphetamines. Oshikoya and Alli (2006) in their studies on perception of Drug Abuse amongst
African undergraduates identified dependence and addiction as one of the major consequence of drug abuse, characterized by compulsive drug craving seeking behaviours are use that persist even in the face of negative consequences. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm.

### 2.2.3 Secondary school

Secondary school is an institution in which children are provided with formal education with part or all of their secondary education, typically between the ages of 11-14 and 16-18, although this varies. It comes after primary school or middle school and may be followed by higher education or vocational training.

### 2.2.4 Student

A student is a learner, or someone who attends an educational institution. In some nations, the English term (or its cognate in another language) is reserved for those who attend university, while a schoolchild under the age of eighteen is called a pupil in English (or an equivalent in other languages), although in the United States and in Australia a person enrolled in grades A-Z is often called a student. In its widest use, student is used for anyone who is learning, including mid-career adults who are taking vocational education or returning to university (Watts, 2003).

### 2.3 Theoretical literature review

The literature on illicit drug use in Tanzania is sparse. In a 2000 study comparing drug use in Kinondoni, Dar es Salaam to that in Old Stone Town, Zanzibar, researchers found that 30 day drug use for adults from Kinondoni was 1% for heroin with no injection use. In comparison, in Old Stone Town, Zanzibar, 30 day drug use for adults was 7% for heroin with 3% injection use. Lifetime youth heroin use was 9% with 2% injection use (UNDCP/WHO, 2001). During 2001, Save the Children funded a rapid situational assessment of drug use conducted in five regions of the country, Arusha, Dar es Salaam, Mbeya, Mwanza, and Zanzibar. Researchers found increased availability and consumption of drugs in all areas investigated (Kilonzo et
al., 2002, unpublished report). Using 44 focus groups and 127 individual interviews conducted with district leaders (i.e., medical officers, police commanders, social welfare officers, administrative officers, and community leaders), former and current drug users, and youths living on the street, Kilonzo et al (2002) noted with particular concern an increase in injection drug use and needle sharing by heroin users. Heroin use was highest in Arusha, Dar es Salaam, and Zanzibar, and was emerging as a concern in Mwanza.

In another study conducted during 2001 in and near the commercial district of Ilala, Dar es Salaam, 624 drug users (40 females) reported they started using drugs as adolescents, used multiple drugs, were unemployed, and had a high number of health problems (Muhondwa and Mpembeni, 2002, unpublished report). Among substance abuse patients admitted to psychiatric hospitals in Dar es Salaam between January and June 2004, heroin was the second most common primary substance of abuse accounting for 30% use among 169 patients (Parry and Pluddemann, 2005). Nine percent of these heroin using patients admitted they were injecting. These early studies were focused on the prevalence of substance use alone. Samples were small, specialized, preliminary, and focused primarily on Dar es Salaam and many of the methods and sampling techniques were not well described.

2.3.3 Factors accelerating drug abuse

2.3.3.1 The influence of media

It is clear from different sources that the media often plays a major role in influencing the use of drug to students. Parents can hardly consistently monitor what programmes their teenagers are watching. Schultz (2004) believes that “Television is the main source of drug abuse socialization in many students’ lives which turn in influence teenager’s behaviour and encourage them to experiment with sex which will lead to unwanted teenage pregnancies.
2.3.3.2 Home conditions
Schultz (2004) explains that “professionals must put pro family values up front and recognize that the family is the leading source of drug abuse”. Bezuidenhout (1982), notes that 10% of a group of 189 mothers of children born out of wed-lock came from homes that can be described as morally poor. UN and URT (2010), concludes that drug abuse are inculcated in homes where children especially girls, receives affection, and feels appreciated and accepted. As is the case with all other nations, parents are expected to take the responsibility of raising and rearing their children very seriously, emphasising their own norms, values and standards.

2.3.3.3 The influence of divorce
The structure and organization of a family is seen as contributing firstly to drug abuse initiation, and secondly to teenage pregnancy. The type of structure which is mostly common problematic is the single-parent, female - headed household. Schultz (2004) argues that in their representative sample of school girls, there was a difference between drug abuse and sexually inexperienced girls in terms of whether they were living with both parents or not. This study looked deeply into the issue of single parenting and drug use, and these authors did not find any similarity that proves that when teenagers are staying with their single mothers they become active in drug abuse at an earlier age. According to my own experience I agree that there is no proven suggestion that when students stay with their single parents they will be active in drug use earlier than those who lived with both parents.

2.3.3.4 Cultural Factors
In the black culture students experience different kinds of drug abuse which is imposed on them by their different cultural values. In some of these cultures are subject that is never discussed with students. Teenagers encountering physiological and other changes in their bodies find it difficult to discuss such issues with their parents, so they turn to their peers for advice. This also increases the chances of teenagers experimenting with drug use, the outcome of which is sometimes an unwanted pregnancy. Mpangile (2011) says “It appears that parents play a very small
role in transferring information to their teenage children”. Rumberger and Lim (2008) describe “cultural factors as taking a couple of forms, firstly the breakdown of traditional values control measures is seen as contributing to drug abuse behaviour conducive to unmarried teenage pregnancy, secondly, the cultural value placed on fertility are believed to encourage drug abuse”.

2.3.3.5 Peer pressure
Nowadays teenagers’ preferred position is to stay away from their parents, to avoid to be controlled by parents. They rather listen to their peers than to their parents. Bezuidenhout (1982) says that “during that time norms and values taught by parents start to fade out and are replaced by drug abuse values orientated by peers”. Nyakubega, (2009) mention that “peer pressure plays a role in teenage pregnancy”. Nyakubega (2009) found that “20% of girls and 10% of boys respectively indicated that they had initiated drug abuse activity because of peer pressure”. Wood, et al., (1996) say “peer pressure takes a form of exclusionary practices (e.g. sending sexually inexperienced teenagers away when having discussions concerning drug abuse matters)”. Galabawa, (2008) believes that “many teens are pushed by their friends into doing something they are not ready for, and really don’t understand that peer pressure can be a very strong and persuasive force for drug abuse relations during adolescence”.

2.3.3.6 Poor Socio-economic status as a contributing factor
Macleod (1999) indicates that “a relatively strong association has been made between socio-economic status and drug abuse, however, there is little systematic research into this association, and that which has been done is fraudulent with problems”.

2.3.3.7 Illiteracy and overcrowding
Chang’ach (2012) present four case studies of teenage mothers who come from low income homes, which indicate that “all these teenagers have histories of low socio-
economic status and a high lack of illiteracy, which concludes that these teenagers are perpetuators of the cycle of poverty”.

2.3.3.8 Poverty as a contributing factor
The pervasiveness of the teenage pregnancy/poverty association is seen in Boult and Cunningham’s work (1992). The role that money or a lack thereof, plays in drug exchanges which might result in school drop out; can be traced back many years. Chang’ach (2012) argues that “there is often a sad connection between poverty and drug abuse, where a large number of teen mothers coming from a poor background are expected to raise their children in a similar environment”.

2.3.3.9 Socialization and stereotyping as a cause
There are socially defined behaviours that are expected by people in the society to be fulfilled by males and females. These qualities are explained by Leigh, “as nurtured in one gender and discouraged in another, e.g. boys don’t cry; ladies don’t say things like that!” She goes on to say “these roles vary from society to the next”. Some parents influence socialisation by buying the so called “correct” toys for children e.g. dolls for girls and cars for boys. In some instances children are reprimanded for behaviour considered appropriate or inappropriate to their gender, e.g. nice young ladies don’t act like that; or cowboys don’t cry. Some children even copy what their fathers are doing to their mothers such as abuse, and start practicing that at school as a joke and later on in life real adopt it as an accepted norm to treat women badly.

2.3.3.10 Governance
The weak governance structures at all levels and the lack of enforcement and commitment due to budgetary restraints and corruption, was felt to be a weakness when advocating for girls to stay in school or when following up on cases (URT, 2011).
2.4 The History of Illicit Drugs

According to Niaz (1998), an illegal drug trade emerged in the early 19th century. China retaliated by enforcing the ban on imports of opium that led to the First Opium War (1839–1842) between Great Britain and Qing dynasty China. Chinese authorities had banned opium, but the United Kingdom forced China to allow British merchants to trade opium with the general population. Smoking opium had become common in the 19th century, and British merchants increased their trade with the Chinese. Trading in opium was lucrative. As a result of this illegal trade, by 1838 the number of Chinese opium addicts had grown to between four and twelve million. The Second Opium War broke out in 1856, with the British this time joined by the French. After the two opium wars, the British Crown, via the treaties of Nanking and Tianjin, took large sums of money from the Chinese government through this illegal trade, which were referred to as "reparations".

In 1868, as the result of the increased use of opium, the UK restricted the sale of opium in Britain by implementing the 1868 Pharmacy Act. In the United States, control remained a state responsibility until the introduction of the Harrison Act in 1914, following the passing of the International Opium Convention in 1912. Between 1920 and 1933, alcohol was banned in the United States. This law was considered to have been very difficult to enforce and resulted in the growth of vast criminal organizations, including the modern American Mafia (Niaz, 1998).

The Australian Crime Commission's illicit drug data report for 2011–2012 was released in western Sydney on 20 May 2013, and revealed that the seizures of illegal substances in Australia during the reporting period were the largest in a decade, due to record interceptions of amphetamines, cocaine and steroids. The beginning of the 21st century saw drug use go up in North America and Europe, with a particularly increased demand for marijuana and cocaine. As a result, international organized crime syndicates such as the Sinaloa Cartel and Ndrangheta have increased cooperation among each other in order to facilitate trans-Atlantic drug trafficking (Bartilow and Kihong, 2009).
Another illicit drug with increased demand in Europe is hashish, which is generally smuggled from Morocco to Spain, where it is later exported to its final markets (mostly France and Western Europe). The UN Commission on Narcotic Drugs (CND), the chief drug policymaking body at the United Nations, held its annual meeting in Vienna, Austria, in mid-March 2014, following a period of historic drug policy reforms throughout the world, such as the decision of the Uruguay government to become the first national jurisdiction in the world to legalise cannabis.

The International Drug Policy Consortium stated in the lead-up to the meeting: “The meeting itself is likely to feature standoffs between reform-oriented countries and governments that favour failed criminal justice models, which have resulted in mass incarceration and rampant human rights abuses such as the death penalty for non-violent drug offences.” The support of drug policy reform by Joanne Csete, deputy director of the Open Society Global Drug Policy Program, was also published in the consortium's media release: “There will be no shortage of governments that seek to bury their heads in the sand and pretend these drug policy reforms aren’t happening. But try as they might, the movement for drug law reform is unstoppable (Bartilow and Kihong, 2009).

2.5 Popular Illicit Drugs

2.5.1 Cannabis

While the recreational use of (and consequently the distribution of) cannabis is illegal in most countries throughout the world, it is available by prescription or recommendation in many places, including Canada and some US states, with Washington state and Colorado being the two first states to legalize marijuana for recreational use, although importation and distribution is prohibited at the federal level (Chatterjee, et al., 2013). Beginning in 2014, Uruguay will be the first country to legalize cultivation, sale, and consumption of cannabis for recreational use for adult residents.
Cannabis use is tolerated in some areas, most notably the Netherlands which has legalized the possession and licensed sale (but not cultivation) of the drug (Sakol, et al, 2011). Many nations have decriminalized the possession of small amounts of marijuana. Due to the hardy nature of the cannabis plant, marijuana is grown all across the world and is today the world's most popular illegal drug with the highest level of availability. Cannabis is grown legally in many countries for industrial, non-drug use (known as hemp) as well. Cannabis-hemp may also be planted for other non-drug domestic purposes, such as seasoning that occurs (Chatterjee, et al., 2013).

The demand for cannabis around the world, coupled with the drug's relative ease of cultivation, makes the illicit cannabis trade one of the primary ways in which organized criminal groups finance many of their activities (Bartilow and Kihong, 2009). In Mexico, for example, the illicit trafficking of cannabis is thought to constitute the majority of many of the cartels' earnings, and thus the main way in which they (the cartels) finance many other illegal activities ranging from the purchase of other illegal drugs for trafficking and weapons that are ultimately used to commit murders (causing a burgeoning in the homicide rates of many areas of the world, but particularly Latin America).

2.5.2 Alcohol
Alcohol, in the context of alcoholic beverages rather than denatured alcohol, is illegal in a number of countries, such as Saudi Arabia, and this has resulted in a thriving illegal trade in alcohol being commonplace. The manufacture, sale, transportation, importation and exportation of alcoholic beverage were illegal in the United States during the time known as prohibition in the 1920s and early 1930s (Sakol, et al, 2011).

2.5.3 Heroin
Up until around 2004 the majority of the world's heroin was produced in an area known as the Golden. However, by 2007, 93% of the opiates on the world market originated in Afghanistan (Bartilow and Kihong, 2009). This amounted to an export
value of about US$64 billion, with a quarter being earned by opium farmers and the rest going to district officials, insurgents, warlords and drug traffickers. Another significant area where poppy fields are grown for the manufacture of heroin is Mexico.

According to the United States Drug Enforcement Administration, the price of heroin is typically valued 8 to 10 times that of cocaine on American streets, making it a high-profit substance for smugglers and dealers (Bartilow and Kihong, 2009). In Europe (except the transit countries Portugal and the Netherlands), for example, a purported gram of street heroin, usually consisting of 700–800 mg of a light to dark brown powder containing 5-10% heroin base, costs between 30 and 70 euros, making the effective value per gram of pure heroin between 300 and 700 euros. Heroin is generally a preferred target for smuggling and distribution over unrefined opium due to the cost-effectiveness and increased efficacy of heroin (Chatterjee, et al., 2013).

Because of the high cost per volume, heroin is easily smuggled. A US quarter-sized (2.5 cm) cylindrical vial can contain hundreds of doses. From the 1930s to the early 1970s, the so-called French Connection supplied the majority of US demand (Sakol, et al, 2011). Allegedly, during the Vietnam War, drug lords such as Ike Atkinson used to smuggle hundreds of kilos of heroin to the U.S. in coffins of dead American soldiers. Since that time it has become more difficult for drugs to be imported into the United States than it had been in previous decades, but that does not stop the heroin smugglers from getting their product onto U.S. soil. Purity levels vary greatly by region with, for the most part, North-eastern cities having the most pure heroin in the United States. Penalties for smuggling heroin and/or morphine are often harsh in most countries. Some countries will readily hand down a death sentence (e.g. Singapore) or life in prison for the illegal smuggling of heroin or morphine, which are both, internationally, Schedule I drugs under the Single Convention on Narcotic Drugs (Sakol, et al, 2011).
2.5.4 Methamphetamine

Methamphetamine is another popular drug among distributors. Three common street names are ‘crystal meth’, ‘meth’, and ‘ice’. According to the Community Epidemiology Work Group, the numbers of clandestine methamphetamine laboratory incidents reported to the National Clandestine Laboratory Database decreased from 1999 to 2009. During this same period, methamphetamine lab incidents increased in Midwestern States (Illinois, Michigan, Missouri, and Ohio), and in Pennsylvania (Bartilow and Kihong, 2009).

In 2004, more lab incidents were reported in Missouri (2,788) and Illinois (1,058) than in California (764). In 2003, methamphetamine lab incidents reached new highs in Georgia (250), Minnesota (309), and Texas (677). There was only seven methamphetamine lab incidents reported in Hawaii in 2004, though nearly 59 percent of substance abuse treatment admissions (excluding alcohol) were for primary methamphetamine abuse during the first six months of 2004 (Chatterjee, 2013).

As of 2007, Missouri leads the United States in clandestine lab seizures, with 1,268 incidents reported. Often canine units are used for detecting rolling meth labs which can be concealed on large vehicles, or transported on something as small as a motorcycle. These labs are more difficult to detect than stationary ones, and can often be obscured with the legal cargo on big trucks.

Methamphetamine is sometimes used in an injectable form, placing users and their partners at risk for transmission of HIV and hepatitis. ‘Meth’ can also be inhaled, most commonly vaporized on aluminium foil or through a test tube or light bulb fashioned into a pipe. This method is reported to give ‘an unnatural high’ and a ‘brief intense rush’ (Bartilow and Kihong, 2009). In South Africa methamphetamine is called ‘tik’ or ‘tik-tik’. Children as young as eight are abusing the substance, smoking it in crude glass vials made from light bulbs. Since methamphetamine is easy to produce, the substance is manufactured locally in staggering quantities.
The government of North Korea currently operates methamphetamine production facilities. There, the drug is used as medicine since no others are available; it also is smuggled across its border with China. The Australian Crime Commission's illicit drug data report for 2011–2012 stated that the average strength of crystal methamphetamine doubled in most Australian jurisdictions within a 12-month period and the majority of domestic laboratory closures involved small "addict-based" operations (Chatterjee, 2013).

### 2.5.4 Temazepam

Temazepam, a strong hypnotic benzodiazepine, is illicitly manufactured in clandestine laboratories (called jellie labs) to supply the increasingly high demand for the hypnotic drug internationally. Many clandestine temazepam labs are in Eastern Europe. The labs manufacture temazepam by chemically altering diazepam, oxazepam or lorazepam. Clandestine ‘jellie labs; have been identified and shutdown in Russia, Ukraine, Czech Republic, Latvia and Belarus (Chatterjee, 2013).

In the United Kingdom, temazepam is the most widely-abused legal prescription drug. It is also the most commonly abused benzodiazepine in Finland, Ireland, the Netherlands, Poland, Czech Republic, Hungary, India, Russia, People’s Republic of China, New Zealand, Australia and some parts of Southeast Asia. In Sweden it has been banned due to a problem with drug abuse issues and a high rate of death caused by temazepam alone relative to other drugs of its group (Chatterjee, 2013). Surveys in many countries show that temazepam, MDMA, nimetazepam, and methamphetamine rank among the top illegal drugs most frequently abused.

### 2.6 The impacts of illicit drugs

The effects of the illegal drug trade can be seen in a range of political, economic and social aspects. Increasing drug related violence can be tied to the racial tension that arose during the late twentieth century along with the political upheaval prevalent in the World throughout the 1960s and 90’s (Chowclhury, 2012). The second half of the twentieth century was a period when increased wealth, concurrent increased
discretionary spending, increased the demand for illicit drugs in certain areas of the
World including United States.

2.6.1 Political impact
A numerically large generation, the baby boomers, came of age in the 1960s. Their
social tendency to confront the law on specific issues, including illegal drugs,
overwhelmed the understaffed judicial system. The federal government attempted to
enforce the law, but with meager affect (Chowclhury, 2012).

Marijuana was a popular drug seen through the Latin American trade route in the
1960s (Hammersley, 2013). Cocaine became a major drug product in the later
decades. Much of the cocaine is smuggled from Colombia and Mexico via Jamaica.
This led to several administrations combating the popularity of these drugs. Due to
the influence of this development on economy, the Reagan Administration began
"certifying" countries for their attempts at controlling drug trafficking. This allowed
the U.S. to intervene in activities related to illegal drug transport in Latin America.
Continuing into the 1980s, the United States instated stricter policy pertaining to
drug transit through sea and as a result, there was an influx in drug-trafficking across
the Mexican–U.S. border (Hammersley, 2013).

In Colombia, however, there was a fall of the major drug cartels in the mid-1990s.
Visible shifts occurred in the drug market in the United States. Between the years
1996 and 2000, U.S. consumption of cocaine had dropped by 11 percent. In 2008, the
United States government initiated another program, known as The Merida Initiative,
to help combat drug trafficking in Mexico. This program increased U.S. security
assistance to $1.4 billion over several years, which helped supply Mexican forces
with "high-end equipment from helicopters to surveillance technology". However,
despite U.S. aid, Mexican "narcogangs" continue to outnumber and outgun the
Mexican Army, allowing for the continued activities of drug cartels across the U.S.-
Mexican border (Hammersley, 2013).
2.6.2 Social impacts
Although narcotics are illegal in many countries (Chowclhury, 2012), they have become integrated into the nation's culture and are seen as a recreational activity by sections of the population. Illicit drugs are considered to be a commodity with strong demand, as they are typically sold at a high value. This high price is caused by a combination of factors that include the potential legal ramifications that exist for suppliers of illicit drugs and their high demand (limited supply can be caused by a range of factors). Despite the constant effort by politicians to win the war on drugs, the U.S. is still the world’s largest importer of illegal drugs.

Throughout the 20th century, narcotics other than cocaine also crossed the Mexican border, meeting the U.S. demand for alcohol during 1920's Prohibition, opiates in the 1940s, marijuana in the 1960', and heroin in the 1970s." Most of the U.S. imports of drugs come from Mexican drug cartels. In the United States, around 195 cities have been infiltrated by drug trafficking that originated in Mexico. An estimated $10 billion of the Mexican drug cartel’s profits come from the United States, not only supplying the Mexican drug cartels with the profit necessary for survival, but also furthering Americans’ economic dependence on drugs. As the drug industry expands in the U.S., a greater population of the public are beginning to rely on the drug industry for their source of income.

2.6.3 Demographics
With a large wave of immigrants in the 1960s and onwards, the World witnessed an increased heterogeneity in its public. In the 1980s and 1990s, drug related homicide was at a record high (Chowclhury, 2012). This increase in drug violence became increasingly tied to these ethnic minorities. Though the rate of violence varied tremendously among cities in America, it was a common anxiety in communities across urban America. An example of this could be seen in Miami, a city with a host of ethnic enclaves. Between 1985 and 1995, the homicide rate in Miami was one of the highest in the nation and rated four times the national homicide average.
The crime was correlated with regions with low employment and was not entirely dependent on ethnicity.

The baby boomer generation also felt the effects of the drug trade in their increased drug use from the 1960s to 1980's. Along with substance abuse, criminal involvement, suicide and murder were also on the rise during this time. Due to the large size of the baby boomers, commercial marijuana use was on the rise. This increased the supply and demand for marijuana during this time period.

2.7 Empirical literature review

2.7.1 Importance of secondary education in curbing drug abuse

Education is first and foremost a human right. Every girl and boy, woman and man has a right to education and a right to pursue their own aspirations, their own goals in life, their own development, well-being and happiness. Education leads to wider employment and career opportunities and generates income (MoET, 2010). Education helps to plan for one’s life, family and often to participate more actively in society, its economy and cultural activities. Higher education should be open for every girl as their own right as individuals, not only because it will contribute to the development of the nation and wellbeing of the families and communities (MoEVT & BEST, 2007).

Economically, women in Tanzania are still most actively engaged in subsistence farming and other informal activities which bring low economic returns. Education provides women with better employment opportunities and thus contributes to a prospering economy and reduces poverty and equips people with the skills they need to participate fully in society. The combination of higher education, increased earning ability, political and social empowerment and enhanced capacity to participate in community governance is a powerful instrument for helping break the poverty cycle (Mpangile, 2011). The increasing number of pregnancies in schools needs to be addressed. Getting girls into school, keeping them there and allowing them to return to school require an enabling and supportive environment. Girls with
babies should be provided with baby care, alternative education and more flexible school time, if and when needed.

2.7.2 The incidence of drug abuse to youth in Tanzania

Drug abuse has become a national concern in Tanzania. Newspaper reports indicate drug abuse among youths. It is feared that in some primary and secondary schools in the country, up to 5% of the youth are said to have used bhang (Kilonzo and Maselle, 1986). Also, problems like the use of hard drugs such as cocaine and heroin are increasingly surfacing among youths. There are several cases associated with drug trafficking which may imply drug abuse.

2.7.3 Sources of drugs

2.7.3.1 Sources and of Drugs in Global Context

Available information about people caught in drug trafficking and drug use has led to a general consensus that the main sources of drugs are: The Middle East, Central, South-East and South-West Asia, and Latin America. In the Middle East region, countries like Turkey and Afghanistan are famous for producing hashish, a resinous material used as hallucinogen. In Lebanon, illicit opium poppy cultivation and heroin production continues (Mbatia, 1994). Opium grows in temperate subtropical climate like that of South-East Asia. Mbatia (1994) points out that opium, which can be converted into morphine, codeine, and heroin, is mainly grown in South-East and South-West Asia.

Countries like Burma and Thailand are also producing raw opium and marijuana (Mbatia, 1994). Central Asia produces marijuana which is currently grown in most parts of the world. In the Latin American region, natives in Colombia, Bolivia, and Peru are known to grow ‘coca’ (cocaine comes from coca), and use its leaves the same way other people use tea leaves. The natives of these countries believe that coca leaves are energy-giving (Msambichaka, Mjema, and Ndanshau, 1994). The literature has also shown that, in general, Peruvians and Bolivians chew the plants to increase their stamina.
2.7.3.2 Sources and Availability of Drugs in Tanzania

Although the magnitude of the drug problem in Tanzania has not yet been well estimated by a comprehensive scientific study, it is clear that there are significant numbers of Tanzanian youths who use drugs, and are being used as couriers in the international drug traffic (Mbatia, 1994). There is a puzzle, however, over the availability of drugs in Tanzania. The majority of Tanzanians do not know the origin of drugs or their accessibility. The drug business is so secretive that when one is not in the ‘loop’ of the business, s/he may not know that it exists, and that there are drug-related problems. However, it is evident from the media in Tanzania that Dar es Salaam, Zanzibar, and Tanga have had more cases of drug trafficking than others, possibly because of their access to sea transportation.

The issue of drug trafficking in the regions needs further research. Youths from Tanzania-and even all over the world-have stowed away, most of them with fake passports in attempts to ferry drugs to countries other than those of their origin. Some youths end up either coming back to their home countries with money, and some valuable items; and unfortunately some are at times killed in the process. According to WHO (2004) drugs commonly heard in Tanzania are hashish, raw opium, bhang, marijuana, mandrax, and heroin. These drugs are given slang terms such as ‘ice’ for crack-cocaine (The Economists, 1993); ‘unga’ (Kiswahili word denoting flour) for heroin, ‘msokoto’ ‘ganji’, ‘sigara kubwa’, and ‘neli’ for the ones smoked like Cigars. Other drugs used include aerosol or gaseous fumes other than smoke which make people ‘escape’ from realities.

Drug abuse, especially use of heroin, is a fairly recent phenomenon in Tanzania. In recent years both local and international young adults have been involved with the increased importation of illicit drugs into the country. Although there are no official statistics on drug abuse in the country, it is estimated that the city of Dar es Salaam, which has a population of 2.5 million, has 200,000 to 250,000 drug abusers (IRIN, 2006). The country has a long history of trade and smuggling with neighbouring
countries making it easy for drug traffickers to move in and out of the country. From 1980 to 1985 a total of 6,019 persons were prosecuted on narcotics charges, of whom, 7% were aged less than 16 years and 49% were aged between 16 and 25 years. During 1986 and 1989 alone, more than 250,000 tablets of Mandrax were intercepted at Tanzanian ports. Cases of heroin seizures increased from 54 in 1997 to 230 in 2005. The many direct international air and sea connections through Tanzania make the country even more vulnerable.

2.7.3.3 Students’ Drug Administration

There are several ways used by students to administer drugs depending on the nature of drug. Ideally, drugs, both medicinal and recreational, can be administered in a number of ways. In this context, drugs are administered in a variety of ways rather than just one which including the following:

- **Bolus** is the administration of a medication, drug or other compound that is given to raise its concentration in blood to an effective level. The administration can be given intravenously, by intramuscular, intrathecae or subcutaneous injection.
- **Inhaled**, (breathed into the lungs), as an aerosol or dry powder. This includes smoking a substance.
- **Injected** as a solution, suspension or emulsion either: intramuscular, intravenous, intra peritoneal, intra osseous.
- **Insufflations**, or snorted into the nose.
- **Orally**, as a liquid or solid, that is absorbed through the intestines.
- **Sublingually**, diffusing into the blood through tissues under the tongue
- **Topically**, usually as a cream or ointment: A drug administered in this manner may be given to act locally or systemically.
- **Vaginally** as a suppository, primarily to treat vaginal infections.

The most common drugs used by students include marijuana and cocaine which are used for different purposes.
2.8 The Loophole for Illicit Drugs

2.8.1 Culture of drug cartels

Major cartels saw growth due to a prominent set culture of Mexican society that created the means for drug capital. One of the sites of origin for drug trafficking within Mexico, was the state of Michoacán. In the past, Michoacán was mainly an agricultural society. This provided an initial growth of trade. Industrialization of rural areas of Mexico allowed facilitated a greater distribution of drugs, expanding the drug market into different provinces. Once towns became industrialized, cartels started to form and expand.

The proliferation of drug cartel culture largely stemmed from the ranchero culture seen in Michoacán. Ranchero culture values the individual as opposed to the society as a whole. This culture fostered the drug culture of valuing the family that is formed within the cartel. This ideal allowed for greater organization within the cartels. Gangs play a major role in the activity of drug cartels. Two such gangs are notorious for their contributions and influence over drug trafficking throughout Latin America. MS-13 has controlled much of the activity in the drug trade spanning from Mexico to Panama.

Female involvement is present in the Mexican drug culture. Although females are not treated as equals to males, they typically hold more power than their culture allows and acquire some independence. The increase in power has attracted females from higher social classes. Financial gain has also prompted women to become involved in the illegal drug market. Many women in the lower levels of major drug cartels belong to a low economic class. Drug trafficking offers women an accessible way to earn income. Females from all social classes have become involved in the trade due to outside pressure from their social and economic environment.

2.8.2 Political ties

It was common for smugglers, specifically in Colombia, to import liquor, alcohol, cigarettes and textiles, while exporting cocaine. Personnel with knowledge of the
terrain were able to supply the local market while also exporting a large amount of product. The established trade that began in the 1960s involved Peru, Bolivia, Colombia and Cuba, whereby peasant farmers produced coca paste in Peru and Bolivia, while Colombian smugglers would process the coca paste into cocaine in Colombia and trafficked product through Cuba. This trade route led to established ties between Cuban and Colombian organized crime. From Cuba, cocaine would be transported to Miami, Florida, and Union City, New Jersey.

Quantities of the drug were then smuggled throughout the US. The international drug trade created political ties between the involved countries, encouraging the governments of the countries involved to collaborate and instate common policies to eradicate drug cartels. Cuba stopped being a centre for transport of cocaine following the establishment of a communist government in 1959. As a result Miami and Union City became the sole locations for trafficking. The relations between Cuban and Colombian organized crime remained strong until the 1970s, when Colombian cartels began to vie for power. In the 1980s and 1990s, Colombia emerged as a key contributor of the drug trade industry in the Western Hemisphere.

While the smuggling of drugs such as marijuana, poppy, opium and heroin became more ubiquitous during this time period, the activity of cocaine cartels drove the development of the Latin American drug trade. The trade emerged as a multinational effort as supplies (i.e. coca plant substances) were imported from countries such as Bolivia and Peru, were refined in Colombian cocaine labs and smuggled through Colombia, and were exported to countries such as the U.S.

### 2.9 Conceptual Framework

A conceptual framework is a narrative outline or diagrammatic presentation (or a combination of the two) of variables to be studied and hypothetical relationships between and among the variables. Conceptual frameworks can be rudimentary, theory-driven or drug abuse, descriptive or causal (Miles and Huberman, 1994: 18). Conceptualization of a framework is compulsory in any research to streamline it and
confine literature review, analysis and discussion to only the hypothesized variables and their indicators. Once the conceptual framework has been drawn, even if there are other interesting variables, as long as they are not hypothesized they are not worked on. If anyone asks about them it is easy to answer him that they were not in the scope of the research, and that they can be studied in a further research. Having hypothesized the relationships, the results of research must demonstrate whether the relationships exist or not. If they exit, the extent to which they do exist must be demonstrated through interpretation of significant levels.

Socio-economic impacts from secondary school students are contributed by diverse variables. The variables includes are independent variables which can affect direct students: Media like Television can be used to watch drug abuse practices. Resistance is one of the independent variable which affects the problem positively as the user might not be in victim side. Poverty is one of the causative agents whereby students ought to get assistance from any body which in turn results to involvement in bad habits. Many cultures in Kinondoni context can accelerate drug abuse as it is found that no problem for student to engage with drug abuse because it is part and parcel of their lives.

Negligence and following ideals of forsaken peer groups lead to pregnancies. On the other hand, school premises acts as media for students to engage in drug abuse activities due to lack of rules and regulations, lack of demarcation with non students who are away of school discipline. Other variables include background variables which are typically characteristics of individuals which could affect direct or indirect involvement in drug abuse.

2.10 A Case Study of Colombia
Colombia has had a significant role in the illegal drug trade in Latin America. While active in the drug trade since the 1930s, Colombia's role in the drug trade did not truly become dominant until the 1970s. When Mexico eradicated marijuana plantations, demand stayed the same. Colombia met much of the demand by growing
more marijuana (Niaz, 1998). Grown in the strategic northeast region of Colombia, marijuana soon became the leading cash crop in Colombia. This success was short-lived however due to anti-marijuana campaigns that were enforced by the U.S military throughout the Caribbean. Instead, drug traffickers in Colombia continued their focus on the exportation of cocaine.

Having been an export of Colombia since the early 1950s, cocaine remained popular for a host of reasons. Colombia's location facilitated its transportation from South America, into Central America, and then to its destination of North America. This continued into the 1990s where Colombia remained the chief exporter of cocaine. The business of drug trafficking can be seen in several stages in Colombia towards the latter half of the 20th century. Colombia served as the dominant force in the distribution and sale of cocaine by the 1980s. As drug producers gained more power, they became more centralized and organized into what became drug cartels.

Cartels controlled the major aspects of each stage in the traffic of their product. Their organization allowed cocaine to be distributed in great amounts throughout the United States. By the late 1980s, intra-industry strife arose within the cartels. This stage was marked by increased violence as different cartels fought for control of export markets (Niaz, 1998). Despite this strife, this power struggle led to then having multiple producers of coca leaf farms. This in turn caused an improvement in quality control and reduction of police interdiction in the distribution of cocaine. This also led to cartels attempting to repatriate their earnings which would eventually make up 5.5% of Colombia's GDP. This drive to repatriate earnings led to the pressure of legitimizing their wealth. This caused an increase in violence throughout Colombia.

Throughout the 1980s, estimates of illegal drug value in Colombia ranged from $2 billion to $4 billion. This made up about 7-10% of the $36 billion estimated GNP of Colombia during this decade. In the 1990s, the estimates of the illegal drug value remained roughly within the same range (~$2.5 billion). As the Colombian GNP rose
throughout the 90’s ($68.5 billion in 1994 and $96.3 billion in 1997), the illegal drug value began to comprise a decreasing fraction of the national economy. By the early 1990s, though Colombia led in the exportation of cocaine, it found increasing confrontations within its state. These confrontations were primarily between cartels and government institutions. This led to a decrease in the drug trade's contribution to the GDP of Colombia, dropping from 5.5% to 2.6%. Though a contributor of wealth, the distribution of cocaine has had negative effects on the socio-political situation of Colombia and has weakened its economy as well.

By the 1980s, Colombian cartels became the dominant cocaine distributors in the US. This led to the spread of increased violence throughout both Latin America and Miami. In the 1980s, two major drug cartels emerged in Colombia: the Medellin and Cali groups. Throughout the 90’s however, several factors led to the decline of these major cartels and to the rise of smaller Colombian cartels. The U.S. demand for cocaine dropped while Colombian production rose, pressuring traffickers to find new drugs and markets.

In this time period, there was an increase in activity of Caribbean cartels that led to the rise of an alternate route of smuggling through Mexico (Bartilow and Kihong, 2009). This led to the increased collaboration between major Colombian and Mexican drug traffickers. Such drastic changes in the execution of drug trade in Colombia paired with the political instabilities and rise of drug wars in Medellin and Cali, gave way for the rise of the smaller Colombian drug trafficking organizations (and the rise of heroin trade).

As the drug trade’s influence over the economy increased, drug lords and their networks grew in their power and influence in society. The occurrences in drug-related violence increased during this time period as drug lords fought to maintain their control in the economy. Typically a drug cartel had support networks that consisted of a number of individuals. These people individuals ranged from those directly involved in the trade (such as suppliers, chemists, transporters, smugglers,
etc.) as well as those involved indirectly in the trade (such as politicians, bankers, police, etc.). As these smaller Colombian drug cartels grew in prevalence, several notable aspects of the Colombian society gave way for further development of the Colombian drug industry.

For example, until the late 1980s, the long-term effects of the drug industry were not realized by much of society. Additionally, there was a lack of regulation in prisons where captured traffickers were sent. These prisons were under-regulated, under-funded, and under-staffed, which allowed for the formation of prison gangs, for the smuggling of arms/weapons/etc., for feasible escapes, and even for captured drug lords to continue running their businesses from prison.

2.11 Conceptual Framework
Factors for students’ involvements on illicit drugs are many. However, the researcher detailed some factors as illustrated in Figure 1.

Figure 1: Conceptual framework

Source: Researcher, 2014
Types of variables

a) Background variables
They describe socio-demographic characteristics of the respondents, e.g. age, gender, marital status, education level in years, etc. They should be included in most, if not all, social researches since they help describe the respondents and other variables.

b) Independent variables
They influence the dependent variable. The nature of the independent variables is that they cause or affect the dependent variable. Variances in independent variables cause variation in the variance of the dependent variable like poverty or peer group which might affect students involvement in illicit drugs.

c) Dependent variables
The dependent variable is the one that is influenced by other variables, especially the independent ones. Background and intervening variables also have some influence on the dependent variable. Dependent and independent variables may have mutual effects on each other. The dependent variable is normally one, but it is possible to have more than one in a research which reflects directly the research title which in this case is the impacts of illicit drugs prevalence to the secondary school students.

d) Intervening variables
They are the ones through which the independent variables act to influence the dependent variable. In other words, they intervene the relationships between independent and dependent variables. They are secondary independent variables. Sometimes they are not there.

2.12 Data Validity and Reliability
2.12.1 Validity
In this research, validity will be observed in order to results consistence. Validity according to Corole and Almut (2008) is the extent to which the interpretations of the
results of a test are warranted, which depends on the particular use the test is intended to serve. On the other hand, Roger and Lewis (1999) assert that, the term reliability refers to the degree with which repeated measurements, or measurements taken under identical circumstances, will yield the same results. This definition assumes that the act of measuring does not affect the variable or characteristic of interest. The statistical definition of reliability is related to the lay definition, in that a piece of machinery which is reliable according to the lay definition yields the same behaviour each time it is used.

2.12.2 Reliability
A pre-test was conducted to the respondents with similar characteristics with those of study sample, but excluded from the actual study to determine the clarity of the items and consistence of the responses as also supported by (LoBiondo-Wood and Haber, 2002:319). Furthermore, Polit and Hungler (1999:411) described reliability of a tool as a consistence with which the tool measures the attribute it is supposed to measure. If study and its results are reliable, other researchers using the same method will obtain the same results.

Reliability according to Roger and Lewis (1999) is a measure of the randomness of the measurement process itself. In determining reliability of a measurement technique, may actually make repeated measurements, or may calculate statistically what is likely to happen if were to make repeated measures, based on an analysis between parts of measurement. Reliability is an important concept when there is no “gold standard.” The quality of the measurement is considered relative to itself at another time, rather than relative to an external standard. When there is a “gold standard” or an accepted external measure, then validity should also be considered. To ensure reliability, the research is expected to be conducted with great care to ensure even if could be repeated by another researcher same results are likely to occur.
2.13 Research gap
Drug abuse to the secondary students has been a detrimental not only to their health, but to academic performances. Unfortunately, there aren’t many studies that examined the predictors of students’ involvement in drug abuse. This study therefore aims at investigating the prevalence of drug abuse to secondary students and its impact to their carrier advancement.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction
The main issues explained in methodology part include research design, description of the study area, study population, sample size, sampling procedures, purposive sampling, simple random sampling, sources of data, secondary data sources, instruments of data collection, and data analysis.

3.2 Research Design
There are number of research designs include quasi experiment, cross-sectional or survey design, longitudinal design, case study design and comparative design, (Bryman, 2004). However, in this study a cross-section research design was employed simply because data were collected once from research site. The researcher opted to use research design in the sense that it would enable the researcher to conduct an effective study to a selected case so as to examine teenage pregnancies facing many societies at large and provide the way forward and provide tentative solution in eradicating this catastrophe.

According to Selltiz et al. (1962), cited by Kothari (1993: 40), “A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the purpose with economy in procedure.” Research designs are classified into three main categories based on: (a) The ability to control independent variables; (b) Whether data are collected once, more than once, in-depth or extensively; and (c) Sampling methods. This is a plan which entails to explore of a specific case, which could be community, person or organization. In a very simple definition research design is a framework for the collection and analysis of data.
3.3 Description of the Study Area

Kinondoni Municipality is one of the Dar es Salaam Region Municipalities. According to 2002 Population Humana and Housing Census, the Municipality had a population 1,083,913. The study was carried at three Kinondoni District schools which are Kawe secondary school, Mbezi Beach High school and Bakili Muluzi High school and street adolescent girls. These sites were considered due to many reasons including high number of students reported to have been engaged on illicit drugs, but also according to school premises it was noted to be among the potential areas for illicit drugs according to Nyakubega (2009).

Figure 2: Description of the study area

Source: 2012 Population and Housing Census

3.4 Study Population

According to 2002 Population and House Census, Kinondoni Municipal had a total population of 1,083,913. Of the population, 56,710 are aged from 10-14, 3,075 from rural areas and 53,635 from urban areas, 72,376 are female aged between 15-19, with 3,392 from rural areas and 69,184 from urban areas (NBC, 2003:127).

35
In this study, a sample of 90 respondents was drawn randomly to represent other adolescents whereby 150 representatives were selected from each selected secondary school and 100 representatives from Kinondoni Municipality. From each secondary school, 10 key informants were consulted while 10 key informants gave information as key informants from Kinondoni Municipality. All respondents were obtained randomly.

3.5 Sample Size
Sample size is the number of respondents to be interviewed, or is the number of units selected to represent the entire population. Sample size depends largely on the degree to which the sample approximates the qualities and characteristics of the overall universe.

Table 1: Sample size selection

<table>
<thead>
<tr>
<th>S/N</th>
<th>School/Location</th>
<th>Targeted Population</th>
<th>Sample size (10%) main respondents</th>
<th>Key informants</th>
<th>Total sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ministry of Health</td>
<td>40</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Teachers</td>
<td>50</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Students</td>
<td>300</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>Parents</td>
<td>50</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>440</strong></td>
<td><strong>44</strong></td>
<td><strong>6</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

3.6 Sampling Procedures

3.6.1 Purposive Sampling (PS)
According to Kothari (2003), purposive sampling is a non-probability sampling method which involves purposive or deliberate selection of particular units of the sample which represents the population. The researcher used his expertise in judgment to select respondents who were representative 750 respondents, believing that the sample has rich information reliable to the issue studied. This method was used to approach specific individuals and departments directly dealing with pregnancies in schools.
3.6.2 Convenient Sampling
According to Westfall (2009) convenient or judgemental is a non-statistical sampling method. In judgmental sampling, a researcher uses his/her knowledge or experience to select items to be sampled.

3.7 Sources of Data
Data were obtained through two sources which are secondary and primary.

3.7.1 Secondary Data Sources
According to Kothari (2004), secondary data means data that are already available i.e., they refer to the data which have already been collected and analysed by someone else. When the researcher utilises secondary data, then he has to look into various sources from where he can obtain them. In this case he is certainly not confronted with the problems that are usually associated with the collection of original data. Secondary data may either be published data or unpublished data.

3.7.2 Primary Data Sources
According to Kothari (2004), primary data are information collected during the course of doing a research where the research obtains data direct from the respondent, that is one can obtain primary data either through observation or through direct communication with respondents in one form or another or through personal interviews. This, in other words, means that there are several methods of collecting primary data, particularly in surveys and descriptive researches. Important ones are: (i) observation method, (ii) interview method, (iii) through questionnaires, (iv) through schedules, and (v) other methods which include (a) warranty cards; (b) distributor audits; (c) pantry audits; (d) consumer panels; (e) using mechanical devices; (f) through projective techniques; (g) depth interviews, and (h) content analysis. Respondents were interviewed to get their views on socio-economic impacts of teenage pregnancies.
3.8 Instruments of Data Collection

According to Yin (2003), there is no source of information is better than others. In fact they should be considered complementary, and therefore a good case study will rely on as many sources as possible. When gathering information for case studies, a major strength is the opportunity to use many different sources of evidence. The use of several sources of evidence means that the researcher has the opportunity to obtain multiple measures of the same phenomenon that add validity to the scientific study. In that respect, the following data collection instruments were used in this study:

3.8.1 Interviews

This is the technique of data collection that involves presentation of oral verbal stimuli and obtaining replies from the respondents who are in this case key informant though this method can be used through personal interview and of possible telephone interviews (Kothari 1993). This method is going to be used to explore sensitive issues like reasons for girls engaging into sex intercourse. Secondary school students, teachers, parents as well as district educational officers were interviewed. The researcher expect to get information over the records of girls who dropped out of schools for pregnancy cases, the major factors contributing to secondary school pregnancies in secondary schools as well as the opinions from the educational stakeholders on how the problem could be curbed. The information obtained was expected to play vital roles in eradicating the problem which appears to be a bottleneck in education arena.

3.8.2 Questionnaires

The questionnaire is a set of questions administered through oral or verbal communication, or is a face to-face conversation (Kothari, 1993). It is the best technique that guarantees privacy and confidentiality. It includes both close and open ended questions and it was given to those who know to read and write. Students, teachers, parents and educational officers were given the questionnaires and give the needed information. The method was used to collect data for this study. The method
enabled respondents be free to think critically and write in the absence of the researcher, hence be able to provide reliable data.

3.8.3 Documentation
Apart from primary data, secondary data from different documents was consulted in order to verify the information given by respondents. Schools’ reports over pregnancies as well as the district reports about impregnated students from 2005 up to May 2013 were applied. Eventually, the researcher did not neglect other reports from other education stakeholders which may in one way or another play an important role in obtaining the information about pregnancy on the selected schools as well as in the district at large.

3.9 Data Analysis and Presentation
Data obtained from the field (primary data) were coded and analyzed using the Statistical Package for Social Sciences (SPSS) computer program and excel program as well particularly to find mean, mode and percent where necessary.
CHAPTER FOUR

ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction
The chapter gives information on the presentation of findings from data analysis. The analysis is done according to research objectives whereby results are displayed in different forms like graphs, charts and table.

4.2 Demographic information

4.2.1 Respondents’ education level
Knowing education level of the respondents included in this study was of great important as the level of education matters a lot in judging whether the respondents engaged in illicit drugs or not. This study involved much students from form three as illustrated in Figure 3 where they constituted 24.0% of all respondents. This class was preferred due to many factors including that they are the intermediate to other classes and could respond effectively to the questions imposed to them, yet they had an ample time compared to other classes who were congested with class activities.

The research interviewed 22.0%of the respondents from form four as shown in Figure 3 followed by respondents from form two who were 16.0% of all respondents interviewed. Few students were interviewed from form five (6.0%) while form six students interviewed were 12.0% of respondents. The research involved respondents who were not students and their education were categorized into two education categories which are informal and high education, whereby those possessed high education were 10.0% of all respondents while those with informal education constituted 2.0% respondents as indicated in Figure 3.

Ideally, the research composed a representative number of respondents with desirable education level to the extent of giving views on the impact of illicit drugs to the students.
4.2.2 Respondents’ category by occupation

Apart from the fact that, most of respondents interviewed during this study were students, the researcher wanted to know specifically the main economic activity of the respondents particularly parents in order to enable judging ability to give right information related to acquisition of illicit drugs. On the other side, known socio-economic activities of respondents could give an insight on whether the students were engaged on illicit drugs due to financial constraints or not.

Researcher interviewed respondents on their major occupation whereby it was noted that, 4.0% of respondents as shown in Table 2 were farmers involving with crop farms and livestock though the number and size of the farms and livestock were not investigated. Another group of 4.0% respondents were dealing with different business activities. Other economic activities noted were petty trade who constituted 2.0% of all respondents and salaried employees were 2.0% respondents respectively. Considering the fact that all respondents had specific economic activity, it is concluded that they were able to give relevant information concerning this study.
Table 2: Respondents’ category by occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farmer</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Business</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Petty trade</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Salaried employee</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Student</td>
<td>44</td>
<td>88.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Researcher’s fieldwork, (2014)

4.2.3 Respondents’ category by age

Age is one of the important parameters in education matters, which is used to categorise students particularly in enrolment that the desired age for enrolment with standard one is seven years according to education rules in Tanzania. Age among other factors, are the determinants of the decision to decide whether to engage on illicit drugs or not. In this study, respondents’ ages were categorized into four groups with the minimum age of 11 up to above 26 years age as shown in Figure 4.

Research findings noted that, 44.0% of the respondents who were the majority had age range from 15-20 years, of course this is schooling age whereby a student is able to explain him/herself on the use and impact of illicit drugs. Another group of 38.0% respondents interviewed in this study as illustrated in Figure 4 were found to have age ranging from 11-15 years old which also taken as the age capable to give views on the impacts of illicit drugs, and of course which gave the cooperation to the researcher.

This research interviewed students with age range form 21-25 the group which constituted 12.0% of all respondents interviewed during this study. Finally, the study comprised students with age more than 26 who were 6.0% of all respondents. The implication from these findings is that, all interviewed respondents were able to give views on the impacts of illicit drugs.
4.3 Level of secondary students’ awareness on drug abuse

4.3.1 Respondents’ understanding on illicit drugs

The term illicit drugs is not a new terminology to the respondents involved in this study as most of the respondents when interviewed each of them gave a meaningful definition. One of the definition given by most respondents (44.0%) as illustrated in Table is that, ‘illicit drug is any drug used without advice from physician’. This definition is almost the same as that agreed by Possi (1996) who defined illicit drug as an arbitrary over dependence or miss-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners.

Another group of 26.0% respondents defined illicit drug as any forbidden drug by the drug authority which in this case is the government through the Ministry of Health. Every kind of drug is made for specific purposes but the use should follow the required regulations from the responsible organ, otherwise the same drug if forbidden can cause harm to human health as the terms and conditions for forbidding could be due to many factors including expiry, wrongly released, or should be used under physician instructions. Furthermore, 20.0% of respondents as shown in Table 3 said that illicit drugs include anything that is used for offset human mind with specific intention as what is happen when one takes alcohol. This definition
comprised anything could change ones mind whereby for the case of students was used for different purposes like getting away form distress caused by the consciousness of wrong or foolish behaviour.

Illicit drugs was also defined by 10.0% respondents interviewed during this study whereby they said that these are chemicals used to alter mind where they specifically mentioned marijuana to be the most popular illicit drug used by the students in the study area. However, the disclosed that other illicit drugs like heroine to have been used in the study area as these illicit drugs are now available in many places at the affordable prices to the extent that even students can afford to purchase and use them. Summarily, the respondents who were interviewed on the meaning of illicit drug had a good understanding on what it was.

Table 3: Meaning of illicit drugs

<table>
<thead>
<tr>
<th>Meaning</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forbidden drugs</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>Any drug used without advice from physician</td>
<td>22</td>
<td>44.0</td>
</tr>
<tr>
<td>Anything used to offset mind</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Chemicals used to alter mind (mostly marijuana) Others</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

4.3.2 The most sex engaged on illicit drugs

This research interrogated respondents to know the level of illicit drugs taking by sex category whereby it was noted from 86.0% respondents that, male students were the most involved with illicit drugs as illustrated in Table 4. The reason for male students’ involvement on illicit drugs was not much investigated and can be one of the further research area emanating from this study. Female students on the other hand, only one (2.0%) respondent reported to be involving on illicit drug, while 12.0% respondents mentioned both male and female students as shown in Table 4 to have been involved on illicit drugs.
Table 4: Sex category more engaged in illicit drugs

<table>
<thead>
<tr>
<th>Sex category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>43</td>
<td>86.0</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Both male and females</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

**4.3.3 Known number of students engaged on illicit drug**

The investigation was made by the researcher to know the known number of students involved with illicit drugs in the study area whereby 11-20 students involved with illicit drugs was the highest number mentioned by 22.0% respondents to have been involved on illicit drugs within the period of one academic year (2013).

Furthermore, 18.0% respondents interviewed during this study as shown in Figure 5 said that, 5-10 students were noted to have been taking illicit drugs in the study area, while the same number of respondents (18.0%) were aware of 21-30 students who involved with illicit drugs.

Through this research, the findings show that the trend of students witnessed involving with illicit drug was decreasing at increasing level as the indication that the magnitude of illicit drug was severe to the lesser extent. Generally, the number of students found involving with illicit drugs in the study area was high and if not checked can ruin education system not only to the study area but in the county as whole.
Figure 5: Students are using illicit drugs

Source: Researcher’s fieldwork, (2014)

4.4 Prevalence level of drug abuse among secondary school students

4.4.1 Prevalence of illicit drugs in the area of study

According to research findings it was noted that, students who were using illicit drugs had different perceptions but the major aim was to refresh their minds particularly during studies. When 46 (92.0%) respondents as illustrated in Table 5 were asked on the prevalence said that the rate of illicit drug is very high in the study area. However, one respondent (2.0%) said that there is no illicit drug cases in the study area, while 6.0% respondents interviewed said that they are not sure of illicit drug prevalence in their area as the drugs are used secretly.

Table 5: Prevalence of illicit drugs in the area of study

<table>
<thead>
<tr>
<th>If illicit drugs are common in the study area</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46</td>
<td>92.0</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Researcher’s fieldwork, (2014)
4.4.2 Forces for students to engage on illicit drugs

Whatever is being done by human being has its force behind it. This theory is applicable in this study whereby students were reported to engage with illicit drugs with different forces one being easily availability of illicit drugs are pointed out by 42.0% respondent (see Figure 6). Illicit drugs were said to be readily available to whoever could need them, so students were able to have access to these drugs as the prices were also cheap, yet, illicit drug sellers were also available to many street corners.

From 30.0% respondents interviewed as shown in Figure 6 the research findings noted that, students were forced to engage in illicit drugs due to poor learning environments which necessitated students to have access to illicit drugs. Many students engaged on illicit drugs are those studying to the schools with either no fence or surrounded by residential houses whereby the language used and human activities can not reflect to academic performances. Another fact accelerated student’s engagement to illicit drug is pressure from peer groups as asserted by 12.0% respondents. Many schools had different students from different ethnic groups which comprised different cultures. Among these cultures believed to allow use of illicit drugs while other not.

Lack of academic regulation reinforcement was also reported by 10.0% respondents to have been contributing to students’ engagement to illicit drugs (see Figure 6). The regulations were said to exist by how these regulations should act to control illicit drugs was the major concern, and therefore it seemed the regulations were there for vain. Another group of 6.0% respondents blamed parents to have no control to their children to the extent of leaving them free to do whatever they found conducive to them, which resulted to engagement on the use of illicit drugs. Generally, there were a number of factor made students engage on illicit drugs though the major fact according to my observation was students’ negligence to parents and school regulations.
4.4.3 The most age prone to illicit drugs

The level of engagement in illicit drugs was noted to vary with age whereby according to quarter of the respondents as shown in Table 6 students with age range from 21 to 25 years were mostly prone to illicit drugs. According to key informants, this age category comprised students who were mostly involved in illicit drugs and so they were the ones much affected by illicit drugs. It should be noted that, illicit drugs have negative effects to all human being, though some factors should be put into consideration like age, level of taking illicit drugs, involvement on alcoholic drinks and others.

Surprisingly, even students with age of 11 to 15 years were said to engage on illicit drugs as pointed out by 26.0% respondents. This age group were not much involved in illicit drugs as compared to those aged 21 to 25 years who were found to engage more on illicit drugs. Furthermore, through this study it was revealed that, students with age range from 21-25 years were also engaged in illicit drugs as they were much grown up to the extent of knowing different ways to get the drugs. This study involved respondents who said that students with age more than 25 years who were 6.0% of all respondents as illustrated in Table 6, were involved with illicit drugs. Conclusively, illicit drugs were not age exclusive as every age was at least involved with illicit drugs.
Table 6: The most age prone to illicit drugs

<table>
<thead>
<tr>
<th>The most prone age to illicit drugs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15 years</td>
<td>9</td>
<td>18.0</td>
</tr>
<tr>
<td>15-20 years</td>
<td>25</td>
<td>50.0</td>
</tr>
<tr>
<td>21-25 years</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>&gt; 25 years</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

4.5 Factors accelerating students’ engagement on illicit drugs

4.5.1 Reasons for students engaging on illicit drugs

Why students opted taking illicit drugs? This was one of the question the research had asked herself before exploring information from vast respondents, of course, the question was relevant because no way students could decide taking illicit drugs if not proper reason. Deteriorations of ethics within the community particularly in the study area was found to be the major factor for students opting taking illicit drugs as pointed out by 58.0% respondents interviewed during this study (see Figure 7). ‘There are no proper mechanisms to check for illicit drugs within the community’ one of the respondents explained.

With the case of students, 18.0% respondents said that, taking illicit drugs was due to lack of confidence to students particularly during examination so they believed taking illicit drugs could assist them firstly increasing studying stamina, but also making their brains active for performing examinations. To other respondents (14.0%) respondents as shown in Figure 7, taking illicit drugs by students was just copying Western cultures which are not ideal to our communities but suit to them. The use of media particularly Television has great negative impacts to our children as they imitate unfavourable cultures from Western countries’ said one of the respondents interviewed on the reason for students engagement on illicit drugs.

Students’ frustration as mentioned by 10.0% respondents interviewed during this study was one of the causes for the students to engage on illicit drugs. The frustration reported to have been caused by many factors including failing to examination,
family misconducts, and other factors which could lead comfortable situation to the students. Generally, all factors mentioned by respondents were the major however, there were said to be more which could not be disclosed during this study.

Figure 7: Reason for engaging on illicit drugs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed ethics</td>
<td>58.0%</td>
</tr>
<tr>
<td>Imitation of Western cultures</td>
<td>14.0%</td>
</tr>
<tr>
<td>Frustrations</td>
<td>10.0%</td>
</tr>
<tr>
<td>Lack of self confidence</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

Source: Researcher’s fieldwork, (2014)

4.5.2 Importance of illicit drugs to students

Knowing the importance of illicit drugs to the students was one of the important aspects for the researcher to known as illicit drugs was taken to the greater magnitude. When respondents were asked on the importance of illicit drugs, 86.0% of them as shown in Table 7 responded that there is no any important of the students to take illicit drugs as the effects to them are greater than the advantage they think could gain. Contrary to respondents who said that illicit drugs has not advantage to the students, 6.0% respondents said that, illicit drugs have advantages to the students and that is why they do prefer taking them. According to the study findings, 8.0% respondents were not aware on whether illicit drugs are of important to the students or not as they had no evidence on the impacts of illicit drugs to students.
Table 7: If illicit drugs are the solution to the students’ ambitions

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>No</td>
<td>43</td>
<td>86.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Researcher’s fieldwork, (2014)

4.5.3 Parents’ awareness on students’ engagement on illicit drugs

Illicit drugs are not used openly but secretly to the extent which makes it difficult to understand whether parents are aware of or not. In fact, it is not necessarily for the parents to be aware of their children's engagement on illicit drugs. Through this study it was revealed that parents were aware of their children’s engagement on illicit drugs. The majority of respondents (88.0%) in this study responded that, parents are not aware of their children's engagement on illicit drugs.

Table 8: Parents’ awareness on students’ engagement on illicit drugs

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>10.0</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>88.0</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Researcher’s fieldwork, (2014)

4.5.4 Parents’ reactions against students engaged on illicit drugs

According to this study, parents were noted to have been taking their responsibilities on caring their children all the times when and not in school premises. One of the responsibilities taken by parents to their children is to ensure they are not involved in taking illicit drugs and once one is taken or identified involved in illicit drugs; severe punishment was awarded to him as pointed out by 36.0% respondents as shown in Table 9. Punishments awarded to students caught engaging on illicit drugs differed
from one parent to another depending on the severity of the problem but also cultural variations.

To cooperate with teachers on abandoning illicit drugs on school premises was opted by 18.0% respondents interviewed on the parents reactions on the children taking illicit drugs. It is obvious that, partly parents do stay with their children while teachers are also involved with caring students particularly when students are at school. So it is important for both parents and teachers to work cooperatively on ensuring that the foundation of students’ behaviours is kept at desirable level. The ability to instruct students on the importance of adhering to good behaviour differs amongst parents and teacher, so if they all work hand by hand they are likely to prosper on maintaining good students’ behaviours.

To other areas, taking illicit drugs were taken as a criminal case whereby any one identified engaged with including students had to be reported to the government organ in order all procedures to be taken against any one involved as noted from 16.0% respondents (see Table 9). Ensuring adherence to good behaviour was one of the parents’ reactions towards illicit drugs as pointed out by 14.0% respondents. One of the parents said that, if children are grown in good behaviour, it is likely that they could not engage on illicit drugs unlike those not taught the negative impacts of illicit drugs.

<table>
<thead>
<tr>
<th>Parents’ reactions on illicit drugs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting to the local government</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>Insisting on behavioural care</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Punishment to students caught with illicit drugs</td>
<td>18</td>
<td>36.0</td>
</tr>
<tr>
<td>Sending students to schools with good learning environments</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>To cooperate with teachers on abandoning illicit drugs on school premises</td>
<td>9</td>
<td>18.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*
4.5.5 Means used by students to get illicit drugs

According to the responses from a half of all respondents interviewed during this research, students were able to access to illicit drugs through illegal sellers of illicit drugs as results shown in Figure 8. Illegal sellers of illicit drugs were said to be available in many places of Kinondoni Municipality as elaborated by one of the respondents that, ‘getting illicit drug is not a matter of struggling but once you have money you can buy any amount you with to’. It is through this was students were able to get and use the abusive drugs. On the other hand, when key informants asked, the responded that, even the parents were responsible with exposing illicit drugs to their children from the fact that, why does parent don’t take severe actions against their children who are engaged on illicit drugs? Suppose parents were strictly to the use of illicit drugs by their children could this happen? Through this argument, it was noted that, the business of illicit drug was not given attention.

Peer groups were noted to be one of the sources for illicit drugs availability as pointed out by 38.0% respondents as illustrated in Figure 8. As with other groups, students are associated with their friends who are not in school who convinces them to take illicit drug particularly for specific purposes like improving academic performance. The time used to convince on illicit drugs is during holidays or leave when they get ample time with their friends and when they expose their class performances to them. One of the respondents said that, ‘really it is difficult to know when and where these students get illicit drugs, perhaps during their leave when they are not with their parents’.

The number of illicit drug addicted people was said to be extremely large in Kinondoni Municipality to the extent that, they could give the abusive drugs to the students free of charge though on the other way round it was really free of charge as they could demand any thing from them according what they aimed to. In most cases according to 10.0% respondents as shown in Figure 8, illicit drug addicted people used to give drugs to the students as a sexual bribe for ladies and sodomizing boy students. Not only that, but they used it as one of the ways to investigate robbery
treaties. However, one of the respondents (2.0%) was not aware on how students managed to get illicit drugs.

**Figure 8: The way students manage on access to illicit drug**

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase to illicit drug sellers</td>
<td>50.0%</td>
</tr>
<tr>
<td>Given by other friends</td>
<td>38.0%</td>
</tr>
<tr>
<td>Given free of charge by drug addicted people</td>
<td>10.0%</td>
</tr>
<tr>
<td>Not sure</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

### 4.5.6 If illicit drugs have negative effects to the students’ performance

Before immersing on investigating the effects of the illicit drugs to the students and their academic performance, I started by asking the respondents if illicit drugs have negative impacts to students’ academic performance or not, whereby it was noted from 94.0% respondents as indicated in Table 10 that, absolutely the abusive drugs were ruining the academic performance of all students used to. The way and the effect rates are discussed in afore pages. However, 6.0% of respondents signalled to have no idea on whether illicit drugs have negative impacts or not (see Table 10). These respondents were further interrogated to know what they perceive on illicit drugs and they said that it was difficult for them to either say there are negative impacts or not as the life is all what one need to be.

Together with the fact that there was non of the respondents reported positive impact of illicit drugs, many researches show that there are some advantages as statistics about profits from the drug trade are largely unknown due to its illicit nature (Hammerley, *et al.*, 2013). In its 1997 World Drugs Report the UNODC estimated the value of the market at US$4000 billion, ranking drugs alongside arms and oil
among the World’s largest traded goods. An online report published by the UK Home Office in 2007 estimated the illicit drug market in the UK at £4–6.6 billion a year. In December 2009 United Nations Office on Drugs and Crime Executive Director Antonio Maria Costa claimed illegal drug money saved the banking industry from collapse. He claimed he had seen evidence that the proceeds of organized crime were "the only liquid investment capital" available to some banks on the brink of collapse during 2008. He said that a majority of the US$352bn (£216bn) of drugs profits was absorbed into the economic system as a result. "In many instances, the money from drugs was the only liquid investment capital. In the second half of 2008, liquidity was the banking system's main problem and hence liquid capital became an important factor (Chowdhury, 2012).

Inter-bank loans were funded by money that originated from the drugs trade and other illegal activities. There were signs that some banks were rescued that way". Costa declined to identify countries or banks that may have received any drug money, saying that would be inappropriate because his office is supposed to address the problem, not apportion blame

Table 10: If illicit drugs have negative effects to the students’ performance

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>47</td>
<td>94.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

4.5.7 Impact of illicit drugs to students’ performance

Definitely there is an impact of using illicit drugs to any body, but what type of impact is the issue for discussion. According to the findings form this study it was noted from 28.0% respondents as illustrated in Table 11 that, there are negative impacts of using illicit drugs to students. As seen in other subtitles, most of students used illicit drugs with the intention of academic performance that once one take illicit drug can do whatever possible to attempt any question without fear unlike those do
not use abusive drugs. Furthermore, for one used to illicit drugs, can not fear cheating in the examination room. So the students believed that by any means students could pass examination as many examination attempting methods could be used.

From 24.0% respondents as shown in Table 11, it was noted that, increased number of students who left school without completing the required level was due to use of illicit drugs. According to of the respondents it was revealed that the number of school dropout in year 2010 and 2013 increased by 3% of which he suspected to be accelerated use of illicit drugs. However, the issue of school dropout is multifaceted as the student may demand to go and study to another school, but on the way to transfer process she/he may decide to abandon school and continue with other businesses.

The use of illicit drug was said to be accompanied with other habits like theft. According to 20.0% respondents interviewed, it was revealed that, when students are engaged on illicit drugs they are automatically become thieves from the fact that, illicit drugs are expensive and once one is engaged to can not cut off abruptly from use meanwhile to continue using it need cash so the only way to satisfy the need is to steal starting from parents and then go to other people, finally find himself a thief as also pointed out by 12.0% respondents (see Table 11). The desire to continue using illicit drugs can not be stopped easily; therefore the outcome is to abandon school and continue with other business which does not require one to be controlled by anybody.

The change of behaviour to the students was earmarked as one of the negative effects using illicit drugs as pointed out by 14.0% respondents as shown in Table 11. ‘Every students engaged on illicit drugs would be identified easily by exhibiting bad behaviour’ one of the respondents revealed. The type of bad behaviour explained here includes disobedience to the parents and other age groups whereby the addicted one can not even pay greetings to elder. Also the student can not adhere to school
regulations, so teachers have to quarrel with him/her ever now and then as can not come to the class at appointed time, yet, not polite language from him.

Table 11: Impact of illicit drugs to students’ performance

<table>
<thead>
<tr>
<th>Impact of illicit drugs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor academic performance</td>
<td>14</td>
<td>28.0</td>
</tr>
<tr>
<td>Bad behaviour</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Increased school drop out</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Engagement on robbery</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>Dwindled household income</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*

4.5.8 Number of students witnessed engaging in illicit drugs

Respondents were requested to indicate the number of students they knew to have been physically identified using illicit drugs in order to establish the severity of the problem in the study area. From 30.0% respondents as indicated in Figure 9, it was noted that 5-10 student were identified to have been using illicit drugs within a period of 2012 to 2013. This was said to be a bigger number relatively to other years implicating that the use of illicit drugs is taking a new face of increasing number of students engaged on illicit drugs. This number of students was identified from different schools in Kinondoni Municipality.

A group of 24.0% respondents who were interviewed on the students engaged on illicit drug abuse said that, a range of 21 to 30 students were engaged on illicit drugs during the year 2012 to 2013 as indicated in Figure 9, while 16.0% respondents had information with 11-20 students who were involved in drug abuse. The number of students witnessed engaged in illicit drug ranged from five students to more than forty as reported by 4.0% of respondents interviewed. This number of students engaged on illicit drug use, was said by key respondents to be very high and the number has been increasing tremendously to the extent that if it is not checked there is a possibility for all students to engage with illicit drugs.
4.6 Mitigations to illicit drugs to students

It is possible that, the battle on taking illicit drugs by students can be won provided there are intentionally strategies imposed with the aim of abolishing the distress. Providing education to the parents on the effects of using illicit drugs was noted by 28.0% respondents to be a solution on abolishing illicit drugs. It is important for the parents to know the effects of illicit drugs to their children so that parents can be able to educate their children as they are the first persons to get in tough with their students before teachers. The government should be responsible to offer education on the impacts of illicit drugs to the community using different methods including media.

Through this research it was revealed that, fighting against illicit drugs could not be possible if the government could not intervene as pointed out by 22.0% respondents as shown in Table 12. Illicit drugs is a global issue, so can not be fought in such a simple way. The government should take initiatives to fight against the problem involving all possible stakeholders including parents and students themselves. Offering education on illicit drugs to students was said by 20.0% respondents to be one of the paramount important remedy in the study area. The education could be
provided at both premises school and home whereby both parents and teachers should take their responsibility.

The investigation made during this study noted from 18.0% of respondents interviewed during this research as shown in Table 12, that, imposing heavy punishment to the student caught using illicit drugs could assist in alleviation of the problem. Striving on schools by-laws and regulations which are already there but not dully followed was reported by 12.0% respondents that could help fighting against illicit drugs. This was said to be possible as students can easily be controlled when they are at school and home as well provided their parents and teachers are keen on this.

Table 12: Mitigations to illicit drugs to students

<table>
<thead>
<tr>
<th>Possible remedies for illicit drug</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating parents the effect of using illicit drugs</td>
<td>14</td>
<td>28.0</td>
</tr>
<tr>
<td>Educating students the effects of using illicit drugs</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Imposing heavy punishment to the student caught using illicit drugs</td>
<td>9</td>
<td>18.0</td>
</tr>
<tr>
<td>Striving on schools by-laws and regulations</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>Government should intervene on the problem</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher’s fieldwork, (2014)*
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction
This chapter deals with conclusion of the study whereby the discussion from the findings is interpreted into research intentions to give the reader information on the achievements of the research objectives. On the recommendations are given forth according to the conclusion, but from objectives as well. Furthermore the chapter gives the summary of whatever narrated in the chapter. Finally, the chapter suggests other areas for further studies.

5.2 Summary of the Findings
The major problem lead to this research to be conducted was the fact that, the level of students involved on illicit drugs was noted to be high though were not vivid evidence on the caused and the level of severity. According to the research findings it was noted that, the level of taking illicit drugs was high among secondary school students in Kinondoni Municipality whereby male students were the majority involved on illicit drugs.

5.3 Conclusions
In conclusion, I hope have accepted in principle that illicit drugs are undesirable feature not only to our culture but for academic as well. It is also important to emphasize the fact that many of our students come from different backgrounds and that illicit drugs use and addiction is not restricted to any one social class. A number of factors were identified to have been accelerating students’ engagement on illicit drugs in the study area. These factors were poor parental care, poor academic premises, Western cultures, peer groups and personal intuitions. Conclusively, these factors were the major determining for the students to enrol with illicit drugs.
The level of taking illicit drugs by students was very high as more than 50 percent of students were witnessed to have involved with illicit drugs within 2013 year only. However, this number is according to results from this research, the number might be higher if more studies could be conducted to other respondents who were not involved in this study. All respondents including parents, teacher, students and other stakeholders were noted to be aware of the impacts of illicit drugs as the majority said that not positive impact rather than ruining academic performance.

5.4 Recommendations
The recommendations made on factors accelerating students engaged on illicit drug are that, parents should be keen on rearing their children at all times when they are at home premises and at any other places. Parental care is the important aspect for the children adhering to social norms. Though the fact remain that every family or household has different cultures form another household but there are common norms which are shared among the households. On the other hand, government and other stakeholders should work cooperatively in fighting against illicit drugs.

With respects to the fate of drugs among secondary school students, the government should impose possible strategies including identifying all sources of illicit drugs not only in Kinondoni Municipality but even to other regions in the country. There should be special strategies to curb the problem which should involve all stakeholder including parents. Parents and students are the ones who are directly responsible to lower the level of taking illicit drugs.

The awareness on the impacts of illicit drug to students should be used as source of means to abolish taking illicit drugs. Generally; parents should sincerely re-orientate their children on the adverse effects of illicit drug on their health, academic performance, society and human dignity, since charity, they say begins at home. Furthermore, the Ministry of Education must as a matter of urgency add to their curricular illicit drug education for both the primary and post primary schools, along
with teachers, rallies, seminars and film shows for the Tanzanian students on the adverse effects of illicit drugs.

The National Drug Law Enforcement Agency must also intensify their anti drug campaigns in order to have a illicit drug–free society with a special focus on the youths. All tiers of government in Tanzania, the NGOs and concerned individuals must make concerted effort in curbing the spread of the scourge of illicit drugs among students through awareness programmes. Finally, I believe the above suggested solutions and other views from our eminent scholars at this research will go a long way in critically correcting this avoidable scourge on our national consciousness.

5.5 Areas for further studies

The issue of illicit drugs is so wide that this study could not exhaustively discuss the entire information. In that respect, some areas are suggested to be carried out for further studies including:

- Why male students are the most involved on illicit drugs than female students
- Effect of corruption on abusive drug trafficking in Tanzania
- The effects of illicit drugs on school dropout in Tanzania
REFERENCES


List of appendices

Appendix 1: Research Questionnaire (English)

A: Introduction

Dear Sir/Madam

I would like to introduce myself to you and the purpose for this study. I am a student from Mzumbe University studying Master of Business Administration-Corporate Management. I am doing research as part of fulfilment of my Masters studies. My research topic is ‘the impact of illicit drug prevalence among secondary schools students: a case of Kinondoni Municipality’. The purpose of this questionnaire is to help researcher to gather information. Kindly respond to the questions as accurately as possible. The information you give will strictly be treated confidentially. The researcher will not disclose the identity of the respondent under any circumstances.

Thanks in advance

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

Saumu Ngomuo  Date
**B: Demographic Information**

1. Sex (Male/Female)
   a) Male          
   b) Female

2. Age
   a) 11-15 years
   b) 15-20 years
   c) 21-25 years
   d) 26-30 years
   e) > 31 years

3. Education Level
   a) Primary
   b) Secondary (Specify level)          
   c) Diploma
   d) Degree and Above

4. What is your main occupation?
   a) Agriculture
   b) Salaried employee
   c) Business
   d) Petty trade
   e) Auction mart
   f) No specific occupation          
   g) Others (specify)......................
C: Level of secondary students’ awareness on drug abuse

5. Are you aware of illicit drugs to secondary students?
   a) Yes
   b) No ( )

6. If Yes, what is it?
   a) Forbidden drugs
   b) Any drug used without advice from physician
   c) Any thing used to offset mind
   d) Chemicals used to alter mind (mostly marijuana) ( )
   e) Others (specify) …………………………………………………

7. Which sex category is more engaged in drug abuse?
   a) Male
   b) Female
   c) Both male and females

8. On opinion how many students are using illicit drugs out of 100?
   …………………………………………………………………………………
   …………………………………………………………………………………
   …………………………………………………………………………………

D: Prevalence level of drug abuse among secondary school students

9. Is drug abuse common in this area?
   a) Yes
   b) No ( )
10. If Yes, what is the source for this?
   a) Availability of illicit drugs
   b) Poor parental care
   c) Lack of academic regulation reinforcements
   d) Poor learning environments
   e) Others (specify)

11. Which age is more prone to drug abuse?
   a) 11-15 years
   b) 15-20 years
   c) 21-25 years
   d) 26-30 years
   e) > 31 years

E: Factors accelerating students’ engagement on drug abuse

12. What do you think are considered to be the reasons of illicit drug use to students?
   a) Missed ethics
   b) Imitation of Western cultures
   c) Frustrations
   d) Lack of self confidence
   e) Pressure from peer groups
   e) Others (specify)

13. In your opinions, do you think illicit drugs are the solution to the students’ ambitions?
   a) Yes
   b) No

14. Are the parents aware of students’ drug applications?
   a) Yes
   b) No
15. If Yes, what do you think are their reactions?

………………………………………………………………………………………….
………………………………………………………………………………………….
………………………………………………………………………………………….

16. If No, how do students manage to get drug abuse?

………………………………………………………………………………………….
………………………………………………………………………………………….
………………………………………………………………………………………….

17. Do you think illicit drugs have negative effects to the students’ performance?
    a) Yes
    b) No (      )

18. If Yes for the question above, what are they?

………………………………………………………………………………………….
………………………………………………………………………………………….
………………………………………………………………………………………….

19. Have you ever witnessed a student academically affected by illicit drug?
    a) Yes
    b) No (      )

20. If Yes, how many students?

………………………………………………………………………………………….
………………………………………………………………………………………….
………………………………………………………………………………………….
21. What do you think are the possible remedies for illicit drug?
   a) Educating parents the effect of using illicit drugs
   b) Educating students the effects of using illicit drugs
   c) Imposing heavy punishment to the student caught using illicit drugs
   d) Striving on schools by-laws and regulations ( )
   e) Others (specify)..............................................
Appendix 2: Dodoso la utafiti

A: Utangulizi


Nashukuru kwa ushirikiano wako

........................................... ...........................................
Saumu Ngomuo Tarehe
B: Demographia

1. Jinsia
   a) Me
   b) Ke

2. Umri (miaka)
   a) 18-35
   b) 36-45
   c) 46-55
   d) 56-65
   e) 66-75
   f) > 76

3. Kiwando cha elimu
   a) Msingi
   b) Sekondari
   c) Stashahara
   d) Shahada na kuendelea

4. Shughuli kuu
   a) Kilimo
   b) Mwajiriwa wa serikali
   c) Biashara
   d) Biashara ndogondo
   e) Shughuli za mnada/dalali
   f) Hakuna shulghuli maalum
   g) Nyingine (toa maelezo)........................
C: Uelewa juu ya matumizi mabaya ya madawa kwa wanafunzi wa sekondari

6. Unajua lolote juu ya matumizi mabaya ya madawa kwa wanafunzi wa sekondari?
   a) Ndiyo
   b) Hapana

7. Kama jibu ni Ndiyo, ni nini unachojua?
   ...........................................................
   ...........................................................
   ...........................................................
   ...........................................................

8. Ni jinsia gani inajihusisha zaidi na matumizi mabaya ya madawa?
   ...........................................................
   ...........................................................
   ...........................................................
   ...........................................................
   ...........................................................
   ...........................................................

D: Kiwando cha matumizi mabaya ya madawa kwa wanafunzi wa sekondari

9. Je, matumizi mabaya ya madawa ni jambo la kawaida hapa?
   a) Ndiyo
   b) Hapand

10. Kama jibu ni Ndiyo, chanzo chake ni nini?
    ...........................................................
    ...........................................................
    ...........................................................

11. Ni umri upi umeadhirika sana na matumizi mabaya ya madawa?
    ...........................................................
    ...........................................................
E: Sababu zinazoletekeza matumizi mabaya ya madawa kwa wanafunzi

12. Unafikiri ni sababu zipi zinasababisha wanafunzi kujihusisha na matumizi mabaya ya madawa?

……………………………………………………………………………………..
……………………………………………………………………………………..
……………………………………………………………………………………..

13. Kwa maoni yako, unafikiri matumizi mabaya ya madawa ni suluhisho kwa matatizo ya wanafunzi?
   a) Ndiyo
   b) Hapana

14. Je, wazazi wanajua kuwepo kwa matumizi mabaya ya madawa?
   a) Ndiyo
   b) Hapana

15. Kama jibu ni Ndiyo, wanalichukuliaje hili?

……………………………………………………………………………………..
……………………………………………………………………………………..

16. Kama jibu ni hapana, ni kwa jinzi gani wanafunzi wanaweza kujihusisha na matumizi mabaya ya madawa?

……………………………………………………………………………………..
……………………………………………………………………………………..

17. Kuna madhara gani kwa matumizi mabaya ya madawa kwa wanafunzi?

……………………………………………………………………………………..
……………………………………………………………………………………..
18. Unadhani ni njia gani inaweze kutumika ili kuondoa tatizo la matumizi mabaya ya madawa?

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