

# Home Environment and Adolescents' Substance Abuse: Implications for their Educational Achievement

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**Abstract:** - This paper reviewed the influence of home environment on adolescents' substance abuse and how it affects their educational prospects. The paper identified those substances adolescents usually abuse to include: Indian hemp (marijuana), cocaine, morphine, heroin, tobacco, ephedrine, volume five, Chinese capsules, kola nuts, coffee, Viagra and alcohol. The review noted that substance abuse had been linked to the rising cases of promiscuity, rape, maladjustment, school dropout, examination misconducts and health hazards with the attendant poor academic achievement of students involved in substance abuse. The review showed that home environment represented by the family influences substance abuse among young people. Finally, the review explores and appraises interventions aimed at using the family to control substance abuse among young people. These include direct prevention, early identification and timely treatment which could be facilitated through developing positive family functioning, improved parent-child relationships and expanding/increasing family encouragement to adolescents' resilience to substance abuse.

**Keywords:** Home environment; family; adolescent; substance abuse; adolescents' educational achievement.

## I. INTRODUCTION

A part from the orphaned child, most people grow up in families in which, from birth onward, they learn a way of life that gives meaning to their very existence. For most of us, the word home carries more than just casual memories of a time and place where we spent our childhood; it was the first society from which we learned about life itself. It is within the confines of home that everyone first experiences the repertoire of human emotions and observes how others respond. We learn the meaning of sympathy, empathy, and caring from home through our parents and reference groups. It is within the home environment that we absorb family and cultural values, and measure our commitment to those values by how others respond to them. The home is where love is first defined by the care and attention we receive, and become the place where security is gained, lost, or possibly, never obtained.

The word home is so laden with significance that one cannot begin a conversation about the nurturance of children, without first speaking to the persuasive influence that the home environment creates. Family relationships are multifaceted,

requiring multiple layers of love and security. When all family relationships function as God designed, there is an infused sense of security that permeates the entire home environment, and children are the benefactors.

Conventionally, a family could be seen as a group consisting of father and mother and their children living together as a unit. Webster dictionary defined family as a basic social unit comprising of parents and their children dwelling together or not in a place called home. No matter the way family could be viewed, what is common is that the people who call it family are making it clear that the members of the family are essential to the person(s) legally bounded together as members of the family. In the context of this paper, a family is a group of people who cohabit for the mutual benefit of the members. The family as a social unit plays a vital role in the upbringing of the young ones. It is on this backdrop that this paper sought to examine the role of the influence of home environment on adolescents' substance (drugs) abuse among youth with the view to establishing the implications of substance abuse on the education of the youths or adolescents

The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24. Describing adolescence, Njeri & Ngesu (2014), observed that adolescence is a period of the storm, stress, change, growth and transitional stage in life. This is further characterised by striving for identity, for resolution of anxiety-provoking confusion; for a fuller, more comprehensive, and more satisfying understanding of self and one's role with others. This description succinctly applies to the secondary school age and beyond. In the same vein, Denga (2004) has described today's youths as individuals in a state of profound ambivalence and confusion, irresolution and doubt, of turmoil and change. Many are confused enough to look for a solution from drugs. Today's youth who are afflicted by fear, anxiety, uncertainty, joblessness, and poverty, vulnerability to disease, rejection and hopelessness, are looking for an escape avenue. The escaped value of these drugs to them lies in the false promise of a world where there is limitless freedom from nagging responsibilities of life. A fantasy world where fragile youth

are protected from all anxieties, a world where there is a no way to get hurt or harassed by adult laws, regulation and threat of punishment. The adolescent also believed that the drug world offers protection from loneliness and increase pleasure.

Substances have been interpreted differently by various people depending on the subject matter. In the context of this review, substance is used as any material which when taken into the living organism may alter one or more of its functions. In other words, it is used interchangeably with drug in a narrow sense deriving from available knowledge. The World Health Organisation (WHO) in Njeri & Ngesu (2014) defines a drug as any material other than those required for preservation of normal health. In medicine, a drug refers to any material with the potential to prevent or cure disease. Therefore, drug abuse relates to the non-medical use of the substance taken. In other words, the medication can be considered violation if it is deliberately used to induce physiological or psychological effects or both for a purpose other than therapeutic ones. Ajayi & Ekundaya (2010) in Abudu-Raheem (2013) described drug abuse as over-dependence and misuse of one particular drug with or without a medical diagnosis from qualified health practitioners. They identified the drugs that are commonly abused as Indian hemp (marijuana), cocaine, morphine, heroin, tobacco, ephedrine, and valium five or Chinese capsules, kola nuts, coffee, aspirin and alcohol.

The problem of drug abuse has expanded unabatedly during the last two decades from a relative confinement of those trafficking in the drug from Nigeria to overseas market for economic purpose; to a widespread misuse of drugs in the Nigeria urban areas, society, higher institutions of learning, secondary schools and is threatening these days menacingly to engulf primary school as well.

The menace of drug or substance abuse among youths is on the front burner of Nigeria government's concern and has put up structures like the National Agency for Food and Drug Administration and Control (NAFDAC) and National Drug Law Enforcement Agency (NDLEA) to combat ugly situation. School counsellors, psychologist, social workers, medical worker have had their fair share in offering proactive and remedial services to stem the menace. It appears the problem persists. The influence of drug abuse on students as alluded is capable of demobilising them and preventing them from consciously controlling themselves. Once a person is intellectually disoriented and socially derailed, the situation becomes hazardous, and the person can rush into a crisis condition. Research abounds in evidence that drugs can devastate learning (Njeri & Ngesu, 2014).

Drug phenomenon is as old as a human civilisation since from creation; people have used mind-affecting drugs to change their moods and states of consciousness, studies have noted that early Greeks used opium, a narcotic (from a Greek word meaning "to be numb") for a variety of medical purpose. From the writing of Hippocrates, who is recognised as the

father of medicine, one can find several references to the use of opium for several purposes and its recommendation for medical reasons in particulars. By the twelfth century, people throughout the Middle East were using the substance, both as a medicine and as a source of pleasure (Bolvin, Briffin & Gilchrist, 2013).

Drug experimentation and dependency in the past few years appear to have spread at all level of our society. Drug abuse is so extensive that everyone is exposed to it, youth and adult alike. One does not have to be a physician or even very observant to realise that the use of the psychoactive drug is commonplace in Nigerian life. Drugs are an integral part of our social and economic order as food and water.

The influence of substance abuse among adolescents has become a menace to our society that most of these drug pusher and abuser end up as criminal, school dropout, being disrespectful to the constituted authority or die as a result of an overdose of these substances.

An average person may become boisterous or obnoxious, even violent – under the influence of drugs, e.g. marijuana has been linked to a "motivational syndrome" in which students lose interest in their education, friends and lives (Egbochukwu, 2000). An online survey conducted among 120 adolescents in senior secondary schools involve in various forms of substance use indicates that substance abuser exhibits any of these signs, which are linked to unhealthy lifestyle. Viz: neglect of appearance, secretive behaviour, frequently being absent from or late to school, mood swing, weight loss, money or financial problems, anxiety and nervousness, impulsive behaviour, troubled relationship and denial that problem does not exist.

Our society now provides an environment where the substance is available despite legal age prohibiting, where most peers are drugging or are perceived to be drinking and where the drug is available at many social events. This portends avenues of the high risk of engaging in the abusive use of drugs with nearly 90% of all the youths using the drug. Many investigations have tried to identify the risk factor and cause of such conduct for example; task factor has explored the role of gender, family history of substance and influence of peer group (Wortzman & Wechsler, 2000).

The most rapid and efficient vehicle for transmitting the use of the drug is the peer group. Since young people are inclined towards grouping identity, their use of drugs is reinforced by the peer group with its group identity. The effect of these substances which are abused by youths is mind boggling despite the fact that they seem not to know the harmful consequences that follow it. But it will be mentioned for example that the effect of nicotine is dangerous to health that is why the government of various countries throughout the world's restriction on the production, advertisement and sales of the product did not seem to deter the addicts. Therefore, all hands must be on deck to check this ugly habits but the family has the greatest responsibility in this regards. Hence the need

for this review on home environment and adolescents' substance abuse with the view to exploring its implications on the academic achievement of the abusers becomes imperative for the family.

## II. OVERVIEW OF ADOLESCENTS' SUBSTANCE ABUSE

Substance use and abuse from available research has constituted significant public health problem and major contributing factor to increase disease and death rates in Nigeria and globally. For several decades, substantial research efforts have been undertaken to understand the epidemiology and etiology of substance use and abuse. From person to person, there is a high variability in patterns of substance use and abuse. Some individuals face life-long struggles with addiction, while others go through life without experimenting with any substances. However, from a population perspective, the epidemiologic patterns are consistent and predictable because the predominance of alcohol, tobacco, and other drug use increases quickly from early to late adolescence, peaks during the transition to young adulthood, and declines most of the time toward late adulthood. Furthermore, there is accumulating evidence showing that the initiation of substance use early in life contributes to higher levels of use and abuse later in life. Early onset is also associated with a host of many adverse health, social, and behavioural outcomes including physical and mental health problems, violent and aggressive behaviour, and adjustment issues in the school, workplace and family (Newcomb & Locke, 2005). A study carried by Johnston, O'Malley, & Bachman, (2009) among high school seniors found that the 30-day prevalence rate for cigarette smoking was 22% and the lifetime rate was 47%. The annual and lifetime prevalence rates for alcohol use among high school seniors were 67% and 73%, respectively. About 37% of high school seniors reported having used one or more illicit drugs over the past year and 48% report having done so during their lifetime. The annual and lifetime prevalence rates among high school seniors were 32% and 42%, respectively, for marijuana use; 5% and 9%, respectively, for hallucinogen use; and 8% and 12%, respectively, for amphetamine use. Amphetamine is a group of stimulating drugs used to relieve mild depression associated with grief, senility, menopause and convalescence and to keep the patient awake with narcolepsy or when attacked by deep sleep. Again, amphetamines can result in delirium, hallucination, aggression etc. Chronic use may lead to nervousness, headache, dizziness, confusion, palpitation and high blood pressure (Mgboro, 2004). He also noted that the effects of nicotine, when taken for a long time, will increase heart rate and blood pressure, impaired performance on a test that requires diligence.

Hallucinogenic (psychedelic) drugs have become the most abused of the entire mind-affecting substance which the users prefer to call "mind-expanding drugs" because of the feelings of omniscience and omnipotence which the drugs tend to produce in the users. In reality, these drugs tend to destroy the

mind when they are over-used. Marijuana (Cannabis) is concocted from dried leaves and flowering tops of the hemp plant, which grows wild in many areas of the world. Marijuana has been the most illegal, commercially-marketed and pervasively abused substance world over (Barasa, 2013). Other dangerous drugs that were abused during historical times include barbiturates (with critical hypnotic qualities).

Every growing child and adolescent naturally needs positive emotional attachment to his or her parent. The absence of these could infuse a sense of frustration in the child. For a frustrated adolescent, drug abuse may become a way out (Njeri & Ngesu, 2014). When faced with stressful and frustrating condition individual plan to deal with the situation, drug abuse has posed significant challenges to families, schools and the society at large. This is because drug abuse affects individual's behavioural development in various ways. A lot are reaping the consequence of decision they made when they were quite young with drugs. Adamson, Onifade and Ogunwale in Abdu-Rasheem (2013) lamented that the trend of drug abuse among adolescents is rapidly increasing with more abuse getting involved earlier in life. This early abuse of the drug has been associated with more severe addiction, delinquency, criminality and other behavioural problems in the society today. It is on this backdrop that this paper sought to find out the role of the family in the control and mitigation of substance abuse among youths to enhance their educational prospects.

## III. HOME ENVIRONMENTAL FACTORS AND ADOLESCENT'S SUBSTANCE ABUSE

In the current 21st century the young adults are more exposed to the new globalized market through their advanced awareness of the information communication technology more than the adults who are aged greater than 45 years old. Among the young adults are the secondary school students who are in their adolescent stage aged greater than 13 years but less than 25 years old. Therefore, excessive illicit drug use is not only a single nation's problem but it is a global problem (Brewer and Gainey, 2002) in Mukhandia (2014).

Many research reports attest to the fact that young individuals first become involved with drugs and then escalate to abuse is a biological cause, like having a family history of illicit drug use, which may genetically predispose a person to drug abuse. Children are more likely to start abusing drugs in a family if there is: lack of mutual attachment and nurturing by parents or caregivers; ineffective parenting; a chaotic home environment; lack of a significant relationship with a caring adult; and a caregiver who abuses substances, suffers from mental illness, or engages in criminal behavior (Elizabeth, 2003). In the same vein, Catalano, Haggerty, Fleming, Brewer and Gainey (2002), noted that having a family history of substance abuse, for example, puts a child at risk for drug abuse. And that the presence of many protective factors can lessen the impact of a few risk factors. For example, strong protection such as parental support and involvement can

reduce the influence of strong drug use risks, such as having substance-abusing peers. Gender may also determine how an individual responds to drug use risk factors. Research on relationships within a family shows that adolescent girls respond positively to parental support and discipline, while adolescent boys sometimes respond negatively Catalano, (2002). Mukhandia (2014) observed that most parents are poor role model to their children, also the peer pressure plays a big influence to drug use among the students. The research also show that socio-economic factors and cultural practiced determines highly the use of drugs in our secondary school. On the bases of the foregoing reviews, it is clear that home environment as provided by the family influences substance abuse among secondary school students.

#### IV. FAMILY INVOLVEMENT IN ABUSE OF SUBSTANCES BY THE ADOLESCENTS EARLY IN LIFE

For some time researchers and practitioners have designated a crucial role to the family in the development or prevention of all delinquent behaviours. Quality of parenting has been found to communicate with such variables as mental well-being, life stress, and social support in predicting general anti-social behaviour, as well as substance use and misuse. Many interventions have been based on the idea that the family plays an integral role in socialising the youths to conform to the necessities including opportunities of the social environment. It is thought that if inappropriate socialisation occurs within the family, a range of delinquent behaviours may develop, and studies have found that early antisocial behaviour is a strong predictor of later substance misuse (Yoshikawa in Velleman, Templeton & Coppello, 2005).

As reviewed below, there have been many findings of statistically significant associations linking drug and alcohol use and appropriate relational means within the family. As with all correlation result, causal relationships cannot be inferred from these. Questions remain, for example, as to whether the conflict with parents increases the likelihood that a young person will misuse drugs, conversely whether those who do use substances have other behaviours, which result in higher levels of conflict in the family. Particular temperament characteristics may encourage some young people to spend more time with their family and may, at the same time, promote the avoidance of behaviours such as drug or alcohol use.

Nevertheless, there are many findings, which demonstrate the importance of the family on child upbringing. Wood et al. (2004), Clark (2004), Olsson et al. (2003), Repetti et al. (2002) have all shown the backbone of parental control (via both conduct and characters) on youths commencing substance use. Some social determinants that influence early development within the family, such as a chaotic home environment, ineffective parenting, and absence of mutual attachment, have been shown to be potential indicators of risk to substance abuse among youths. The dominant social predictor of both drug and alcohol use by youths has been

shown to be their use by parents and friends. Gym in Velleman et al. (2005) observed that parent use of a specific substance is the most potent influence on adolescent's initiation into the use of that material. They argued that there are seven areas in which the family context could influence the child's substance use behaviour. They include family relations versus structure, family cohesion, family communication, parental modelling of behaviour, family management, parental supervision and parent/ peer influences.

#### V. ADOLESCENTS' ACADEMIC ACHIEVEMENT AND SUBSTANCE ABUSE

Poor academic achievement has been associated with substance using behaviour in adolescents and high school students who are much more likely to misuse material than other categories of people. Substance use by students has hampered education and its management in Nigerian secondary schools. The DailyTimes (2004) reported that in Nigeria, one in every three secondary school students drinks alcohol. Another 8.3% smoke cigarettes while around one in all ten (9.1%) champ Miraa. About 3% smoke bhang and use hard drugs like heroin, cocaine, mandrax and tranquillisers. In Nigeria, a statement by NAFDAC (2008) affirmed that alcohol is also the most generally abused drug with about 61% of the population involving in its use. The same report indicated that 40.9% of students were abusing alcohol in rural communities and 26.3% in urban/cities. According to Perkinson (2002), substance like alcohol is a central nervous system depressant and dulls the brain make learning a difficult task. When students abuse alcohol, their reasoning becomes impaired and education becomes of less priority in their life. It is evident from the ongoing that substance abuse affects the brain, resulting in a significant decline in its functions which invariably affect academic activities of the addict.

Substance abuse can affect a student's concentration and thus the interest in school and extracurricular activities. This leads to increased absenteeism and drops outs. Most psychoactive drugs influence the decision-making process of students, their creative thinking and the development of necessary life and social skills. Medications also interfere with students' awareness of their unique potential and thus their interest in their career development (Attah, Baba, & Audu, 2016). This gradually leads them to social, emotional and physical problems such as feelings of guilt, despair and helplessness which predispose the student anti-social behaviours that may eventually lead to dropping out of the school. On the bases of these, we can state unequivocally that substance abuse influence students' academic achievement adversely.

#### VI. INTERVENTIONS AIMED AT USING THE FAMILY TO PREVENT SUBSTANCE USE AND MISUSE AMONGST YOUNG PEOPLE

There is a variation of effective family-based prevention approaches for adolescent substance abuse. Some focus solely on providing parents with the skills needed to keep their children away from drugs. These programs, offered to parents



without children present, teach specific parenting skills such as ways to nurture, bond, and communicate with children; how to help children develop pro-social skills and social resistance skills; training on rule-setting and techniques for monitoring activities; and ways to help children reduce aggressive or antisocial behaviours. The second type of family-based prevention focuses on teaching family skills with parents and children together. These programs aim to improve family functioning, communication skills, and provide training to help families discuss and develop family policies on substance abuse, along with teaching parents how to effectively enforce these rules (Lochman & Van Den Steenhoven, 2002). Family-based prevention programs typically emphasise parenting skills training and improving family functioning, communication, and family rules regarding substance abuse. Interventions that focus on both parenting skills and family bonding appear to be the most effective in reducing or preventing substance use. However, a significant limitation of family-based prevention lies in the difficulty of getting parents to participate, particularly the parents of teens most at risk for drug abuse.

Drugs prevention has been traditionally sub-categorised into primary (direct prevention), secondary (early identification) and tertiary prevention (timely treatment).

More recently, three new kinds of intervention have been identified as universal (whole population approaches), particular (targeted at recognised high-risk groups) and showed (early intervention with at-risk groups on initial evidence of problems but who have not sought help). Stockwell et al. (2004) claim that universal prevention strategies are needed for late adolescent alcohol, tobacco and cannabis use and more targeted strategy for approaching harm associated to old age drug use, daily cannabis use and illegal drug use.

Prevention, harm mitigation and harm minimisation were central principles and actions on the control of substance/ drug abuse strategy, which requires the full involvement of families and communities to help in this area. Unfortunately, the National Drug Laws Enforcement Agency (NDLEA) in Nigeria ignored the family dimension in its proposed plans and actions.

Cuijpers (2003) cited in Nwankwegu (2016) in his review of 30 years of drugs prevention activity identified five key areas: school-based prevention programs, working with parents, working with professionals who work with drug users, working more holistically by linking schools, parents and the broader community, and mass media campaigns. Cuijpers' review suggests that family-based drug prevention programs are a promising new area of drug prevention than the control measures being adopted by the agencies in charge of drug administration. Because prevention is better than cure, given the evidence that integrated prevention strategies are more efficient than single ones, such programs as this using family-

centred integration into school-based drugs prevention are essential.

#### VII. PROTECTIVE FACTORS AND ADOLESCENTS' RESILIENCE TO SUBSTANCE MISUSE

Bry et al. (1998) identified five protective family factors – parent-child relationship, positive discipline, monitoring and supervision, family advocacy and information and help-seeking for child's benefit. Furthermore, they observed that parental care in encouraging children to develop dreams, goals and purpose in life is one of the most significant, if not the most important, protective factor in deterring drug abuse. Increasing family flexibility to prevent/reduce substance use among high-risk youths aged 12 – 14 years was the aim of the Creating Lasting Relationships community demonstration project. Two key findings from this work were that family resilience can be strengthened and that this can be a specific judge for the use (including initiation) of alcohol and drugs by the young people. Resilience factors were: knowledge and dogmas about substance use, communication, family management, bonding, parental modeling and family seeking of help.

It is evident that higher levels of parental education are positively related to parental support, higher self-esteem, perceived control, and inversely associated with a range of adverse life-events. Lower socioeconomic status, often coupled with lower levels of education, has been associated with higher drug use by parents vis-à-vis their children

In summary, there is a shortage of methodologically very reliable research in this area, but the research that has been carried does suggest strongly that the family can have a central role in preventing substance use and later abuse amongst young people. There are many ways whereby the family can have this effect, including developing positive family functioning, improved parent-child bonds, and promoting and increasing family resilience. Some of the best research to date suggests that programs which include both parents and children, and both independently and together, may work best to prevent adolescents' substance abuse instead of waiting to treat the addict.

#### VIII. CONCLUSION AND IMPLICATIONS OF THE REVIEW

There is considerable proof that home environmental factors are essential in increasing risk and also in protecting young people about their taking up to substances use/abuse, and education of those young people on the problems associated with substance use and or misuse. There is also some evidence that family involvement in prevention programmes may lead to reduced levels of substance use and misuse among students who are mostly at their adolescence stage of life. This will go a long way in guaranteeing their academic advancement and success in life.

The first set of conclusions relates to what we now know about the significance of the family. It is evident that the

family and the arrangements and means within it are necessary. These methods can serve to increase the risks that young people will misuse substances (and become interested in other activities, harmful to themselves and society). Alternatively, these processes can serve to increase young people's resilience, against the lure of substance misuse and engagement in other potentially harmful behaviours.

It is therefore noteworthy at this juncture to state that prevention programmes/education by the family be encouraged. With the understanding that such strengthening of family means and arrangements will assist to increase the likelihood of preventing the substance use or misuse among students. Also, there is need for a follow-up by school counselors and social health workers (if necessary) on family members who have already developed such problems. It is likely that such family strengthening programmes will work by having both a specific effect on substance use and misuse and also a more general one of building levels of resilience to many adversities within all family members. Non-governmental organisations need to be partnered in this direction to assist families that are already in a mess through various support services. The idea that employing interventions from families will act both preventatively and as an active mediation is also corroborated by studies from the area of treatment for substance misuse problems, which show the importance of social support and social networks.

It is also essential that different arms of governmental agencies such as the drug law enforcement through aggressive public enlightenment programmes and pet projects of her Excellencies the wife of the president and first ladies of state governors in Nigeria on family succor and children upliftment will assist in this direction.

There is also an underlying judgment here about 'resilience' and the overall shift within the social and medical sciences away from a centre solely on risk, towards an equal consideration of more positive elements. More recently there has been a growth of interest in 'positive psychology', which is more concerned with health and well-being, and the positive perspective of life's problems: thinking about families regarding what they do well, strengthening families, and the emphasis on resilience.

From the available literature, it is sure those prevention programmes that do not include the family are much less likely to succeed. Although this paper has reviewed a considerable number of studies, there is still a shortage of high quality empirical studies of interventions and prevention programs. In particular, there is a need for more case and longitudinal studies. It also seems apparent that, although family factors are vital, a comprehensive prevention policy must incorporate components that have universal applicability to young people afore-mentioned in areas of substance pricing, marketing and availability in and around schools through legal control and legislation. This will go a long

distance in decreasing educational costs/waste and enhance students' educational achievement.

#### *Implication for practice*

In this review, we examined the influences of the home environment on adolescents' substance abuse and how substance abuse could affect the adolescents' educational achievement. In the course of the review 'evidence were brought to bear on the overall influences of the home environment especially as it concerns the roles of family in aiding and abating substance use and misuse among the adolescents. It was established that substance abuse negatively affect adolescents' educational achievement. Also the roles of government and non-governmental agencies in partnership with the family to prevent and or control substance use or misuse were emphasized.

From the foregoing, the first major practical contribution of this review is that it provides much needed information on the actual roles of the family with respect to adolescents' substance use or misuse. This information is important given that there is close to no study in the area for most developing countries Nigeria inclusive.

A second implication of our review derives from the arrays of findings presented by other researchers in the developed countries of the world which are relevance in the present situation. These studies need to be replicated for better society as we are all aware that youths are the leaders of tomorrow.

A third implication stems from our emphasis on how to nurture and support government intervention programs on prevention and control of the use of unwholesome substances among the adolescents through the instrumentality of the home environment.

Finally, our review provides indicators to parents, government and other stakeholders regarding a number of desirable and practicable skills that persons entrusted with the responsibility of training the adolescents could explore especially to encourage the young people's resilience against lure of substance misuse and engage in other behavior beneficial to their educational advancement.

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