

Drug and Substance Abuse Prevention Programs' Implementation Methods in Selected Public and Private Universities in Kenya

Wilson A. P. Otengah¹, Kemei C. Rono²

Abstract: Personal independence, a lot of free time, psychosocial impact of interpersonal relations and easy accessibility to drugs aggravate drug and substance abuse in universities. Prevention Programs are interventions and strategies put in place to curb the problem of drug abuse. However, recent studies demonstrate a ring trend in drug and substance abuse cases in both public and private universities in Kenya. This study sought to examine the methods of implementation being used by Prevention Programs in selected Public and Private universities in Kenya. The objectives of the study were finding out how activities are displayed before the users and determine the state of coordination amongst departments concerned with prevention of drug abuse.

Keywords: Abuse, Drug, Implementation, Kenya, Prevention, Programs, Substance, Universities.

I. INTRODUCTION

Many sectors in the society such as workplaces, institutions of learning including the university suffer from the negative effects of drug abuse. Prevention programs are interventions which have been established to deal with the problem of drug abuse in the university. However, the ability of these prevention programs to effect a positive change to drug abuse is determined by several correlates to drug abuse prevention. Display and communication of prevention messages, coordination of service providers and departments concerned and the methods being employed have capacity to influence the ability of prevention programs to fulfill its mandate.

II. STATEMENT OF THE PROBLEM

Studies about the status of drug abuse in universities indicate a rising trend with negative consequences (Ogunde, & Leak, 1999; Atwoli et al 2011; Magu et al. 2013). Evidence also echo out use of alcohol which has evolved over time into a problem of dependence and addiction with the youth getting more and more involved in consumption of illicit drugs. In the universities, prevention programs run by outside agencies and university social support systems offer activities to address the problem of drug abuse (Lutomia & Skolia, 2002, NACADA, 2002, 2004, Oteyo & Karuiki, 2009). The inevitable corroboration on methods prevention programs utilized is significant in order to understand the reasons why there is a ring trend in drug abuse. This study endeavored to find out the methods of implementation being used by drug abuse prevention programs as a parameter to understanding their ability to target the epitome of drug abuse prevention.

¹ Senior lecturer and Director of Open, Distance and e-Learning at Rongo University – Rongo, Kenya

² Lecturer, Department of Psychology at Kenyatta University – Nairobi, Kenya

III. PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to find the implementation methods being used by drug abuse prevention programs in public and private universities in Kenya. It specifically intended to find out how drug abuse prevention programs are displayed for users' consumption and to determine the state of coordination amongst prevention programs and departments concerned with prevention of drug abuse.

IV. THE THEORETICAL FRAME WORK

This study was guided by the theory of self-efficacy theory and Ecological systems theory.

Self-Efficacy Theory:

This theory was proposed by Albert Bandura in 1986. He perceived self-efficacy as beliefs in one's capacity to organize and execute the courses of action required to manage prospective situations which has been shown to predict a variety of health behavior outcomes (Ormrod, 2003; Margolis & McCabe, 2006; Conner & Norman, 2009). According to Bandura, self-efficacy perceptions help determine what individuals do with the knowledge and skills they have.

Methods which enhance beliefs and attitudes which dispose favorably or unfavorably to drug abuse are important (Fishbein & Ajzen, 2010). Zimmermann (2008) argues that an elemental support of the effect of attitude on self-regulation is a dynamic process in which the individual engages as he or she works toward a goal. Without feedback or reflection, adjustments cannot be made and regulation of behaviors does not take place. If students positively appraise prevention programs, they are most likely to utilize them for their benefit. Implementation methods which promote self-efficacy are likely to contribute to effective prevention of drug abuse. Bandura (2004) found that an individual's self-efficacy plays a major role in how goals, tasks, and challenges are approached. He argues that people with a strong sense of self-efficacy form a stronger sense of commitment to their interests and activities. Bird, et al. eds. (2010) argue that personal control depends on one's choices and actions that they can master, control or effectively alter the environment. Luszczynska & Schwarzer (2005) assert that choices affecting health are dependent on self-efficacy which determine whether health behavior change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures. West (2006) in his cognitive bias theories argues that addiction is maintained by biases in the cognitive system, including beliefs, expectancies, self-efficacy, attributions and attention. It is hence essential for prevention programs to employ methods which access students' cognitive dynamics.

Ecological Systems Theory:

The proponent of Ecological theory is Urie Bronfenbrenner, a Russian American Psychologist born in 1917. His ecological systems theory formulated in 1944 provides a behavioral, environmental and socio-ecological approach to health promotion and prevention. This theory postulates that individuals, families and communities are not isolated entities but rather are an interrelated ecological system with each adapting to change that occurs in other parts of the organization (Guttmacher, Kelly, & Ruiz-Janecko, 2010). Bronfenbrenner (1944) proposes five systems which contain roles, norms and rules which play a big role in shaping individual development namely, Microsystems, Mesosystem, Exosystem, Macro system and Chronosystem. This theory proposes interrelationships of factors within the individual, the social set up, the environmental dynamics and neighboring influences on drug abuse. All these interactions are present in the university suggesting that, prevention programs should utilize methods which focus on each of these levels of relationships. Botvin and Griffin (2007) summarizes this concept concerning campus environment that, perceptions of campus use, campus climate, substance availability, awareness of campus policies and enforcement and students' family histories of substance abuse impact the extent of drug use and abuse on any given campus. He emphasizes that the campus and surrounding community exert profound influence on innumerable facets of student life. Recognition of the environment in shaping and maintaining individuals' behavior is important in addressing individuals and the policies, practices, and social norms that affect them on campus or in the community. This is in line with (Margolis & McCabe, 2006; Conner & Norman, 2009) postulation of complementary interaction of aspects in ecological system. Ecological systems theory suggests fundamental principles underpinning multifaceted person-focused and environmentally based components in establishing prevention programs. Methods being used by prevention programs should target the scope, key players, drug availability and several other factors related to drug abuse (Weiss & Lonnquist, 2012). Rogers (2006) in

support of these facts argues that when assessing and developing any intervention, there is need to consider all the factors that fall in the individual's life at all levels. Other researchers' perspective strongly augment this theory attesting that prevention strategies should include dissemination of drug information, cognitive and behavioral skills training for youth, parents, and professionals among others (Coreil, 2010; Frost, 2008; Ghodse, 2005; Bandura, 2004). Dusenbury & Falco, (1995); Riggs, (2003), contend that treatment and prevention for adolescents is most effective when multimodal treatment services are provided and integrated.

V. METHODOLOGY

The study was a cross-sectional survey which utilized both qualitative and quantitative techniques involving students from third year to fourth year whereas first and second year students were omitted due to their short duration at the university. It also involved social support providers in various ranks such as wardens, counselors, chaplains, student leaders and students in the general population

This study was carried out in two public and two private universities selected according to the year of establishment, their geographical situation, population size, quality of available resources and social value systems which have a variation in public and private universities. All these factors were assumed to affect the type of methods being employed by prevention programs, on operations and effectiveness of substance abuse prevention programs.

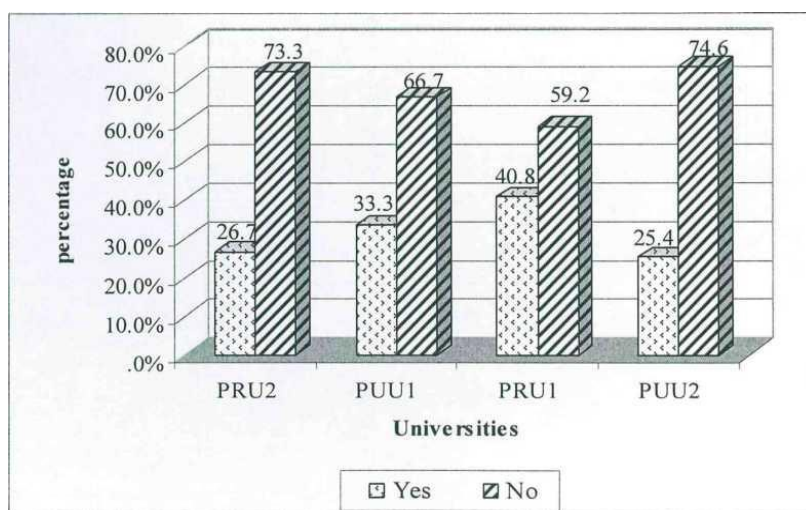
Sample size and sampling techniques entailed multistage sampling, cluster sampling to categorize Public and Private Universities. The second stage was purposeful sampling techniques to enable selection of 2 universities from 7 public universities and 2 universities from about 24 private Kenyan universities at the time of study. The third stage was a random selection of the main respondents from each university and purposeful sampling to identify 104 Social Support Service Providers composing of, leaders from student government, Peer counselors, students recovering from substance abuse, Security officers, Housekeepers, Wardens, Chaplains and Counselors to provide perceptive experience on drug abuse prevention. Having employed purposeful sampling to select universities for study, it was necessary to employ a proportional formula $n = \frac{p(1-p)}{A^2/Z^2} + \frac{p(1-p)}{N/R}$ (Watson & Jeff, 2001) to obtain sample sizes for each of the selected universities. The sample size was determined using confidence level of 95%, precision level of 5%, and estimate variance of 5% and a response rate of 0.8. The steps entailed in the formula suit the testing of the study parameters. However, for data management purposes and to have just enough samples, a further adjustment of 25% was accommodated. The main respondents of the study consisted of 425 students and 104 Social Support Service Providers. The total sample size was 499 respondents.

Triangulation of research tools was found instrumental in cross-checking and substantiating findings to increase validity (Saldana, 2011, Harris, 2010). Research tools therefore consisted of a student questionnaire, Focus Group Discussion was chosen to provide interactive information from the group as they share their views and experiences (Hesse-Biber & Leavy (2011), Qualitative interview schedule and Observation method which Breackwell, et. al., (2008) describe as a research method in its own right. Validity of the study was ascertained through triangulation of research tools and compliance to variables stipulated in the research objectives. Combination of all these research tools helped in not only strengthening validity but also in determining whether data from two or more sources converged or led to the same finding Yin (2011). Through pilot process, clarity of questions and discussions made easy for respondents to contribute insight into the study area. Application of mix up of survey questions helped in dealing with response acquiescence, Keegan (2009). Data analysis techniques involved transcription, coding and theming was done to help organize and categorize non numerical data such as students' and service providers' attitudes, behaviors, value systems, concerns, perceptions, aspirations, and suggestions on the components of effectiveness of prevention programs examined in this study. Stevens' taxonomy of measurement (1946) was used in this process. Each research question and parameter falling under each question was divided into codes and themes with the aid of Computer software, NVIVO 10 whereas Statistical Package for Social Sciences (SPSS) aided in the analysis of demographic information of the respondents. Chi-square and ANOVA were used in testing the hypotheses. In line with general principle D of APA Ethics Code (1992) in Heppner, Wampold & Kivlinghan (2008) Ethical standards of confidentiality and honesty guided this study in collecting, keeping, discussing analyzing and releasing information obtained from the study.

VI. RESULTS

Display of information is one of the methods being used by drug abuse prevention activities are displayed for users' efficient consumption. However the majority of respondents reported that Drug and Substance Abuse Prevention Program (DSAPP) messages were not visibly displayed in their Universities (see figure 1).

The state of coordination amongst departments concerned with prevention of drug abuse revealed that most sections functioned semi- autonomously with the mandates stipulated to them through university polices without necessarily indulging with other departments. Referral system was the major means by which most prevention programs coordinated activities. Focus group discussion and qualitative interview schedules showed that peer counselors networked most of the times with the house keepers, health unit, counselors, chaplains, community health workers and open forums. However, there was enormous consensus that every program dealt with their own issues in their own way without necessarily consulting with other programs and departments. It was evident that establishments of some dockets for social support provision lacked the mandate for drug abuse prevention.



Key: PRU – Private University; PUU – Public University

Figure 1: Drug and Substance Abuse Prevention Program messages display

VII. CONCLUSIONS

From the results of this study, it is clear that universities make use of diverse methods to implement prevention programs. These include talk shows, brochures, drug abuse days and posters. These methods are displayed in various parts of the university for the Users to access. From the results of the study, it is evident that messages that are not sufficiently visible could impede efficient advertisement of prevention activities making them futile even if they have been planned. FGD and QIS unveiled that communication modes which are currently in place may not be attractive to students because most of them do not directly attract nor appeal to individual students based on technological advancement. This weakness in turn affects utility of prevention activities.

Suggestions from these studies create a pointer to investigating deeper into missing trajectories in communication avenues being used by DSAPP to identify spheres of ineffectiveness. For instance, student behaviors entail getting involved in activities which are entertaining and appealing. The results demonstrate presence of gaps between the users' interests and implementation methods.

A loophole is depicted from research findings of this study on insufficient coordination among various prevention programs. This could imply a weakness due to lack of concerted effort, shared resources and facilities whose presence could enhance the quality of methods of implementation. Coordination is significant in enhancing dissemination of information, referrals and interdependence as demonstrated by ecological system's theory (Bronfenbrenner, 1944).

The fact that drug problem is a dynamic phenomenon could explain a paradigm shift in drug complexities which demand

International Journal of Novel Research in Humanity and Social Sciences

Vol. 4, Issue 3, pp: (44-49), Month: May – June 2017, Available at: www.noveltyjournals.com

commensurate approach in implementation methods. Results showed poor rating of information display and means of communication (68.5%). This trend relates inversely to how effective methods of implementation positively affect prevention efforts.

The above suggestions on improvement of DSAPP provide more clarification on the current state of DSAPP operations which seem to strongly reveal defective execution and instrumental structures. To this end, they fall short of one of the principles of model programs as explained by clay (2003) and perhaps meet the standards of promising programs which she says are programs which require strong evidence of scientific rigor and positive results, but to a lesser degree than that required of an effective program. Prevention programs in selected universities in Kenya require aspiration to adjust to standard model programs. This notion is supported by (NIDA, 2003) that when communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include: structure (how the program is organized and constructed); content (the information, skills, and strategies of the program); and delivery (how the program is adapted, implemented, and evaluated). Implementation methods which do not comply with such suggestions fall short of appealing to the users of programs in place.

REFERENCES

- [1] Atwoli, L., Mungla, P.A., Ndungu, M.N., Kinoti, K. C. & Ogot, E. M. "Prevalence of substance use among College students in Eldoret, Western Kenya" 2011.
- [2] Bandura, A. "Swimming against the Mainstream: the early years from chilly tributary to transformative mainstream", Behavior research and therapy. New York: Cambridge University Press, 2004.
- [3] Bandura, A. Social foundations of thought and action: A Social cognitive theory. Eaglewood cliffs, NJ: Prentice Hall, 1986.
- [4] Botvin, G., & Griffin, K. (2007, December). School-based programs to prevent alcohol, tobacco, and other drug use. *International Review of Psychiatry*, 19(6), 607-615. Retrieved March 24, 2009, doi: 10.1080/09540260701797753 School-based programs to prevent alcohol, /09540260701797753.
- [5] Breakwell, G.M., Hammond, S. Fife-Schaw, C. & Smith, J.A. Research methods in Psychology, London City: Sage, 2008
- [6] Conner, M. & Norman, P. Predicting Health Behavior: Research and Practice with social Cognition Models (2nd ed.). New York. Prentice Hall, 2009.
- [7] Coreil, J. Social and Behavioral Foundations of Public Health. 2nd ed. United Kingdom, Sage Publications, 2010.
- [8] Dusenbury, L., Brannigon, R., Falco, M. & Hansen, W.R. Preventing adolescent drug abuse through multi-modal cognitive-behaviour approach: Results of a 3-year study. *Journal of consulting and clinical psychology*, 58, 437 – 446, 1990b
- [9] Frost, R. Health promotion theories and models for program planning and implementation, University of Arizona, Mei & Zuckerman College of Public Health, 2008
- [10] Fishbein, M. & Ajzen, I. Predicting and changing behaviour: The reasoned action approach. New York: Taylor & Francis, 2010
- [11] Ghodse, H. Drugs and Addictive behavior: A guide to treatment (3rd ed.).UK: Cambridge University Press, 2002
- [12] Guttmacher, S., Kelly, P. J., Ruiz Janecko, Y. Community-based Health Interventions: Principles and Applications. CA: Jossey-Bass, 2010
- [13] Harris, M.J. Evaluating public and community health programs. USA: Jossey-Bass, 2010
- [14] Hesse-Biber, S. & Leavy, P. The practice of Qualitative Research. (2nd ed.). CA: Sage, 2011.
- [15] Luszczynska, A., & Schwarzer, R. Social Cognitive Theory. In M. Conner & P. Norman (Eds.), Predicting health

International Journal of Novel Research in Humanity and Social Sciences

 Vol. 4, Issue 3, pp: (44-49), Month: May – June 2017, Available at: www.noveltyjournals.com

behavior, 2nd ed. rev., pp. 127-169. Buckingham, England: Open University Press, 2005.

- [16] Lutomia, G.A.& Skolia, L.V. Guidance and Counseling in schools and colleges. Nairobi, Kenya: Uzima Press, 2002.
- [17] Magu, D., Mutugi, M.W., Ndahi, L.W. & Wanzala, P. Substance Abuse Among students in Public Universities in Kenyan. The African Journal of Health Sciences. Vol 24, No 1 (Issue No. 43), 2013
- [18] Margolis, H. & McCafe, P.P. Improving Self-Efficacy and Motivation: What to do, what to say. Vol 41, No4, March 2006 pp.218-227, 2006.
- [19] NACADA. Rapid situation assessment of the status of drug and substance abuse in Kenya, 2012
- [20] Ogunde, O M, & Leak, P. D. (1999). Prevalence of substance use among students in Kenyan University: a preliminary report. United States International University- Africa, Nairobi, Kenya. East Africa Medical Journal, 76(6):301-6, June, 1999
- [21] Ormrod, J.E. Educational Psychology: Developing Learners. (4th ed.). Upper Saddle River NJ.Prentice Hall, 2003.
- [22] Oteyo, J. & Karuiki, M .Extent to which selected factors contribute to alcohol and cigarette use among Public Day Secondary Schools Male Students. Educational research and review Vol.4 (6),pp 327-333. Egerton University, Kenya, 2009.
- [23] Riggs, P.D. Treating adolescents for substance abuse and co-morbid psychiatric disorder. Journal of American Academy of Child and Adolescent Psychiatry, 2003.
- [24] Rogers, A.T. Human behavior in the social Environment. New York: McGraw Hill, 2006.
- [25] Saldana, J. Fundamentals of Qualitative Research: Understanding Qualitative research. New York. Oxford University Press, 2011
- [26] Weiss, G. L. & Lonnquist, L. E. The Sociology of Health, Healing and illness. (7th ed.)New York. Prentice Hall, 2012
- [27] Yin, R. K. Qualitative Research from Start to Finish. New York. The Guilford Press, 2011.
- [28] Zimmerman, B. J. Motivation and Self-Regulated Learning: Theory; Research, and Application. New York, NY: Routledge, 2008.