

Case Report

Adolescent resilience, social support and drug abuse a case of Koboko District, West Nile, Uganda

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ABSTRACT

The study investigated the relationship between social support, resilience and drug abuse. A correlation research design was used, and adolescents between the age group of 14-23 years in four secondary schools in Koboko Town Council were randomly selected using a simple random sampling technique and 50 respondents were selected from each school bringing the total to 200 respondents. A three set structured questionnaire which measured adolescent resilience, social support and drug abuse was used to find out the relationship between the variables. The study findings showed a significant positive relationship between social support and resilience $r = -.157$; $p = .029$. Since the p value (.029) is smaller than the level of significance (.05), the hypothesis was retained; and found no relationship between social support and drug abuse $r = .045$; $p = .303$. Since the p value (.303) is greater than the level of significance (.05), the hypothesis was rejected; and no relationship between resilience and drug abuse $r = .068$; $p = .223$. Since the p value (.223) is greater than the level of significance (.05), the hypothesis was rejected. These findings led into conclusions that other factors apart from social support and resilience are believed to play a major role in adolescent drug abuse. It was therefore recommended that issues of adolescent development can and should be considered when designing and implementing preventive drug education programs.

Keywords: Resilience, Social Support, Drug Abuse, Koboko District, West Nile, Uganda

INTRODUCTION

Drug abuse has been with us for some time and it is one of the biggest causes of morbidity and mortality among adolescents in Uganda. It is estimated that five percent of Ugandans are dependant on drugs with over 68 percent being secondary students from senior five and senior three (Kamugisha, 1998). Drugs refer to both prescribed and non-prescribed chemical substances. Abused drugs include narcotic pain medications, marijuana, heroine, cocaine, sedatives, stimulants and drugs that cause hallucinations. The effects of these drugs on the adolescents are many and among others include: disorientation of the mind, stealing, lack of respect for

authority, idleness early teenage pregnancy, and school drop out. The situation of drug abuse has continued to increase with serious abuse of illicit drugs such as herbal cannabis, heroin, methaqualone, and recently khat (Uganda: Country Profile, n.d.).

Despite the obvious threats from use of illicit drugs to global health, many governments particularly the developing countries, Uganda inclusive, have not taken significant action to reduce its toll. Though Uganda has voiced concern over the increasing rate of drug abuse, it has been observed that there is reluctance to put in place stringent drug control measures and regulations to track

the culprits. This is evidenced by the presence of illicit cultivation of plants, which are prominent in the remote areas of western, central and northern regions of the country, and the scale and consumption of illicit drugs in public places without restriction, and most of the drug abusers in the rural settings are the adolescents.

A drug abuser is a person who uses illegal drugs in a manner that conflicts with the direction given by a physician or not. (United Nations Office on Drugs and Crime, as cited in Uganda: Country Profile, n.d). This is because the scale of the threat is underestimated due to limited research about drug abuse (Mpabulungi, 2003).

Adolescence is a period of physical and psychological development from the onset of puberty to maturity and in terms of age it is the period between the ages of 13-23years. It is also a period marked by the desire to experiment new things in life including drug abuse.

Peer influence is also found to be one of the biggest factors in adolescent development. In a situation where parents are unable to exercise their authority, adolescents are more likely to become peer oriented (Kobasa, 1979). The desire to be like other peers in terms of interest, attitudes and values leaves the adolescents with little decisions to resist drug abuse. Adolescents in Uganda experience an overwhelming amount of loss and stress as a result of wars, death and even alcohol and drug abuse. Despite these adversities, many children display incredible resilience (Eggun and Vaughan, 1997).

Resilience describes the characteristics of those who adapt relatively well despite challenging circumstances. Adolescents who are less resilient may dwell on problems, feel victimized, become overwhelmed and turn to unhealthy coping mechanisms such as substance abuse, whereas resilient adolescents tend to possess certain characteristics such as problem solving skills and a realistic sense of personal control, which are known to prevent them from drug abuse (Thomsen, 2002).

In general, the more social support one can draw upon from family and friends, the more flexible and resilient one can be in stressful situations. Social support is the physical and emotional comfort given to us by our families and peers. It is a way of knowing that we are part of a community of people who love and care for us. Lack of social support can make one feel insecure or rejected, and can increase vulnerability to outside influences (Dolbier and Steinhard, as cited in Straughan, 1989).

Purpose

The study investigated the relationship between social support, resilience and drug abuse.

Objectives

The objectives of the study found out:

1. The relationship between social support and resilience.
2. The relationship between social support and drug abuse
3. The relationship between resilience and drug abuse.

Scope

Geographically, the study was restricted to rural adolescents living in Koboko District in northern Uganda. Koboko in particular was chosen because the Criminal Investigation Department hosts an anti narcotics unit, stationed at ten of the major border points in Uganda, and Koboko is one of the points that borders Congo and Sudan (Uganda: Country Profile, n.d). This gives a clear picture that uses of illegal drugs do exist at this border point. Reports from the Criminal Investigation Department Koboko (2006) revealed that out of every ten criminal cases report weekly at the police station, four of the cases were usually drug abuse related.

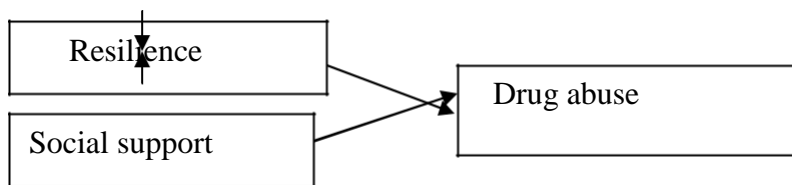
Conceptually, the study was limited to social support, resilience, and drug abuse. Social support considered the four functional support systems, namely informational support, tangible support, affectionate support and positive social interaction (Sherbourne and Stewart, 1991). Resilience was restricted to external resources, protective factors and risk factors, internal personal strengths, interpersonal relationships and social skills (Grotberg, 1995). Drug abuse considered individuals' use of drugs for other purposes other than those required for medical purposes. The amount taken, effects felt and the feelings they have about drug abuse was considered.

Conceptual Framework

Figure 1 depicts the possible relationship between the independent variables and the dependent variable. Social support and resilience are the independent variables while drug abuse is the dependent variable.

From Figure 1, resilience is looked at as a strength that can assist people in positive life adaptation (Masten and Reed, 2005). Resilient individuals can withstand life's challenges and resist the influence to abuse drugs. With positive support, they can develop a greater internal locus of control and optimism about their ability to create positive outcomes for themselves and others while resisting unhealthy life's challenges including drug abuse. Resilient individuals are known to have internal

Figure 1. Relationship between adolescent resilience, social support and drug abuse.



resources, which describe them as friendly and easily able to seek social support from others. On the other hand, adolescents may distance themselves from others, fail to seek social support and turn to drug abuse as a way of solving their problems. With positive social support, an individual's overall resilience is enhanced.

Hypotheses

The study tested the hypotheses that:

1. There is a positive relationship between social support and resilience
2. There is a negative relationship between social support and drug abuse
3. There is a negative relationship between resilience and drug abuse

METHODOLOGY

This chapter looked at the research design, study population, sampling strategy, procedure, instruments, and analysis.

Research design

The research under study was quantitative in nature and a correlational research design; in particular the spearman's rank order correlation was used. A correlation was used because it is a suitable method in finding out any relationship between variables.

Study population

The study considered secondary school adolescents living in Koboko Town Council. This group was chosen because it was easily reached. According to weekly reports from the Criminal Investigations Department Koboko District (2006), out of every ten cases that are drug related, four are secondary school students. Koboko Town Council is located along the high way leading to Sudan and other links to Congo where major entertainment and commercial activities, both legal and illegal, including selling of drugs, takes place in the open markets, making it easy for students to access. The study

did not consider nationality and religious background, but it considered age and sex of the respondents.

Sampling strategy

There were approximately ten secondary schools in Koboko Town Council and from these schools, four were selected using a simple random sampling technique in which names of all the secondary schools in the town council were written on pieces of paper and every even number was picked until the four schools were got. From the four selected schools, a class was selected using a simple random sampling technique where the classes in the schools were written on pieces of paper and shaken in a bowl and a class drawn. Since the classes had more than 100 students, the researcher used the class register to selected 50 students from each class using a simple random sampling technique in which every even number was picked until the 50 respondents were got. This was done in the rest of the schools until the target sample of 200 students was met.

Instruments

A questionnaire was used for this study. It consisted of three sections which measured social support, resilience, and drug abuse. No back translation was needed because respondents were expected to speak English.

Resilience scale

The researcher used the 25-item Resilience Scale (RS) that measures the degree of an individuals resilience, which is considered a positively personality characteristic that enhances individual adaptation. All items were positively worded and accurately reflect the verbatim statements made by participants in the initial study on resilience conducted by Wagnild and Young (1993). The scale has a reliability coefficient alpha of .83, indicating that the scale is sufficiently reliable (Neill ND Dias, 2001).

Originally, the scale was worded on a seven-point scale from 1 "strongly disagree" to 7 "strongly agree", with possible scores ranging from 25 to 175 and higher scores reflecting higher resilience. However, the researcher adopted the typical Likert scale that allows for five

responses, ranging from 1 “strongly disagree” to 5 “strongly agree”. This is because of concern that the respondents are rural adolescents from poor educational background who might get confused with the many options, and in the end find it difficult to make fewer distinctions or an appropriate choice. It is also supported by the fact that the typical Likert scale does not allow for more than five responses. Respondents will be asked to circle the number which best indicates their feelings about each statement. Possible scores ranged from 25 to 125, with higher scores reflecting higher resilience (see Appendix C).

Social support scale

The Social Support Scale is a brief multidimensional, self-administered questionnaire, comprised of four functional support scales (emotional, affectionate, tangible and positive social interaction) and an overall functional social support index. The scale is reliable (all alpha > 0.91) and fairly stable over time (Sherbourne and Stewart, 1991). The four functional support scales consist of 18 items. However, the general scale has 19 items (one additional item inclusive). All items are positively worded with scale scores ranging from 19-95. Higher scores indicate more support.

To obtain a score for each subscale, the average of the scores for each item in the subscale is calculated. To obtain an overall social support index, the averages of all the scores for all the 19 items are calculated. Responses are coded on a five-point scale ranging from 1 “None of the time” to 5 “All of the time” (see Appendix C).

Drug abuse scale

The Drug Abuse Screening Test (DAST) is a self-report 20-item questionnaire designed for population screening, clinical case finding and treatment evaluation research. The DAST yields a quantitative index of the degree of consequences related to drug abuse. The instrument takes approximately five minutes to administer. Alpha reliability was extremely high at .95 (Skinner, 1982). The DAST score is computed by summing all items that are endorsed in the direction of increased drug abuse problems. Two items: number 4 (I can get through the week without using drugs) and number 5 (I am always able to stop using drugs when I want to) are keyed for a “disagree” response. The other remaining 18 items are keyed for “agree” response. For example, if a respondent circled “agree” for item 1, he/she would receive a score of 1, whereas a respondent who circled “disagree” for item 1 would receive a zero score. With items 4 and 5, a score of 1 would be given for a “disagree” response and a score of 0 for “agree” response. When each item has been scored in this fashion, the DAST total score is

simply the sum of the 20 item scores. The total score ranged from 0 to 20 with higher score indicating substantial drug abuse (see Appendix C, Section D).

Reliability and validity

A pilot study was conducted to determine the reliability of the scales. In Midia Sub-county in Koboko District, the three scales (social support, resilience and drug abuse) were administered to 20 respondents who were known to be similar in characteristics to the population under study. These students were selected from one secondary school that was randomly selected using a simple random technique. Cronbach's alpha coefficient was used to determine each scale's reliabilities. The scores were (.87) for social support, (.85) for resilience and (.90) for drug abuse and since the reliabilities for the scales were .70 and above, they were considered to be reliable for the study.

Procedure

The researcher had two days to visit each selected school. On the first day, administrators were informed that their schools were chosen randomly for the study and their permission was sought to carry out the research. The class from which the study was conducted was also made known to them for purposes of prior arrangement.

On the second day, the researcher reported to the school administration and proceeded to the chosen class with the help of a class teacher who introduced the researcher to the class. The researcher then briefed the classes about the whole purpose of the exercise and sought their consent in participating before distributing the questionnaire to all the students found in that class. Participants were asked to read the instructions carefully and reminded that it was not an examination and therefore there were no wrong or right answers. They were told not to write their names anywhere on the questionnaire for purposes of protecting their identity or maintaining confidentiality. They were also urged to feel free to give their responses by answering to all questions without skipping any number.

The whole exercise was done in 25 minutes. The researcher collected the questionnaires and thanked the respondents for participating in the exercise. The same procedure was applied to the other selected schools.

Data Analysis

The data was edited, coded and analyzed using SPSS. Descriptive statistics were employed. Frequencies and percentages of respondents were computed. The first,

Table 1. Sex of the Respondents

Item	Responses	Frequency	Percentage
Sex	Female	92	46.0
	Male	108	54.0
	Total	200	100.0

Table 2. Age of the Respondents

Item	Responses	Frequency	percentage
Age	14-15 yrs	20	10.0
	16-17 yrs	76	38.0
	18-19 yrs	98	49.0
	20-23 yrs	6	3.0
	Total	200	100.0

Table 3. Social support and Resilience

Spearman's (rho)		Total resilience
Total Social support	Correlation coefficient	-.157
	Significance (1-tailed)	.029
	N	200

and third hypotheses were analyzed by the use of Spearman's rank order correlation coefficient. This was because resilience, social support, and drug abuse consisted of data that are ordinal in nature.

RESULTS

This chapter presents results of the data that was coded and analyzed using SPSS. The purpose of the study was to test the hypotheses under study and present findings. A correlational research design was used and the statistics used to test the hypotheses was the Spearman's rank order correlation coefficient. Frequencies and percentages of the respondents' bio-data were also presented.

Table 1 shows males as the majority with 54 percent compared to their female counterparts who comprised 46 percent.

Table 2 shows that majority of the respondents were within the age bracket of 18-19, followed by 16-17, while the least was 20 years and above. This is in line with the study population that targeted adolescents.

The mean score for resilience

The mean score for adolescents in resilience is 47.0700, with a standard deviation of 14.3817, and a range of 47.

The mean score for Social Support

The mean score for adolescents in Social Support is 38.0400, standard deviation of 10.3883, and a range of 36.

The mean score for drug abuse

The mean score for adolescents in drug abuse is 38.7600, standard deviation of 11.1529, and a range of 35.

Hypothesis testing

Research hypotheses one to three were tested using the Spearman's rank order correlation coefficient in order to establish the significance of the relationship between variables whose scales have ordinal properties.

Testing hypothesis one

The first hypothesis stated that "There is a positive relationship between social support and resilience". Spearman's rank order correlation coefficient was used to test the hypothesis in order to establish the relationship between variables. The results in Table 3 show a significant positive relationship between social support

Table 4. Social support and Drug Abuse

Spearman's (rho)		Total drug abuse
Total Social support	Correlation coefficient	.045
	Significance (1-tailed)	.303
	N	200

Table 5. Resilience and Drug Abuse

Spearman's (rho)		Total drug abuse
Total resilience	Correlation coefficient	.068
	Significance (1-tailed)	.223
	N	200

and resilience ($r = -.157$; $p = .029$). Since the p value (.029) is smaller than the level of significance (.05), the hypothesis is retained and it is concluded that there is a significant positive relationship between social support and resilience. This means when individuals' social support is high, their resilience is high.

Testing hypothesis two

The second hypothesis stated that "There is a negative relationship between social support and drug abuse". Spearman's rank order correlation coefficient was used to test the hypothesis in order to establish the relationship between variables. The results in Table 4 show no significant relationship between social support and drug abuse ($r = .045$; $p = .303$). Since the p value (.303) is greater than the level of significance (.05), the hypothesis is rejected and it is concluded that there is no significant relationship between social support and drug abuse.

Testing hypothesis three

The third hypothesis stated that "There is a negative relationship between resilience and drug abuse". Spearman's rank order correlation coefficient was used to test the hypothesis in order to establish the significance of the relationship between variables. Findings in Table 5 show no significant relationship between resilience and drug abuse ($r = .068$; $p = .223$). Since the p value (.223) is greater than the level of significance (.05), the hypothesis is rejected and it is concluded that there is no significant relationship between resilience and drug abuse.

Limitations

The following limitations were sighted in the study
There was administrative interference during the study

process and this posed a threat and fear in the students which the researcher believed have influenced the results significantly. However, the researcher addressed it by assuring confidentiality of the results since no names were required, and that findings are strictly for academic purposes. Nevertheless, once harm done, it is not easy to undo.

Generally there was a sense of discomfort and uneasiness manifested by some of the respondents particularly when filling the drug abuse questionnaire. It is feared that the section was not answered truthfully hence affecting the results significantly.

Other limitations could be attributed to biases in the respondents towards sensitive areas and in this case the drug abuse questionnaire as they try to figure out the purpose of the study. They might have chosen to be uncooperative in fear of being scrutinized. This could be true as Lippa(1994) examined that when subjects possess strong characteristics that are silent cues that inappropriately suggest how subjects should behave, subject bias is likely to crop in.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter presents discussion, conclusion and recommendations from the study findings. Both boys and girls within the age bracket of 14 through 23 years were considered. Social support, resilience and drug abuse were the variables under study, with social support and resilience as the independent variables and drug abuse as the dependent variable. Hypotheses were formulated for each variable and results presented.

Discussion of Results

The research investigated three hypotheses and findings from the study indicated that hypotheses one was retained, while hypotheses two and three were rejected.

Social support and resilience

Hypothesis one stated that "There was a positive relationship between social support and resilience". The study findings indicated a significant positive relationship between social support and resilience. However, it should be noted that the relationship between social support and resilience indicated that the results show a true effect of the relationship between the variables and it is unlikely that they may simply be due to chance. The findings did agree with previous studies which portrayed that warmth in the parent-child relationship is related to positive outcomes for children (Kamuhanda, 1999). In a similar study, social support has also been clearly identified as a critical aspect in positive outcomes for the youth and a factor in promoting resilience (Werner and Smith, 1982). This trend is attributed to the powerful positive influences that parents and peers have in the lives of adolescents.

Peers have a strong influence on the development of any child (Capella and Weinstein, 2001). Natural observations and personal experience indicate that most adolescents discuss issues openly with their fellow peers, especially if there is a warm relationship between them (Night, 2008). Peer interactions that are not positive result into rejection, alienation and loss of self esteem. If this occurs in early adolescence, it can result in low resilience in adolescents (Hawkins, 1992).

The desire to know and learn from others helps adolescents to discover new ways of handling issues in life, which could have contributed to the outcome of the results. This is supported by researchers like Bowlby (1988), who found out that the ability to think abstractly and use complex reasoning may lead adolescents to practice these new decision-making skills with the peers. With this in mind, one can conclude that peer support may be substantial in building adolescent resilience.

Although the importance of peer group is well recognized, the nature of the peer group is important. Peer influence may be even more powerful in situations where the adolescent receives little or no social support. In instances like these, the peer group may make up for the lack of other forms of support, including family support. But if the adolescent does not experience a sense of belonging, acceptance, and is unable to forge an identity and absorb certain values through the peer group, then they develop non-resilient qualities which are prone to influences of drug use and abuse (Donald et al., as cited in Smith, Capella and Weinstein 2001).

Social support and drug abuse

The second hypothesis stated that "There is a negative relationship between social support and drug abuse". Results did not support the hypothesis, which is in line with previous research findings.

Rutter (1985) stated that individuals who get positive

social support from peers and families are less likely to abuse drugs. Those who do not get any positive social support from peers and families may compromise their capacities to learn to behave in healthy situations and may feel comfortable with their peers who hold similar interest, luring them into drug abuse.

The researcher attributed the findings that indicated no relationship between social support and drug abuse to many factors and among these could be fear of acceptance, which could have played a major role in determining the outcome of the results. The researcher based this on the fact that drug abuse is illegal in Uganda. Most adolescents either use them stubbornly or without knowing the negative effects on their health; more so, they maybe enjoying benefits of drug abuse like maintaining a group of friends.

Respondents could have decided not to cooperate and rejected the fact that they have or were once involved in drug abuse. Therefore acceptance and or acknowledging drug abuse may result into punishment by authority figures, rejection, or loss of friends. This is in agreement with Hawkins (1992) who portrayed that adolescent's affiliation with friends who hold similar views, interests and attitudes are substantially associated with adolescent drug abuse.

Most of the adolescents may be casual or occasional users of drugs not abusers. Hence their understanding of abuse may influence their answers on questionnaire. This may be supported by the fact that knowledge of drugs of abuse among communities in West Nile and particular Koboko is limited, and there may be limited information on what is termed as abuse of certain types of drugs. This is supported by Mpabulungi (2003) who acknowledged that the scale of the threat of drug abuse in Uganda is being underestimated due to limited research (Another difference in the results maybe attributed to attitudes of the students towards drug abuse. This is simply because adolescents may know that they are abusing drugs, but they may not care of the consequences on them, and or may further be enjoying the mood-elevating effects. The Awake Magazine (2001) revealed that negative signs of drugs abuse in adolescents do not just seem to scare them. They tend to have an "it won't happen to me" attitude. They are full of vitality that they do believe that their health will not be affected. This feeling of invulnerability is very common in adolescence (Hawkins, 1982). Many are simply unaware of the dangers, and others think it happens to older people, not to them.

A similar study compared alcohol-related attitude scores with the drinking pattern of 3,568 Pennsylvania adolescents. Not surprisingly, attitudes towards drinking were closely related with actual use pattern. Abstainers were mostly negative in their attitudes towards drinking (Brown and Skittington, 1987).

This is further supported by findings from WHO (2000), which indicated that adolescents tend to be risk takers as

they feel invulnerable and experience stress associated with their transition into adulthood, which is a time in adolescence when most substance use is initiated. This perspective recognizes the fact that as children reach early adolescence, they experience increased vulnerability, invulnerability and morbidity. They also experiment with potential lifestyles, and seek independence (often in the form of rebellion) from adult authority figures. This may not be surprising in that an adolescent's decision to use drugs probably depends on his or her attitude towards that particular drug.

The Kakwa and Lugbara culture do not seem to stop young men from smoking or drinking alcohol. It is considered manly and a sign that one is independent. This is in line Peterson and Leigh (1990), who acknowledged the role of culture, so that drug abuse is not only an individual/ environmental phenomenon but a common value that has been upheld. They argued that values, beliefs, attitudes and everyday practices which are associated with drug abuse are shaped by culture. Once people in the community do it, then it is not a crime for others to try it too.

Resilience and drug abuse

The third hypothesis stated that "There is a negative relationship between resilience and drug abuse". This is not supported by the study findings that indicated no significant relationship between resilience and drug abuse. This differs from findings reported by Jessor (1978), who portrayed resilience as a behavior that young people exhibit in making their decisions not to use drugs and putting this into practice despite exposure to drugs and other risk factors.

However, this could vary because people can be resilient in some contexts but find difficulties when the context and nature of the risk presented change. Hawkins (1992) supported this idea by saying that adolescents vary in their abilities to manage life's challenges. While most of them demonstrate sturdiness in the face of adversity, others faced with similar circumstances do not fare well.

Another significant factor that might have affected the outcome of the results could be the self-esteem of the adolescents. This is because most of the respondents looked very shy and uneasy when given the questionnaires to fill. This is supported by the DARE programme (1994) that asserts that children with low self-esteem are at most risk for drug abuse. In this case, peer influence could have cropped in during the exercise of answering the questionnaires.

Conclusions

Generally, the study revealed a positive relationship

between social support and resilience. However, it revealed no relationship between social support and drug abuse, and also no relationship between resilience and drug abuse. This means that fostering more positive social support could result in high levels of social support and high levels of resilience and low levels of drug abuse. Hawkins (1992) argued that resilience is not extraordinary but it is present in all human beings. Other factors apart from resilience and social support may play a major role in adolescent drug abuse

Recommendations

This study is an initial step in understanding the nature and levels of social support and resilience in determining the levels of drug abuse among adolescents in Koboko District. Based on the findings, the following recommendations were made to help policy makers, researchers and the community utilize the findings appropriately.

Since social support was found to show a significant positive relationship with resilience. Professionals who assess only for problems within the individual or the family may overlook existing strengths and coping abilities. Therefore institutions such as schools and the community need to be involved in supporting the adolescents so that they can learn to build on their skills to be resilient and emerge even stronger in the absence of social support from peers and families.

As this study did not reveal a significant relationship between social support and drug abuse, Sutherland and Shephard (2001) indicated that young people reported personal problems that put them into further risk of drug abuse. These include problematic family relationships and substance use within the family.

Therefore, programmes that included the presentation of information, value clarification, and assertiveness training could be set up by the district local government with intent to develop behavioral and cognitive competences to help youngsters deal more effectively with adverse social and environmental influences.

The district local government needs to take serious steps to reinforce the earlier on established anti-drug bylaws that are now weak and the punishment not deterrent enough. This could be done by putting an end to drug abuse right from the growers through to consumers by the imposition of fines, trials in court and punishment by the law. The police could also be strengthened to look into the causative factors to crime so that they can find appropriate mechanisms in combating drug-induced crimes and find solutions through counseling rather than punishment and or merely keeping drug abusers away from society.

Civil society organizations, and other stakeholders at District level could come up with projects and programmes that would engage adolescents in more

constructive, healthy and future-oriented activities that would keep them off from more risk factors that would overwhelm and put them to the risk of drug abuse. This could be done by lobbying for policies that included life-skills education to be incorporated into the education curriculum at all levels so that adolescents are well equipped with negotiation and decision-making skills known to protect them from influences to drug abuse.

The Department of Community Services could be strengthened, enabled and proactive on community issues and approaches with special emphasis on drug abuse among adolescents in its programmes. Programs that would incorporate values clarification exercises could help students discuss differences in lifestyles, attitudes, and values. This is in line with Aseltine (1995) who revealed that adolescents often were surprised to find they held values and attitudes different from those of their peers. This learning experience helped them define their identities relative to those of their peers. By being sensitive to these issues, adolescents would learn more about themselves.

Lastly, adolescence is a period of transition often characterized by considerable distress and confusion. Youngsters are confronted with being relatively autonomous, developing stable identities, maintaining positive self-concepts, and establishing diverse interpersonal competencies. At the same time, they are uncertain of their roles and depend heavily on feedback from peers to affirm their evolving identities. Thus these issues of adolescent development can and should be considered when designing and implementing preventive drug education programs.

Areas for further research

Compared to this study, statistics from other literature indicate that almost two-thirds of drugs of abuse come from family members and friends (Ouma, as cited in Aseltine, 1995). This brings the researcher to suggest further investigations into how parenting styles play a role in determining levels of drug abuse among adolescents, particularly in Koboko District, and other areas for comparative purposes. Schneider and Young (1996) investigated parenting in relation to parent-youth relationships and its effect on substance abuse and it was found out that adolescent drug users reported no warm feeling towards parents, while non-abusers considered it more important to get along with parents and perceived parents as role models. By contrast, abusers come from distant parent-child relationship (especially fathers), where parents were cold and not encouraging. Qualitative research could also be considered in finding out an in-depth knowledge of drug use and abuse among adolescents. This could consider their attitudes and values, which could help further in determining levels of drug abuse among adolescents.

The study focused only on adolescents in secondary school. Similar studies could explore the experiences of adolescents out of school.

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SPIRITUAL COUNSELLING AS A MODE OF INTERVENTION TO ALCOHOL ADDICTION

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ABSTRACT

Alcohol addiction has become wide and extensive in today's world and it is one of the haunting task the country faces in the 21st century. There are many treatment models of de-addiction implemented in various centers of de-addiction which

includes group therapy, family therapy, and behavioral therapy. However, spiritual counselling approach is not given its importance though it significantly helps in de-addiction treatment. This study focuses on the effectiveness of spiritual counselling as a mode of intervention on persons addicted to alcohol. The study was conducted in TRADA- a Christian de-addiction center in Kottayam. The research aims to study the level of depression among alcoholics, attitude towards life and mental health, coping and resilience, self-esteem, severity of dependence and readiness to change before and after spiritual counselling. Along with the interview schedule prepared by the researcher, the following tools were used: Patient Health Questionnaire 9, Rosenberg Self Esteem Scale, Brief Resilience Scale, Severity of Dependence and Readiness to Change Scale. Data was collected by the researcher before and after intervention. The analysis of data showed that there was a significant change in the level of depression, coping, resilience, self-esteem and readiness to change among the alcoholics due to spiritual counselling. It is suggested that spiritual counselling can be included as a model of de-addiction treatment along with other modes of intervention. It also can be included in Social Work curriculum especially in mental health field.

KEYWORDS : Alcohol Addiction, Spiritual Counselling, Coping, Resilience, Self-Esteem

INTRODUCTION

Drug abuse or chemical dependence is a deadly virus that spreads in Universities and Schools like an epidemic outburst (Matthews, 2004). Today drug culture is wide and extensive (Adekeye, Olujide A, 2015). The motivating factors for initiating drug such as: search for pleasure and variety of pain probably remain the same in many cases, but other factors such a curiosity, boredom peer pressure, unemployment and frustration also plays a major role (Chunkapura, 1994) (Aneshensel, 1983). Spiritual Counseling is one mode of intervention practiced in many de-addiction centers. But their effectiveness were not often studied scientifically and ignored by the de addiction professionals. This study aims at finding out the effectiveness of spiritual counseling as a mode of intervention among the alcohol addicts with respect to the NGO TRADA in Kottayam, Kerala.

Objectives of the research

General Objective

To study the effectiveness of Spiritual Counseling as a mode of intervention on persons addicted to Alcohol

Specific Objectives

- ☞ To study the socio-economic background of the respondents
- ☞ To study the factors leading to alcohol addiction and the patterns of drinking.
- ☞ To study the attitude of the persons addicted to alcohol towards life and mental health before and after attending Spiritual Counseling.
- ☞ To study the coping strategies and resilience level of the persons addicted towards alcohol before and after attending Spiritual Counseling.
- ☞ To study the self-esteem level of the persons addicted towards alcohol before and after attending Spiritual Counseling
- ☞ To study the attitude of the respondents towards de-addiction treatment with a special note to spiritual counseling

Research Hypotheses

The following were the research hypotheses used in the study:

1. There is no significant reduction in the level of depression among the respondents due to spiritual counselling
2. There is no significant improvement in the level of coping among the respondents due to spiritual counselling
3. There is no significant improvement in the level of resilience among the respondents due to spiritual counselling
4. There is no significant improvement in the level of self-esteem among the respondents due to spiritual counselling

4. There is no significant relationship between readiness to change among the respondents and spiritual counselling

Field of Study

The field of study for the research is TRADA, Kottayam.

The All Kerala Joint Christian Temperance Movement (Started in 1961 by all the Christian Bishops of Kerala) was in the forefront of the crusade against Alcoholism and Drug addiction through its various diocesan and parish level units in almost all Christian churches in Kerala. The Total Response to Alcohol and Drug Abuse (TRADA) was started on September 7, 1987 for the treatment of Addiction and for awareness creation among the public about addiction (Joan Chunkapura, Chackochan Kalappura, 1987).

TRADA Model of Treatment

The de-addiction treatment in TRADA is for three months. The first week of the treatment focuses on medical treatment which is on detoxification. Then the remaining days, till the end of first month, one on one spiritual counselling, Alcoholic Anonymous, spiritual retreat, group therapy and family therapy are used in this model of treatment. Professionally trained social workers, psychologists, psychiatrists and nurses are part of the TRADA team.

Research Design

The Research Design used is Quasi - Experimental Research Design with Before and After without Control group.

Universe

The Universe of the study were the persons treated at TRADA in the months of May and June, 2017 which include a sample size of 20 respondents. TRADA takes only 20 respondents for each session.

Sampling Technique

The census method of data collection was followed. All the respondents in the universe were taken for sampling (n=20).

Characteristics of Sampling

- All male respondents
- Addicted to alcohol for 5 years or more
- Attending spiritual counseling in TRADA

Tools of Data Collection

A Structured Interview Schedule along with the following scales were used as tools of data collection.

Sl.No	Scale of assessment	Source	Number of items	Type of Scale	Reliability
1.	Patient Health Questionnaire 9	Robert L. Spitzer and Colleagues 2011	9	Likert type scale (0-Not at all - 3- Nearly every day)	0.85

2.	Rosenberg Self Esteem Scale	M. Rosenberg, 1965	10	4 point Likert Scale (1-Strongly Disagree – 4-Strongly agree)	0.90
3.	Brief Resilience Scale	Smith and Colleagues, 2008	6	5 point Likert Scale (1-Strongly Disagree – 5-Strongly agree)	0.83
4.	Severity of Dependence and Readiness to Change Scale	Alcohol and Drug Training and Research Unit, University of Queensland, 2002	7	Likert type scale (0-Never or almost never – 3- Always)	0.70

Findings

Majority of the respondents were from the age group of 30-40 years, married and were employed. Respondents' father's substance abuse was a major factor that leads to alcoholism. Peer influence was also an influencing factor for addiction. The time of initial use of alcohol for almost half of the respondents was between 15 years to 20 years (Ramanathan, 2012)(Poikolainen, 2000)(Bond, 2017) .

The researcher used Paired sample T-Test for testing hypotheses and found that there was a reduced level of depression among the respondents after spiritual counselling, the level of coping, resilience, self-esteem and readiness to change have increased after spiritual counselling(Mary W. Kuria, David M. Ndeti, Isodore S. Obot, Lincoln I. Khasakhala, Betty M. Bagaka, Margaret N. Mbugua, and Judy Kamau, 2012)(Krok, 2008)(Burke, 2008). Financial problems and health problems of the respondents still continued after spiritual counselling (Marytriza Muraguri, 2014). There was a significant correlation between the level of self-esteem and the severity of dependence among the respondents. It was because of the lower self-esteem that many of the respondents were addicted towards alcohol as a way of displacement(Drug and Rehab, Thailand, 2018).

DISCUSSION

The research findings show the importance of spiritual counseling as a mode of intervention on persons addicted to alcohol. It's evident that the spiritual counseling has caused not only the level of depression to come down but also have improved the level of coping, resilience, self-esteem and severity of dependence. Thus the study suggests that professional social work must also recognize the spiritual aspect of a person. Thus spiritual therapies can also be a part of social work and even specializations can be formed out of it (Miriam, 2016).

Recommendation

The following were the recommendations made by the researcher based on the findings of the study:

Holistic Model of de-addiction

Though there were significant impact due to spiritual counselling, it should be noted that financial and health problems still prevailed among the respondents even after spiritual counselling. Thus a holistic model of de-addiction treatment can be practiced in de-addiction centers. The holistic wellness model introduced by Jung (1954) recommends that the therapist introduce spiritual ideas and experiences for the client's personal development and wellness along with physical, emotional, social, occupational and intellectual components of therapy.

To the Church

Since this research has given prime importance on the spiritual intervention to the problem of alcoholism, the church and Christianity has got to play a major role on this issue. It was evident from the research that the amount of consumption of alcohol among Christians were much higher when compared to other religions in this present study population. It was also supported by the review that consumption of alcohol is not considered as a sin in some religions especially among the Catholics and Knanaya(Blackburn, 2008).

To the Government

The research data revealed that five percent of the respondents who consumed alcohol were below twenty. The minimum age for purchase and consumption of alcohol was 21 years when the researcher carried out the research, then it was then raised to 23 years in December, 2017 by the Kerala state government. Thus the government machinery can implement aadhar card as an age proof to procure alcohol.

To the NGOs

The problems related to alcoholism cannot be dealt by the government alone. The NGOs and churches thus have to come forward to address this issue. More number of NGOs can be trained towards de-addiction treatment with the help of professionals. There has been a steep rise on the number of alcohol addicts and a combined and coordinated efforts are needed.

To the Social Work Curriculum

The spiritual counselling has to be given by persons who are well trained in the respective field. Thus it is strongly suggested to include spiritual counselling in social work curriculum.

CONCLUSION

There is effectiveness in spiritual counseling among the persons addicted to alcohol with respect to their level of depression, attitude towards life and mental health, coping, resilience and readiness to change. Thus this model of treatment can be implemented in various de-addiction centers with reference to the 'Holistic Wellness Model' in accordance with the above mentioned suggestions. Spiritual Wellness is an integral dimension of holistic development. Spiritual wellness is not an indefinable, unworkable concept. It is a part of the human being that needs to be attended to and fostered as much as to the mind and body. Social Workers working as de-addiction counselors, by virtue of their professional description as promoters of human development, are likely facilitators for the enhancement of spiritual wellness.

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