

Effects of School-Based program on Benylin with Codeine abuse prevention among Secondary School Student's Perceived Behavioural Control in Katsina, Nigeria

Hamisu Mamman*, Ahmad Tajuddin Othman and Lim Hooi Lian

School of Educational Studies, Universiti Sains Malaysia, Pulau Penang, Malaysia

***Corresponding Author:**

Hamisu Mamman

Email: hamisumamman38@yahoo.com

Abstract: Drug abuse prevention in schools is a main concern in most countries and other prevention programs have the potential of preventing or delaying students' drug usage. Some preventive programs are effective while others are not effective. The objective of this study is to find out the effects of Enlightenment campaign program (Drug abuse prevention program) on perceived Behavioural Control between the groups of students towards the usage of Codeine. A stratified random sampling procedure was used in selecting the sample. 900 respondents were selected from 9 randomly selected private secondary schools in the three senatorial zones in Katsina state, Nigeria. The respondents were grouped into 5 different groups, group 1 are the respondents that attend the program every week, group 2 are the respondents that attend the program once in two weeks, group 3 are the respondents that attend the program once in a month, group 4 are the respondents that attend the program once in a term and group 5 are the respondents that never attend the program. The results revealed that there were statistical significant differences at $p < .05$ between the five groups compared, with regard to the effects of Drug abuse prevention program. Study results demonstrated the effectiveness of a substance abuse prevention program integrating the Theory of Planned Behaviour.

Keywords: adolescents, drug abuse prevention, theory of planned behaviour

INTRODUCTION

Substance abuse prevention in schools is a main concern in most countries in the world and various well designed studies have shown that substances abuse preventive programs are likely to reduce or delay illicit substance usage in adolescents[1-2], stressed that substance abuse prevention has been made part of the educational curriculum for all adolescents in the age of 12 to 18 in most countries, in some countries; schools are tilting by law to run a specific program or message about substance usage, other countries have adapted a simple reference in the national curriculum that attention has to be paid to health promotion in general, including substance abuse prevention. The reasons for this high priority for the prevention programs is that substance abuse by adolescents is a major public health concern in most countries and the political will to address this problem, until now, there have been no objective criteria available for deciding which program is effective and which one is not, this makes it very difficult for schools as well as for policymakers and institutions that grant funds for such programs to make a well-founded choice among the available programs [3-4]. Several of these programs which include the programs of project Northland, Life-Skills Training,

project STAR, or the "Healthy Schools and substance" project. However, most of these effective programs are specifically developed for use in the United States and it is not clear if they are suitable for use in another country, these programs may not be fit within the cultures, or they may not be effective in other cultures. For these reasons, it is important to develop quality and standards in school-based substance abuse prevention. These quality criteria can support not only the schools and teachers, but also policy makers and prevention workers as well as their choice of prevention programs[5].

The purpose of school-based substance abuse prevention programs are to prevent, or at least reduce youth's and adolescents usage of a different kind of drugs, including licit drugs such as alcohol and tobacco as well as illicit one's such as cocaine and marijuana [1,3, 6]. Earlier reviews reported lack of effectiveness of programs based on information only (rational approach), and non-interactive interventions in general. Also the affective approach was damned because of ineffectiveness or even risk of undesired effects. Starting from the 1980s, ground theories such as social learning[7] and theory of planned behavior[8] have

been incorporated in a new generation of school-based substance abuse preventive programs relied on training youths to develop skills aiming to resist group pressure to substance usage, known as refusal skills. More recent school-based substance abuse preventive programs have projected to train a comprehensive core of social skills, thought to exert a protective effect on adolescents' substance usage. These skills include communication, assertiveness, goal setting, problem solving, and effective coping with anxiety, and others [4,9]. However, the empirical indication supporting the effectiveness of these programs is still very weak and debated. A recent review established that curriculum aiming to improve social skills is effective in reducing on substance usage, but results from similar reviews were far convincing concerning smoking and alcohol abuse. More recent evaluations, however, suggested that curricular based on a social influences approach may also be effective in delaying substance abuse beginning.

Horrible youthful activities are widespread in Nigeria because of the drugs been taken by the students, to the extent that they have been giving a lot of concern to the society, government and other stake holders in Nigeria. In primary schools, peers engage in organized crimes and disrupt normal academic programs. In secondary schools and most Nigerian universities, the activities of secret cults are known to have been source of threat to lives and property. Outside the campuses, a lot of ritual killings are taking place[10-12]. In 1989, the Federal Government of Nigeria enacted Decree 48 now Cap N30 Law of the federal establishing the National Drug Law Enforcement Agency. The Agency is charged with the double responsibility of reducing the supply and demand for drugs. The National Drug Law Enforcement Agency (NDLEA) lamented that in order to effectively tackle drug problems in Nigeria among the students, the students must be involved, as such the agency enlisting their support by organizing the students in to Drug free clubs. The rationale behind the setting up of the drug free club is to provide a forum for students to pursue activities aimed at promoting drug-free life-style among the students as they pursue their education. Through the Drug free clubs the following objectives are expected to achieve.

- a. Increase understanding of the risk compounded by tobacco, alcohol, and other drugs.
- b. Promotion of alternative activities to drug involvement.
- c. Encourage students to resist drug use and persuading those using drugs to seek help.
- d. Identifying and reporting students who are involved in drugs in school management not necessary for penal action but to be helped.

Objective

To find out the effectiveness of Enlightenment campaign program organized by drug free club between the groups of students Perceived Behavioural Control towards the usage of Codeine.

METHODOLOGY

A stratified random sampling procedure was used in selecting the sample. 900 respondents were selected from 9 randomly selected private secondary schools in the three senatorial zones in Katsina state, Nigeria. The respondents were grouped in to 5 different groups, group 1 are the respondents that attend the program every week, group 2 are the respondents that attend the program once in two weeks, group 3 are the respondents that attend the program once in a month, group 4 are the respondents that attend the program once in a term and group 5 are the respondents that never attend the program. The data was analyzed using one way between groups ANOVA.

A theory of planned behaviour scale was used (Perceived Behavioural Control). Perceived Behavioural Control [13,8], is an indication of an individual's perceive ease or difficult of performing the particular behaviour. It is assumed that perceive behavioural control is determine by total set of accessible control beliefs [14, 15]. Therefore, for this study, the perceive behavioural control is describe as respondents beliefs about ease or difficulty to stop the usage of codeine, and it was measured on a 4 points Likert scale items, to strongly disagree to strongly agree to the following statements. Avoiding Benlylin with Codeine abuse in future is entirely up to me, I am confident that I will avoid usage of Codeine, if I wanted to, higher scores indicating stronger perceive behavioural control among the participants to stop the usage of the Codeine.

H₀. There is no significant difference on the effects of Enlightenment Campaign Program on respondents PBC towards the usage of Codeine between the five groups compared.

RESULTS

One-way between-group's analysis of variance (ANOVA) was conducted to test the H₀. Levene's test of homogeneity of variance in (Table 1) generated as part of the analysis indicates a significant, value of $p = .001$ ($p < .05$); indicating that the assumption of homogeneity of the variance was violated.

Table 1: The Levene's Test of Homogeneity of variances on the Effects of Enlightenment Campaign Program on PBC of the respondents towards the Codeine usage.

Levene Statistic	df1	df2	p
12.475	4	895	.001

Because of the violation of the assumption of homogeneity of the variance as shown in Table 1 above, the robust Test of Equality of Means using the Welch

and Brown-Forsyth F-ration was considered and presented in Table 2.

Table 2: The Robust Test of Equality of Means Table on the Effects of Enlightenment Campaign Program on Respondent's PBC to use Codeine

	Statistic ^a	df1	df2	p
Welch	187.896	4	441.362	.001
Brown-Forsythe	183.011	4	847.348	.001

a. Asymptotically F distributed.

Output generated in Table 2 above indicates a significant difference in the PBC between the five groups [$F(4, 441.362) = 187.896, p = .001$] for Welch and [$F(4, 847.348) = 183.011, p = .001$] for Brown-Forsythe statistics respectively; indicating significant difference in the mean score of the effects of the

enlightenment campaign program on respondents PBC towards the usage of Codeine. Thus because of the significant difference as indicated in Table 2 above, the means plot of the differences on the effect of enlightenment campaign program between the five groups was presented in figure 1. below.

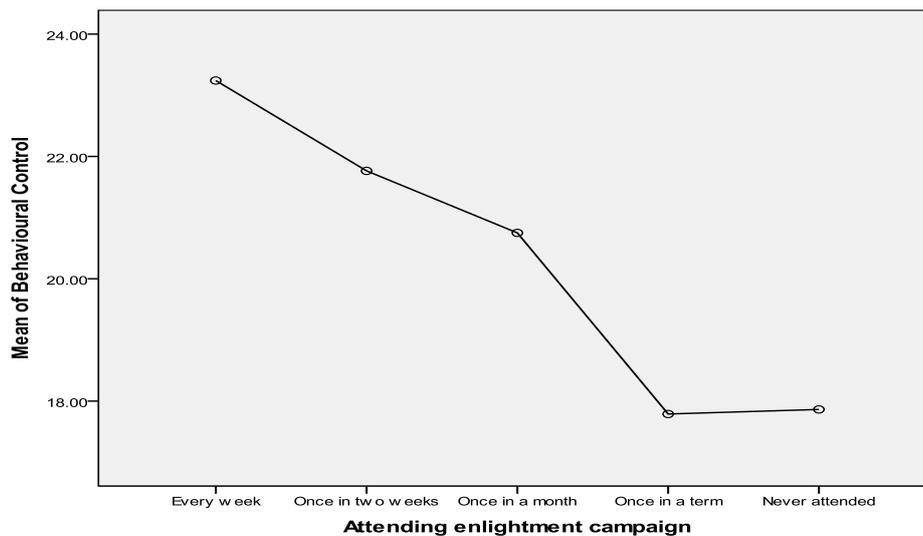


Fig-1: The Means Plot of group's on the Effect of Enlightenment Campaign Program on PBC of the Respondents, towards the Abuse of Benlyin with Codeine abuse.

The means plot of the differences on the effects of the substance abuse preventive program between the groups as presented in figure 1, above shows that, group 1 was having the highest mean score of PBC, with a mean score of 23.241, followed by group 2 with a mean score of 21.763, followed by group 3 with a mean score value of 20.750, followed by group 5 with a mean score of 17.863, and followed by group 4 with a mean score value of 17.789. Meaning that, group 1 is having the highest PBC to stop usage of Codeine, followed by Group 2 with moderate low, and group 3, with average PBC while group 5 is having a moderate PBC to stop

the usage of Codeine, and followed by group 4 with low PBC to stop the usage of the Codeine. The program is more effective to group 1, group 2 and group 3, than group 4 and 5 compared with regard to PBC of the respondents, to stop the usage of Codeine. A higher scores indicating greater control over not use the Codeine.

CONCLUSIONS

The results of this study demonstrated the effectiveness of the enlightenment campaign program on Codeine usage. Higher score of perceived

behavioural control of the respondents that attend the enlightenment campaign program demonstrated the potential to reinforce them not to use Codeine.

REFERENCES

1. Cuijpers P; Effective ingredients of school based drug prevention programs: A systematic review. *Journal of Addictive Behaviours*, 2002; 27(6):1009-1023.
2. David S, Lorraine M, Sacha R; School-based drug prevention programs: A review of what works. *Australian and New Zealand Journal of Criminology*, 2008; 41(2):259-286.
3. Gottfredson DC, Wilson DB; Characteristics of effective school-based substance abuse prevention. *Journal of Prevention Science*, 2003; 4(1):27-38.
4. Faggiano F, Rosaria MG, Bohrn K, Burkhart G, Vigna-Taglianti F, Cuomo L et al; The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial. *Journal of Preventive Medicine*, 2008; 47(5):537-543.
5. Huang CM, Chien LY, Cheng CF, Guo JL; Integrating life skills in to a theory-based drug use prevention program: Effectiveness among junior high students in Taiwan. *Journal of School Health*, 2012; 82(7):328-335.
6. Lakhanpal P, Agnihotri AK; Drug abuse an international problem: A short review with special reference to african continent. *Indian Journal of Forensic*, 2007; 1(1):1-11.
7. Bandura A; Social learning theory of aggression. *Journal of communication*, 1978; 28(3):12-29.
8. Ajzen I; The theory of planned behavior. *Journal of Organizational Behavior and Human Decision Processes*, 1991;50 (2):179-211.
9. Peleg A, Neumann L, Friger M, Peleg R, Sperber AD; Outcomes of a brief alcohol abuse prevention program for Israeli High school students. *Journal of Adolescent Health*, 2001; 28(4):263-269.
10. Abudu RV; Young people and drugs abuse: Biennial international conference on alcohol, drugs and society in africa, Abuja, Nigeria. Between 23rd-25th, 2008.
11. Oshodi OY, Aina OF, Onajole AT; Substance use among secondary school students in an urban setting in Nigeria: prevalence and associated factors. *African journal of psychiatry*, 2010; 13(1):52-57.
12. Mamman H, Lawal B; The effectiveness of school-based substance abuse prevention program on secondary school students attitudes towards benlyin with codeine in Katsina, Nigeria. *International Journal of Physical and Social Sciences*, 2014; 4(2):211-220.
13. Francis JJ, Eccles MP, Johnston M, Walker A, Grimshaw J, Foy R, Kaner EFS, Smith L, Bonetti D; Constructing questionnaires based on the theory of planned behaviour. A manual for health services researchers. centre for health services research University of Newcastle 21 Claremont Place Newcastle upon Tyne NE2 4 AA United Kingdom. 2004.
14. Marcoux BC, Shope JT; Application of the theory of planned behaviour to adolescent use and misuse of alcohol. *Journal of Health Education Research*, 1997; 12(3):323-331.
15. Tavousi M, Hidarnia AR, Montazeri A, Hajizadeh E, Taremain F, Ghofranipour F; Are perceived behavioural control and self-efficacy distinct constructs? *European Journal of Scientific Research*, 2009; 30 (1):146- 152.