

Relationship between Family Support, Self-Efficacy and Relapse Occurrence among Youth Recovering from Drug Addiction in Selected Rehabilitation Centres in Limuru Sub-County, Kenya

*Wangithi I. Kinyua & Ndurumo M. Michael
University of Nairobi, P.O. Box 30197-00100, Nairobi, Kenya

*Corresponding Author's Email: isabelkinyua64@gmail.com

Abstract

A lot of research has been done to understand substance addiction; a life lasting relapsing illness in which uncontrollable drug taking persists despite of serious negative consequences" (Ilze, 2014). The purpose of the study was to identify if there is a relationship between support from the family, self-efficacy and relapse or recidivism behavior to drug use among youth recovering from addiction at the selected rehabilitation centres of Limuru sub-county in Kenya. The study was guided by the social learning theoretical framework. The study used the co-relational research design using 80 youth recovering from drug addiction who were selected using the convenience sampling method. Snowballing sampling method was used to select the 5 centres where the respondents were sleeved from. Data was collected using questionnaires. The level of support provided by family members was measured using the Family Support and Strain tool developed by Schuster, Kessler and Asseltine (1990). The respondents' self-efficacy was measured using the Drug Avoidance Self-Efficacy Scale (DASES) (Martin, 1992). Data was analyzed in accordance with the stated hypothesis that guided the study; Three-way Chi-square test and Pearson Correlation of Coefficient were used for the inferential statistics. For descriptive analysis, frequency distribution, central tendency and dispersion were used. Logical regression was used to establish the cause effect relationships between the three variables. The results of the analysis showed that majority of the respondents (27%) were aged between 30-35 years, 23% were aged between 22-25 years, 22% between 26-29 years, 16% between 36-39 years, while 13% of them were aged between 18-21 years. Majority of the respondents (65%) were male, while (35%) of them were female. The findings also showed that majority of youth in the rehabilitation centers are well educated (36%) with college and undergraduate certifications and a majority of the respondents (42%) were unemployed. Additionally, 76.6% of the respondents had a high self-efficacy, while (23.4%) of the respondents had a low self-efficacy. The results also showed that family support has a significant relationship with self-efficacy ($\chi^2 = 19.446$; $p = 0.026 < 0.05$). Because it significantly affects the level of self-efficacy among youth recovering from drug addiction, family support was found to have a significant negative Pearson correlation to relapse ($r = -0.628$; $p = 0.032 < 0.05$), implying that family support and relapse had a strong correlation. The Chi-square test on family support and relapse showed that family support and relapse had a significant chi-square value. Further analysis indicated that a unit increase in family support would lead to a 40.7% increase in self-efficacy. Additionally, a unit increment in family support would cause a 38% decrease in chances of relapse. The results implied that the age and employment status influence the level of self-efficacy while gender and education level do not have significant impacts on self-efficacy but education and employment status have a significant relationship with relapse. From these findings, it was concluded that increased family support lead to an increment in self-efficacy and a reduction of the chances of relapse. Additionally, positive change in age and employment status positively affects self-efficacy while an increment in

education level and accomplishments in employment would significantly minimize chances of relapse. It is therefore recommended that addiction counselors should consider facilitating family support for their clients in recovery after discharge as an approach of avoiding relapse, that individuals recuperating from substance addiction should be assisted to understand the role their family's interaction and dynamics plays in their recovery process and NACADA and the Ministry of Health should design policies based on the study's findings that will benefit addiction treatment practitioners in relapse prevention.

Keywords: Family support, recidivism, self-efficacy, recovery, youth, rehabilitation centres

INTRODUCTION

Research by National Authority for the Campaign Against Drug Abuse (NACADA), (2013) found that alcohol, cigarettes, bhang, miraa / khat, psychotropic drugs and inhalants are the most frequently abused substances by young people. Birgen (2013) found that most individuals recovering from addiction of alcohol were aged 26 to 35 (70.8%). Adinoff, (2010) and the South African Community Epidemiology Network on Drug Use (SACENDU), (2013) also found that younger adults have a higher tendency to relapse. The pandemic of drug addiction and occurrence of relapse has encouraged different organizations to introduce measures to equip those afflicted with the ability to avoid relapse (Nathaniel, 2014). In Kenya, a report by Gathu, (2013) in Nairobi found that the number of rehabilitation centers has grown and, at the same time, relapse cases have increased. This is because addiction is a chronic illness hence relapse during the first few years of treatment is probable (Chepkwony, Chelule, & Barmao, 2013). Relapse is a key area that requires further investigation, particularly among young people with the highest prevalence of drug abuse and relapse (NACADA, 2013). Haegerich & Tolan (2009) confirmed that family support and self-efficacy are key predictors of relapse.

The scope of family support examined in this research include financial support to meet needs and involvement in meaningful activities, encouragement to remain sober, companionships and proper communication. Some family relationships may potentially encourage relapse (Orford, Velleman, Copello, Templeton, & Ibanga, 2010). Githae, (2015) in Nairobi found that a hostile family environment that does not support the recovery. On the other hand, the scope of self- efficacy examined include the responses to perceived capability to manage stress, to say no to drug using invites and to manage other substance using triggers. Individuals with a strong self-efficacy are likely to avoid high-risk alcohol and substance use circumstances (Kadden & Litta, 2011). After a slip, highly self-efficacious people consider the slip as temporary and restore sobriety, while those with low self-efficacy are likely to continue using.

This study was expected to support dependency counselors by considering different approaches to improving the avoidance of relapse. Individuals healing from dependency can better know their role in prevention of relapse as well as that of their families This study may help NACADA and the Ministry of Health in designing policies that benefit addiction treatment practitioners. The study can help society, including, families, individuals, and hospitals, identify ways to avoid relapse. The findings of this study can shed light on existing literature on treatment of drug addiction and prevention of relapse. The study was conducted in the sub-county of

Limuru which is one of the 12 sub-counties of Kiambu county, north of Kikuyu sub-county, which is south of Lari sub-county, and west of Kiambaa sub-county. It has 14 NACADA-accredited rehabilitation centers and admits clients from across the country (NACADA, 2016).

Statement of the Problem

Substance abuse in Kenya is a pandemic that has left the youth as the most susceptible to its harmful effects like dropping out of school, poor health, finance or social conflicts (Njoki, 2013). Findings have indicated that family support has a positive impact on self-efficacy and relapse. Several studies have shown that family support is not favorable to self-efficacy or relapse (Orford, Velleman, Copello, Templeton, & Ibanga, 2010). Studies conducted to validate the correlation have been performed in the West. Furthermore, it is interesting that studies have been conducted among alcoholics across all age groups, whereas findings involving young people with the Narcotic demographics are very scanty or old. An information gap as to why many young aged clients receiving treatment in drug addiction rehabilitation facilities are undergoing relapse exists (Chepkwony, Chelule, & Barmao, 2013). It raises the question of whether family support has a significant relationship with self-efficacy and relapse following rehabilitation of drug-addicted youth in Limuru Sub-County, Kenya.

Purpose of the Study

The purpose of the study was to determine whether a relationship exists between support from the family, self-efficacy and relapse occurrence among youth recovering from drug addiction in selected rehabilitation centres in Limuru Sub-County, Kenya.

Hypotheses

The study tested the following null hypotheses;

H₀: Family support has no significant relationship with self-efficacy among the youth recovering from drug addiction admitted in the selected rehabilitation centres in Limuru Sub-County

H₀: Family support has no significant correlation with relapse occurrence among the youth recovering from drug addiction admitted in the selected rehabilitation centres in Limuru Sub County

H₀: There is no significant correlation between family support, self-efficacy and relapse occurrence among the youth recovering from drug addiction admitted in the selected rehabilitation centres in Limuru Sub-County

LITERATURE REVIEW

Over the past few decades, services have gradually included a 'family dimension,' indicating a growing awareness of the important roles that households can play in the treatment of addiction, as it is also affected by family members' involvement (Martin, Lewis, Joshua-Martin, & Sinnot, 2010). The purpose of this chapter was to examine family support and its impact on self-efficacy and relapse occurrence among young recovering addicts. Previous research literature analysis was focused on the study factors that included; support from the family self-efficacy, and relapse. Family support was the study's independent variable, while the dependent variables were both self-efficacy and relapse. All the objectives of the research were addressed while monitoring the confounding variables; age, race, educational level and employment status.

Support is the 'knowledge from others that one is cherished and cared about, respected and supported, as well as part of a communication network or shared responsibilities. Help outlets may come from a wide range such as' parents, wife, children, colleagues, acquaintances, youth, social and community connections. Treatment participation of the parents can be a good indicator of the success of the treatment (Martin, Lewis, Joshua-Martin, & Sinnot, 2010). A drug user's behaviour can often cause one to alienate himself from his family and friends (West, 2009).

Self-efficacy is a component that defines how an individual can perceive an activity as distressing and can, therefore, decide how to relate to it. General self-efficacy is correlated with a more positive attitude towards yourself and the world, according to the study. Self-efficacy has an effect on the risk of relapse. Several surveys have pointed out that the most significant factor driving long term recovery from dependence is self-efficacy.

Family support and self-efficacy of youth recovering from drug addiction

Arshat & Ismail (2017) explored the impact of family interactions on the self-control and self-efficacy of adolescents by including a maximum of 318 adolescents amid the ages of 13 and 17 who reside in Johor, Malaysia as research respondents. To gather the necessary data from the participants, a self-administered questionnaire was introduced. Before progressing with this study, consent from different parties was acquired. The family relationship indicator included family relationship subscales (like cohesion, support and communication). Responses are rated on a Likert scale of four points (1=Not accurate at all, 2=Scarcely always real, 3=True a bit, 4=Almost always or always true). Teenage resilience assessment was utilized to assess teenage self-control and self-efficacy. Results found that assistance contributed strongly to self-efficacy ($r = 0.02$, $p < 0.01$). In other words, highly self-efficient adolescents come from a family that shows high support levels. However, this study involved respondents amid the ages of 13 and 17. This study's author is targeted at working with young people within the ages of 18 and 39.

Nevertheless, when exploring whether there is a significant correlation amid coping strategies, self-efficacy and social support and the discrepancies amid these factors during rehabilitation. Williams (2013) undertook a longitudinal study of 27 people attending two steadying and drug-free Drug Rehabilitation treatment programs. Differences within populations and sex are also assessed; 88% for males and 12% for females. The participants' age range ranged amid 20-60 years. During the recovery process, respondents are measured annually and three months apart for all four-factor ratings. Wilcoxon analysis was then used to assess discrepancies amid Group A and Group B amid the analysis and the re-rest. Self-efficacy and mental quality of life ($p=.702$) were considered to be a poor relation.

Cibulskytė and Staskevičienė (2017) published another study examining the fluctuations in self-efficacy and social support for dependent women and men during the recovery process. The researcher used questionnaires to collect the data. The survey was attended by 101 alcohol-addicted persons, who took part in Minnesota 12-step program in the centre for addicts. The researcher used questionnaires to gather the data,. In the study 101 drug abusers who enrolled in the Institute of Addictive Addiction participated in the 12-step program in Minnesota: 33 females and 68 males aged 18-39 and 40-59 (average age was 39). Participants signed the informed consent forms and completed the same questionnaires two times: at the start of treatment (on

the first or second day of treatment) and on the final day of treatment. It took approximately 30 minutes to fill questionnaire survey. The data were processed using SPSS 16.0. Social pre-treatment support was seen in the 40- to 59-year-old age range, while post-treatment connections were seen in both age groups (18-39 and 40-59). The association amid alcohol avoidance, self-efficacy and societal support before care were also seen in the age group aged 40 to 59 years old, and this correlation remains unchanged following therapy. The study revealed that higher overall self-efficacy was correlated with higher perceived social support following recovery during rehabilitation. This study, nevertheless, only had alcoholic participants in the study while involving respondents who have been reported to be abuse the drugs.

In spite of this, Bhisma and Mahendra (2016) studied resident self-efficacy to Tanah Merah Rehabilitation Center, Samarinda, irrespective of drug addiction via family support. For case study technique, the analysis used a qualitative method. The data gathering methods used were in-depth surveys, visitors, ex-drug users, peer support, and citizen family members were the research participants. The specimens were collected using purposeful and snowballing process of sampling.. The results showed that one of the variables influencing residents' self-efficacy was the encouragement of resident families in the form of emotional help, trust to heal, a sense of concern, insightful support in the form of recommendations and advice given by the parent of the resident. The analysis used the technique of snowball sampling which indicated that the author could have polled respondents who chose to be central and therefore could have offered biased testimonies.

Birgen (2013) conducted a study to evaluate factors contributing to relapse at selected rehabilitation centers in Nairobi, Kenya, taking into account the above gap This report followed a cross-sectional research design based on eight rehabilitation centers with 226 clients enrolled. Many alcoholics were aged 26 to 35 years (70.8%) and 95.8% were men, while 4.2% were females. From the results, 27% strongly agreed that their ability to handle high-risk scenarios was overconfidence, 30% approved, 10% disagreed and 12% strongly disagreed. This study although done in Kenya did not show how family support influences self-efficacy of individuals recovering from drug addiction

Family Support and Relapse among young recovering addicts

Razali, Madon, Juhari, and Samah (2016) conducted a study in Malaysia aimed at exploring the connection amid relational variables such as parents, colleagues, and social support with propensity of former drug abusers to relapse. This study examined 242 former drug addicts; data collection was carried out by Russell & Cutrona (1987) using the Social Provisions Scale (SPA) questionnaire. The Reliability Coefficient of these measures was guaranteed using the Cronbach's alpha test which made all of them higher than 70. The results showed that most respondents got moderate family support at 66.5 percent rate. The study also showed a strong positive relationship amid family support and relapse tendency. The frequency of the interaction obtained is intermediate ($r=.564$, $p=.05$). The positive correlation shows that there was a strong relationship amid family support and relapse tendency. This means that the higher the support of the family, the higher the tendency for non recurrence. The study concluded that the aid provided by family members could be too much or even inadequate to help recovering abusers get rid of drug problems. Parents and family members should be prepared for the risk of relapse and have adequate knowledge (Heinz, Wu, Witkiewitz, Epstein, & Preston, 2019). Nonetheless, this study did not indicate the age group of or

gender of the respondents which might have been different from the population targeted by the researcher of the present study.

Osmany, Ali, Rizvi, Khan, & Gupta (2014), did a study in Delhi to assess perceived social support and coping strategies among alcohol and cannabis dependants and non-dependants. A sample population of 60 respondents; 30 rehabilitation center employees and 30 non-Delhi employees were selected. Perceived level of social support and the cope scale were used in both categories to test social support and coping. Results were evaluated using the t-test and the correlation of the brand moment. The results revealed a higher percentage of emotional coping and dysfunctional coping among the dependent groups than the non-dependent group; all types are used to forecast the use of alcohol and cannabis (Dorard, Bungener, Corcos, & Berthos, 2013).

Family support, self-efficacy and relapse of young recovering addicts

A study was conducted in Turkey (Gülaçtuel, 2010) to evaluate if presumed social support is a significant indicator of subjective well-being. Once t-test results linked to the significance of coefficients of regression were examined, it was recognized that social support earned from the family had a major predictive effect on the degree of subjective well-being. It was decided that there was no significant effect on the degree of personal well-being of social support provided from a special person and a relative. This study only looked at emotions and life satisfaction in general. Meaning that other emotions were measures of life satisfaction could have contributed to the relationship found from the findings. The researcher was particularly focusing on family support, self-efficacy and relapse. This study also involved participants in the primary school level while the study targets youth aged 18 - 39 years.

Nonetheless, Kamaliya (2014) examined the correlation amid the aspects of social support and the aspects of subjective well-being (life satisfaction, positive impact, and negative impact) in poor women, especially in Malang City with a study population of 92. The method of analysis used was a statistical methodology. The information was gathered using the questionnaire on the social network and the data analysis tool. The correlative finding was a positive relationship of $p=0.00$ amid social support and perceived well-being. The researcher also found that enforced and presumed support predicted positive effect, presumed support forecasted life satisfaction, and perceived support also predicted negative impact. The most sought-after social support of the respondents is their spouse. This study though, only targeted women who were married while the researcher will target both men and women in the youth age group of 18-39 years. The findings showed that presumed support was an important predictor of subjective well-being and negative impact such as self-doubt in life satisfaction. Support has also been an important positive predictor of life satisfaction. Family involvement and help are significant predictors of positive effects such as confidence and self-efficacy (Siedlecki, Salthouse, Oishi, & Jeswani, 2014). The current study, however, focused only on family support and self-efficacy among young people recovering from drug addiction.

Incidentally, in Malaysia, a maximum of 318 adolescents aged 13 to 17 years were included as participants in a research, that examined the impact of family relationships on self-control and self-efficacy was studied. The test of family interaction was used to assess family relationships. Adolescent resilience measurement was used to measure adolescent self-control and self-efficacy. The findings found that young people with

poor family connections are more likely to have weak social skills. At the adolescent age, giving support and providing sufficient affections for the growing teen is essential (Arshat & Ismail, 2017). Another study found that self-efficacy was a relatively strong indicator of abstinence from alcohol usage post-treatment (Litt & Kadden, 2011).

In addition, Nikmanesh, Baluchi, & Motlagh, (2016), studied the function of self-efficacy values and social support in predicting dependency relapse. The method of study was a correlation of factors. The findings were that F was 34.75 and significant in 0.000 for self-efficacy. Therefore, in self-efficacy beliefs, the two groups, with and without relapse of addiction, were different. The average self-efficacy rating in the non-relapse community was more than the relapse group value. These findings also found that F was 46.41 in social support and 0.000 in value. Therefore, amid the two classes, topics with and without dependency relapse, there was a significant difference. In the community without relapse, the mean social support value was lower than the group with relapse. The data revealed that self-efficacy foresees 0.17 of addiction relapse alterations, but social support foresees 0.22 of their changes. However, this research used snowball sampling method which could have caused some of the participants to respond with bias.

METHODOLOGY

A correlation design directed this research to understand the relationship between variables and to approximate the degree to which family support is related to self-efficacy and relapse between addiction-recovering youth. The study was guided by the Social learning theory which stated that learning and unlearning a behavior is a process of the cognitive mind that individuals undergoes in a social context (Bandura, 1971). This takes place in the presence of reinforcement, role models to imitate, through observation and through instructions or guidance. The study was conducted in Limuru sub-county which is one of the 12 sub counties of Kiambu county, north of Kikuyu sub-county, which is south of Lari sub-county and West of Kiambaa sub-county. It has 14 NACADA- accredited rehabilitation centres and admits clients from across the country (NACADA, 2016). The target population was young people who were recovering from drug use. They were sampled from identified drug and alcohol rehabilitation centers with an intake range of 25-100 in a year. The research focused on young adults (both male and female) between the ages of 18-39 years. Convenience sampling approach was used to identify the target population for the research. Snowballing sampling approach was used to choose the 5 centres from which to pick the respondents to engage in the research, namely The Retreat Treatment and Rehabilitation Centre, Lifetime Wellness Treatment and Rehabilitation Centre, Asumbi Treatment Centre (Limuru), Kentmere and Jorgs Ark Rehabilitation Centre. A sample size of 80 respondents aged 18-39 years from the five rehabilitation centers was selected.

The study used questionnaires to collect data that consisted only of closed-ended items. The information gathered on demographic background, adequacy of family members support, level of self-efficacy, and relapse. The level of support received was assessed using the Schuster, Kessler and Asseltine (1990) Family Support and Strain Test. The self-efficacy of the Ip was assessed using the Self-Efficacy Scale for Drug Avoidance (DASES) (Martin & Wilkinson, 1995). The questionnaires used a Likert scale of 4 and 7 points to assess the study targets. The questionnaire was chosen because it had the

concepts collected from the literature review of the components of the research. 15 items were given to each element and the total number of items obtained was 45.

The instrument was piloted at the New Hope Center for Rehabilitation. They had similar attributes with the ones involved in the actual study, like age and comprised of both male and female. The questionnaires were coded for analysis and entered into SPSS. From the findings, the instruments' validity and reliability were tested and ensured.

Cronbach's alpha, was used to determine the reliability of the instrument. After piloting the instruments and changing three of the 45 items produced for piloting, a coefficient of reliability was established. From the pilot study, all the three items under 0.70 were changed to make them more relevant. The internal consistency of the Self-Efficacy Scale for Drug Avoidance (DASES) was found by Norozi, et al., (2016) to be highly satisfactory ($\alpha = 0.809$) while the Schuster, Kessler and Asseltine (1990) Family Support and Strain Test used was found by Saritas and Erci (2019) to have a reliability coefficient of 0.70.

The content was derived from the study of literature on the family, self-efficacy and relapse. Components of family support included emotional support, instrumental support, informational support and appraisals (Karen, Barbra & Viswanath, 2002). Self-efficacy had the following components; presumed capacity to conduct self-control, stress management capabilities, determination to abstain from using drugs or alcohol and the strength to deal with persistent craving's stimuli (Sutton, 2001). Relapse included elements that include mental relapse where one continues to have trouble controlling feelings such as anger and sadness, psychological relapse where one tends to glorify the use of drugs and think that they were better than the sober days, and ultimately physical relapse where one inevitably begins to use locations and associates and end up using the drug of choice (Higgings, Higgings, 2014).

The questionnaire had 45 items, whereby 15 tested for family support, and 15 for self-efficacy and another 15 for relapse. The analysis of the questionnaire showed that all the items except three were related to the study objectives and helped to test the hypothesis. The three items were changed to items that were relevant to the hypotheses. Using the pilot study, the predictive and concurrent validity was ensured when the findings from the pilot study were replicated by the findings from the actual study.

The respondents were given the questionnaire and time to complete answering the items of the instrument. The participants were assured of the confidentiality of the data they will provide. The respondents were requested not to indicate their names on the questionnaire forms in order to guarantee their anonymity.

SPSS version 20 was used to analyze the data. Both descriptive and inferential statistical analysis methods were utilized. The aim of the descriptive analysis was to define a distribution of scores or measurements utilizing a small number of indices which calculated relapse. Cross tabulation was used to analyze gender of the respondents, family support and self-efficacy.

RESULTS AND DISCUSSION

The findings of the study are discussed below. The findings of the demographic variables and the null hypotheses are discussed with the support of past literature review with similar findings.

Demographic characteristics

In order to control the confounding variables of the study the following demographic variables were examined.

Age of Respondents

Results from figure 1 show that majority of the respondents (27%) were aged between 30-35 years, 23% were aged between 22-25 years, 22% between 26-29 years, 16% between 36-39 years, while 13% of them were aged between 18-21 years, implying that majority of the youth in rehabilitation centers across Limuru were aged between 22 and 35 years.

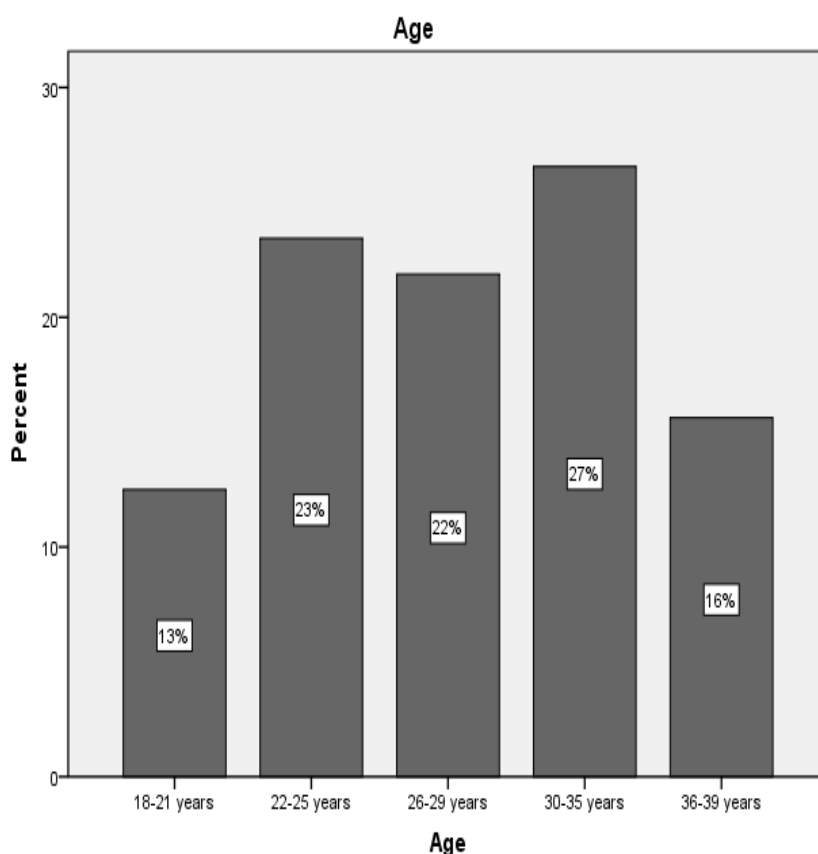


Figure 2: Age of respondents

Gender of Respondents

Figure 2 presents a distribution of the participant's gender. As the figure 2 shows, 65% (majority of the respondents) were male, while 35% of them were female. Therefore, there were more males than females in the rehabilitation centers in Limuru.

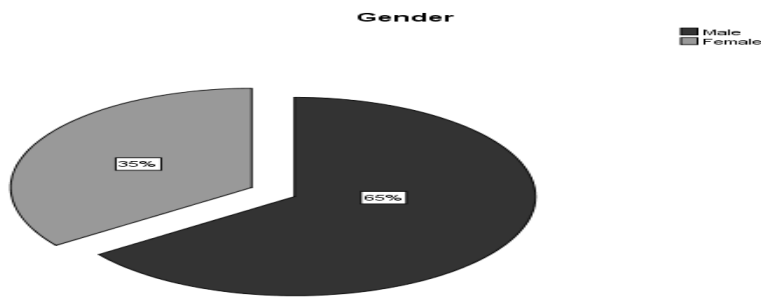


Figure 3: Gender of respondents

Education Level of Respondents

Figure 3 presents a distribution of the respondents' education level.

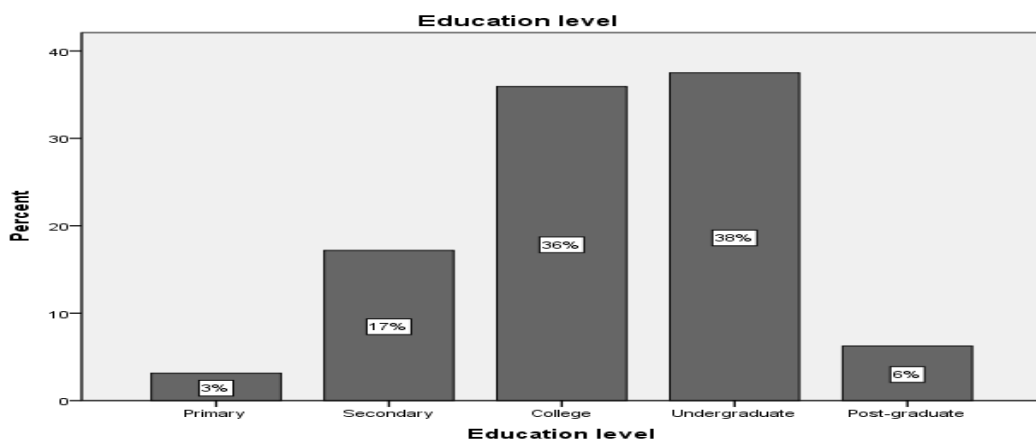


Figure 4: Education level of respondents

Employment Status of Respondents

Figure 4 presents a distribution of the respondents' employment status.

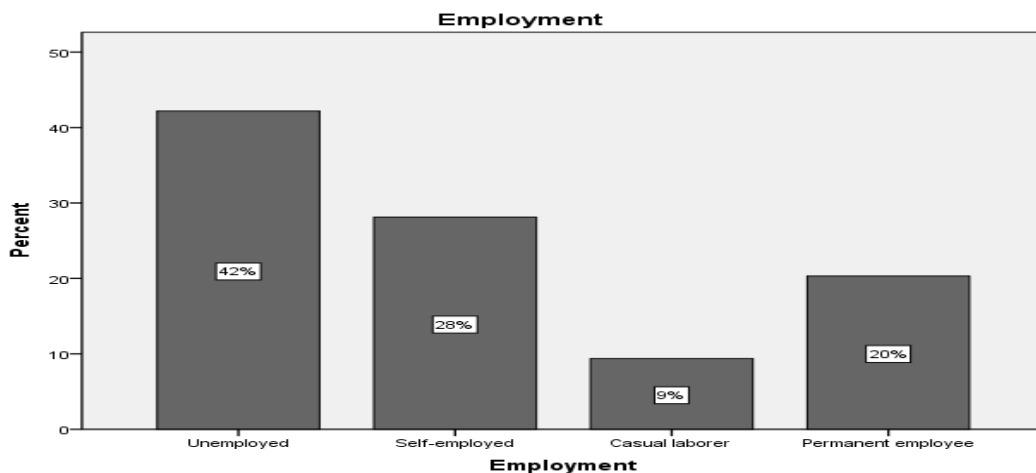


Figure 5: Respondent's employment status

Testing Hypotheses

The first hypothesis stated that family support has no significant relationship with self-efficacy among the youth recovering from drug addiction. Table 1 presents frequencies and percentages on cases of high and low self-efficacy among the respondents of the study.

Table 6: Efficacy of the respondents

Efficacy	Frequency	Percent
Low efficacy	21	23.4
High efficacy	59	76.6
Total	80	100.0

From the results in Table 1, 59 (76.6%) of the respondents had a high self-efficacy, while 21(23.4%) of the respondents had a low self-efficacy. Therefore, even though the youth were recovering from drug addiction, they had high levels of self-efficacy. Table 2 presents results on the relationship between support from the family and self-efficacy among the respondents. Chi-square statistic was used to determine correlation of support between the family and self-efficacy.

Table 7: Chi-square test: Family support on self-efficacy

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.446 ^a	48	.026
Likelihood Ratio	14.179	48	.018
Linear-by-Linear Association	.290	1	.039
N of Valid Cases	80		

a. 73 cells (97.3%) have expected count less than 5. The minimum expected count is .03.

As the results in table show, family support had a significant relationship with self-efficacy ($\chi^2 = 19.446$; $p = 0.026 < 0.05$). Table 3 presents results from Cramer's V test which showed that family support and self-efficacy have a test value of 0.855, $p = 0.026 < 0.05$ which indicating that family support and self-efficacy had a strong correlation.

Table 8: Cramer's V Test

		Value	Approx. Sig.
Nominal by Nominal	Phi	0.785	0.026
	Cramer's V	0.855	0.026
N of Valid Cases		80	

From these findings, the null hypothesis tested was rejected. This means that family support significantly relates with self-efficacy among youth recovering from drug addiction. These finding were supported by Arshat & Ismail (2017) who found that support from the family contributed strongly to self-efficacy. These study findings also agreed with Martin, Lewis, Joshua-Martin, & Sinnott (2010) who concluded that treatment participation of the parents could be a good indicator of the success of the rehabilitation

The second hypothesis stated that family support has no significant correlation with relapse occurrence among the youth recovering from drug addiction. To test the hypothesis, a Pearson correlation and a chi-square test were used and the results are

presented below. From results, family support and relapse had a significant negative Pearson correlation ($r = -0.628$; $p = 0.032 < 0.05$), implying that family support and relapse had a strong correlation. To check whether family support had a significant correlation with relapse, a chi-square test was used and findings presented below:

Table 9: Chi-square test on family support and relapse

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	44.652	696	.038
Likelihood Ratio	59.652	696	.020
Linear-by-Linear Association	.241	1	.044
N of Valid Cases	80		

a. 750 cells (100.0%) have expected count less than 5. The minimum expected count is .02.

Results show that family support and relapse had a significant chi-square value ($\chi = 44.652$; $p = 0.038 < 0.05$). From these results, the hypothesis tested was rejected. Implying that increase in family support reduces chances of relapse among the youth recovering from drug addiction at the rehabilitation centers. These findings were in tandem with Razali, Madon, Juhari, & Samah (2016) findings who found that there was a strong positive relationship amid family support and relapse tendency. Kairanya (2010) also found that among individuals who had relapsed in his study, their level of family support was very low. Showing that family support and relapse were positively related.

The third hypothesis stated that there is no significant correlation between family support, self-efficacy and relapse occurrence among the youth recovering from drug addiction. To test the hypothesis, a multivariate regression analysis was conducted. The results are as given below.

Table 10: Multivariate analysis: Family support on self-efficacy and relapse

Dependent Variable	Parameter B	Std. Error	T	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Self-efficacy	Intercept	2.985 .532	25.607	.000	21.921	34.049
	Family	.407 .199	19.035	.034	15.015	20.041
Relapse	Intercept	2.335 .437	24.345	.000	20.462	33.208
	Family	-.380 .163	17.848	.028	12.247	19.406

The results showed that family support was a significant predictor of self-efficacy ($t = 19.035$; $p = 0.034$). Further, the results also showed that family support was also a significant predictor of relapse ($t = 17.848$; $p = 0.028$). Further analysis indicated that a unit increase in family support would lead to a 40.7% increase in self-efficacy ($\beta = 0.407$). Additionally, a unit increase in family support would lead to a 38% decrease in chances of relapse ($\beta = -0.380$). From the result above, the hypothesis was rejected, meaning that continued family support increased self-efficacy and reduced chances of relapse among youth recovering from drug addiction. In support of these findings, Birgen (2013) also found that there was an association amid family support, self-efficacy and relapse occurrence. Especially if the emotions expressed by the family towards the individual in recovery were supportive and sensitive. Additionally, Nikmanesh, Baluchi, and Motlagh, (2016) also found that self-efficacy predicts addiction relapse alterations and that social support also predicts recovery behavior.

Testing for Relationships

The relationship between the demographics and self-efficacy and relapse has been discussed respectively in this section under the tables 6 and 7.

Table 11: Relationship between demographic variables and self-efficacy

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	T	
(Constant)	2.771	.450		6.165	.000
Age	-.147	.077	-.095	-2.139	.042
Gender	-.020	.184	-.015	-.107	.915
Education level	-.018	.091	-.026	-.194	.847
Employment	.176	.082	.138	1.918	.033

a. Dependent Variable: Efficacy

From Table 6, age ($t = -2.139$; $p = 0.042 < 0.05$) and employment status ($t = -1.918$; $p = 0.033 < 0.05$) have significant effects on self-efficacy. A unit increase in the age would lead to a 14.7% decrease in self-efficacy ($\beta = -0.147$). Additionally, a positive change in employment status would increase self-efficacy by 17.6% ($\beta = 0.176$). However, gender and education level do not have significant impacts on self-efficacy.

Table 12: Relationship between demographic variables and relapse

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	3.251	.337		9.635	.000
Age	.033	.058	.081	.575	.567
Gender	-.004	.138	-.004	-.030	.976
Education level	-.154	.069	-.275	-2.244	.029
Employment	-.145	.062	-.321	-2.338	.023

a. Dependent Variable: Relapse

From the results in Table 7, education level ($t = -2.244$; $p = 0.029 < 0.05$) and employment status ($t = -2.338$; $p = 0.023 < 0.05$) have significant effects on relapse. A unit increase in the education level leads to a 15.4% decrease in chances of relapse ($\beta = -0.154$). Additionally, a positive change in employment status would reduce chances of relapse by 14.5% ($\beta = -0.145$). However, age and gender do not have significant impacts on relapse.

CONCLUSION AND RECOMMENDATIONS

Conclusion

From the findings it can be concluded that majority of youth in rehabilitation centers were aged below 35 years, with most of them being male. The youth recovering from drug addiction in rehabilitation centers were well educated even though majority of them were not employed. Additionally, youth recovering from drug addiction in rehabilitation centres had a high self-efficacy. From the findings of the study, it can also be concluded that increased family support would lead to an increment in self-

efficacy and a reduction of the chances of relapse among youth recovering from drug addiction. Positive changes in age and employment status positively affect self-efficacy among youth recovering from drug addiction in rehabilitation centres. Lastly, it can be concluded that increase in educational attainment and accomplishments in employment would significantly minimize chances of relapse among youth recovering from drug addiction across rehabilitation centers.

Recommendations

The following recommendations were made:

2. Addiction counselors should consider facilitating family support for their clients in recovery after discharge as an approach to avoiding relapse.
3. Individuals recuperating from substance addiction should be assisted to understand the role their family's interaction and dynamics plays in their recovery process.
4. NACADA and the Ministry of Health should design policies based on the findings of this study that will benefit addiction treatment practitioners in relapse prevention.
5. A comparable comparative study should be undertaken in other areas with high cases of drug abuse in Kenya.

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