Alcohol and Substance Use Harm Reduction Through Prevention and Advocacy: A Child-To-Child Based Approach.

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Submitted: 31st March, 2023

Published: 30th june,2023

Abstract

According to Blue Cross Kenya (BCK) project's theory of change, a comprehensive prevention approach can produce mutually reinforcing effect to reduce risk factors and enhance protection factors related to substance use and mental health. The three main areas are: 1) Influencing leaders and authorities on policy issues regarding alcohol and mental health. 2) Life-skills education through 30 school clubs and 4 youth centers, with about 2,000 participants. Life skills include processes that contribute positively in the development of children and young people and thus also give them resources to withstand challenges in life. Parents and teachers also receive guidance to strengthen protection factors. 3) Mobilization of children and young people, parents, communities, and other organizations. The purpose of this study conducted on 13 October 2022, was to assess the impact, significance and effectiveness of using a comprehensive Child-To-Child Approach in prevention and advocacy. The study targeted children and young people aged 10–22 in lower primary school and secondary schools in Kisumu County. The study adopted a mixed method and exploratory approach involving use of both quantitative and qualitative methods in data collection. A total of 360 children were sampled from 24 clubs. 240 parents linked with the same clubs were also sampled. Majority of the parents mentioned that their children were able to manage their emotions better (72.1%); were more confident (76.7%) and made better life choices (79.5%). On effectiveness, the study established that a majority of the expected results (81%) were achieved making the project highly effective. Concerning impact, almost all parents (95.6%) reported that there were changes from the life skills training and 95.2% of them said they experienced positive changes. The study recommended implementation of a similar approach in alcohol prevention and eradication in the non-project schools and the surrounding communities in the country.

Key words: *Prevention, Advocacy, Awareness, Child-To-Child, Children &Youths, Life skills, Duty bearers.*

Introduction

Children and young people are vulnerable to the consequences of drug use both at home and in society in general. Alcohol is the fifth largest risk factor for death, disability and illness in Kenya in the age group 15-49 years. In addition, alcohol has been identified as a major driver and perpetuator of chronic poverty in Kenya. There is a close connection between mental health, life skills and substance abuse. Alcohol and other drug use are also considered a risk factor for a number of mental disorders. In Kenya, the stigma of mental illness is high, and local expertise and follow-up of drug and mental health rights are in short supply. Promoting

drug prevention, mental health and quality of life is one of the sub-goals under the UN's sustainability goal 3 on good health.

Alcohol and alcoholic drinks are considered psychoactive substances with high dependence producing properties. These products have been universally used across many cultures as essential elements of festivities. Despite their long-term existence and use, alcohol harmfulness is a leading risk factor to individual's, families' and the society's health. (Global status report on alcohol and health 2018). There are direct negative impacts on all aspects of health and well-being i.e. social health as violence, child neglect, child abuse and domestic violence. Physical health as morbidity and mortality linked to heart disease, liver disorders, hypertension and chronic diseases. Psychological and emotional wellbeing as suicide, depression, anxiety, stress, murders and increased risk of accidents, and economically as poor/ inability academic and work performance, low self-esteem. The alcohol related effects and complications vary depending on the type, strength, amount and duration of alcohol consumption. They manifest as headache, irritability, anxiety, hallucinations, fatigue, inactivity, reduced concentration and sometimes even death(Gichangi, P; Thenya, S; Kamau, J; Kigondu, C; Ngugi, E; Diener, L, 2002)

2.0 Methodology

Blue cross Kenya indicator manual describes how indicator data should be disintegrated i.e by age, gender and disability status. It also gives a guide to implement inputs that yield impact of set activities on the disintegrated units. The study adopted a mixed method and exploratory approach, which involves use of both quantitative and qualitative methods of data collection. The objective was to outline beneficiary knowledge attitudes and perceptions/practices, as well as project specific needs. The methods were used concurrently and data triangulated during analysis, augmented by secondary data collected through desk review. The following study questions guided in coming up with findings and recommendations:

a) Relevance: Are the right things being done to improve the well-being of beneficiaries?

b) Effectiveness: How effective is the intervention with a view to the planned results?)

c) Efficiency: Are things done well, in an efficient way?

d) Impact: What are the direct and indirect effects of the project?

e) Sustainability: How can sustainability be assured in the project?

The study used both quantitative and qualitative methods in data collection and analysis. Multistage cluster sampling was used to select the respondents where in the first stage, 9 schools out of 24 schools and 2 basecamps were selected as primary sampling units (PSUs). Secondly, 22 clubs in school and 2 clubs from base camps were selected using simple random sampling as secondary sampling units (SSUs). In the third stage, lists of all students in the selected clubs was developed as final sample or ultimate sampling units (USUs). The study reached 228 and 335 out of the 240 parents and 360 children who were sampled at 90% Confidence Level and 95% Confidence Levels respectively. Quantitative data was analyzed using SPSS software while qualitative data was analyzed using NVIVO by consolidating emerging themes from focus group discussions and comparing with quantitative data. The quantitative data was exported from

KOBO server into the Statistical Package for the Social Sciences (SPSS) software for analysis. Quantitative data analysis was done using descriptive statistics including proportions and percentages. All quantitative results were disaggregated by relevant variables including age, sex, location, and targeted response groups on each section/ indicator item(s) of the questionnaire. The qualitative primary data collected during participatory FGDs and KIIs were analyzed on an ongoing basis throughout the stages of the Study. Qualitative data was analyzed using a comprehensive thematic matrix that facilitated identification of common patterns on key study questions

3.1: Findings

3.1.1 Gender characteristics of the respondents

Of the 228 parents reached, 18.0% were male and 82.0% female. The survey reached 335 children and youth with 55.5% being girls and 44.5% being boys.

Figure 1: Gender distribution of parents

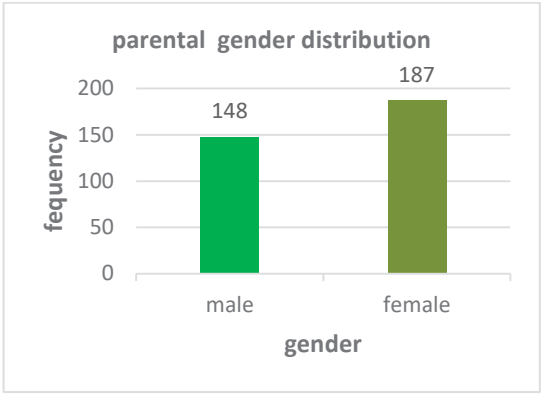
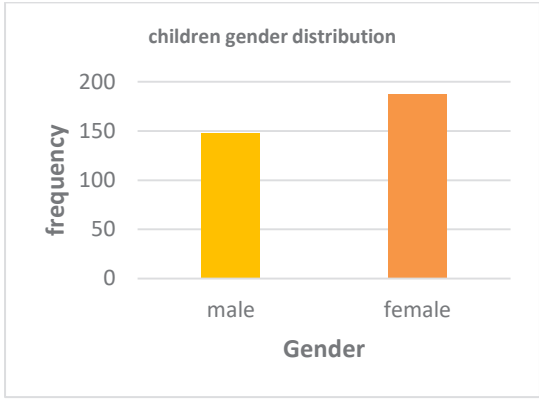


Figure 2: Gender distribution of children and youths

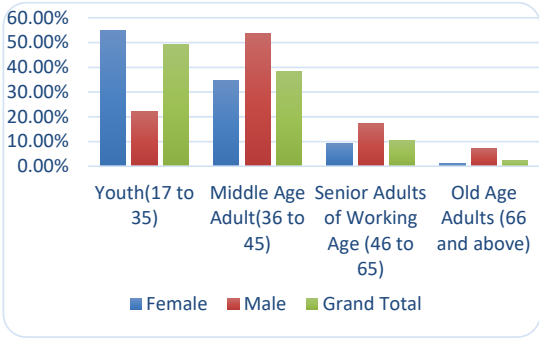


The data shows low levels of participation of men in the study, since most of them are household heads or breadwinners and were likely to be absent from their homes during the study. In the case of children, the data represents a slightly higher level of girl participation than boys in club activities.

3.1.2 Ages of the parents and children

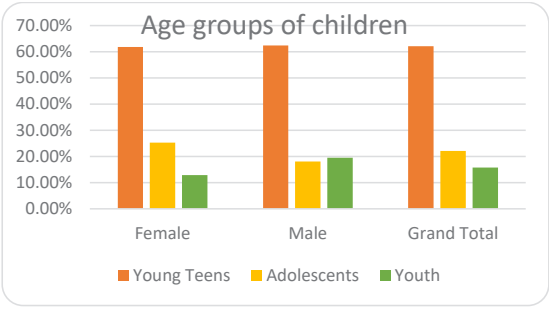
The average age for all respondents was 37 years, the minimum age was 18 and maximum age 79 years. The table shows that most of the females who were interviewed were between the ages of 18 and 35 and therefore youthful, while half of the men were middle age adults. With regards to children, most of those who participated in the survey were young teens

Figure 3: Age groups of parents



The average age of the Children and Youth participants was 15 years, with younger Children and Youths aged 10-14 years constituting 62.1% of the Children and Youth sample and 22.1% being adolescents

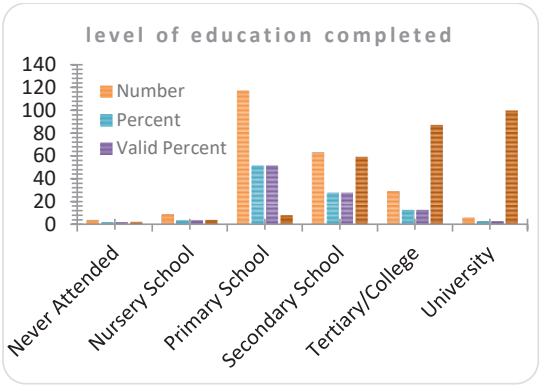
Figure 4: Age groups of children



3.1.3 Educational level of the respondents

The study revealed that (5.7%) of the respondents had not completed primary level of education, while 51.3% had completed primary school level of education. Those who had completed secondary education accounted for 27.6% of the respondents. Only a few of the respondents had attained college education (12.7%) with another 1.8% having no basic education at all. Only a paltry 2.6% of the respondents had attained university education.

Figure 5: Level of Education Completed

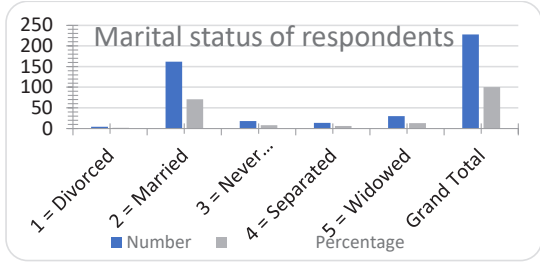


In general, household heads had higher education attainment levels. Most of the respondents (66.7%) could read and write. All the children and youth interviewees could read and write in English. however, 99.4% of respondents could read and write in Swahili. 99.7% of the interviewees were currently in school and were either members of a school-based club or of a base camp supported by Blue Cross Kisumu. About 4 out of 10 respondents had been members in the club or base camp for 3 years or more having joined between 2019 and 2020.

3.1.4 Marital status of the respondents

The study established that 71.1% of the adults interviewed were married, followed by 13.2% who were widowed. The rest were either separated (6.1%), never married (7.9%) and divorced (1.8%).

Figure 6: Marital status of respondents



3.1.5 Awareness, access and participation in project activities

As shown, most respondents were aware of the alcohol and substance abuse project as other BCK projects were less popular. 87.5% of the children were very much aware of the aims of the project. Parents and teachers in the FGDs were aware of the project and its aim of reducing alcohol and substance abuse among the children and youth in the community.

3.1.6 Type of activities in which beneficiaries who were interviewed participated

A majority of the children and youth (88.3%)

participated in club activities relating to alcohol and drugs prevention at least four times a month, while 11.0% participated once or twice a month. Most of the children (81.8%) attended the sessions on alcohol and drugs prevention always or very often i.e. a month, 10.4% of them attended once or twice a month

Table 1.1: Type of activities in which beneficiaries who were interviewed participated

Activities	% attendance
Life skills sessions in schools	85.1
One day event / celebration e.g. sports	40.1
Training Workshops	60.5
Theatrical production	40.8
Peer to peer education	65.3
Volunteering	44.7

3.1.8. Prevalence of incidences in schools

Table 1.2: Prevalence of incidences in schools

Attitudes on school incidences	Parents	Children
There are fewer reported incidents of educational staff affected by alcohol or any other substances at the school	50.9	69.2
Children and youth are no longer expelled for using alcohol and drugs and alcohol but counselled and followed-up to promote their continued education at the school	65.3	55.4
Educational staff are aware of their responsibility to protect children and youth from the physical, mental, economic, and social harms caused by alcohol and other substances and implement the guidelines	91.7	76.2

More than two thirds of the children were aware of a decrease in incidences amongst educational staff since their involvement in the project and over three quarters of the children opined that the staff was aware of their protection responsibilities. Almost half of the children did not agree that the idea of expulsion had stopped. According to 91.7% of the parents, educational staff was aware of their responsibility to protect children and youth from the physical, mental, economic, and social harms caused by alcohol and other substances and implement the guidelines. 50.1% of the parents believed that alcohol and substance abuse in school had reduced in the course of the project. 65.3% of parents confirmed that children were no longer expelled for using drugs, but counselled and followed up.

3.2 Project Effectiveness

3.2.1 Outcome 1: Children and youth act as change agents

The first project outcome was that children and youth in Kisumu East, Central and Muhoroni act as change agents for local communities free from alcohol and other substance related harm. This would be achieved through various outputs.

Table 1.3: Concept for youth change agents developed and implemented

Indicator Description	Final Target	Actual	Variation	Achievement	Variance
Number of Life Skills Manuals available and in use	1	1	0	100%	0.0%
Number of Trainer of Trainers Manuals available and in use	1	1	0	100%	0.0%
Number of facilitator's trainings conducted by master trainers.	6	6	0	100%	0.0%
Number of life skills session conducted by life skills facilitators	115	122	7	106%	6.1%
Number of peer leaders trained.	100	132	32	132%	32.0%

Child to child was adopted and used to train 18 facilitators, out of whom 6 master trainers were selected and trained with the trainer of trainer manual. The 6 master trainers were then used to train facilitators. They conducted 6 facilitator trainings. The 18 facilitators eventually conducted 122 life skills sessions and trained 132 peer leaders.

Table 1.4: Children and youth mobilize community and influence leaders

Children and youth mobilize local communities and influence local leaders	Final Target	Actual	Variation	Achievement	Variance
Number of, and description of, child- and youth-led activities supporting measures to reduce risks of alcohol and other substance related harms using their own resources	120	90	-30	75%	-25.0%
Number of persons (children/ youth) trained on advocacy skills and/ or human rights over total # of direct beneficiaries	3727	2550	-1177	68%	-31.6%

Number of persons (children/ youth) taken part in activities to advocate/ influence decision makers for good implementation of alcohol policy over total # of direct beneficiaries	3900	2112	-1788	54%	-45.8%

A review of secondary data shows that three quarters (75%) of the expected activities by children and youth were implemented to reduce risks of alcohol and other substance related harms. The project then trained over 2,500 beneficiaries on advocacy, 2112 (82%) of whom were able to influence decision making specifically in petitioning the county assembly to fully implement Kisumu County Alcoholic Control Act 2014.

Table 1.5: Schools adopt and implement substance free school guidelines

Schools adopt and implement substance free school guidelines to ensure substance free learning environments.	Final Target	Actual	Variation	Achievement	Variance
Number of schools with a written guideline adopted by school management board over # of schools in the project	34	15	-19	44%	-55.9%
Number of educational staff trained.	80	108	28	135%	35.0%

44% of the school boards were able to adopt written guidelines on alcohol and substance in schools. The project trained over 100 educational staff, 35% more than was expected and this made working with schools easier.

3.2.3: Outcome 2 Positive and healthy choices

The following were the two main indicators for the outcome

i. Outcome results on how youth and children have gained self-esteem, ability to strengthen and address risk through the life skills education

ii. Outcome results on how youth and children have changed their behaviors in regard to alcohol and other harmful substances

An internal study found out that the values from life skills were helpful in solving life challenges and to fit within the community. Those who had been taught the values and life skills showed high levels of self-esteem, self-awareness, confidence, self-control and assertiveness. They also exhibited good habits or morally acceptable behaviors. The study showed that children had a sense of purpose and aspirations regarding what they had learnt in the life skills education sessions and what they could do with the knowledge. There also appears to be a group

bonding – children coming together to discuss in a safe space, helping each other and plan action. Children had also expressed changes in themselves; they were able to identify and articulate precisely what changes had occurred. The parents reported a good progress in terms of these indicators in their children

3.3: Discussion

According to 13.6% of the parents, their spouses took alcohol or drugs, 4.4% said they themselves took alcohol and drugs, 2.6% mentioned either a male child or a male relative. Those who took drugs did so less than once a month (24.1%), daily (9.6%), once a month (5.3%), two to four times a week (3.9%), once a week (3.1%) or five or more times a week (1.8%). In other words, 15.3% of the parents said that a household member took alcohol frequently i.e. more than once a week.

Table 1.6: Household member taking alcohol or drugs

	Spouse	Myself	Male child	Female child	Male Relative	Female Relative	Male stranger	Female stranger
No	10.1	19.3	21.1	23.7	21.1	22.8	23.7	23.7
Yes	13.6	4.4	2.6		2.6	.9		
NA	76.3	76.3	76.3	76.3	76.3	76.3	76.3	76.3

What kind of changes have you noticed?	Positive response	No response
Can handle their emotions better	72.1	27.9
They are more confident	76.7	23.3
They don't drink alcohol	25.6	74.4
They don't take drugs	24.2	75.8
They follow their dreams	38.1	61.9
They make better life choices	79.5	20.5
Have better leadership qualities	41.4	58.6

The parents in the survey were asked what changes they had noticed amongst their children.

A majority of the parents opined that their children were able to manage their emotions better (72.1%), they were more confident (76.7%) and made better life choices (79.5%).

The parents were also asked about the level of gender based violence and other ills in the community during the project period and the changes experienced. This would measure the indirect effects of the project. As shown below, over 70% of the parents believed that the situation improved during the project period

Table 1.7: Behaviour changes in the last four years

Changes	Physical Violence	Sexual Violence	Emotional Violence	Alcohol and Substance Use	HIV and AIDs	Sexual and Reproductive Health
Much better	72.8	72.8	75.4	75.0	75.9	77.2
Much worse			.4			
Somewhat better	12.7	10.5	10.5	8.3	11.0	9.6
Somewhat worse	.4			.4		
Stayed the same	14.0	16.7	13.6	16.2	13.2	13.2

There were still relatively high levels of alcohol and substance use, HIV and AIDs, poor sexual and reproductive health and sexual and gender based violence in the community. The children and youth (99.4%) also noted positive changes amongst themselves and other children after taking part in the life skill sessions. Figure1.9: Changes in children as a result of the project

Conclusion

More than 50,000 beneficiaries were reached using the Child to Child Approach. The organization established 112 clubs and set up at least 3 club houses in the implementation period. Further scrutiny shows that 112 clubs (73%) of which 5 were base camps outside school were functional. Initial results showed that 1682 (778 Male and 894 Female) children and youth in 24 schools were trained in Kisumu East, Central and Muhoroni with the CtC manual out of the 1715 who were recruited a 98% output success. Once trained the beneficiaries mobilized community members and influence local leaders.

A review of secondary data shows that three quarters (75%) of the expected activities by children and youth were implemented to reduce risks of alcohol and other substance related harms. The project then trained over 2,500 beneficiaries on advocacy, 2112 (82%) of whom were able to influence decision making.

In the parents' survey, 62.5% of the parents said their children were taking part in advocating or influencing decisions for good implementation of alcohol policy. Around half (48.6%) noted that their child had actually influenced change in policy, law or legal frameworks. Out of these 42.1% said their children influenced laws against alcohol and substance use. More than two thirds (69.9%) of the parents reported having been trained on advocacy skills and/ or human rights and 68.5% said they were able to use the skills. Further, 68.2% said they had tried to influence guidelines on alcohol and substance abuse. This is an indication of how effective and efficient the training by use of child to child approach was.

Recommendations

Based on this study, we would wish to recommend that:

- A similar approach be applied in other counties in the country to stem the fight against alcohol and substance use.
- We recommend policy makers and non -state actors to pull together in empowering children to help fight alcohol and substance abuse in the country.
- More children should be brought on board through advocacy and awareness creation to champion for Alcoholic Act domestication in counties where it is yet to be done in Kenya.

Acknowledgement

We express sincere gratitude to Mr. Ishmael Shem, the Director of Blue Cross Kenya for his overall strategic leadership. We are beholden to the BCK staff for whole-heartedly supporting the data collection. We acknowledge SoKA for conducting End line project evaluation that to a great extent conformed with our study findings. We also thank the BCK field officers and field assistants for participating in this study.

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