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ACADEMIC DISHONESTY: A KENYAN MEDICAL SCHOOL EXPERIENCE

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ABSTRACT

Background: Academic dishonesty, or cheating as commonly expressed, is an age-old practice that is widespread across the whole world. The Kenyan experience is anecdotal with limited studies, especially in medical schools. This study shares the experience of medical students about this challenging vice.

Objective: To determine the level and forms of academic dishonesty in Moi University, School of Medicine.

Design: Cross-sectional study using self-administered questionnaire.

Setting: The School of Medicine, Moi University, Eldoret-Kenya.

Subjects: One hundred and fifty-six students in the clinical (4th, 5th and 6th) years of study.

Results: Eighty percent of the students were aware of academic dishonesty, 75% had witnessed it in progress while 60.9% confessed to participating in it. The proportion of dishonest students varied with year of study and those previously exposed to academic dishonesty in secondary school and males were more likely to be involved. A majority (72.6%) of those engaged in academic dishonesty believed that their classmates were also doing it.

The leading forms of academic dishonesty were signing nominal rolls for absent friends and cheating in examinations using illegal notes and electronic access to information.

Conclusion: Academic dishonesty is prevalent with the majority of those involved believing that their classmates are also into the practice. The leading forms of academic dishonesty include both traditional analog and modern digital methods.

INTRODUCTION

Kenya, a worthy member of the global village, had its national attention drawn to academic dishonesty for the first time in 1969 when the then minister for Education annulled the results of what was considered a stolen national examination (1). The Kenya Certificate of Secondary Education (KCSE) in 2015 was so blatantly stolen that there

was a national outcry. Empirical studies on the extent of this vice in the country are, however, limited. This paper examines the level and forms of academic dishonesty in a Kenyan medical school with the hope that it will inform us on a pestering challenge that has existed for long.

MATERIAL AND METHODS:

Medical students in the clinical (4th, 5th and 6th) years of study filled a 20-item self-administered questionnaire without disclosing their identities. The sought information was demographic data and the views of the students on various aspects of academic dishonesty ranked in a Likert scale of six levels based on degree of agreement or disagreement with stem statements. Collected data was transcribed into a sheet and entered for analysis using Statistical Package for Social Sciences (SPSS) version 21. Subjective data was

presented in frequencies while discrete data was analyzed using measures of dispersion and central tendencies with statistical significance at $p \leq 0.05$. The results appear in tabulated figures, ratios and percentages.

RESULTS:

One hundred and fifty-six students responded to the self-administered questionnaire, giving a return rate of 91.2%. Their demographics are as shown in table 1 below:

Table 1

Demographic features of respondents

Age	Year of study			Total
	4 th	5 th	6 th	
21-25	42	62	31	135
26-30	0	4	15	19
31-35	0	1	1	2
Total	42	67	47	156
Gender				
Male	23	36	28	87
Female	19	31	19	69
Total	42	67	47	156

There was a male to female ratio of 1.3:1. The age ranged from 21 to 34 years with a mean \pm standard deviation of 24.1 \pm 1.8 years.

Given the definition of academic dishonesty as any form of misconduct that gives an undeserved advantage to the concerned student in any academic exercise, 98.7% agreed with no statistically significant difference between the genders. A total of 27 students (17.3%) had

participated in academic dishonesty in their secondary schools. These were 26.2% of the 4th, 11.9% of the 5th and 17.0% of the 6th year students. Males were 3.2 times likely to have been exposed to academic dishonesty as compared to the females ($p=0.002$). Eighty percent of those who responded were aware of academic dishonesty in the medical school. There were no statistically significant differences between them regarding gender, age or year of study.

The top three forms of dishonesty were signing for an absent friend, use of illegal notes and access to information using electronic gadgets during examinations. The least prevalent were paying to have work done by others, collusion with lecturers and fabrication of data. Twenty-one students

(13.5%) claimed not only to be unaware of academic dishonesty but also to have no idea of any form that may be in practice as seen in Table 2 below:

Table 2

forms of academic dishonesty in the medical school

Forms of dishonesty	Number	%	Valid %	Cumulative %
Signing for absent friend	85	54.5	54.5	54.5
Illegal notes	18	11.5	11.5	66.0
Electronic gadgets	10	6.4	6.4	72.4
Copying	4	2.6	2.6	75.0
Plagiarism	7	4.5	4.5	79.5
Fabrication	7	4.5	4.5	84.0
Lecturer collusion	3	1.9	1.9	85.9
Paying	1	.6	.6	86.5
Not applicable	21	13.5	13.5	100.0
Total	156	100.0	100.0	

Seventy-five point six percent of the students had witnessed some academic dishonesty in progress while 60.9% confessed to having participated at least once.

Majority of those involved were males (55%). The percentages of students who participated in academic dishonesty varied between the years of study with 70.1% of the 5th, 61.9% of the 4th and 46.8% of the 6th years confessing to the vice ($p=0.042$). Those exposed to dishonesty in secondary school were more likely to cheat, but the difference was not statistically significant, just as was the case

with gender. A majority of those who took part in academic dishonesty (72.6%) believed that their classmates too were involved in the activity. The top three reasons why the students were academically dishonest were the desire to assist a comrade (43.5%), the belief that everybody does it (37%) and inadequate preparations for examinations (12%). Those who did not participate said it is because their conscience would not allow (60.9%), that they desired true marks (29.7%) or feared the consequences if caught (4.7%).

DISCUSSION

There is consensus that academic dishonesty is any form of activity that leads to an undue advantage in the form of falsified presence in monitored sessions, undeserved grades, unearned qualifications or impersonated profession (2).

An impressive 98.7% of the students could identify with this definition and suggests a uniformity of perspective among the medical students on this whole topic. It is an age-old problem that is widespread across the world and has been shown to occur in every type of educational setting from elementary to graduate schools (3). In the late 19th and early 20th centuries, cheating was widespread at college campuses in the United States of America, and was not considered dishonourable among students (4).

It has been thought that, like in the rest of the world, this is a widespread practice and a matter of conscientious concern in Kenya especially with the recent cheating in primary and secondary school examinations. Eighty percent of the students were aware of academic dishonesty. It compares favourably with similar findings in two different studies by Baird and Jendreck giving rates between 75% and 87% (5, 6). These percentages may point to the said universality of academic dishonesty irrespective of geographical regions.

In this study, those with prior exposure to the vice in secondary school were more likely to cheat, just as Davis and Ludvigson found that the individuals who cheat during their university-level studies are likely to have also cheated earlier in their studies and mature into other forms of dishonesty in life (7). We established that academic dishonesty takes many forms and may even involve collusion with lecturers as also found in studies by both Akaranga (1) and Gudo (8). While our study showed this to be among those with least prevalence and did not establish the kind, these other studies unearthed a form of cooperation not readily

found in Western literature: the sex for marks scandals in Kenyan Universities in which female students are awarded marks in exchange for sex with their lecturers. Academic dishonesty is understood to be morphing into sophisticated forms with advancement in technology (9) as seen in our study where among the leading methods is the use of electronic gadgets to cheat in examinations.

Our finding on the top three reasons why students engage in academic dishonesty seems to mirror similar ones by Davis and colleagues who asserted that academic dishonesty has over the years become a way of life in colleges with students feeling need to cheat because "everybody does it" (10). As pointed out by Bernardi et al. (11), this study found that those engaged in dishonesty neutralize it by, among other things, appealing to a sense of goodness like claiming to assist a comrade or thinking that nobody is worse off for the action. Those not involved in academic dishonesty seemingly have a spiritual (their conscience not allowing it) or moral (desire for true marks or fear of repercussions) basis for not doing it.

CONCLUSION

Academic dishonesty is prevalent with three-quarters of the students having witnessed it in progress, varies between years of study and a majority of those involved believe that their classmates are also into the practice. The leading forms of academic dishonesty are signing a roll for absent classmates and cheating in examinations using crib notes and digital access to information.

RECOMMENDATION

Mechanisms should be put in place at varying levels of management to contain or make it difficult for students to engage in whatever form of academic dishonesty.

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