

A Christian Based Drug Abuse Intervention Among Zimbabwean Youths: An Empirical Investigation

Tariro Maraire (PhD Candidate)¹, Dr. Suzila Binti Ismail², Dr. Mohd Alif Bin Jasni³

¹ School of Applied Psychology, Social Work and Policy, College of Arts and Sciences, Universiti Utara Malaysia., Corresponding email address: maraire_tariro2@ahsgs.uum.edu.my

² School of Applied Psychology, Social Work and Policy, College of Arts and Sciences, Universiti Utara Malaysia., suzyla@uum.edu.my

³ School of Applied Psychology, Social Work and Policy, College of Arts and Sciences, Universiti Utara Malaysia., mohd.alif.jasni@uum.edu.my

Abstract

Drug abuse remains a rampant problem in Zimbabwe despite efforts by the public and private health sector to support the quitting and recovery of youths who use drugs. This study is an investigation on the effects of a developed Christian-based intervention on self-control and self-concept among youth drug abusers in Zimbabwe. The effects of the intervention were assessed among 56 youth drug abusers between the ages of 21 and 25 years, at a youth centre in Chitungwiza, Zimbabwe. The study utilised the Brief Self-Control Scale and the Personal Self-Concept Scale as the study instruments. Results of the study using one-way ANCOVA showed a significant difference in post-test scores after controlling for pre-test scores for the variables self-control [$F(1, 52) = 0.79, p < 0.05, \text{Cohen's } d = 0.84$] and self-concept [$F(1, 52) = 1.115, p < 0.05, \text{Cohen's } d = 0.21$]. The study concludes that self-control and self-concept can be enhanced through the developed intervention among the youths who use drugs.

Keywords: drug abuse; effects; self-concept; self-control; treatment; youth.

INTRODUCTION

Drug abuse is a devastating problem among the Zimbabwean youths (Ndasauka & Kayange, 2019; Nhapi & Mangwende, 2020; Dodo et al., 2021; Mafa & Simango, 2021; Matai et al., 2021). So dire is the situation of drug abuse by this age group, as recent statistics show that, approximately 57 percent, which is more than half, of the youth population in Zimbabwe use drugs (Zimbabwe Civil Liberties and Drug Network, ZCLDN, 2020). According to World Health Organisation (WHO) Africa (2020) as cited in Chinaka (2021), Zimbabwe has the highest number of young adults in Africa who abuse drugs, at 70.7 percent among males and 55.5 percent among females.

The socio-economic crisis in Zimbabwe has been pointed to be the major cause of drug abuse by the youth age group (Matai et al., 2021; Mukuzunga et al., 2021; Mazuru, 2018). Unemployment, poverty, disease and general unrest among the youth age group has become

the order of the day (Magidi & Mahiya, 2021), and many of the Zimbabwean youths resort to burying their frustrations in drug abuse (Muchabaiwa & Mbonigaba, 2021).

While the world is adjusting to the effects of the COVID-19 pandemic, the socio-economic situation in Zimbabwe remains a fertile ground for drug abuse (Dzobo et al., 2020). The COVID-19 pandemic saw the closure of tertiary institutions of learning, industries and areas of trade (Maphosa, 2021). Due to such immediate effects of the COVID-19 lockdown, there is an anticipated increase in drug abuse cases by the youth age group (Nyabeze et al., 2021; Wamara, 2021). Experts in drug abuse (Clay, 2020; Panchal et al., 2021) warned that the COVID-19 pandemic shall create additional burdens, and completely new challenges regarding drug abuse by the youths. Hence the need to develop interventions to increase self-control and positive self-awareness among the youth age group in Zimbabwe (Chirisa et al.,

2021; Dudzai & Gumbo, 2020), as such attributes are key in overriding unhelpful impulses among people who use drugs (Francis et al., 2019; Sedikides & Gebauer, 2020).

Sharing the same notion, United Nations Office on Drugs and Crime (2021) revealed that, many countries in Africa, including Zimbabwe are struggling with an increased number of youths abusing drugs. As COVID-19 continue to ravage economies, decimating livelihoods, and badly altering lifestyles, there is need for an urgent response in developing measures to instil self-control among the youth age group (United Nations Office on Drugs and Crime, 2021). Ofakor (2020) and Bruguera et al. (2018) asserts that there is a greater risk of drug abuse among the youth age group during an economic crisis and recommends for the development of measures to support the youths to gain self-control so that they withstand the urge to use drugs prompted by harsh socio-economic environments. The youth are the future of a nation (Dzobo et al., 2020), and are supposed to be custodians of good behaviour and integrity in the Zimbabwean community (Matai et al., 2021), hence the need support them to fight the drug abuse pandemic. It is upon this background that the current study sought to intervene and support the youth drug abusers to positive behavioural change through a self-control and self-concept intervention.

Commenting on drug abuse therapy, Bogan et al. (2020) and Steele et al. (2020) highlight that it is more effective to focus on enhancing personality traits that can support recovery and positive change in people who use drugs than to focus on external factors such as the economy that one may not have the capacity to change. The current study therefore aimed to test the effects of a Christian-based intervention as a tool for self-control, and self-concept enhancement among youth drug abusers in Zimbabwe namely Tariro Youth Drug Abuse Intervention Module (TYDAIM). The use of Christianity in this study was after taking cognisance that Zimbabwe is a Christian country according to the Zimbabwean Constitution where 84.1% of the country's population is Christian (Mapingure et al., 2021).

Self-control is a cognitive process that regulates individuals' behaviours so that they can achieve set goals in whichever environment

they are in (Baumeister & Exline, 2000; Dewall, 2014). When an individuals manage to control their actions, thoughts and feelings, it is a huge step towards fighting drug abuse and addiction (Kim et al., 2017; Hirschi, 2004). Religion maintains the community's integrity, and has control over humans' thoughts feelings and behaviours such that, it can standardise inappropriateness to eat certain foods, think in certain ways. and feel certain emotions (Dewall, 2014). Therefore, the ability to control one's self can be enhanced through religious means (Desmond et al., 2013). More so, religion puts emphasis on how to exercise restraint amidst of unhelpful impulses and temptations (Lund, 2016), that is to say, Christian religion is effective in bringing forth self-control in a person.

Of equal importance, self-concept is regarded as an important aspect in drug abuse treatment, as when one manages incongruences, and becomes true to the rightful perceptions of their own behaviour, it can be a milestone in recovery and quitting (Lu et al., 2017; Hattie, 2004). By one being able to ask themselves what kind of a person they are or what kind of a friend they are, this self-concept will subsequently drive them to ask what they are really doing to themselves by taking drugs (Linke & Ussher, 2015; Morris et al., 2017). Moreover, It is crucial that a person has a true mental picture of who they are as a person, with regards to honesty, autonomy, self-fulfilment and emotional self-concept (Goni, et al., 2011). Self-concept is very important in drug abusers as it influences one's beliefs, how one thinks, feels and acts every day (Lu et al., 2017). Through Christian teachings and doctrine, one can be able to alter their beliefs of whom they are as a person and make essential adjustment to their self-image and the ideal self-being levelled (Hercik, 2005; Gebauer et al., 2017). Therefore, self-concept can be enhanced through religious means (Hercik, 2005).

Evidently, numerous studies have reached the assertion that self-control and self-concept enhancement through Christian means contribute to the recovery of people who use drugs, and act as significant protective factors from relapse (Towl & Crighton, 2009; Love, 2019; Popiolek, 2016; Francis et al., 2019; Sedikides & Gebauer, 2020). However, these studies were conducted in the Western setting

that is industrious and economically sound (Mazuru, 2018) and findings from these developed countries cannot be inferred to the Zimbabwean context, thereby creating a need to conduct the investigation in the Zimbabwean context. Moreover, the influence of Christian-based interventions to supporting positive behavioural change among drug users is still a debatable issue in the academia (Gebauer et al., 2017; Kim et al., 2017), as there are studies that refute the significance of Christian treatment in the recovery process of people who use drugs (Hattie, 2014; Kwakye-Nuako, 2016). It is upon this background that the current study sought to establish the effects of a developed Christian drug abuse intervention namely Tariro Youth Drug Abuse Intervention Module (TYDAIM).

Module Development

Tariro Youth Drug Abuse Intervention Module is an intervention designed to treat low self-control and negative self-concept among youths who use drugs in Zimbabwe. The intervention broadly falls in the Christian Psychology discipline, which is defined as an aspect of psychology that adheres to the Christianity religion and its teachings to explain the human mind and behaviour (Koenig, 2012). To be specific, Christian Cognitive Behavioural Therapy (CCBT) formed the basis for module development in the current study by guiding the overall module structure and content. CCBT is a therapy that is completely derived from Cognitive Behavioural Theory and argues that, explicit use of the client's Christian traditions and beliefs is a major foundation to identify, challenge and replace unhelpful thoughts, feelings and behaviours (Pearce, 2016).

The study utilised key components of CCBT which are planting truth, metanoia, redemptive reframing, service and acceptance to make up the TYDAIM stages in therapy. Pearce (2016) and Pearce et al. (2015) articulate how CCBT improves focus, emotional stability, cognitive functioning, control, truthfulness in self-governance and contentment. As such, the study considered all CCBT components to be significant in developing the TYDAIM module. The researchers adapted the CCBT components to better suit the needs of this study. This was done through considering the instruments selected to measure the effects of the module, thus, youth drug abusers' self-concept and self-control levels namely Personal self-concept

scale (Goni et al., 2011) which has dimensions emotional self-concept, autonomy, self-fulfilment and honesty and the self-control scale (Tangney et al., 2004).

The current study also reconceptualised CCBT theory by combining similar components resulting in three major stages of the TYDAIM module, which are planting of truth process (Identifying stage), redemptive reframing process (Challenging stage), and acceptance and service process (Effecting new beliefs stage). In doing so the study shortened the intervention process because CBT is a brief therapy (Corey, 2012), and effective drug abuse treatments should be brief to avoid redundancy and treatment dependency among clients (Grossberg & Khoury, 2021; Bogan et al., 2020; Steele et al., 2020; Galanter et al., 2015; Knight et al., 1999). In common with this study, CCBT components have been shaped to suit the framework of various contexts in previous studies. These include treatment of Christians with depression in the United States of America (USA) by Hawkins et al. (1999); treatment of substance dependency in the USA by Hodge et al. (2021); treatment of anxiety in Italy by Buju (2019); and treatment of substance abuse in Kenya by Kwakye-Nuako (2016). Whilst CCBT has been utilised in treatment by previous studies, the uniqueness of the TYDAIM lies in its explicit focus on, self-control, and self-concept enhancement among youth drug abusers in Zimbabwe.

The planting of truth process (Identifying stage) of the study had three activities namely module orientation, wilderness temptation devotion and prayer. The aim of this stage was to help the participants have a full understanding of the intervention, as it is important to give an explanation about an intervention to the clients so that they can comprehend the interventions' process flow and rationale (Corey, 2012). At this stage, the intervention also sought to support the participants to identify unhelpful thoughts leading to compromised self-control and self-concept. In common with the current study, Pfister (2020) concurs that Christian strength lies in being quick to recognise unhelpful thoughts, negative beliefs and distortions and controlling them like Jesus Christ did in the wilderness temptation scripture and prayer.

The second stage in the intervention was the redemptive reframing process (Challenging stage) which had four activities (reflection on the Ananias and Saphira bible story, video watching of the Damascan turning point, devotion and discussion on the parable of the talents). Christian Psychologists (McCabe, 2011; Chia, 2020) articulate how biblical teachings are important in supporting honesty, self-fulfilment, emotional stability and reframing the mind. In the same vein the current study utilised the outlined biblical teachings to thought provoke the youth drug abusers to dispute maladaptive and irrational thoughts leading to low self-control and negative self-concept.

The final stage of the intervention was the acceptance and service stage (effecting new beliefs). This stage had four activities (imaginary based exposure, testimony from a recovered drug abuser and copying and avoidance rehearsal activity). Activities such as testimonies and imaginary based exposure are effective in supporting people who use drugs to be motivated, encouraged and find their own unique strengths to effect new and helpful beliefs in their lives (Koenig, 2020; McCabe, 2011). As such, the current study utilised the mentioned activities to support the youth drug abusers to effect new beliefs and practise avoidance of triggers to negative self-concept and low self-control. Figure 1 below highlights the stages in TYDAIM module.

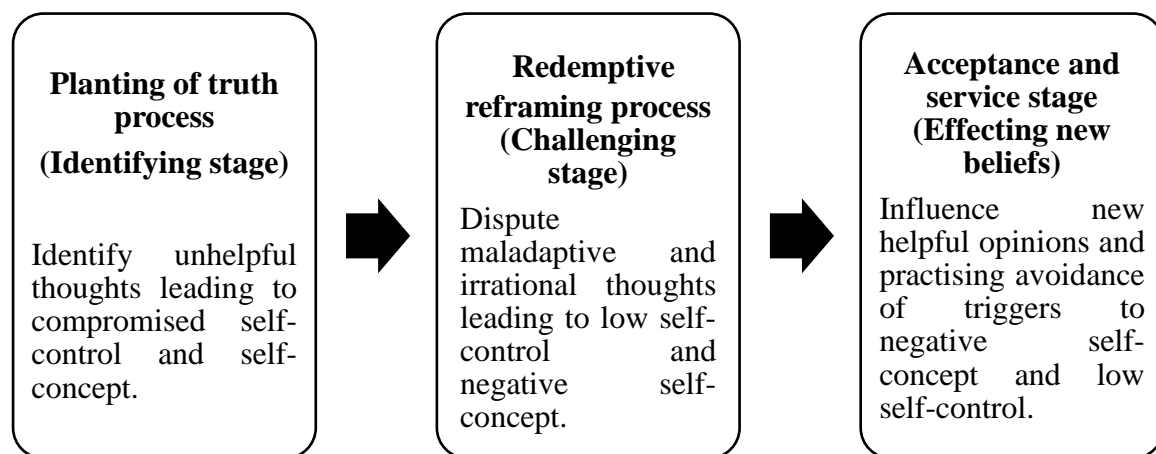


Figure 1. Stages in TYDAIM module.

Source: The researchers

MATERIALS AND METHODS

Participants

The recruitment process was conducted three weeks before the intervention programme commenced at a youth centre in Chitungwiza, Zimbabwe in 2021. The location was purposively selected to carry out the study mainly because Chitungwiza which is situated in Harare Province, the capital of Zimbabwe, has the highest rate of drug abuse by the youths in Zimbabwe (Makande, 2017), where the police are reported to record an

average of 100 cases monthly for drug abuse (Kundwei & Mbwire, 2020).

A total of 72 individuals turned up for the screening process. Three of them could not join in the screening process as they had body temperatures above 37.4 Degrees Celsius, and could not be admitted into the institution premises as per COVID-19 protocols, hence 69 were involved in the screening process. Participants were given a screening form, which contained brief questions to enable the inclusion-exclusion screening criteria.

Quasi-experimental, non-equivalent group design gives room for exclusion of units while selected elements for the sample can be based on the researchers' interest, and do not necessarily meet population sample statistical criterion (Phillips et al., 2000; Creswell, 2009). The study therefore utilised the standardised drug abuse-screening test (DAST-10) for screening purposes. The Drug Abuse Screening Test (DAST-10) is a yes-no questionnaire with 10 questions, where a score of zero = no problems reported; one -two = low level; three - five = moderate level; six - eight = substantial level; nine - ten = acute level (Yudko et al., 2007). The inclusion criteria for the study were a youth drug abusers (15-35 years) in the range of low to moderate drug use levels, thus, a drug abuser who is not undergoing any treatment program for drug abuse, and who does not have a known drug abuse-induced psychosis. To note, individuals with substantial or acute levels of drug abuse are often excluded from research studies as psychotic disorders warrant appropriate treatment and clinical care (O'Connell et al., 2019; National Institute for Mental Health in England, 2008). Of the 69 individuals who took part in the screening process, six were excluded as study participants as they had scores six to eight, thus a substantial level of drug use, that was not catered for by the current study.

After the screening test, the potential 63 participants who met the inclusion criteria were invited to the second screening procedure. This was a two-way private interview between the facilitators and potential participants, for the

purpose of informing potential participants about the group process. It is important that prior to an intervention program the research team gets in touch with the potential group members, and have a non-randomised, and careful screening process in order to get the most appropriate sample for intervention (Corey, 2012).

After being well informed about the intervention, its time duration, goal, type of group, ethics and module content, participants were further screened through the commitment stage. Participants voluntarily signed the informed consent form, which highlighted that they had understood the terms and conditions of the intervention programme, were willing, without coercion to participate in the study, had the right to withdraw at any stage of the programme and had the right to refuse to be recorded. Of the 63 who got into the two-way private interview with the facilitator, three refused to sign the consent form.

A total of 60 youth drug abusers signed consent forms, and were divided into two groups, the treatment group and the control group, each group constituted 30 participants. Random assignment of groups was inconvenient at the youth centre, where the study was conducted, thus, the two existing classes were designated as the study groups, to minimise disruptions of the youth centres' setting. For a clearer presentation of participants' flow chart, the study employed the CONSORT (Consolidated Standards of Reporting Trials)-SPI 2018. Figure 2 below is a sketch of the CONSORT-SPI 2018 report for the study.

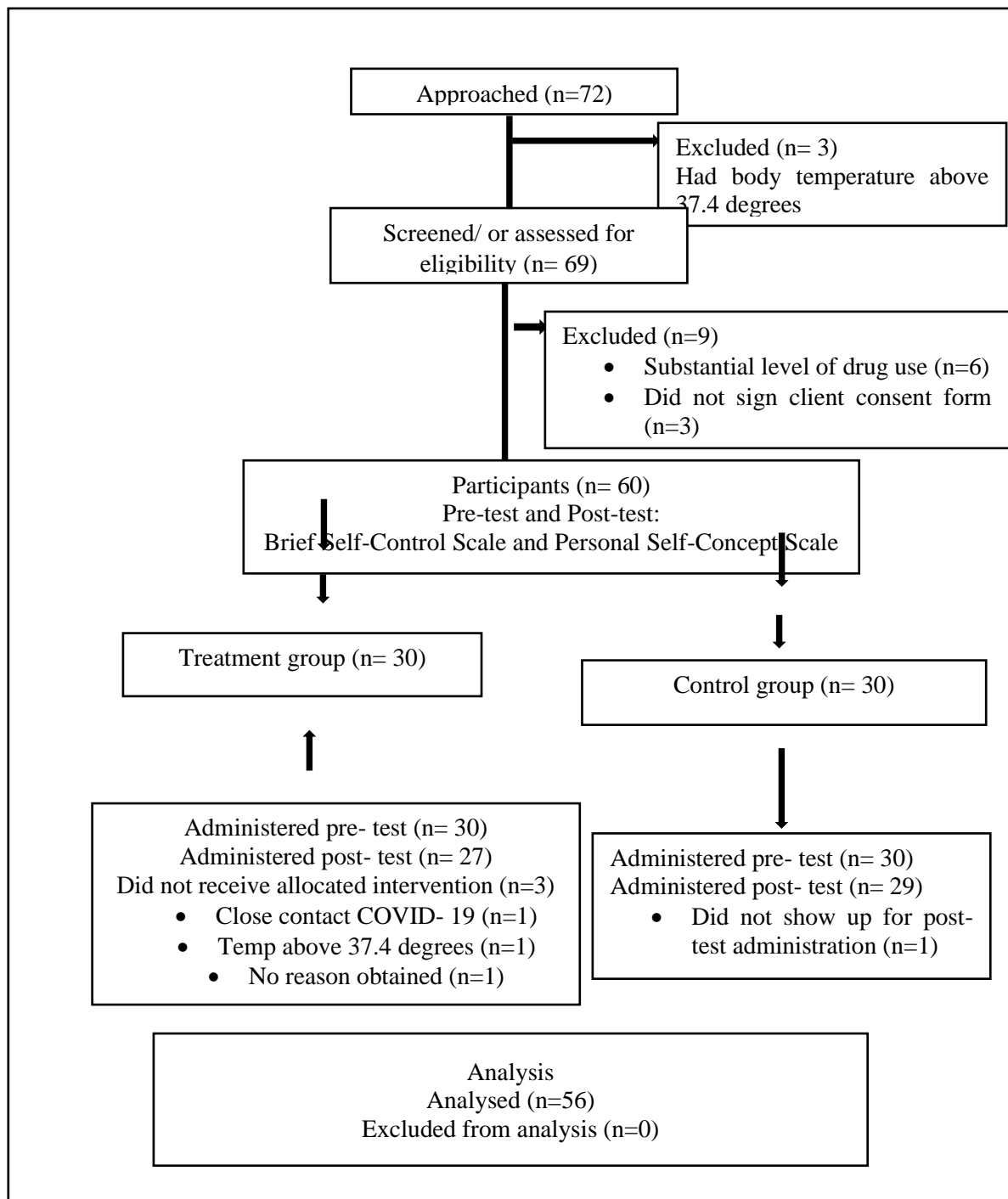


Figure 2. Study CONSORT-SPI 2018 framework
Source: Grant et al., (2018) CONSORT-SPI 2018 Template

Procedure.

A virtual training of trainers was conducted with four registered counsellors who were the intervention facilitators. The meeting was conducted virtually mainly because of restrictions during the COVID-19 lockdown.

The trainers conducted face-to-face psychoeducational group sessions, in five weeks, one session per week, which lasted for two hours each with the participants. While the treatment group was administered the TYDAIM, the control group received the usual

youth vocational training offered at the institution. Of the 60 youths who concerted to be part of the intervention, four did not complete the programme. Pre-test (BSCS and PSCS) was conducted on the first day of the treatment programme, and post-test (BSCS and PSCS) was conducted two weeks after the end of the intervention.

Measures.

Brief Self-Control Scale (BSCS) (Tangney et al., 2004) is a self-report measure that was used to assess the level of self-control among youth drug abusers in the current study before and after the intervention. The BSCS is a 13 - item measure of self-control (Tangney et al., 2004) with scales one to five namely: one = strongly agree and five = strongly disagree. Personal Self-Concept Scale (PSCS) (Goni et al., 2011) was used to measure self-concept levels among youth drug abusers in this study before and after the intervention. The PSCS questionnaire is a Likert scale with four subscales, self-fulfilment with six items; autonomy with four items; emotional self-concept with five items and honesty with three items. The scale is ranked from one to five namely: one = strongly agree and five = strongly disagree.

Data analysis.

To evaluate the differences between post-test score of self-control and self-concept levels among youth drug abusers, one-way analysis of covariance (ANCOVA) was used, thereby controlling for differences in pre-test scores for the study groups.

Table 1 Assumption of normality of residuals

Variable	Shapiro-Wilk Test	Skewness	Kurtosis
Self-control	.208	.17	-1.68
Self-concept	.066	.27	-1.72
Self-fulfilment	.213	.26	-1.61
Autonomy	.808	.24	-1.52
Emotional self-concept	.42	.25	-1.53
Honesty	.117	.39	-1.48

* $p < .05$

The assumption of homogeneity of variance was met by the study results using Levene's test of equality at significance 0.05. Variances across treatment and control group were equal for self-control $F(1, 54) = 2.153, p = 0.141$; self-concept $F(1, 54) = 0.602, p = 0.441$. The

RESULTS

The study sought to establish the effects of the developed intervention by the study. A one-way ANCOVA was conducted with a total of 56 youth drug abusers ($n = 56$), 21 females and 35 males, all between the ages of 21-25 years. After controlling for differences in the pre-test scores, the researcher ran a one-way ANCOVA in order to ascertain whether there were any significant differences in the post-test scores (self-control and self-concept levels) between the treatment and the control group (a) post-intervention scores as the dependent variable; (b) the control and treatment group as two categorical levels of the independent variable-programme; and (c) pre-interventional scores as the covariate.

Before conducting the one-way ANCOVA several assumptions were checked. Assumption of normality of residuals was met using Shapiro Wilk test at 0.05 significant level for self-control $p = 0.208, p > 0.05$ and self-concept $p = 0.066, p > 0.05$. The assumption of normality of residuals was also tested on the sub-scales of self-concept. Self-fulfilment $p = 0.231, p > 0.05$; Autonomy $p = 0.808, p > 0.05$; Emotional self-concept was approximately normal at $p = 0.42, p < 0.05$ and honesty $p = 0.117, p > 0.05$. Table 1 below shows the normality results of the study, where both self-control and self-concept skew and kurtosis fall within the acceptable range; skewness falls between -3 and +3, and kurtosis is appropriate from a range of -10 to +10.

assumption of homogeneity of variance was also met across treatment and control group for the subscales of self- concept. Self-fulfilment $F(1, 54) = 0.321, p = 0.573$; Autonomy $F(1, 54) = 0.540, p = 0.466$; Emotional self-concept $F(1, 54) = 0.918, p = 0.342$ and Honesty $F(1, 54) =$

0.033, $p = 0.856$. Table 2 below shows the results of homogeneity of variance for the study.

Table 2 Assumption of homogeneity of variance

Variable	Df 1	Df 2	F	p Value
Self-control	1	54	2.153	.141
Self-concept	1	54	.602	.441
Self-fulfilment	1	54	.321	.573
Autonomy	1	54	.54	.466
Emotional self-concept	1	54	.918	.342
Honesty	1	54	.033	.856

* $p < .05$

The assumption of regression slopes was met indicating that the interaction between pre-test scores (covariate) and study (independent variable) was significant for self-control $F(1, 52) = 0.790$, $p = 0.378$ and self-concept $F(1, 52) = 1.115$, $p = 0.296$. The assumption of regression slopes was also met indicating that the interaction between pre-test scores

(covariate) and study (independent variable) was significant for the sub-scales of self-concept. Self-fulfilment $F(1, 52) = 0.123$, $p = 0.727$; Autonomy $F(1, 52) = 0.498$, $p = 0.484$; Emotional self-concept $F(1, 52) = 2.636$, $p = 0.111$ and Honesty $F(1, 52) = 0.914$, $p = 0.343$. Table 3 shows results of assumption of regression slopes for the study.

Table 3 Assumption of regression slopes

Variable	Df 1	Df 2	F	p Value
Self-control	1	52	.79	.378
Self-concept	1	52	1.115	.296
Self-fulfilment	1	52	.123	.272
Autonomy	1	52	.498	.484
Emotional self-control	1	52	2.636	.111
Honesty	1	52	.914	.343

* $p < .05$

Results from one-way ANCOVA test were calculated with mean difference significant at the 0.05 level and the partial eta squared value was compared with Cohen's guidelines (0.2-small effect, 0.5-moderate effect, 0.8 large effect). Findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' post-test self-control levels between the treatment and the control groups $F(1, 52) = 0.79$, $p < 0.05$, whilst controlling for pre-test levels. The effect size was found to be large Cohen's $d = 0.84$. Post hoc test show differences between self-control levels pre-test and post-test ($p = 0.000$). Findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' post-test self-concept levels between the treatment and the control groups $F(1, 52) = 1.115$, $p < 0.05$, whilst controlling for pre-test levels. The effect size was found to be small Cohen's $d = 0.21$.

Post hoc test show differences between self-concept levels pre-test and post-test ($p = 0.000$).

On the sub scales of self-concept, findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' post-test self-fulfilment levels between the treatment and the control groups $F(1, 52) = 1.23$, $p < 0.05$, whilst controlling for pre-test levels. The effect size was found to be small Cohen's $d = 0.30$. Post hoc test show differences between self-fulfilment levels pre-test and post-test ($p = 0.000$).

Findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' post-test autonomy levels between the treatment and the control groups $F(1, 52) = 0.498$, $p < 0.05$, whilst controlling for pre-test

levels. The effect size was found to be small Cohen's $d = 0.09$. Post hoc test show differences between autonomy levels pre-test and post-test ($p = 0.000$).

Findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' post-test emotional self-concept levels between the treatment and the control groups $F(1, 52) = 2.636$, $p < 0.05$, whilst controlling for pre-test levels. The effect size was found to be small Cohen's $d = 0.09$. Post hoc test show

differences between emotional self-concept levels pre-test and post-test ($p = 0.000$).

Findings of ANCOVA indicated that after controlling for the effect of pre-test, a significant difference was found in youth drug abusers' honesty levels between the treatment and the control groups $F(1, 52) = 0.914$, $p < 0.05$, whilst controlling for pre-test levels. The effect size was found to be small Cohen's $d = 0.17$. Post hoc test show differences between emotional self-concept levels pre-test and post-test ($p = 0.000$). Table 4 below shows the results of one-way ANCOVA for the study.

Table 4 Summary of ANCOVA for the intervention programme

	df	F	p	eta ²	Post hoc
Self-control	1, 52	320.395	0.00	0.84	0.000
Self-concept	1, 52	306.908	0.03	0.67	0.001
Self-fulfilment	1, 52	307.977	0.00	0.64	0.000
Honesty	1, 52	228.261	0.01	0.69	0.000
Autonomy	1, 52	223.126	0.00	0.80	0.000
Emotional self-concept	1, 52	1899.270	0.00	0.61	0.000

* $p < .05$

DISCUSSION

The study was a quasi-experimental study that aimed to establish the effects of the TYDAIM on self-control and self-concept among youth drug abusers. Data showed a significant difference in post-test results between the treatment and control group after controlling for pre-test for the variables self-control and self-concept and its dimensions (autonomy, honesty, emotional self-concept and self-fulfilment). A significant difference in post-test results between the study groups implies that the intervention yielded the desired result (Minor, 2005). Thus, the intervention in this current study managed to cause a significant positive effect on self-control and self-concept among youth drug abusers. The success of the intervention in effecting the desirable change among participants in this study could be attributed to the influence that the Christian church has in the Zimbabwean community. Studies such as Mappingure et al. (2021) and Makande (2017) acknowledge that pastoral care does not shun anyone and is a strong support system to youth drug abusers in Zimbabwe, as such a Christian based intervention would be adhered to by the youth.

Study results indicated a large effect size on self-control, which suggests that the research findings have practical significance on self-control (Brannen, 2017). Findings from the current study are consistent with studies such as Hodge et al. (2021), Lund (2016) and Dewall (2014) who obtained similar results, where Christian based interventions were established to be practical in enhancing self-control among people who use drugs. The notion of establishing a large effect size on a newly developed treatment is not peculiar to this study; a significant and large effect size result on the effectiveness of a module prototype has been established in previous studies (Su et al., 2011; Williamson & Hood, 2016; Mohammadzadeh et al., 2017; Peyman et al., 2018).

While the study established a significant difference in self-concept levels between the treatment and the control group, the results indicated that it has little effect size in actual practise. This implies that the developed intervention might not be practical to implement regarding self-concept. The influence of religion on positive self-concept remains a debatable issue, as the study established a minute effect size in practise; this

is consistent with previous studies, which claim that there is a limited effect of self-concept on the recovery and quitting process of people who use drugs (Hattie, 2014; Szcześniak & Timoszyk-Tomczak, 2020).

The study results have major implications for the treatment of youth drug abusers in the Zimbabwean context, as decisions for the utilisation of Christian-based interventions to support people who use drugs can be made from empirically based-finding (Adedibu, 2020). Studies on drug abuse in the Africa could benefit from indigenous interventions that are developed to best suit the African context (Priest & Barine, 2017).

Study Limitations

Though the study obtained results that can contribute to the ongoing discussion regarding the influence of Christianity supporting positive behavioural change among people who use drugs, it has some limitations. The study sample was homogenous on ethnicity/race (all black Africans) and religious affiliation (all Christians); nonetheless, future researches could make an exploration on a diverse sample of youth drug abusers, with larger sample size. Furthermore, future studies could replicate the study among youth drug abusers with a broader sample size so that the validity of the study results could be enhanced.

CONCLUSION

The study aimed to determine the effects of a developed module on self-control, and self-concept among youth drug abusers in Zimbabwe. The study concludes that indeed the developed intervention had a significant effect on the study participants. Though the fusion of Christianity in treatment programmes for people who use drugs is still a debatable issue, the current study contents that, positive behavioural change can be fostered through religious means in clients, as empirically proven in the current study.

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