RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND RELAPSE PRONENESS OF RECOVERING ADDICTS IN DRUGS REHABILITATION CENTRES: A CASE STUDY OF NAIROBI COUNTY

BY

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DECLARATION

I hereby declare that this project research is my original work and has not been presented for the award of a degree in any other University. All sources of information have been acknowledged by means of references.

Signature.....

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Date.....

SUPERVISORS' APPROVAL

This research project has been submitted with my approval as the student's supervisor in accordance to the requirements of the University of Nairobi.

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DEDICATION

Without the support of my wonderful family, who fill my life with joy and excitement, I never would have completed this journey and, therefore, I would like to dedicate this dissertation to them. And to my mom, who is just amazing and tremendously supportive. Finally, I would like to commit my future and all the good that comes from this journey to my Father in Heaven and to my Lord Jesus Christ.

ACKNOWLEDGEMENT

The completion of this research project would not be possible without the material and moral support from various people. It is my obligation therefore to extend my gratitude to them. First of all, I thank the almighty God for giving me good health, and for guiding me through the entire course. I am greatly indebted to Dr. Charles Kimamo who was my supervisor, for his effective supervision, dedication, availability and professional advice. I extend my gratitude to the lecturers who taught me in the Master's Program, thus enriching my research by laying the theoretical grounding of this work. I am also greatly indebted to the rehabilitees at the rehab centers who were my respondents for their support and willingness to provide the required information during the fieldwork phase of this study. My appreciation also goes to my classmates, with whom we weathered through the storms, giving each other encouragement and for their positive criticism. I also acknowledge my family members for their moral support during the entire study period.

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ABSTRACT

The study explored the relationship between perceived social support and relapse proneness amongst recovering addicts in drug rehabilitation centers within Nairobi County.. A sample of 50 participants was drawn from different drug addiction treatment and rehabilitation centers located in Nairobi County. Multidimensional perceived Social Support Scale (MPSS) (zimet et al, 1988) was used to measure perceived social support and relapse proneness respectively. The study design was the survey. The study population was the rehabilitees of sampled six (6) rehabilitation centers in Nairobi County, whereby fifty subjects were purposively selected from the centers. Questionnaires were used as tools for data collection. Descriptive statistics were used in the analysis to give a summary of the analogous variables attained from the questionnaires administered. Data were analyzed using t-test statistical analysis to establish the relationship between perceived social support and predictions of relapse proneness. Results showed that participants mildly agreed that the presence of a special person in their lives when they are in need offers perceived social support and strongly agreed that family's help is a strong indicator of perceived social support. The study concluded that drug addicts in substance abuse rehabilitation centers require perceived social support of significant others, family and friends to safeguard against relapse proneness.

CHAPTER ONE

INTRODUCTION

1.0. Background information

It has been hypothesized that perceived social support reduces the likelihood to relapse. Social support networks provide the greatest source of perceived social support. Individuals who are privileged with high levels of such networks enjoy higher chances of complete recovery and decreased relapse. Cutrona, Russell, & Rose, 1986, show that perceived social support is a determinant of both physical and mental health.

Research shows that perceived social support plays an integral role in the individual's life, and affects physical and psychological health in a positive manner. Jou and Fukada (2002) reported high ranking health levels for those who perceive social support from families and friends. Jou & Fukada, 1994) in their study, concluded that positive impact of perception to social support is a direct link on social adjustment.

For most people with drug addiction disorders who refer to rehabilitation centers, majority are likely to recur in the disorder. Relapse after rehabilitation is likely to occur as a result of impaired psychosocial support networks. According to Booth, Russell, Soucek, & Laughlin, 1992, there is an association between decrease in relapse and high measures of psychological functionality such as enhanced self-

esteem, less anxiety and decreased depressive episodes. Exposure to environmental stress and subsequent drug addiction relapse is as a result of decreased social support.

1.1. Problem Statement

The role that family, friends and significant others play in prevention of relapse for the recovering addict is significant in their recovery, yet little attention is given regarding how factors as family and significant others may influence treatment entry, engagement and relapse. Spouses, family, peers and neighborhood factors have been shown to play key roles in both an individual's addiction and prevention from relapse; (Kelly, Kevin ,Schwartz, Peterson, Monique & Barry). The individual's environment is rarely taken into account in consideration to their continued cycle of drug abuse, treatment and subsequent relapse.

1.2. Aim of the study

The aim of this study was to determine the relationship between perceived social support and prediction of addiction relapse. The results are expected to show significant positive relationships between increased perceived social support and decreased relapse proneness. The study findings will be beneficial to families, friends, communities and other social support networks, and the treatment personnel in the rehabilitation centers. Documented data would inform policy makers for adoption and improvement where necessary. Lastly, the head of schools, colleges and universities

or any other institution may find this research useful by encouraging links with family of affected students and their institutions.

1.3. Objectives of the study

The study objectives were as follows;

i. To investigate the role of perceived social support in prediction of relapse proneness among recovering addicts.
ii. To determine whether higher perceived social support leads to decreased relapse proneness.
iii. To establish whether recovering substance abusers with supportive family and/or friends have increased self-esteem, are less prone to depression, and experience less anxiety.

1.4. Research Questions

i. What is the role of perceived social support in prediction of relapse proneness among recovering addicts?
ii. Does higher perceived social support lead to decreased relapse proneness?
iii. Do recovering substance abusers with supportive family and/or friends have increased self-esteem, are less prone to depression, and experience less anxiety?

1.5. Significance of the Study

This study will make a positive contribution to society and especially those concerned with health, mental health and well-being. This is because it can be attributed to several factors such as its possible role in the etiology of disease and illness. Secondly it is of interest the role perceived social support may play in treatment and rehabilitation programs instituted following the onset of treatment. Thirdly, the benefits of altering behavioral and emotional characteristics in treatment programs will have been increasingly recognized.

1.6. Hypothesis

The research questions gave rise to the hypothesis of this study, stated below in null and alternate form:

> ***H1o: There is no statistically significant relationship between perceived social support and relapse proneness among recovering addicts.***
>
> ***H1a: There is a statistically significant relationship between perceived social support and relapse proneness among the recovering addicts.***

1.7. Assumptions, scope and Limitations of the study

Assumptions hereby are any facts that a researcher takes to be true without actually verifying them.

1.7.1. Assumptions of the study

This study will be conducted under the following assumptions; the study assumed that participants would understand the survey questions on the questionnaire and provide honest and accurate responses. Another assumption was that the survey platform would be easy to access and would operate efficiently so as not deter objective participation. Another assumption was that the sample was representative of substance abuse treatment center patients in the targeted organization.

1.7.2. Scope of the study

The study was confined to rehabilitation centers within Nairobi County. Research participants were rehabilitees referred to drug rehabilitation centers within Nairobi County. The study assessed perceived social support and its relationship to relapse proneness of recovering addicts in drug rehab centers.

1.7.3. Study Limitations

This study was carried within Nairobi County, thus the findings are limited only to Nairobi County and as such they cannot be generalized as remedies to other Counties. Because of the sensitive nature of the study and the aspect of confidentiality of substance abuse addicts, the study faced a resistance initially from respondents

because of being afraid of being exposed. However, they eventually agreed to participate on assurance of confidentiality. Thus, this subsequently caused delays in data collection.

1.8. Definitions of study variables

The study was carried under the premise of two variables: independent and dependent variables, namely perceived social support and relapse proneness respectively.

1.8.1. Independent Variable

Perceived social support is the independent variable

1.8.2 Dependent Variable

Relapse proneness is the study's dependent variable

1.9. Definitions of key Concept

Perceived Support Those resources that one can self-appraise as being readily available from the individuals support networks.

Social Support Social support is the perception and actuality that one perceives and receives from significant others like emotional, information or material support.

Social Network These are individuals, groups, organizations, or even entire societies or a social structures instrumental in offering social support to those within their network.

Substance Abuse A patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others.

Addiction: Occurs when one needs to use a drug or psychoactive substance inorder function, and is physically and/or psychologically dependent on the substance.

Relapse: The slip or return by a person in recovery to the self-prescribed substance.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

Literature is reviewed on requisite factors contributing to the harmful consequences of poor perceived social support and the protective effects of good social support in substance abuse recovery and relapse.

A review of literature for perceived social support is reported in this chapter presented in the following sub-sections; 1) Definition of Perceived social support and relapse proneness 2) Current Research Findings on perceived social support and relapse 3) Theoretical Framework 4) Conceptual Framework.

2.1. Perceived social support

According to Cohen et al. (2000), social support is instrumental help or resources availed to individuals, it could be informational help, emotional and material assistance that persons perceive to be available or that are actually provided to them. Perceived and received social support differ in that the latter is actually availed whereas the former is perceived and felt by the recipient. Cohen and Wills (1985) found perceived social support to be more significant in relation to health behaviors than actual social support. According to Wills and Shiner (2000), in respect of which type of support is more influential, the researchers postulate that social support has to be perceived in order to be received.

Researchers, Giblin, Polan, & Ager, 1990; Schaffer & Hoagberg, 1997; Feldman, Schetter, Sandman, & Wadhwa, 2000; Rudnicki et al., 2001), in similar findings posit that in well-being and health related issues, to perceive social support is more influential to the recipient than the actual social support. Their argument is based on the premise that if help is not perceived then it is not easy for it to be utilized.

2.1.1 Relapse Proneness

When an individual has developed drug addiction, they may be predisposed to a spontaneous recurrence of pathological drug use. Relapse is therefore reinstatement to a drug abusing behavior. Relapse proneness is to be naturally inclined to a tendency and likelihood of being liable/ or predisposed to slip back to drug and substance abuse.

2.2. Current Research Findings on perceived social support and relapse

According to results of a study by Dodge and Potocky 2000, the study findings showed that higher self-esteem and lower rates of relapse were found in women with higher levels of perceived social support .The study participants were women in residential treatment for chemical dependence.

2.2.1 Social networks, support, and psychosocial functioning among American Indian women in treatment.

The study was made up of a population of 159 women respondents. The setting of

the study was a rehabilitation treatment center at Native American Connections. Social support and active participation by clients' families during treatment were found to be significantly related to improved psychosocial functioning. Thus there is need to include family, friends and significant others as an intervention strategy within the treatment package. The study carried out by Brindis et al.,1995; Gutierres, Russo, & Urbanski, 1994, found a positive correlation between stressful life events and high levels of substance abuse in American Indians who were participants of the study. These include stressful environments such as domestic violence, volatile family set ups, rejection and isolation. For children who have been brought up in such families they experience child abuse and post-traumatic stress disorders.

The study concluded that those who experienced higher perception of social support had increased levels of psychosocial functionality and were predisposed to decreased levels of relapse at a rate of 18%. The study also found a strong positive correlation between higher perceptions of social support and increased psychological functioning, measured by their increase in self-efficacy, enhanced self-esteem, less anxiety and reduced depressive episodes.

2.3. Theoretical framework

Research shows that the values engraved within us from our family bonding from very early in our lives helps us in observation of the norms in society. Researchers Burton, Cullen, Evans, Dunaway, Kethineni, and Gary, 1995), bring out the fact that families that predispose their children's upbringing to a drug environment create an enabling environment for the child to be involved in drugs when they grow up. The environment set up could be that drugs are sold, bought and used regularly.

2.3.1 Social support theory

This study was based on the social support theory by Hirschi (1969). Hirshi describes social bonds as family attachments, commitments to institutions like schools and adherence to their set norms, and engagement in communal activities. This theory further postulates that when society engages in supportive activities and relations, there exists reciprocity to provide and receive support from the social support networks. This gives the recipients communal bargaining power to do well and reduce criminal activities. The support gives birth to a high level of trust. Conversely, social support theory argues that by embracing a narrow rather than pluralistic view of human nature, control theories neglect the processes in life that are fundamental to the human experience (Cullen, Wright and Chamlin 1999).

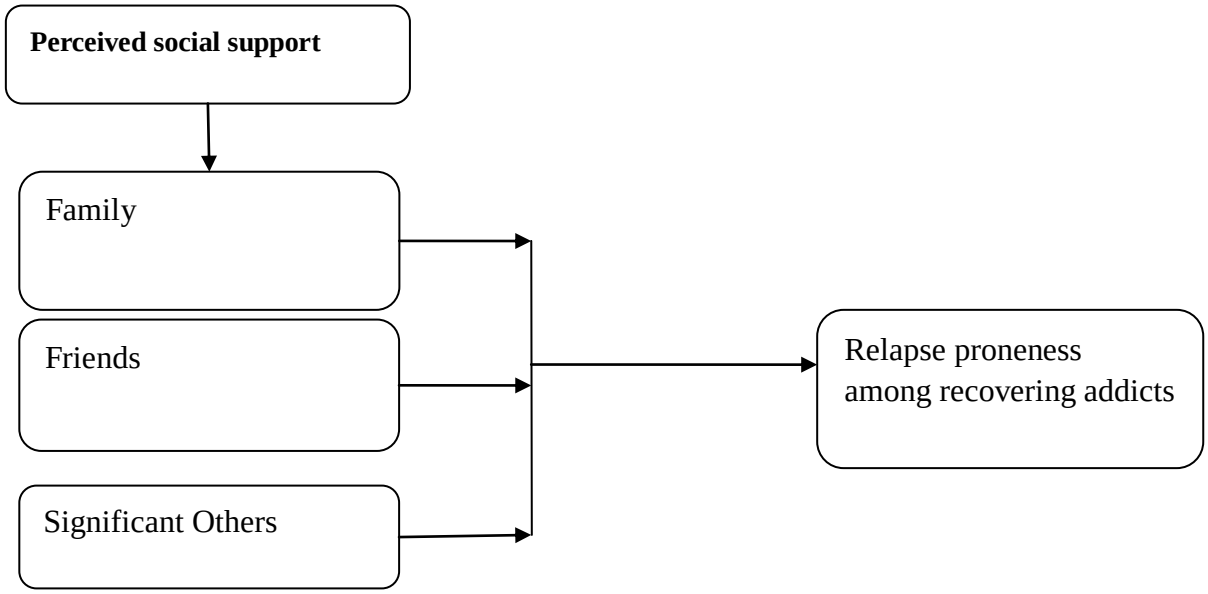
This theory is relevant to this study's variables as evidence that perceived social support contributes to decreased individual's engagement in psychoactive addictive

behaviors, and thus reduction to the possibility to check in to the rehab facility.

2.4. Conceptual framework

The conceptual framework explains the relationship between the independent variables and the dependent variables. The former is presumed to be the cause of the changes while the former influences the latter (Kothari, 2003).

Figure 2.1: Conceptual Framework



From the above conceptual framework, family, friends and significant others are depicted as the components of perceived social support and that their presence or lack are seen to influence increased or decreased chances of relapse proneness among recovering addicts.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

Research methodology entails intended methods for data collection in order to achieve the stated study objectives. These methods include surveys, questionnaires and interviews.

3.1. Site of research and description

The setting of the study was six (6) Rehabilitation centers located in Nairobi County. Nairobi is an urban, and the capital city of Kenya, and is more prone to drug trafficking and drug abuse. It is better placed to provide information relating to the study and thus the reason for selection as a suitable study area.

Rehab centers are facilities committed to treatment and recovery intervention programs for the recovering addicts. The treatment program consists of an intensive three-month program provided to drug addicts enrolled for treatment.

3.2. Research design

The research design adopted in this study was the survey. The survey was the blueprint used to evaluate the study variables and assess whether there exists a correlation between the independent variable, perceived social support and dependent variable relapse proneness in treatment rehabilitation centers within Nairobi County.

3.3. Target Population

The Population of this study consisted of rehabilitees from rehabilitation centers within the Nairobi County. Nairobi County has a total of eighteen (18) rehab centers. Each rehab center has approximately 28 inpatients and over 50 outpatients. It has a house manager and three counselors. In this case, a total number of 504 rehabilitees comprised the target population. The eighteen (18) rehab centers are as follows; Asumbi Treatment and Rehabilitation Centre (Karen), Brightside Treatment And Rehabilitation Center, Eden Village Eden Halfway House , Conquerors With Christ Trust Rehabilitation Centre , Chiromo Lane Treatment Center, Kenyatta National Hospital-Department of Mental Health & Rehabilitation Services , Greater Life Concern, The Bridge Treatment and Counseling Centre , Emmanuel Resource Centre , Alcoholics Anonymous, SAPTA, STEPAWA Halfway House ,STEVFO Treatment and Counseling Centre, Nairobi Place Addiction Treatment and Specialized Medical Centre , Nairobi Outreach Services- NOSET Maisha House, Mathari Hospital Drug Rehabilitation Unit-Medical Department ,Masaa Home , Maisha House, Rongai.

3.4. Study Sample

Participants drawn from six rehab centers formed the study sample. A total of 168 participants were sampled. Purposive sampling was used for the selection of the study sample. Purposive sampling technique targets a particular group of people and

does not produce a sample that is representative of a larger population, but it can be exactly what is needed in some cases, study of organization, community, or some other clearly defined and relatively limited group (Patton, 1990). The six centers selected included; Asumbi Karen, Nairobi Place Addiction Treatment and Specialized Medical Center, Sapta (Support for Prevention and Treatment in Africa), Chiromo Lane Medical Center, Eden halfway house, and Bustani Lavington. Sample frame was formed by fifty (50), respondents, N=50, selected from the six rehab centers. The study sample was representative. According to Mugenda and Mugenda (2003) a representative sample size should be atleast 10% of the population.

3.5. Research Instrument

The main instrument for collecting data was a questionnaire: I) Guide for collecting socio-demographics of the participants. This included the patient's age, gender, marital status, primary language, educational level, residence, and 2) The Multidimensional Scale of Perceived Social Support, a measure of how much support a person feels they get from family, friends and significant others. It was developed by Zimet , Dahlem , Zimet, Farley. It is a brief tool designed to measure perceptions of support from three sources: Family, Friends and Significant others. The MSPSS is a standard scale which has 12 items. The scale has 7 point scale, ranging from one to seven. The scale evaluates and quantifies the degree to which respondent's perceived support from each of these three sources. The MSPSS

is a self-reported brief research tool, 3) Self-reported questionnaire measuring relapse proneness and 4) measures of improved psychological functioning based on increased self-esteem, reduced anxiety and depression levels.

3.6. Data Collection Procedure

Data was collected through administration of a questionnaire which occurred within the selected rehab centers. The participants completed the four-part self-report questionnaire requiring 25-30 minutes. Part one was a collection of demographic data, such as, age, gender, marital status, language, educational background and locality. Part two was on perceived social support scale questionnaire designed to measure perceptions of support from family, friends and significant others. Part three was designed to measure relapse proneness as follows, score (1) is found to be a good predictor of relapse proneness, whereas score (0) is a good predictor of absence of relapse. Part four measured the psychological functionality of respondents based on self-esteem, anxiety and depression.

3.7 Validity and Reliability

Reliability is a measure of the degree to which a research instruments yields consistent results or data after repeated trials (Mugenda and Mugenda, 2003). To achieve this objective, all questionnaires were screened for errors to enable reliability in data analysis.

3.8. Ethical Considerations

The main ethical considerations were in respect to participant's consent, ownership of study findings and confidentiality (Ritchie & Lewis 2004. Participants were protected by giving informed consent and nature of study explained to them before participating voluntarily. Confidentiality was ensured and maintained.

3.9. Data Analysis and Interpretation

Descriptive statistics were used in the data analysis to give a summary of the analogous variables attained from the questionnaires administered. Descriptive measures, frequency distribution tables and percentages after data cleaning and classification was conducted, tabulated and also summarized and used for presenting the findings. The study utilized t-test technique to establish the relationship between perceived social support predictions of relapse proneness among recovering addicts.

$$t = \frac{\Sigma d}{\sqrt{\frac{n\left(\Sigma d^2\right) - \left(\Sigma d\right)^2}{n-1}}}$$

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0. Introduction

Data analysis involves transformation and cleansing of the collected data in order to make study findings, conclusion and recommendations.

4.1. Response rate

The data collection instruments, questionnaires were sent to 50 respondents (n=50) at rehab centers in Nairobi County. All the questionnaires were sent back fully completed making a response rate of 100%. This was in line with Mugenda and Mugenda (2003) who suggested that for generalization a response rate of 50% is adequate for analysis and reporting, 60% is good and a response rate of 70% and over is excellent.

4.2. Demographic information

The study sought to ascertain the background information of the respondents involved in the study.The background information points at the respondents' suitability in answering the questions.

4.2.1 Respondents Age

The respondents were requested to indicate their age bracket. The findings were as shown in table 4.1

Table 4.1: Respondents Age

Age	Frequency	Percentage
Below 25 years	13	26%
26-40 years	24	48%
41-55 years	10	20%
56 years and above	3	6%
Total	**50**	**100%**

(48%) of the respondents were aged between 26-40 years, 26% indicated below 25 years, 20% indicated 41-55 years, while 6% indicated 56 years and above. This depicts that most of the respondents in the rehab centers were middle aged who were able to understand the issues being investigated. In addition this also depicts that middle aged persons were vulnerable and an indicator that they may not perceive social support from their family members as a result of middle age conflict and crisis. Middle aged tend to rebel against established family norms. This may subject them to issues of depressive episodes which may in turn push them to drug abuse.

4.2.2. Respondents Gender

The respondents were requested to indicate their gender. The findings were as shown in table 4.2

Table 4.2. Respondents Gender

Gender	Frequency	Percentage
Male	36	72%
Female	14	28%
Total	**50**	**100%**

(72%) of the respondents were males while 28% were females. This depicts that majority of the respondents in the rehab centers were male showing men as the highest number of rehabilitees in the rehab center. This may have a connection with societal expectations placed upon men. Society expects men to be physically and mentally strong and to provide shelter and financial aid to their families. In case of failing short of these expectations, they may be ridiculed by both family and society, pushing them easily to find refuge and seek temporal solutions in drug abuse dens. This generally depicts lack of social support from society and significant others when it is most needed.

4.2.3. Marital Status

The marital status findings were as shown in table 4.3

Table 4.3. Marital Status

Marital status	Frequency	Percentage
Married	12	24%
Single	34	68%
Separated	1	2%
Divorced	2	4%
Widowed	1	2%
Total	**50**	**100%**

(68%) of the respondents indicated that they were single, 24% indicated married, 4% indicated divorced, while 2% indicated separated and widowed respectively. This depicts that most of the respondents were single. The impact of being single translates that social support may not be readily available as a result of lack of spouses or significant others to share overwhelming life's challenges. Thus they may engage in drug use as a coping strategy.

4.2.4. Respondents Language

The findings on respondent's language were as shown in table 4.4

Table 4.4. Respondents Language

Language	Frequency	Percentage
English	28	56%
Kiswahili	21	42%
French	1	2%
Total	**50**	**100%**

From the findings above majority (56%) of the respondents indicated that they spoke English, 42% indicated Kiswahili, while 2% indicated French. Majority of the respondents were well conversant with English as the language of communication, depicting respondents to be of high social status and well educated, contrary to the notion that drug abuse only takes place in slums or those of low status in society. Thus they may be engaging in substances of abuse because of societal pressure, and as an escapist route because once in high ranks society expects you to remain there at whatever cost. It is as well a positive indicator of declined levels of perceived support in high ranking status neighborhoods, as a result of living in individualistic societies.

4.2.5. Respondents Education

The finding son the respondent's education levels are shown in table 4.5

Table 4.5. Respondents Education

Education level	Frequency	Percentage
Primary	4	8%
Secondary	21	42%
Adult	0	0%
No. education	1	2%
University	24	48%
Total	**50**	**100%**

From the findings above most (48%) of the respondents had university education, 42% indicated secondary, 8% indicated primary education, while 2% indicated they had no education. Most of the respondents had university education. Most university students initiate drug use because of the exams anxiety and challenging university lifestyle away from family. Turning to drugs for refuge depicts lack of perceived social support from other sectors especially from family and friends, and therefore they remain stronger candidates for relapse.

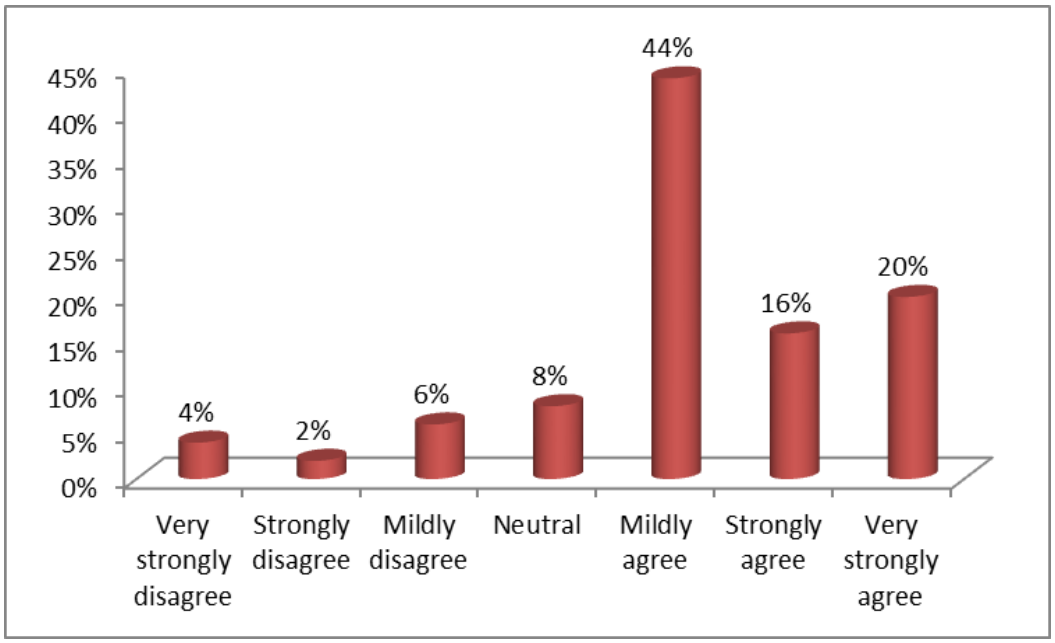
4.3. Perceived Social Support

This section provides findings on the source of perceived social support which is based on factor groups namely family, friends or significant other. The findings are presented in subsequent sections

4.3.1. Special Person Around

The respondents were requested to indicate whether the presence of a special person offers social support.

Figure 4.2. Special Person Around



From the findings most (44%) of the respondents mildly agreed that the presence of a special person offers social support, 20% indicated very strongly agree, 16% indicated strongly agree, 8% indicated neutral, 6% indicated mildly disagree, 4% indicated very strongly disagree, while 2% indicated strongly disagree. The above findings show that most of the respondents mildly agreed that the presence of a special person offers social support.

4.3.1. Special Person to Share Joy

The respondents were requested to indicate whether presence of a special person to share joy and sorrow with offers social support.

Table 4.6. Special Person to Share Joy

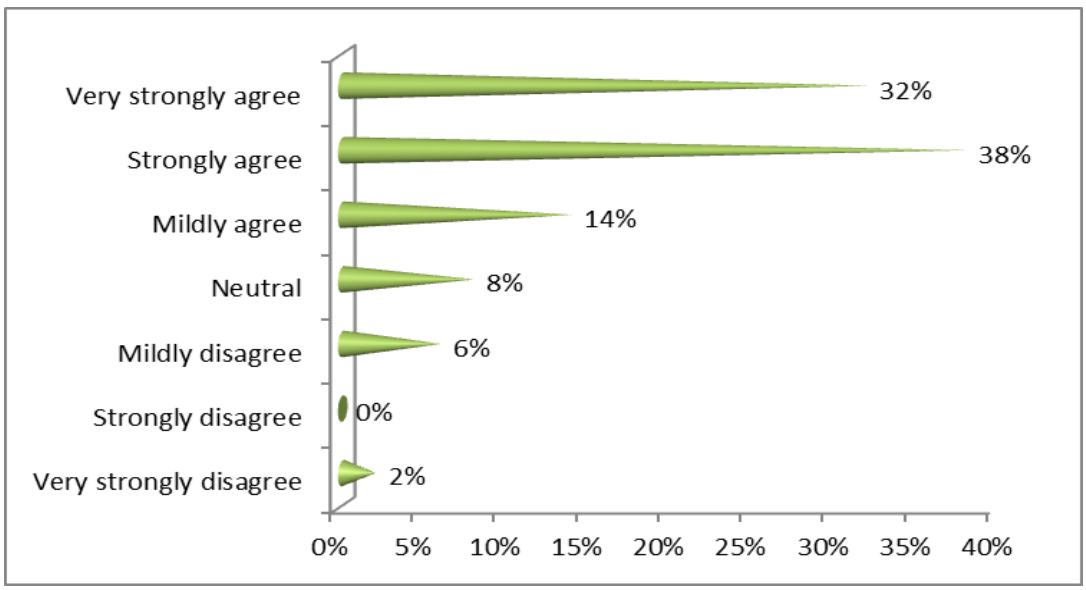
Level of agreement	Frequency	Percentage
Very strongly disagree	1	2%
Strongly disagree	2	4%
Mildly disagree	3	6%
Neutral	6	12%
Mildly agree	18	36%
Strongly agree	14	28%
Very strongly agree	6	12%
Total	**50**	**100%**

(36%) of the respondents mildly agreed that presence of a special person to share joy and sorrow with offers social support, 28% indicated strongly agree, 12% indicated very strongly agree and neutral respectively, 6% indicated mildly disagree, 4% indicated strongly disagree, while 2% indicated very strongly disagree. This concludes that most of the respondents mildly agreed that presence of a special person to share joy and sorrow with offers social support.

4.3.2. Family Help

The respondents were requested to indicate whether their families help offers social support.

Figure 4.3. Family Help



(38%) of the respondents strongly agreed that families help offers social support, 32% indicated very strongly agree, 14% indicated mildly agree, 8% indicated neutral, 6% indicated mildly disagree, while 2% indicated very strongly disagree. This shows that most of the respondents strongly agreed that families help offers social support.

4.3.3. Emotional Support

The respondents were requested to indicate whether emotional support from family offers social support.

Table 4.7. Emotional Support

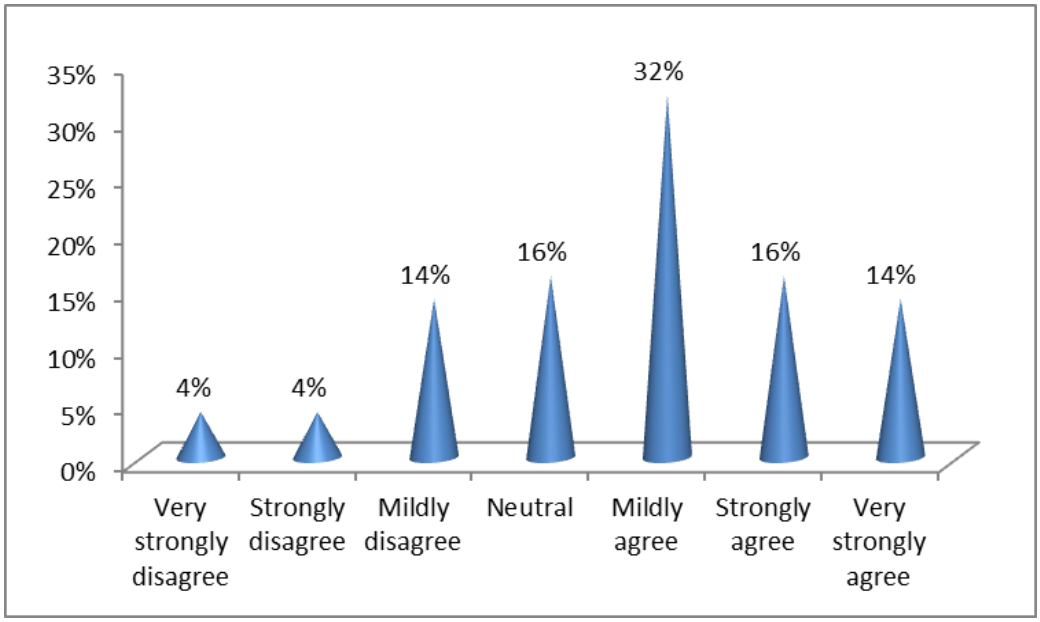
Level of agreement	Frequency	Percentage
Very strongly disagree	2	4%
Strongly disagree	1	2%
Mildly disagree	5	10%
Neutral	5	10%
Mildly agree	14	28%
Strongly agree	13	26%
Very strongly agree	10	20%
Total	**50**	**100%**

(28%) of the respondents mildly agreed that emotional support from family offers social support, 26% indicated strongly agree, 20% indicated very strongly, 10% indicated neutral and mildly disagree respectively, 4% indicated very strongly disagree, while 2% indicated strongly disagree. This depicts that most of the respondents mildly agreed that emotional support from family offers social support.

4.3.4. Source of Comfort

The respondents were requested to indicate whether they have a special person who is readily source of comfort.

Figure 4.4. Source of Comfort



(32%) of the respondents mildly agreed that they have a special person who is readily source of comfort, 16% indicated strongly agree and neutral respectively, 14% indicated very strongly agree and mildly disagree respectively, while 4% indicated strongly disagree and very strongly disagree respectively. In effect, most of the respondents mildly agreed that they have a special person who is readily source of comfort.

4.3.5. Friends Help

The respondents were requested to indicate whether their friends really try to help them in offering social support.

Table 4.8. Friends Help

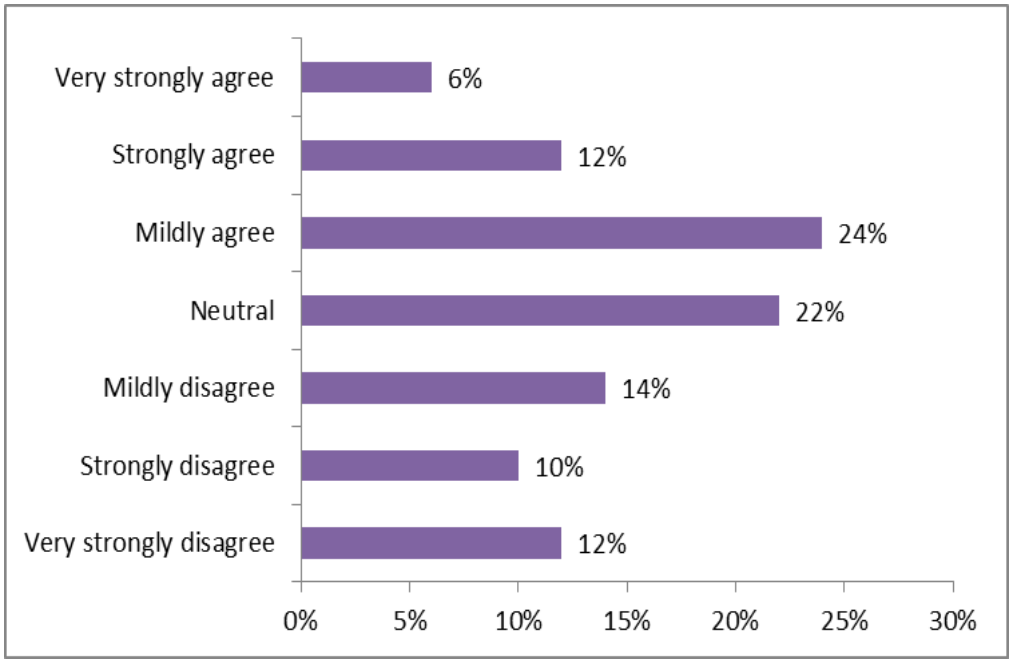
Level of agreement	Frequency	Percentage
Very strongly disagree	6	12%
Strongly disagree	5	10%
Mildly disagree	4	8%
Neutral	10	20%
Mildly agree	12	24%
Strongly agree	9	18%
Very strongly agree	4	8%
Total	**50**	**100%**

(24%) of the respondents mildly agreed that their friends really try to help them in offering social support, 20% indicated neutral, 18% indicated strongly agree, 12% indicated very strongly disagree, 10% indicated strongly disagree, while 8% indicated very strongly agree and mildly disagreed respectively. Therefore most of the respondents mildly agreed that their friends really try to help them in offering social support.

4.3.6. Counting On Friends

The respondents were requested to indicate whether they can count on friends when things go wrong.

Figure 4.5. Counting On Friends



(24%) of the respondents mildly agreed that they can count on friends when things go wrong, 22% indicated neutral, 14% indicated mildly disagree, 12% indicated strongly agree and very strongly disagree respectively, 10% indicated strongly disagree, while 6% indicated very strongly agree. Thus most of the respondents mildly agreed that they can count on friends when things go wrong.

4.3.7. Discussing Problems with Family

The respondents were requested to indicate whether they can talk their problems with their family members.

Table 4.1. Discussing Problems with Family

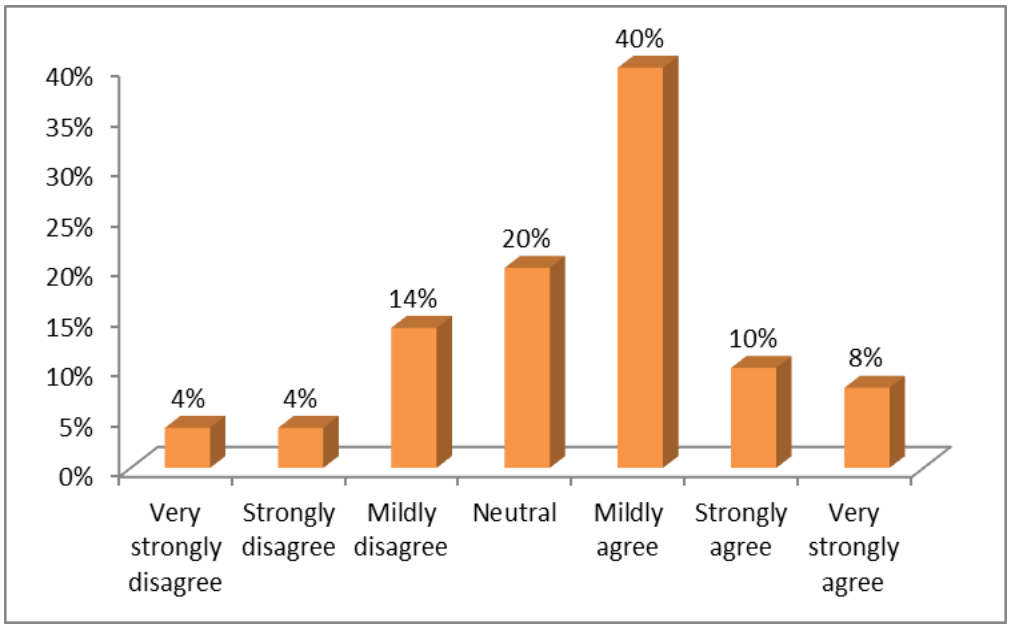
Level of agreement	Frequency	Percentage
Very strongly disagree	2	4%
Strongly disagree	2	4%
Mildly disagree	4	8%
Neutral	9	18%
Mildly agree	8	16%
Strongly agree	21	42%
Very strongly agree	4	8%
Total	**50**	**100%**

(42%) of the respondents strongly agreed that they can talk their problems with their family members, 18% indicated neutral, 16% indicated mildly agree, 8% indicated very strongly agree and mildly disagree respectively, while 4% indicated strongly disagree and Very strongly disagree respectively. And thus, from the above findings, most of the respondents strongly agreed that they can talk their problems with their family members.

4.3.8. Friends Who I Share Joy and Sorrow

The respondents were requested to indicate whether they have friends whom they share their joys and sorrows.

Figure 4.6. Friends Who I Share Joy and Sorrow



(40%) of the respondents mildly agreed that they have friends whom they share their joys and sorrows, 20% indicated neutral, 14% indicated mildly disagree, 10% indicated strongly agree, 8% indicated very strongly agree, while 4% indicated strongly disagree and very strongly disagree. This depicts that most of the respondents mildly agreed that they have friends whom they share their joys and sorrows.

4.3.9. Caring for the Feelings

The respondents were requested to indicate whether there is a special friend in their life that cares about their feelings.

Table 4.2. Friends Help

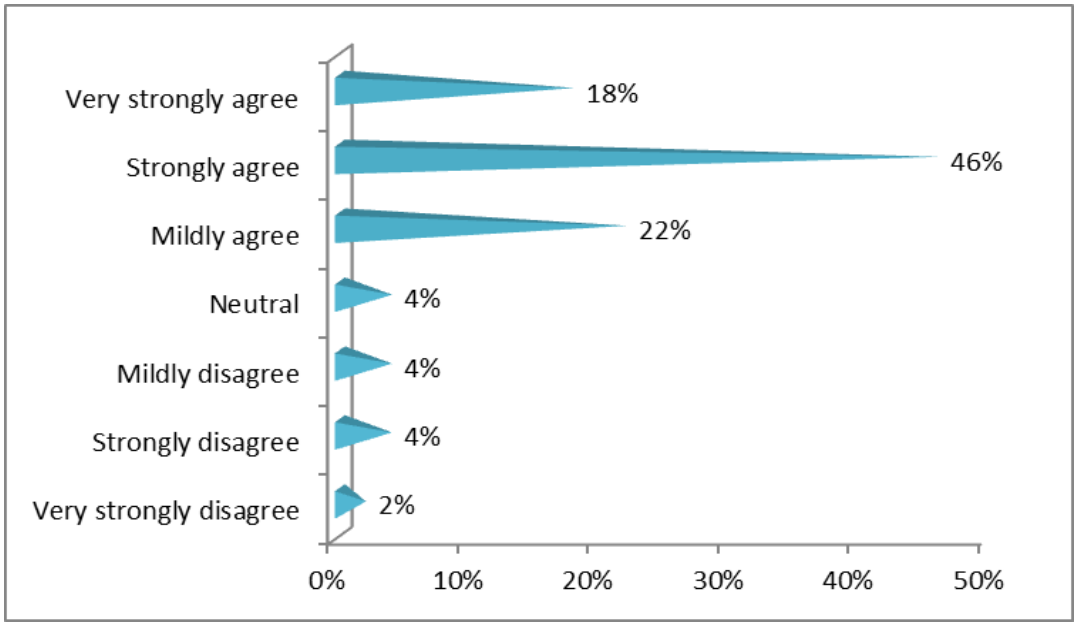
Level of agreement	Frequency	Percentage
Very strongly disagree	4	8%
Strongly disagree	2	4%
Mildly disagree	3	6%
Neutral	9	18%
Mildly agree	10	20%
Strongly agree	12	24%
Very strongly agree	10	20%
Total	**50**	**100%**

(24%) of the respondents strongly agreed that there is a special friend in their life that cares about their feelings, 20% indicated very strongly agreed and mildly agreed respectively, 18% indicated neutral, 8% indicated very strongly disagree, 6% indicated mildly disagree, while 4% indicated strongly disagree. Most of the respondents strongly agreed that there is a special friend in their life that cares about their feelings

4.3.10. Family Help in Decision Making

The respondents were requested to indicate whether their family was willing to help them make decision.

Figure 4.7. Family Help in Decision Making



(46%) of the respondents strongly agreed that their family was willing to help them make decision, 22% indicated mildly agree, 18% indicated very strongly agree, 4% indicated neutral, mildly disagree, and strongly disagree respectively, while 2% indicated very strongly disagree. This depicts that most of the respondents strongly agreed that their family was willing to help them make decision.

4.3.11. Sharing Problems with Friends

The respondents were requested to indicate whether they can talk their problems with friends.

Table 4.3. Sharing Problems with Friends

Level of agreement	Frequency	Percentage
Very strongly disagree	3	6%
Strongly disagree	4	8%
Mildly disagree	4	8%
Neutral	10	20%
Mildly agree	19	38%
Strongly agree	6	12%
Very strongly agree	4	8%
Total	**50**	**100%**

(38%) of the respondents mildly agreed that they can talk their problems with friends, 20% indicated neutral, 12% indicated strongly agree, 8% indicated very strongly agree, mildly disagree, and strongly disagree respectively, while 6% indicated very strongly disagree. This depicts that most of the respondents mildly agreed that they can talk their problems with friends.

Table 4.4: Relapse

	Never Frequency	Always	Never Percentage	Always
If already used substance of abuse in the prior 30 days	35	15	70%	30%
Have you experienced change in attitude and behavior in the prior 30 days	34	16	68%	32%
Have you recognized the emotions you are having as depression, disappointment, sadness, embarrassment, rejection or hurt	30	20	60%	40%
I think about drinking and drugging, or experience cravings but don't share this in my recovery circles	40	10	80%	20%
I doubt my ability to stay sober but keep this a secret.	39	11	78%	22%
I feel nervous or unsure of my ability to stay sober.	38	12	76%	24%
If abstinent from substance of abuse during the prior 30days	15	35	30%	70%

From the findings, majority of the respondents at 70% indicated that they have never used substances of abuse in the prior 30days and a minimum at 30% indicated they had used. 60% indicated that they always recognized the emotions they had as depression, disappointment, sadness, embarrassment, rejection or hurt, 40% reported not recognizing these emotions. 80% indicated that they never had thought of drinking and drugging, and do not experience cravings against 20% who thought of drinking and drugging. At 78% they did not doubt their ability to stay sober against 22% who doubted their ability to stay sober but keep it a secret; they neither feel nervous nor unsure of their ability to stay sober at 76% against 24% who doubt their ability to stay sober. They have never experienced change in attitude and behavior in the prior 30 days at 68% as opposed to a minimum of 32% who have experienced change in attitude and behavior. Further, at 70% they have been abstinent from substance of abuse during the prior 30days in contrast to 30% indicated that they always recognized the emotions they had as depression, disappointment, sadness, embarrassment, rejection or hurt.

From the above findings, the survey provided good data in respect to trends of drug abuse decline. This gave an interpretation that participants perceived high level of social support. This in return influenced and led to lower levels of drugging, drinking and positive behavioral changes. Therefore, resulting to decreased relapse proneness.

4.4. Anxiety

The respondents were requested to indicate how they felt concerning various statements on anxiety.

Table 4.5. Anxiety

Statement	Frequency		Percentage	
	Yes	**No**	**Yes**	**No**
Have trouble sitting	15	35	30%	70%
Have trouble sleeping	13	37	26%	74%
Feel anxious	28	22	56%	44%
Have trouble concentrating	27	23	54%	46%
Afraid of certain things e.g. crowds	16	34	32%	68%
Feel tense / keyed up	20	30	40%	60%
Feel tightness or tension in the muscles	12	38	24%	76%

From the above findings validating anxiety, 40% indicated they felt tensed/keyed up against 60% who felt calm, 32% indicated they were afraid of certain things e.g. crowds but 68% were not afraid, 30% indicated they had trouble sitting, but 70% had no trouble sitting, 26% had trouble sleeping but 74% indicated that they slept well, while 24% felt tightness or tension in the muscles, but 76% of the participants felt calm. However, 56% of the respondents indicated they felt anxious against 44% who did not experience anxiety, 54% indicated they had trouble in concentrating against

46% who had high concentration levels, This depicts that out of the seven items measuring anxiety, majority of the respondents perceived increased social support, and were thus less prone to relapse.

4.5. Depression

The respondents were requested to indicate how they felt concerning various statements on depression.

Table 4.6. Depression

Statement	Frequency		Percentage	
	Yes	No	Yes	No
Feel depressed	34	16	68%	32%
Have thoughts of committing suicide	28	22	56%	44%
Feel lonely	31	19	62%	38%
Feel uninterested in life	29	21	58%	42%
Feel extra tired or down	19	31	38%	62%
Worry of brood a lot	33	17	66%	34%

From the above findings validating depression, 68% of the respondents indicated they felt depressed but 32% were not depressed, 66% indicated they were worried or brood a lot but 34% do not worry or brood alot, 62% indicated they felt lonely against 38%, 58% indicated they felt uninterested in life but 42% showed interest in life, 56% indicated they had thoughts of committing suicide but 44% do not think of

committing suicide, while 38% indicated they felt extra tired or down while 62% do not feel extra tired or down . Thus, depicting majority of the respondents as depressed. This interprets less perception in social support and increased relapse proneness. This also means less psychological functioning to the respondents as a result of predisposition to depression.

4.6. Self Esteem

The respondents were requested to indicate how they felt concerning various statements on self-esteem.

Table 4.7. Self Esteem

Statement	Frequency		Percentage	
	Yes	No	Yes	No
Feel they have much to be proud	19	31	38%	62%
In general they are satisfied with themselves	22	28	44%	56%
Feel like a failure	20	30	40%	60%
Feel they are basically no good	26	24	52%	48%
Wish they had more respect for themselves	29	21	58%	42%
Feel they are un-important to others	28	22	56%	44%

From the findings above 58% of the respondents indicated they wished they had more respect for themselves against 42% who felt they respected themselves, 56% indicated they felt they are un-important to others but 44% felt important to others,

52% indicated they felt they are basically no good against 48% who felt they were basically good, 44% indicated in general they are satisfied with themselves while 56% felt unsatisfied with themselves, while 38% indicated they felt they had much to be proud but majority at 62% felt they had nothing to be proud of, only 60% of the respondents felt they were succeeding and at 40% they felt like failures. This data depicts less psychological functioning to majority of respondents as a result of decreased perception in social support from family, significant others and friends respectively. It further depicts respondent's distorted self-worthiness and low self-esteem. In conclusion, it indicates higher levels of relapse proneness to the respondents.

4.7 Hypothesis Testing

The study tested the following hypothesis:

i. (H10): There is no statistically significant relationship between perceived social support and relapse among recovering addicts.
ii. H1a: There is a statistically significant relationship between perceived social support and relapse among the recovering addicts.

Relationship between perceived social support predictions of relapse among recovering addicts

The table below presents the findings of the study on relationship between perceived social supporting predictions of relapse proneness among recovering addicts.

Table 4.8. Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	perceived social support	4.7273	33	.62614	.10900
	relapse proneness among recovering addicts	4.0606	33	.86384	.15037

In this case, perceived social support had a mean of 4.7273, and standard deviation of .626 while relapse proneness among recovering addicts, had a mean score of 4.0606 with a standard deviation of .86384.

Table 4.9 . Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	perceived social support & relapse proneness among recovering addicts	33	.609	.000

The results indicate that the parametric Pearson correlation or ‘r’ value is positive at 0.609 and the p-value (Sig) for the correlation coefficient is less ($p < .05$) and significant.

Table 4.10. Paired Samples Test

					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	perceived social support & relapse proneness among recovering addicts	.66667	.69222	.12050	.42122	.91212	5.533	32	.000

From the findings, the t calculated at 32 degrees of freedom at 95% confidence interval of the difference was 5.533. Since p=.000 (less than 0.05 at 95% level of confidence).

Therefore, from above analysis, we reject the null hypothesis that there is no statistically significant relationship between perceived social support and relapse proneness among recovering addicts; and accept the alternate hypothesis: There is a statistically significant relationship between perceived social support and relapse proneness among recovering addicts.

4.8. Discussion of Findings

The study found that the respondents mildly agreed that the presence of a special person offers social support and mildly agreed that presence of a special person to share joy and sorrow with offers social support. The respondents strongly agreed that families help to them offers social support. This agrees with a study by Cohen and Wills (1985), who stated that family social support is more significant in relation to health behaviors than actual social support. Their rationale for this is that if the resources of support are not perceived by an individual, they cannot be utilized. Further the study established that emotional support from family offers social support, and strongly agreed that they can talk their problems with their family members which offer them social support. This is in agreement with a study by Aksüllü, (2004), who argued that social support provides actual help or binding the individual to a social system in which they believe to be loved and protected or developing adherence to a dignified social group.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

The summary, conclusions and recommendations of the study are presented in this section. This study focused on the relationship between perceived social support and relapse of recovering addicts in drugs rehabilitation centers within Nairobi County.

5.1 Summary of findings

The current study aimed to investigate the role of perceived social support to predict addiction relapse. The results showed that individuals without relapse, compared to the ones with relapse, had higher social support perception. Results of the current study revealed a significant relationship between perceived social support from significant others, family and friends and relapse proneness amongst recovering addicts, thus supporting the study's alternative hypothesis.

Findings from the present study provide information about the usefulness of the supportive social networks such as family, friends and significant others within individuals in recovery from substance abuse centers and in prediction of relapse. The findings show that the respondents mildly agreed that the presence of a special person offers social support, and that presence of a special person to share joy and sorrow with offers social support. It was established that respondents strongly agreed

that families help offers social support and further established that the respondents mildly agreed that emotional support from family offers social support.

According to the findings of the current study, perceived social support plays a key role to prevent drug addiction relapse of individuals under treatment. It is suggested that providing the necessary support platforms, such as social support which is received from family, friends and significant others, is strongly associated with building strong social support networks for under treatment patients, and should be well implemented in treatment rehabilitation curriculum. Moreover, addiction treatment centers should provide the essential conditions to improve perceived social support in order to prevent addiction relapse.

Findings of the present study about the role of social support in addiction relapse were consistent with those of previous studies by Lemos et al., Martin-Storey et al. Jason et al. Atkins and Hawdon and Ellis et al, Jason et al., Atkins and Hawdon, and Ellis et al. which indicated that positive factors such as family support can contribute to the withdrawal from addiction.

5.1.2. Relapse proneness

From the findings, majority of the respondents at 70% indicated that they have never used substances of abuse in the prior 30days and a minimum at 30% indicated they had used. 60% indicated that they always recognized the emotions they had as depression, disappointment, sadness, embarrassment, rejection or hurt, 40% reported

not recognizing these emotions. 80% indicated that they never think about drinking and drugging, and do not experience cravings at against 20% who think of drinking and drugging. At 78% they don't doubt their ability to stay sober against 22% are the ones who doubt their ability to stay sober but keep it a secret; they neither feel nervous nor unsure of their ability to stay sober at 76% against 24% who doubt their ability to stay sober.. They have never experienced change in attitude and behavior in the prior 30 days at 68% as opposed to a minimum of 32% who have experienced change in attitude and behavior. Further, at 70% they have been abstinent from substance of abuse during the prior 30days in contrast to 30% indicated that they always recognized the emotions they had as depression, disappointment, sadness, embarrassment, rejection or hurt.

5.2. Conclusion

The findings of this study concluded that drug addicts in substance abuse rehabilitation centers require perceived social support of significant others such as family and friends. This support acts as a buffer to safeguard them against relapse proneness.

5.3. Recommendations

The study made the following recommendations:

1. Family members, friends and significant others should be incorporated in the systematic treatment and recovery process of their relatives committed in the

rehab facilities.

2. The county government of Nairobi should consider the integration of the perceived social support aspect in the rehab centers within the Nairobi County.
3. A social support program campaign should be started through media publications for easy dissemination of relevant information to the public and as an educative strategy on perceived social support.

5.4. Suggestion for further research

This study joins a substantial body of literature on how to improve substance abuse treatment, and it fills a gap in that literature regarding how treatment rehabilitees perceive social support from significant others. This study provides the basis for further research in this important area, and its results can be used to improve the process of treatment by incorporating these very important sources of social support into the treatment package, besides medication and psychotherapy, an improvement that can ultimately lead to better outcomes for substance abuse patients.

Further research should be done in other counties in order to ascertain the relationship between perceived social support and relapse of recovering addicts in drugs rehabilitation centers for comparison purposes.

Secondly, gaining a larger sample would allow for more sophisticated analyses and in-depth understanding of the relationships among the variables of interest. To this extent, a larger sample would also allow for the examination of specific models including the mediating or moderating relationships of both positive and negative support.

Thirdly, further studies may be done on how families from different social status relate with their significant others.

Beyond that, future studies could investigate interventions specifically designed to train individuals about methods of coping with unsupportive social networks. The effectiveness of such an intervention could be in minimizing the consequences of unsupportive social networks among individuals in recovery, they could then be examined against relapse as a result of lack of support, meaning the interventions could be stand-alone.

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APPENDIX A: SOCIO-DEMOGRAPHICS OF THE PARTICIPANTS

(Courtesies before administering the questionnaire)

I am a student from the University of Nairobi doing research on perceived social support and its impact on relapse proneness. Kindly spare some time and assist me with certain information for this study. Answer each question carefully and I will highly appreciate your honest answers. All your answers will be considered as confidential).

Background Information

Please check one answer for each question, unless otherwise specified.

1. What is your age

   25 years or under….

   26-40……..

   41-55……..

   56 or older……..

2. What is your gender

   Female……

   Male……

3. Marital status

   Married___

Single ___

Separated___

Divorced___

Widowed____

4. What is your primary language

   English……..

   Kiswahili……..

   Hindi…….

   Other(please specify)…….

5. Level of Education

   Primary…..

   Secondary….

   University…..

   Adult Education….

   No Education…..

6. Place of residence……

APPENDIX B: MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MSPSS)

(Instructions: I am interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.)

Circle the "1" if you Very Strongly Disagree

Circle the "2" if you Strongly Disagree

Circle the "3" if you Mildly Disagree

Circle the "4" if you are Neutral

Circle the "5" if you Mildly Agree

Circle the "6" if you Strongly Agree

Circle the "7" if you Very Strongly Agree

These items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (S0)

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7 Significant Other

2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 (Significant Other)

3. My family really tries to help me. 1 2 3 4 5 6 7 (Family)

4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7

(Family)

5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7

(Significant Other)

6. My friends really try to help me.

1 2 3 4 5 6 7 (Friends)

7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7 (Friends)

8. I can talk about my problems with my family. 1 2 3 4 5 6 7 (Family)

9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 (Friends)

10. There is a special person in my life that cares about my feelings. 1 2 3 4 5

6 7 (Significant Other)

11. My family is willing to help me make decisions. 1 2 3 4 5 6 7 (Family)

12. I can talk about my problems with my friends.

1 2 3 4 5 6 7 (Friends)

APPENDIX C: SELF-REPORTED QUESTIONNAIRE MEASURING RELAPSE PRONENESS

(I want to ask a few questions about how you have been since you have been receiving treatment services. Please read the following statements and for each one circle a number, 0 or 1, to indicate how much this has been true for you recently. Please circle one and only one number for every statement).

Circle "0" Never
Circle "1" Always

1. □ If already used substance of abuse in the prior 30days
2. □ Have you experienced change in attitude and behavior in the prior 30 days
3. □ Have you recognized the emotions you are having as depression, disappointment,

   sadness, embarrassment, rejection or hurt
4. □ I think about drinking and drugging, or experience cravings but don't share this in my

   recovery circles
5. □ I doubt my ability to stay sober but keep this a secret.
6. □ I feel nervous or unsure of my ability to stay sober.
7. □ If abstinent from substance of abuse during the prior 30days

APPENDIX D: MEASURES OF IMPROVED PSYCHOLOGICAL FUNCTIONING

(Self-Esteem, Reduced Anxiety and Depression)

SCALES AND MEASURES

Anxiety Scale: Complete Questions

1. You have trouble sitting still for long.
2. You have trouble sleeping.
3. You feel anxious or nervous.
4. You have trouble concentrating or remembering things.
5. You feel afraid of certain things, like elevators, crowds, or going out alone.
6. You feel tense or keyed-up.
7. You feel tightness or tension in your muscles.

Depression Scale: Complete Questions

8. You feel sad or depressed.
9. You have thoughts of committing suicide.
10. You feel lonely.
11. You feel interested in life.
12. You feel extra tired or run down.
13. You worry or brood a lot.

Self-Esteem Scale: Complete Questions

14. You feel you have much to be proud of.

15. In general, you are satisfied with yourself.

16. You feel like a failure.

17. You feel you are basically no good.

18. You wish you had more respect for yourself.

19. You feel you are unimportant to others.

APPENDIX E: DECLARATION BY RESEARCH PARTICIPANT

Declaration by Research participant

I have read this consent form and therefore, i voluntarily accept to participate in the interview.

Research participant's code

_____

Research participant's signature _____Date

_____

Researcher's signature _____Date

_____

APPENDIX F: RESEARCH PERMIT

UNIVERSITY OF NAIROBI
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P.O. BOX 30197
NAIROBI
KENYA

September 15, 2016

TO WHOM IT MAY CONCERN

RE: ESTHER KALUNDA KIMANGAO - C50/72369/2014

The above named is a student in the Department of Psychology studying Health Psychology Masters programme at the University of Nairobi. She is doing a project on "***Relationship between perceived social support and relapse proneness of recovering addicts in drugs rehabilitation centres"*** The requirement of this course is that the student must conduct research project in the field and write a project.

In order to fulfill this requirement, I am introducing to you the above named student for you to kindly grant her permission to collect data for her Masters Degree project.

Thank you very much for accepting our student in your setting. If you have any questions, you may address them to Dr. Luke Odiemo, Chair, Department of Psychology, UoN. He may be contacted on Te1.020-3318262 Ext.28439.

Yours Sincerely,

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF NAIROBI

Dr. Luke Odiemo
Chairman,
Department of Psychology