



Content Validation of an Intervention for Self-Control and Self-Concept Enhancement among Youth Drug Abusers in Zimbabwe

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Abstract

The study investigated the content validity of a developed module for self-control and self-concept enhancement among youth drug abusers in Zimbabwe. The study employed the Content Validity Index (CVI) method, with eight experts in related fields to the study. The fields were counselling, theology, youth studies and drug abuse. The experts were selected through snowball sampling technique, where identified experts were asked to assist the researchers in identifying other potential module reviewers. Results showed that the developed intervention had a good and acceptable content validity. Item-level Content Validity Index was 0.88 and Computed Sum of Items was 0.97. The study concluded that the developed module has an acceptable representation of aspects that can be utilised to enhance self-control and self-concept among youth drug abusers.

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Keywords content validity; develop; drug abuse; intervention; youths.

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INTRODUCTION

The development of treatment programmes for people who use drugs is not a new phenomenon in the field of behavioral sciences, as there are studies that have developed valid treatment programmes to support drug users (Fishman et al., 2016). These include the Lazarus Christian Treatment Program (Williamson & Hood, 2016) and the Faith-Based and Neighbourhood Partnership in an Opioid

Epidemic Practical Toolkit (US Department of Health and Human Services, 2018a, August 3). A common feature in the module development process is content validation (Taylor, 2013). It is of paramount importance to establish the validity of every developed interventions in order to determine the extent to which it treats what it claims to treat (Kvale, 1989; Smith et al., 2020; Biasutti, 2019; Reeve et al., 2020). Thus, the current study focused on establishing the content validity of a newly



developed drug abuse, treatment module, Tariro Youth Drug Abuse Intervention Module (TYDAIM) that is aimed to enhance self-control and self-concept among youth drug abusers in Zimbabwe.

The content validity concept originates from the arena of educational and instrument development (Kassam-Adams et al., 2015). Content validity is defined as the extent to which an instrument adequately samples the research domain of interest when attempting to measure phenomena (Wynd et al., 2003). With a more similar definition, Polit and Beck (2004) define content validity as the degree to which an instrument has an appropriate sample of items for the construct being measured. The definition of content validity in intervention or module development is built up on established attributes of content validity in instrument development (Kvale, 1989). Content validity of an intervention is therefore defined as: ".....the extent to which component intervention activities are relevant to the underlying construct (ie, program theory) and likely to be effective in achieving a particular intervention purpose in a specific intended population" (Kassam-Adams et al., 2015, p.2).

Content validity provides instrument logic, or definition, and addresses the extent to which items of an instrument sufficiently symbolise the content domain (Dimitrov, 2014; Brannen, 2017), and is typically more feasible in academic research in comparison to other validation strategies. This is because content validation can be conducted with a manageable small sample of experts, and larger samples are usually conducted for criterion-related, and construct validation (Jeune, 1999; Fishman et al., 2016). Moreover, an established high content validity is an indicator of criterion validity, such that measures with high content validity also have high criterion-related validity (Biddle, 2017).

The content validity of an intervention is largely a matter of judgment, which involves evaluation by subject matter experts (SMEs) who rate all the elements of intervention in accordance to their relevance and representativeness to the targeted construct (Kassam-Adams et al., 2015). To establish the content validity of the developed module, the current study utilised the Content Validity Index (CVI). CVI is one of the established methods to prove the strength of data collecting instruments and is an important procedure in module development (Malta et al., 2021). CVI is the most commonly used method to calculate content validity quantitatively (Rodrigues et al., 2017; Polit & Beck, 2006), and has been used successfully in intervention content validity (Mohammadzadeh et al., 2017; Sarasmita et al., 2021; Yao et al., 2021). Hence the current study adopted CVI: Item-CVI (I-CVI) and Scale-level CVI (S-CVI) as the content validity method for the study.

The application of content validity in the current study was considered significant as a crucial checkpoint in evaluating the extent to which the TYDAIM module prototype's structure and contents thrive to meet its set objectives. Therefore, the study aimed to establish if the contents of the developed intervention are appropriate and relevant to enhance self-control and self-concept among youth drug abusers in Zimbabwe.

Module Development

Tariro Youth Drug Abuse Intervention Module (TYDAIM) is an intervention designed to treat low self-control and negative self-concept among youths who use drugs in Zimbabwe. Self-control is the willpower or ability of an individual to delay gratification by being able to desist from short-term temptations for one to achieve long-term goals (Fujita et al., 2006). Self-concept is the meaning that we proffer to the self, addressing the self in the first

person language and done consciously (Rogers, 1951).

Prior to judging the completed TYDAIM module for appropriateness of content in this current study, the researcher conducted a thorough needs assessment and module designing consultation among experts in youth, drug abuse and pastoral care in Zimbabwe. The study affirmed a need to develop an intervention to increase self-control and improve the self-concept among youths who use drugs. Consultations also aided in the designing of module session activities. In forming the intervention, the study was underpinned by the Christian Cognitive Behavioural Theory (CCBT), which asserts that Christian religious beliefs and practises can be factored into the treatment processes to support positive behavioural change in clients (Pearce, 2016).

The Christian Psychology concept also played a pivotal role in shaping the development of the TYDAIM module as it postulates that attributes such as self-control and self-concept can be adequately fostered in clients through Christian means (Koenig, 2012; Koenig et al., 2020). Christian Psychologists Collins et al. (1998), Freeks (2017) and Jordan et al. (2021) express that compromised control and negative perception of the self can be effectively retraced by the use of hymns and parable analysis as the first step towards repentance. Such activities were therefore employed in the TYDAIM intervention.

The uniqueness of the TYDAIM intervention lies in the integration of CCBT and Christian Psychology in addressing the needs of treatment for people who use drugs in Zimbabwe. The module content was put in to three major themes that are: (1) The planting of truth stage: where activating events and beliefs that result in negative emotions or behaviours leading to compromised self-control and negative self-

concept were sought mainly through parable teaching and scripture recital. (2) Metanoia (changing of mind) and redemptive reframing process: where theological reflection ground exercises are conducted to help the clients to focus their minds on the truth that lies in their religious doctrine. (3) Service and acceptance: which is considered as the motivational road to more reasonable approach in thinking and behaviour associated with the original prompting factor (low self-control and negative self-concept) through use of relevant motivational scriptures and Christian based activities. All the module activities were also deemed practical for implementation in the Zimbabwean context among the youth drug abusers taking into account of cultural compatibility, availability of facilitating resources and the module trainers' abilities to effectively administer the suggested activities in achieving the modules' set goal and objectives.

METHODOLOGY

CVI evaluation and rating for the current study were carried out on the module's general objective, theoretical basis, and activities of each session. The study was guided by Yusoff (2019) content validation process, which encompasses the selection of a review panel of experts, preparation of content validation form, conducting content validation, providing a score on each item, and calculation of the CVI.

Selection of Review Panel of Experts

Since the current study is part of research on developing a Christian-based, drug abuse, intervention to enhance self-control, and self-concept among youths who use drugs. In order to get the appropriate experts, the study firstly sought various disciplines that are relevant and related to the topic under study, and these include; drug abuse, adult mental health, Christianity, youth studies, and counselling. Secondly, the researcher utilised LinkedIn



and ResearchGate to get contacts of experts in the outlined disciplines, where the first five experts to be encountered from each field of expertise were then listed. These experts were from Zimbabwe where the developed intervention module was to be administered, and from Malaysia where the study was being conducted. Thirdly, the researcher approached the listed thirty experts through email communication requesting their experts' opinions on the

module. Out of the thirty experts, eight consented to offer their expert opinion on the study. The study therefore utilised an adequate number of experts, as the recommended number of experts for content validation is five to eight (Grant & Davis, 1997). Table 1 in the study shows the profiles of the consulted experts who evaluated the developed module in the study.

Table 1 Experts' profile according to expertise, academic qualifications, experience

Expert	Expertise	Academic Qualifications	Experience
1	Counselling	Ph.D. Counselling	5 years
2	Addiction, counselling, and mental health (adults)	Ph.D. Counselling Education and Supervision	11 years
3	Substance abuse counselling	Ph.D. Counselling	3 years
4	Gender and youth studies	Ph.D. Gender and Youth Studies	7 years
5	Minister of religion (Christianity)	Ph.D. Religious Studies	24 years
6	Pastoral counselling and offender rehabilitation	BA Theology	11 years
7	Pastoral care and counselling	BA Theology + Bsc Counselling	33 years
8	Pastoral care and counselling	BA Theology + Bsc Counselling	10 years

Preparing Content Validation Form

To measure CVI, the study utilised a content validity form, which was adapted from an instrument proposed by Rusell (1974) for module content validation. Two experts on drug abuse, and module development at the researchers' affiliated university subsequently validated the prepared questions to the experts. The questions

were then distributed to eight experts in the study via email. The examination on each unit was based on a four Likert scale (one for "not relevant", two for "somewhat relevant", three for "quite relevant", and four for "highly relevant"). Table two presents the sixteen questions based on the developed TYDAIM module.

Table 2 Content Validity Questionnaire Based on the Developed TYDAIM Module

No.	Question	1	2	3	4
		Not relevant	Somewhat Relevant	Quiet Relevant	Highly Relevant
1.	The activities are relevant to meet the study's objectives.				
2.	The number of sessions appropriately covers the study's objectives.				
3.	The activities are sufficient (according to the study's objective).				
4.	The activities are easy to understand for the target group (youths who use drugs).				



5. The activities do not need any specific background.
6. The activities have enough and understandable details.
7. The module has a logical arrangement and sequence of the treatment process.
8. The details of activities represent the concepts.
9. The module has sufficient instructions for the trainers.
10. The language used is easy to comprehend for the trainers.
11. The activities are suitable for youth drug abusers.
12. The activities are executable with minimum facilities and equipment.
13. The activities are adopted efficiently with the local culture
14. The language used in the module can be understood by trainers.
15. Overall, the module has clear font and is easy to understand.
16. Overall, the module is developed sufficiently, meet the study's objectives and target group.

Calculating CVI. CVI was obtained by dividing the number of experts judging an item relevant by the total number of experts (Grant & Davis, 1997). In the CVI method, the proportion of agreement regarding the relevancy of each item is between zero and one (Lynn, 1986). It is proposed that an index of 0.80 or higher is mandatory before an item is accepted (Davis, 1992) and the acceptable CVI value for an evaluation by six to eight experts is 0.83 (Lynn, 1986). The decision on each item is that; if the CVI is higher than 0.79, then the item is deemed appropriate; if the CVI is between 0.70 and 0.79, the item needs revision; and if the CVI is less than 0.70, then the item is eliminated (Zamanzadeh et al., 2014). Scale-level Content Validity Index/ Average is

calculated by dividing the sum of the Item-CVIs by the total number of items and an Scale-level-Content Validity Index/Average ≥ 0.9 has excellent content validity (Grant & Davis, 1997).

RESULTS

Results showed that the minimum I-CVI of the developed module by the study was 0.88, and was given to items 5, 8, 9, and 14. Items 1, 2, 3, 4, 6,7,10, 11,12,13,15 and 16 had the complete value of 1.00. The computed S-CVI for the study was 0.97. Therefore, with I-CVI and S-CVI of 0.88 and 0.97 respectively, the developed module in the study is regarded to have an excellent validity. Table 3 in the study shows the I-CVI and S-CVI for the study.

Table 3 Ranking of the questionnaire's items according to the experts

Item	Number of Agreeing (Ranking 3 or 4)	I-CVI
1	8	1.00
2	8	1.00
3	8	1.00
4	8	1.00
5	7	0.88
6	8	1.00
7	8	1.00
8	7	0.88
9	7	0.88
10	8	1.00
11	8	1.00
12	8	1.00
13	8	1.00
14	7	0.88
15	8	1.00
16	8	1.00
		S-CVI (Based on mean):
		0.97

Note. N=8

I-CVI = Item-level Content Validity Index; S-CVI = Content Validity Index for Scales

DISCUSSION

Results from the current study indicated that Item-level Content Validity Index (I-CVI) and Scale-level-Content Validity Index (S-CVI) were good, thus within the acceptable range of content validity, according to the experts' judgement. A module is considered completely content valid if I-CVI and S-CVI scores are good (Salim et al., 2018; Sekaran & Bougie, 2019). This implies that the drug abuse,treatment modulein this study is acceptable, relevant and representative of the targeted construct, thus to be a practical intervention for self-control and self-concept enhancement among youths who use drugs in Zimbabwe. As recommended(Sidek & Jamaludin, 2005); Lynn,1986) a module is regarded as good after obtaining a good validation score from five to eight experts, as such, the results in the current study were obtained from an

adequate sample of experts. The use of assessmentby the subject matter experts enabled the researchers in the current study to acquire useful feedback and guidance regarding module content and activities' appropriateness.

To note, content validation of the TYDAIM intervention in the current study was conducted among experts in drug abuse treatment and related fields. Gotham et al. (2017) is of the argument that, whilst authorities in respective disciplines proffer a valid opinion regarding constructs of an intervention, content validation can also be made firmer by factoring in the opinion of module recipients. However, studies such as Sireci (1998) and Guerin and Tatlow-Golden (2019)express that expert validation, as in the case of the current study is best conducted by specialists in respective fields as far as treatment development is concerned, and

intervention recipients to be factored in when testing effects of the intervention. The current study thus locates itself among studies such as Freemantle (2012); Williamson and Hood (2016) and Vilsaint (2017) which established the content validity of developed treatment modules for people who use drugs using solemnly experts' opinions.

CONCLUSION

The study aimed to determine the content validity of a developed module that is aimed to enhance self-control, and self-concept among youth drug abusers in Zimbabwe. The results from the study indicate that TYDAIM intervention represents or covers all relevant aspects regarding supporting the increment of self-control and self-concept among drug abusers. Therefore, the study have major implications for the treatment of youth drug abusers in the Zimbabwean context, as decisions for the utilisation of valid religion-based interventions to supporting people who use drugs could be made from empirically based-finding (Adedibu, 2020). Professionals in the treatment of drug abusers could be trained regarding valid and meaningful treatment methods for youths who use drugs (Mudimbe, 2020).

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