An Afrocentric model of understanding substance abuse among high school learners in King Cetshwayo District.

By

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DEDICATION

This study is dedicated to my wife Duduzile for her love, encouragement, perseverance and the support she gave me during the course of this study.

I would also like to dedicate this work to my two daughters Nosipho and Hlengiwe for their support, to my grandsons Thato, Tumelo, Liano, Lomzi, Manelisi, "Boyboy" "uyasemenz'umkhulu," and to my only granddaughter Melokuhle "Melo."

DECLARATION

I, **Muzi Vitalis Nzama** declare that this study, save for the supervisory guidance received, is the product of my own work and effort. I have, to the best of my knowledge and belief, acknowledged all sources of information in line with normal academic conventions.

I further certify that this study was original, and that the material submitted for examination has not been submitted, either in whole or in part, for a degree at this or any other university.

Signature: Date:

M.V. Nzama

LIST OF ABBREVIATIONS

CAPS   (Curriculum assessment policy statement)

CDA   **(**Central Drug Authority)

MKI   (Medical Knowledge Institute)

NCS   (National Curriculum Statement)

NDMPs   (National Drug Master Plans)

OBE   (Outcomes based Education)

PSAM   (Public Service Accountability Monitor)

RNCS   (Revised National Curriculum Statement)

SADTU   (South African Democratic Teachers Union)

SAMJ   South African Medical Journal

SANB   (South African Narcotic Bureau)

SANCA   (South African Council on Alcoholism)

TMPD   (Tshwane metro police department)

UNODC   **(**United Nations Office on Drugs and Crime)

WHO   (World Health Organisation)

Abstract

This study explored substance abuse among high school learners in King Cetshwayo district. The main concern, on which this study was based, was on the rise in substance abuse by high school learners and the risk behaviours associated with it in spite of all endeavours being made against substance abuse by various non-governmental organisations and the government. Owing to the fact that all these endeavours did not seem to show expected results, the researcher felt that there was a need to look at substance abuse from an Afrocentric perspective.

This study was motivated among others, by Afrocentric theory of Asante which emphasises the African identity from the perspective of African people as centred, located, oriented, and grounded and stresses the dire need for African people to be re-located historically, economically, socially, politically, educationally and philosophically. It was again also based on Bowen family systems theory, which is about the emotional functioning of the human species.

This study adopted a mixed method approach making use of both qualitative and quantitative methods. Questionnaires were utilised for quantitative data collection and interviews were utilised to gather qualitative data from primary respondents (learners), parents and educators.

The findings of the study revealed that the main substances of abuse by learners in King Cetshwayo district were cigarettes at 83%; alcohol at 64% and dagga at 27%. It was found that 77% of the learners were found to be influenced by friends or peers to abuse substances. The findings also revealed that learners were involved in substance abuse because of stress caused by parent-child relationships and stigmatisation both by parents and educators who failed to support them. It was also revealed that the family structure plays a role in substance abuse since 30% of the learners stay with their mothers only. The lack of role models in the community was one of the causes for learners' abuse of substances.

It was recommended that parent-child relationships be strengthened and that parents should teach their children about substance abuse and be role models to their children.

Parents should again educate their children about African values and morals before they commence with schooling. Educators should also be skilled on how to reverse moral regeneration by focussing on Afrocentric norms and values to be emulated by learners. An Afrocentric model of understanding substance abuse should be adopted. This model is based on the idea that if people who are concerned with the development of a child, can be embedded with African morals and values and be empowered with the necessary skills, they can be in a better position to assist learners to fight against substance abuse.

KING CETSHWAYO DISTRICT EDUCATION MAP

EDUCATION CIRCUITS AND WARDS

Education Districts and Wards

N

0 10 20
Km

Chwezi Ward

Ekbombo Ward

Nkandla
Sipananda Ward

Godide Ward

Nkandla Circuit

Sibhudeni Ward

Mthongweni Ward Melmoth

Cbura Ward

Ntimbhele Ward

Nhlongulu Ward

Lower Umfolozi Circuit

Umpisa Ward

Mbilane Ward

Ntembuzana Ward Kwambonambi

Kwambonambi Ward

Empangeni
Ngwelezane Ward

Richards Bay Ward
Richards Bay

Lindelihle Ward

Esikhaweni Ward

Vulingqundi Ward

Eshowe Circuit

Eshowe
Kwamondi Ward

Hlongulu Ward

Mthunzini Circuit

Ongoye Ward

Sonkombo Ward

Gingindlovu

Legend

Towns

Education Wards

Education Circuits

Eshowe

Lower Umfolozi

Mthunzini

Nkandla

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CHAPTER 1

INTRODUCTION

According to Marcelle (1999) in Kere 2015 substance abuse is sometimes used synonymously as drug abuse, drug addiction and chemical dependency (Kere, 2008). The first edition of The American Psychiatric Diagnostic and Statistical Manual of Mental Disorder grouped alcohol and drug abuse under sociopathic personality, disturbances which were regarded as symptoms for deeper psychological disorder and moral weakness (Kere, 2008). Substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC, 2010) Substance abuse in South Africa is increasing rapidly since the attainment of democracy in 1994. It is considered one of social problems in South Africa. It is a problem not only to the government but also to families, schools, the community and the society as a whole. Substance abuse among the youth is rife and continues to escalate unabated. Statistics reported by the United Nations World Drug Report of 2014 indicates that 7.06 per cent of South Africa's population abuses narcotics of some kind, and one in every 14 people are regular users. Substance abuse can cause serious health problems and may also have serious mental health consequences. In South Africa substance abuse has been associated with crime, interpersonal violence, risky sexual behaviour (with accompanied increased risk of HIV acquisition and STI incidences), negative health of users and negative psychological impact to their families (Burns,2014),

For the family, the substance abusing adolescents become a challenge by stealing from family members and even raping them. They also break into the neighbours' houses and steal whatever they get so that they can sell it to get money to buy substances to satisfy their cravings. They vandalise schools, become unruly, show disrespect to teachers, absent themselves from classes and end up dropping out of school. When they are out of school, they end up in jail and become a burden to the government who has to provide for them in jail and also ensure that they get necessary interventions in the form of counselling and treatment. It is unfortunate that the main targets are often the vulnerable learners who are expected to be future leaders. According to Central Drug Authority, (2012) prevalence rates for substance

abuse in South Africa are extremely high, with recent estimates indicating that drug usage is twice the world norm. It is not surprising that the socio-economic consequences of such high usage costs the country in excess of R130 billion (US$15.7 billion) per annum. Research findings indicate that alcohol, cannabis, heroin, and cocaine crack are amongst the most commonly abused substances among patients at the specialist treatment centres in South Africa. The abuse of methamphetamine ('tik') is high amongst the youth in the Western Cape and 'sugars' (a low quality heroin and cocaine mix) commonly abused among Indian males in the South Durban region (Plüdderman, Flisher, McKetin, Parry, & Lombard, 2010**).**

There are other substances which have been discovered recently. These substances are woonga, "data" or "*umgwinyo*", and 'Mercedez." *Woonga* is found in almost every part of KwaZulu Natal and "data" or "*umgwinyo",* which is consumed as a snack, and *'Mercedez'* drug, have recently been found at KwaMashu and Umlazi in Durban South Africa. "The drug has claimed the lives of at least 4 KwaMashu youths and has left more than 32 youths in hospital (Olifant, 2016). The victims of this drug were learners. One of those learners, who were supposed to be at school, went to a party at KwaMashu where he lost his life.

There have been a number of interventions which have been put in place which proved to be ineffective. Some of the initiatives or interventions which have been put in place are government initiatives as well as non- governmental, such as National Strategy for the Prevention and Management of alcohol and drug abuse in schools by the department of basic Education, National Drug Master Plans (NDMPs) and rehabilitation centres such as the South African Council on Alcoholism. Another substance abuse prevention programme which was initiated by the government through the Department of Social Development is "Ke Moja" Programme which means, "I'm fine without drugs". It was directed at all schools in South Africa. This programme did not seem successful according to the study on investigation of its implementation conducted in the Gauteng Province. This, according to the study, is because there was no tangible evidence of its success (Khosa, 2017). The response to substance abuse amongst the youth and adolescents in Africa in general and in South Africa in particular, has been largely based on Eurocentric approaches to

treatment, which have shown no positive results in meeting the needs of the African youths and adolescents. This plan therefore cannot be adapted into another country and be successful. The South African National Drug Master Plan, (NDMP) 2013-2017 designed by the government was aimed at, among other things, outlining the manner in which the state intended to regulate and police the production, distribution and use of illegal drugs in the country for the next four years, as well as document national treatment measures (Howell, et al. 2015). This does not seem to be succeeding when one looks at the level of drug trafficking and substance abuse in the country. Howell et al. confirms this when they say that the overall use of drugs in the country has never consistently declined in the last ten years (ibid).This according to the researcher is probably because the approach is more Eurocentric and that there is a need for a more Afrocentric approach which will focus on the African context.

These interventions did not take into consideration the African contexts or perspectives in dealing with the scourge of substance abuse with African communities, particularly the youth of King Cetshwayo district. This is because substance abuse is still escalating in spite of these interventions and parents, the community as well as the schools experience problems related to substance abuse such as house breaking, robberies, unruliness, and school dropouts. The substance abuse prevention strategic plan of 2012-2017 which was designed in the state of Indiana focused on its own priorities based on substance abuse. This was also based on its needs and context and the citizens of Indiana (Plan, 2017). What was found interesting in Indiana's Strategic Prevention Framework (SPF) was that the community was involved. This was done by introducing Community Prevention Framework (CPF) where communities would be made to understand the SPF. The community was guided in strengthening the prevention infrastructure and decreasing substance abuse as well as its associated consequences. This on the other hand shows that this plan is only relevant to the people of Indiana and their context and is applicable to their context.

The largest population in King Cetshwayo district comprises of black learners and the area is largely rural, and it implies that most schools, both in the urban and the

rural areas are filled by black learners who are involved in substance abuse. There is a lot of literature on substance abuse based on Eurocentric perspective, but there is non-based on Afrocentric perspective in South Africa and in the King Cetshwayo District in particular.

In view of the above mentioned reasons, the researcher decided to embark on substance abuse research that is Afrocentric in nature. The Eurocentric approach on the other hand is more individualistic in nature since it is mostly concerned with the nuclear family and the value system is totally different from that of Afrocentrism. It should therefore not be the only model to be used particularly in the King Cetshwayo District since the context is totally different from that of Europe where the Eurocentric approach would be appropriate.

This study is motivated by the democratic changes which affected not only the school system but also the family structure, norms and value system. Among other things, learner rights seem to be more emphasised and that has placed many challenges on teachers when it comes to learner discipline, since formal procedures which were not there, have to be followed. It is, however, unfortunate that learner rights seem to have been more emphasised as stated earlier, rather than learner responsibility. After the attainment of democracy there has been a swift move from Afrocentric ideals towards more Eurocentrism. This manifests itself in the home and school settings where parents and teachers feel disempowered by the abolishing of corporal punishment. At home the parents, who are the pillars of the family, are not free to punish their children anymore as they used to do because they fear the might of the law. This harks back to Chinua Achebe's ' Things fall apart, the centre cannot hold, (Achebe, 1958). Learners were provided with a toll free number to report both teachers and parents after what all of a sudden was termed abuse when they were corporally punished. After that, learners and adolescents felt it was within their right to do as they wished, inter alia, to show disrespect to known or unknown adults, fall pregnant as they wished and get involved in substance abuse publicly even whilst in full school uniform since they did not feel accountable to anyone. All this has been contrary to Afrocentrism which emphasises Ubuntu, self-respect and respect for others, particularly respect for adults by children, irrespective of whether they are

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their parents or not. This state of affairs has left teachers and parents powerless because they are afraid to transgress the law. This has been attested to in this statement; 'the majority of teachers complained about an abusive use of the notion of 'rights' by learners ('they speak only about their rights, not about their duties' (Payet & Franchi, 2008).

PRELIMINARY LITERATURE REVIEW

From the global perspective there is evidence that substance abuse remains the problem. In America for instance, the illicit substance use remains a great public health problem. According to the Monitoring the Future study of 2007, a large number high school learners reported to have used alcohol (66.4%), cannabis (31.7%) amphetamines (7.5%) cocaine (5.4%) and hallucinogens (5.2%) during the past year (Shin et al.2009). This study has also indicated that children who are involved in substance abuse during the adolescence are those who were vulnerable to sexual abuse.

In Croatia, an intervention policy was initiated after a quick rise in discovery and use of new psychoactive substances. It started with the founding of the Office for Combatting Drug Abuse. The National strategy for preventing drug abuse in the Republic of Croatia set the foundation for the development of the policy for combatting new psychoactive substances in Croatia by 2006 -2012 and the National strategy for preventing drug abuse in the Republic of Croatia for 2012 – 2017 as key documents in the combatting drug abuse policy (Jerković, D., & Petak, Z., 2017). This was done after realising that the prevalence of new psychoactive substance abuse was higher among high school students. According to Kraus et al., (2016) in Jerković, et al. (2017) the results of the survey conducted among 16-year-olds in 35 European countries suggested that the students in Croatia are above European average in new psychoactive substance abuse, as 7% of respondents noted that they had at least once tried a new psychoactive substance, (Jerković, et al.2017)

Another country whose status the researcher decided to examine in terms of its substance abuse is Iran. The most traditional and commonly abused substances in Iran are opium and cannabis. It is said that Iran has the highest rate of abuse of opiates in the world. There are other substances of abuse which have recently increased, such as heroin, crystal methamphetamine, and ecstasy. Iran is also very much concerned about the level at which young people are involved in substance abuse, (Saeed Momtazi and Richard A. Rawson, 2009). The findings from the study conducted among high school students revealed that the rate for lifetime use of drugs in 3318 schools was 26.5 % among boys and 11.5% among girls. It was again revealed that the usual place of drug use is friends' home for 42.3% of boys and 70.4% of girls and that 26.5% of the boys and 16.8% of the girls were using drugs during their attendance in school, (ibid.) Another study revealed that the rate was significantly higher among boys than girls (18.9% versus 7.7%). In this study, poor school performance, depression, and cigarette-smoking parents were associated with higher rates of drug abuse.

Youth and family counseling programs have been set up and they can be effective for behavior problems. These programs are said to be useful models that are culturally acceptable in other countries of the region. It is reported that there are no comprehensive family-based or school-based drug prevention programs in Iran, like in the developed countries, but some recent programs are promising. Such programs include drug related life-skills training in kindergartens and primary schools, life skills training and drug education packages in high schools and universities, and parenting skills training programs promoting family bonding (Momtaz et al.2010)

From the African perspective there have been a number of studies based on substance use and abuse. According to Kere (2015), the findings were based on surveys conducted in countries like Tanzania, South Africa, Zimbabwe, Nigeria and Ghana. The findings from these studies revealed that substance abuse is real and exist in African schools and that secondary school going teenagers in Africa abuse tobacco, herbal cigarette (marijuana) and alcoholic substances (Kere, 2015).

As part of the intervention programme to fight against substance abuse in Kenya, the curriculum, particularly religious education has been designed to teach non- violent ways of resolving conflict. According to Kere religious education curriculum aims at mounding learners to develop a sense of responsibility in managing their lives and their environment while making an effort to respond to pertinent contemporary issues in the society. What is interesting with Kenyan religious education is that it involves other religious groups such as Christianity, Islam and Hindu. In South Africa it is different since religious education is not offered in schools since the attainment of democracy.

Substance abuse in South Africa is fast becoming a big problem. According to the South African Depression and Anxiety Group (SADAG), illegal drug consumption in South Africa is double the world norm (SADAG, 2016). This has led to an increase in crime rates, especially among poor unemployed South Africans. Figures published by the South African Police Service show that drug abuse accounts for 60% of all crimes. To make matters worse, the Central Drug Authority's (CDA) Dr. David Bayever states that up to 15% of South Africans abuse drugs.

According to the South African Medical Journal, South Africa (SA) is a hard drinking country. It is believed that South Africans consume in excess of 5 billion litres of alcohol annually; this figure is likely to be higher still if sorghum beer is included, and this equates to 9 - 10 litres of pure alcohol per person. According to a World Health Organization (WHO) report released in 2011, this is among the highest per capita consumption rates in the world, and it continues to rise. More alarming still is that the WHO awards South Africa a score of 4 (drinking 5 or more beers or glasses of wine at one sitting for men, and more than 3 drinks for women) out of 5 on a least risky to most risky patterns-of-drinking scale – the higher the score, the greater the alcohol-attributable burden of disease for the country (South African Medical Journal, 2012). There has also been a survey conducted by the South African Medical Research Council's Alcohol and Drug Abuse in 2013 which found that 66% of high school learners have already used alcohol (Morojele et al., 2013). According to the South African National Council on Alcoholism (SANCA) Zululand, girls under the age of 16 in King Cetshwayo district frequent 'shebeens' and school boys terrorise authorities.

Many young people are dropping out of school owing to alcohol and substance abuse. Research has also shown that alcohol seems to be the primary substance which is being abused among adolescents in South Africa, with the high rate of between 25% and 40%, with 24% among males and 27% among females. Males take five or more drinks a day and females three or more a day((Helman, 2011).

Among other commitments made by the Second Biennial Substance Abuse summit in March 2011 in Durban South Africa, were the following:

- *Reducing accessibility of alcohol* through rising the legal age for the purchasing and public consumption of alcohol from the age of 18 to the age 21.

- Imposing restrictions on the time and days of the week that alcohol can be legally sold. These restrictions must be uniform, that is, they must be applicable in all provinces.

- Implementing laws and regulations that will reduce the number of liquor outlets, including 'shebeens', taverns and liquor stores in specific geographical areas.

The implementation of the above mentioned commitments leave much to be desired, since none of them have been put into practice. When one walks around the townships and rural areas, one realises that there are many 'sheebens' or taverns around, and worse of all; some of them are very close to schools. At the same time most of those who frequent taverns are the youth. All these lead to the escalation of substance abuse.

Research has shown that the family plays a pivotal role in nurturing, developing, providing and supporting the growing child. As the child grows he or she relies mostly on the family members and relatives for survival. The father and the mother are the primary source of the basic needs such as food, shelter and love which are part of Maslow's hierarchy of needs theory. It is the same family which provides the growing child with the values, beliefs, culture, morals and norms of the family.

According to the social learning theory, people learn through observing others (McLeod, 2011). Therefore, each member of the family has a role to play towards helping the developing child. Parents play an important role in the lives of children. The role of mothers has always been highlighted because mothers are always closer to children and they are the first ones with whom the children make a bond. They therefore play the role of nurturing and caregiving. Fathers, on the other hand, are known for giving support economically and socially (Rahgozar, Mohhammadi, Yousefi, & Piran, 2012).

The issue of values and morals is very critical in the development of every child. The child cannot make a moral judgement before he or she has been taught by parents what is perceived to be morally correct and morally incorrect. Moral education does not start at school but in the family during the process of socialisation. The school, therefore, is an extension of what has been started at home. Schools also have the responsibility of including moral education as part of the school curriculum. (Musschenga, 2013) refers to the six moral modules with which all humans are prewired. These moral modules are the Care/Harm Module the Fairness /Cheating module, the Loyalty/Betrayal module, the Authority/Subversion module, the Sanctity/ Degradation module and the Liberty/Oppression. They refer to the first part of a module's name as a value, while the second part refers to an evil that has to be prevented or resisted. It thus rests with the family, the community and the school to encourage the values and help children to resist what is evil. The parenting style of the family determines the type of a future for the child. The parenting style which is permissive is likely to spoil the child and the opposite happens with the less permissive, strict or very authoritative family. Parenting styles can determine many different factors in a child. (Teyber & McClure, 2011) take these factors a bit further to show how parenting styles can influence areas such as decision making and identity formation. The styles are characterized as authoritative, authoritarian, permissive, and disengaged. The authoritative style has been determined to help children learn positive decision-making skills and identity formation. The other three styles, however, tend to teach children to use negative coping skills, such as anxious relation formation, abuse of substances as a replacement for human interaction due to trust issues, and low boundary control and formation.

Baumrind (1996) in Woolfolk mentions the following different types of parenting styles:

- The authoritative parents (high warmth, high control) set clear limits enforce rules and expect mature behaviour.

- Authoritarian parents (low warmth, high control) seem cold and controlling in their interactions with their children. The children are expected to be mature and to do what the parent says, "Because I said so."

- Permissive parents (high warmth, low control) are warm and nurturing, but they have few rules or consequences for their children and expect little in the way of mature behaviour because "They are just kids."

- Rejecting/Neglecting/Uninvolved parents (low warmth, low control) do not seem to care at all and cannot be bothered with controlling, communicating, or teaching their children.

It is important to note that according to the African culture, when there is a parent belonging to the last type mentioned above, members of the family or relatives would take over the care and responsibility of the child. That is why it is important for Africans to do some introspection into who they are and what it is that they want to maintain as part of them.

Although the above researched theories may be true, the Afrocentric approach is the opposite of the Eurocentric approach. For instance, according to the Afrocentric view, the child did not only belong to the biological parents and relatives, but to the whole community. As a result a child could be punished by any adult person known or unknown. In other words, the child was the responsibility of every member of the community. At the same time the child had the responsibility of showing respect to every adult member of the community, and not only to his or her biological parent. The Afrocentric philosophy of Ubuntu *was* encapsulated in all aspects of the behaviour of an African. Mkabela (2005), emphasises the significance of Ubuntu when he stresses that it is shown in the humility and respect when the youth address

elders and seniors. One may wonder why the researcher uses the past tense "was" instead of "is." The reason is, that if Ubuntu was practised like it was practised before, it is possible that there may not be so called 'street children' who are involved in substance abuse, or child –headed families who end up being victimised in various ways in the presence of their relatives and neighbours. This idea is also confirmed by Foster (2002) in Ganga et al. who says that there was nothing in Africa as "child headed" households since according to the African culture children who were orphans were looked after by their extended families who acted as social security systems for orphans and other vulnerable groups. Today, there is a change since most extended families are unable to cope with the poverty and extra responsibilities (Ganga & Chinyoka, 2010). There is enough research which indicates that South African youth have a great challenge when it comes to substance abuse. Research has also shown that substance abuse is associated with many risk behaviours such as unprotected sex which ultimately leads to HIV/Aids (Hahn, Woolf-King, & Muyindike, 2011). Crime is on the increase in schools and learners are being attacked and raped at regular intervals (Moorcroft, 2015**)**. This notion of the youth involvement in substance abuse is again confirmed in this statement which says that the youth experiment a lot including drug usage, for instance, the 2011 data from the Monitoring the Future study report that one fifth (20%) of 8th graders, and approximately 38% of 10th graders have tried an illicit drug. That number rises to 50% by 12th grade (Johnston, O'Malley, Bachman, Schulenberg, & 2011). Another research study indicates that substance abuse among high schools is so rife that it has spread to the primary schools (Rungani, 2012).

THEORETICAL FRAMEWORK

This study is motivated by the Afrocentric theory by Asante. This theory emphasises the African identity from the perspective of African people as centred, located, oriented, and grounded, stresses the dire need for African people to be re-located historically, economically, socially, politically, educationally and philosophically. Asante, as cited in (Mkabela, 2005) summarises Afrocentricity as follows:

> To say that we are decentred means essentially that we have lost

our own cultural footing and become other than our cultural and

political origins dislocated and dis-oriented. We are essentially

insane, that is, living an absurdity from which we will never be

able to free our minds until we return to the source. Afrocentricity

as a theory of change intends to relocate the African person as

subject. As a pan-African idea, Afrocentricity becomes the key

to the proper education of children and the essence of an African

cultural revival and, indeed, survival (Mkabela, 2005).

According to Asante the Afrocentric approach in education means that teachers provide students the opportunity to study the world and its people, concepts, and history from an African world view. The Afrocentric approach manifests itself in Ubuntu, (humanness) which always stresses and is characterised by generosity, love, maturity, hospitality, politeness, understanding, and humility (Mkabela, 2005). For Ubuntu to bear fruit and be sustained, it has to be instilled at an early age from home and school where citizenship education should be taught.

African renaissance is part of Afrocentrism. This was Mbeki's dream, (the former state president of South Africa) in which he encouraged South Africans to embrace an African identity and sought to promote the continent's political, economic and social renewal. He also sought to reintegrate Africa into the global economy. Mbeki urged Africans to adapt democracy to fit their own specific conditions without compromising its principles of representation and accountability. He further challenged them to discover a sense of their own self-confidence (Adebajo, 2016).

This study is also based on **Bowen's family systems theory**. It is about the emotional functioning of the human species. According to this this theory there are eight interlocking concepts and these are: differentiation of self, triangles, nuclear family emotional process, family projection process, cut off, multigenerational transmission process, sibling position and societal emotional process (Brown, 1999).

Differentiation of self describes how people cope with life's demands and pursue their goals on a continuum from the most adaptive to the least. Variations in this adaptiveness depend on several connected factors, including the amount of solid self, the part of self that is not negotiable in relationships. A person, for instance, with well thought out principles enhances solid self, and will not be swayed by fads or opinions. A person with less solid self will feel more pressure to think, feel, and act like the other.

Triangles are the basic molecule of human relationship system. Triangles can have either negative or positive outcomes depending on how their members manage anxiety and reactivity. Bowen postulated that if one member of the triangle remains calm and in emotional contact with the other two, the system automatically calms down. On the other hand, with enough stress and reactivity, members lock into a triangular position, and develop symptoms.

The **nuclear family** manages differentiation and anxiety with conflict, distance, over and under functioning reciprocity, which at extremes can lead to dysfunction in a spouse, and child focus. The fixed triangle is evident in the **family projection process**, where parents in a nuclear family focus anxiety on a child and the child develops problems. Parents then usually attempt to get the child to change or they ask an expert to "fix" the child. Bowen systems report that when parents can manage their own anxiety and solve their own relationship issues, the functioning of the child automatically improves. An extreme distancing posture constitutes the concept of **emotional cut off,** where family members discontinue emotional contact with one other. The implication is that people look for other relationships to substitute for the cut off relationship. These new relationships intensify and people become vulnerable to symptoms.

According to this theory, differentiation of self is transmitted through the **multigenerational transmission process**. This concept describes patterns of emotional process through multiple generations. It offers the way of thinking about family patterns that go beyond a dichotomy of genes versus environment.

Sibling position implies that oldest, youngest, and middle children tend toward certain functional roles in families, influenced also by the particular mix of sibling

positions in it and the sibling positions of parents and other relatives. **Societal emotional process** refers to the tendency of people within a society to be more anxious and unstable at certain times compared to others in society. According to Bowen environmental stressors like population, scarcity of natural resources, epidemics, economic forces, and lack of skills for living in a diverse world are all important stressors that contribute to a regression in society.

This study is also motivated by Bronfenbrenner's bioecological model of human development. According to this model every person develops within a **microsystem** influenced by the family, school, and peer group. In the **mesosystem** the individual is influenced by neighbours and school. In the **exosystem** the individual is influenced by mass media, parent's workplace and a **macrosystem** influenced by cultural values, beliefs customs and laws (Woolfolk, 2012)**.** What is being emphasised in this model is the fact that there are various factors which are influential in the social and behavioural development of a child.

The above model is also reaffirmed by Vigotsky's sociocultural theory. This theory emphasises the role in development of cooperative dialogues between children and more knowledgeable members of society. According to this theory children learn the culture of their community (ways of thinking and behaving through these interaction (Woolfolk, 2012). It is important for both the nuclear family as well as the community to display good behavioural patterns for the developing child to emulate them.

The theory of moral development on the other hand refers to three levels and six stages of moral development. At the premoral level there is no true morality. The child shows egocentric thought, wants to gratify self-motives, bows to superior authority and regards people as if they were things. The second level is the conventional level, or "law and order level" in which dilemmas are solved according to the rules and expectations of society with emphasis on being a good boy or girl. The third level of morality is characterised by reliance upon principles- either specific, legalistic ones or abstract, universal ones. This is the principled level. This, according to Kohlberg (1969) is linked with what is called the development of conscience or superego. According to the African culture the first people to ensure

that cultural values norms are transmitted and the revival of conscience is done are parents and the family.

According to disease or biological theories substance abuse is a disease which needs medical treatment. These theories regard substance abuse as a disease which has symptoms which may be acute, chronic or progress (Crowell, Beauchaine, & Linehan, 2009).

STATEMENT OF THE PROBLEM

Substance abuse amongst the youth particularly among the adolescents has become a great problem, and mostly among high school learners. Research shows that substance abuse increases at a very high rate among the youth, especially among school learners. There are unacceptable behaviours which are attributed to substance abuse, among others, incestuous activities, housebreaking, car hijacking, rape and bullying to mention just a few.

This study therefore seeks to answer the following research questions:

Research Questions

3.1.1   Are educators and learners aware of the significance of morals and values in the teaching and learning process as well as causes for learners to be involved in substance abuse?

3.1.2   Are parents aware of the reasons for their children's involvement in substance abuse and causes emanating from the families and community for children to be involved in substance abuse?

3.1.3   What model can be used by people to understand and manage learner substance abuse from the Afrocentric perspective?

AIMS AND OBJECTIVES OF THE STUDY

Objectives

    i)   To establish if educators and learners are aware of the significance of morals and values in the teaching and learning process as well as causes for learners involvement in substance abuse.

    ii)   To determine if parents are aware of the reasons as well as the causes emanating from families and communities, for their children to be involved in substance abuse.

    iii)   To develop a model of understanding and management of learner substance abuse from the Afrocentric perspective.

OPERATIONAL DEFINITION OF TERMS

The following terms will be defined and have to be understood in terms of the context within which they have been used.

1. The **Afrocentric model** is a paradigm based on the idea that African people should re-assert a sense of agency in order to achieve sanity. In this context it is used to mean a view or approach of looking at substance abuse from the African perspective.

2. Asante again defines **Afrocentrism** as a political and educational movement stressing African cultural values and the achievements of African civilizations, aimed at increasing confidence, identity, and unity among African-Americans and others of African descent. He again defines it as "a frame of reference wherein phenomena are viewed from the perspective of the African person" and according to him Afrocentricity is a state of mind, a particular subconscious mind-set that is rooted in the African ancestral heritage and communal value system.

3. Wade Nobles defined **Afrocentric, or African-Cantered** as being interchangeable terms representing the concept which categorizes a quality of thought and practice which is rooted in the cultural image and interest of African

people and which represents and reflects the life experiences, history and traditions of African people as the centre of analyses.

4. According to the American Heritage Dictionary of the English Language (2011) **Africanism** is a characteristically African cultural feature, such as a belief or custom or a linguistic feature of an African language occurring in a non-African language

5. **Eurocentrism** can be described as the sensibility that Europe is historically, economically, culturally and politically distinctive in ways which significantly determine the overall character of world politics (Sabaratnam, 2013).

6. **Eurocentrism** is the practice, conscious or otherwise, of placing emphasis on European (and, generally, Western) concerns, culture and values at the expense of those of other cultures (Pop, 2011).

7. **Eurocentrism** is also defined as a specific mode of comprehending modernity that begins and ends with Europe (Matin, 2012).

8. According to The World Health Organization substance abuse is defined as "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs." In this context this term will be used for an illegal or legal substance that causes harm to the user of that particular substance.

9. **A "learner,"** according to the (Government Gazzette, 1996) is any person receiving education or obliged to receive education in terms of this Act.

10. **A "*school*"** means a *public school* or an independent *school* which enrols *learners* in one or more *grades* from *grade* R (Reception) to *grade* twelve. In this context a **school learner** refers to any person who is of a school going age receiving education at a particular educational institution.

11. **Substance abuse** is the use of all chemicals, drugs and industrial solvents which produce dependent (psychological and physical) in a percentage of individuals who take them. It can also refer to non-medical of potentially additive chemical and organic substances (Maithya, 2009). According to Patrizia Scalone from Metapsychetc, as cited in Jordan, 2013, substance abuse can simply be defined as a pattern of harmful use of any substance for mood-

altering purposes that give rise to both physical and psychological dependence (Jordan, 2013).

12. **Substance abuse** is when a person consumes alcohol or drugs regularly, despite the fact that it causes issues in their life. The issues caused by abuse may be related to their job, their personal life, or even their safety. In this context learners find themselves out of control and they end up either being vulnerable to various dangers which ultimately lead them to jail or hospital or even lose their lives. People who abuse drugs and alcohol continue to consume them, regardless of the consequences. Substance use on the other hand is when someone consumes alcohol or drugs minimally with care and precaution. Substance use does not always lead to addiction; many people occasionally use alcohol or certain drugs without being addicted. However, substance abuse always comes with the risk that it might lead to addiction http://addictioninfamily.com/family-issues/unhealthy-families/,Unhealthy Families, Retrieved: 19/08/2017.

According to the epidemiologists drug use is 'a limited way of describing and measuring drug consumption and related problems'. In their view "Drug use" is used to refer to experimentation or low frequency, typically irregular, use of illicit drugs. In contrast, "drug abuse" refers to regular and/or compulsive use of illicit drugs. For the purpose of this study the term 'abuse' will be used since the study will focus on learners who experience challenges which are attributed to substance abuse.

The purpose of the two terms is to differentiate people on the basis of whether their illicit drug use has or has not become a significant feature of their lifestyle and whether it is likely to have a psychopathological character (Psychiatric Association, 2007).

INTENDED CONTRIBUTION TO THE BODY OF KNOWLEDGE

This study focuses on substance abuse by learners in high schools since it has become a problem for parents, teachers and the government. It has to be dealt with as a matter of urgency, since it does not only make the teachers' work and the life of

parents more difficult, but it also, amongst other things, interferes with the economy of the country. It will make parents ask themselves what it is that has gone wrong or what they have lost as Africans, which can lead their children to be involved in substance abuse. This study will again help make parents do introspection as to whether they still play their roles as parents and whether they are still role models to their children in the family. It will also help teachers, education officials and other relevant stakeholders involved, with relevant information on how to deal with substance abusing learners, and again to review the curriculum and make sure that Afrocentric values and morals are emphasised.

This will again help teachers to realise that in whatever they do in front of the learners they have the responsibility of being role models and that they should always remember that morals and values should be part of teaching and learning in the development of an African child. Above all this study will conscientise teachers that as Africans they need to revive African values and everything that is treasured that may have been obliterated through the advent of globalisation.

The results and recommendations will help to provide new strategies on how to understand substance abuse in schools. King Cetshwayo District has been chosen as an area to be studied because no study has been conducted on substance abuse based on Afrocentric model.

RESEARCH METHODOLOGY

RESEARCH DESIGN

This study adopts a mixed method research design. According to Creswell in Kumar, it is based upon the belief that different paradigms and methods have different strengths and, for certain situations, their combined strength would result in improving the depth and accuracy of the findings, beliefs and experiences of a group of people (Kumar, 2014). The researcher decided to use this approach because his main focus is mainly to get the views and perceptions of the respondents through

interviews and questionnaires about substance abuse and then categorising those views accordingly.

A purposive sampling approach was used when determining the number and location of was selected randomly from the participating twenty schools whose learners were receiving assistance. On the other hand, the number of learners who were respondents was determined by the number of learners receiving treatment from the treatment centre.

SAMPLING DESIGN

The sampling procedure adopted here is the purposive one to select respondents since the design of the study is specifically meant for a particular group of people. (De Vos, Strydom, Fouche, & Delport, 2011) define purposive sampling as the type of sample based entirely on the judgement of the researcher, in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best. In choosing the schools to be part of the samples, random sampling is used to ensure that objectivity is maintained.

DATA COLLECTION METHODS

To gather data, the following methods are employed: interviews, focus group interviews and questionnaires.

Research Instruments

Interviews were conducted with parents of learners and teachers. This was done to establish the parents' relationship with their children, to establish if there were any contributory factors for substance abuse emanating from the family setting, and also to get the teachers' views and experiences about learners who were involved in substance abuse.

Focus group interviews were used with the learners who were receiving treatment for substance abuse. This was done in order to get more information among other

things, on what made them decide to abuse substance and also to find out what their general feelings were about the abuse of substance.

Procedure for administration of the research instruments

This study used the following procedure:

A formal letter was written to the Department of Education in King Cetshwayo District to request for permission to conduct a study as the participants involved learners and teachers. The university provided letters of approval which were attached for the teachers and parents to see that permission to conduct the research had been obtained. The learners, teachers and parents were recorded when they were interviewed. Permission to record the interview was requested from the participants.

Interview guides

The interview was conducted in two forms that is; a group interview schedule for learners and interview schedule for teachers and parents. Creswell (2014) recommends this instrument when he says that interviews provide useful information when you cannot directly observe participants, and they permit participants to describe detailed personal information.

Focus group interview guide

Students who were receiving treatment were interviewed together in a group. Creswell (2014) again says that focus groups are advantageous when the interaction among interviewees will likely yield the best information and when interviewees are similar to and cooperative with one other.

Interview schedule

The subjects who were interviewed involved parents of learners who were substance abusers. This was a telephone interview since it was easy for the researcher to get hold of them even if they were at work. The researcher first made an appointment with them. Questions were based on their experiences with their children. (Kumar, 2014) says that interviewing is a commonly used method of collecting information from people. He goes on to say that the process of asking questions can be very flexible, where you as the interviewer have the freedom to think about and formulate questions as they come to your mind around the issue being investigated. An

audiotape was used to record responses. Questionnaires were used to gather information about their experiences of the substance abusing learners. The interviews were recorded with the permission of the respondents and all the materials with the client particulars and information were kept in a safe for a period of five years after which they would be destroyed by the researcher.

Questionnaires

These were drawn from the main participants, that is, learners who were involved in the project.

Participants

This research focused on the school going age youth who were involved in substance abuse. Their ages were between 14 to 21 with both males and females, depending on circumstances of the school. An average of 5 learners from each school was participating, and that was according to the number which was usually referred to SANCA Zululand by each school. These were youth from urban, semi-urban as well as rural areas. These learners were from a population of twenty of the affected schools. Eight (8) schools were randomly selected from the urban area, six (6) from semi urban and six (6) from the rural areas. This was done to ensure the representativeness of the entire population of schools.

Teachers and parents were also participants so as to be able to gather as much information as possible, and also to ensure that there was reliability. One parent per school was randomly selected to participate and this was in were only used to furnish information about the support they gave to schools. This information was kept confidential. One teacher was randomly selected per school. (De Vos et al., 2011) stress that to increase the numbers of items or observations use multiple indicators of variables among other things increases the reliability of measure.

DATA ANALYSIS

The data collected through questionnaires and interviews from the learners, teachers and parents was quantitatively analysed using statistical analysis. Tables, pie charts,

graphs and frequencies were used to describe the data. The content obtained through interviews and focus groups was analysed using the qualitative methods and theme analysis.

ETHICAL CONSIDERATIONS

Informed consent

According to de Vos et al. obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the expected duration of the participant's involvement, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers which respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives. All the above was dealt with before the project is undertaken.

Voluntary participation

The researcher made sure that all respondents were informed that they were not forced to participate in the project and that they would participate on their own free will. De Vos et al. (2011) say that participation should at all times be voluntary and no one should be forced to participate.

Avoidance of harm

This implies that the researcher will at all times make sure that the participant does not feel offended or hurt during the process of the investigation. This, according to (De Vos et al., 2011) is the fundamental rule of social research.

Deception of respondents

This involves misleading participants, deliberately misrepresenting facts or withholding information from participants (De Vos et al., 2011). It is therefore

important for the researcher to be honest with the prospective respondent so that he or she can take an informed decision about the project.

Violation of privacy / anonymity /confidentiality

It is very important for the researcher to ensure that confidentiality is maintained. Whatever information has been shared, especially confidential ones should remain trust and confidence in the researcher.

RESOURCES

This project required financial resources since any other resource needed was provided for by the institution in which the researcher was registered.

FEASIBLITY

The project was feasible in terms of technicality since the researcher had enough infra-structure to work on the project. Based on the proximity of the King Cetshwayo District where the project was conducted, the project was within the estimated cost.

INTELECTUAL PROPERTY

The researcher did not anticipate any intellectual property issues to arise from this project except for the copyright.

KNOWLEDGE DISSEMINATION

The researcher foresees this research project being published as an article and again being published in an accredited journal.

INTERPRETATION OF RESULTS

When the interviews had been completed, the audiotape was transcribed into a transcript. Responses were grouped according to how questions had been answered and the table which summarised all the responses was drawn to show how these responses differed from one another.

PRELIMINARY CHAPTER DIVISION

Chapter 1

This chapter deals with the introduction and background of the study

Chapter 2

This chapter provides literature review which also covers theoretical background to the study.

Chapter 3

This chapter focuses on various theories which are related to drug abuse.

Chapter 4

This chapter deals with Research methodology and the procedure of how the whole process will be followed.

Chapter 5

 This chapter examines the data analysis as it has been received both quantitatively and qualitatively.

Chapter 6

This chapter focuses on the discussion and interpretation of the findings from the collected data.

Chapter 7

This chapter concludes the study with the recommendations based on the collected data and their findings.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the theoretical background of the study. It focuses on concepts such as Afrocentricity or Afrocentrism, Eurocentricity or Eurocentrism, and ubuntu. It also looks at the family structure, its norms and values as well as the community to see the influence these settings have in determining the level of substance abuse and future of the developing child. This chapter also focuses on substance abuse in general, the types and prevalence of substances abuse, reasons for learners to abuse substance as well as substance related problems in schools. It also looks at substance abuse from global, National and local perspectives.

2.2 AFROCENTRISM / AFROCENTRICITY

The concept of Afrocentricity is associated with a number of scholars. Among them is Diop and Asante. According to Diop in Bekerie (1994), there are major theories and concepts which form the basis of Afrocentricity. These theories involve:

- **Matriarchal Origins Theory,** which states that most of African civilisations prior to the incursion of Christianity and Islam were matriarchal in structure with women being shown high levels of respect.

- **Two- Cradle Theory**, which asserts that Blacks in Africa and Whites in Eurasia resided in two separate localities or cradles which characterised their physical features, cultures, histories and cognitive styles. Diop in Bekerie, however, warms that this theory was disputed by both Black/ African and white scientist because of the new evidence which pointed out to Africa as the only cradle for civilisation.

- **Analogical Symbols Theory**, which states that African symbolism, was based on finding the similarities between things and representing those things which are incomprehensible and abstract, by that which is comprehensible.

- **Kawaida** was a concept that was conceived and crafted as a philosophy in the midst of the liberation struggle of the 1960s as an emancipatory

- philosophy which was dedicated to Cultural Revolution, racial social change, and bringing good in the world. Its focus was on culture and community as the basis of and building blocks for the real movement towards the liberation of African people anywhere.

- **The African Code,** is a concept within Pan-Africanism which stresses the unity through diversity based on the seven key principles of Kwanzaa delineated by Maulana Kalenga (1) *Umoja* - Unity, (2) *Kujichagulia* - Self-determination, (3) Ujima – Collective work and responsibility, (4) Ujamaa – Cooperative Economics, (5) Nia – Purpose, (6) Kuumba – Creativity and (7) Imani – Faith (Bekerie, 1994).

Asante came up with his book, "The Theory of Social Change" which was published in 1980. It was this book in which he launched the first full discussion of the concept of Afrocentricity. Among questions asked by the Afrocentric idea was whether Africans would do anything if there were no white people. Asante emphasised the importance of commitment on the part of the civic society. He stressed the need for active and real promotion of African culture as determined by symbols, motifs, rituals, education, scripts, proverbs, and ceremonies. This would manifest itself from the lowest institutions to the most complex and that had to be the objective every day of the people's lives (Asante, 2009). Asante has described Afrocentricity as an intellectual theory which studies the ideas and events from the standpoint of Africans as the key players rather than victims. He goes on to say that this theory becomes a fundamentally empirical project, by virtue of an authentic relationship to the centrality of our own reality.

According to Asante the liberation and Afrocentricity rests on the African's ability to replace systematically European ways of thinking, being, and feeling to replace them consciously with their own ways that are of African cultural experiences. He spoke of a frame of reference in which phenomena are viewed from the perspective of the African person. It centres on placing people of African origin in control of their lives and attitudes about the world. This means that they examine every aspect of the dislocation of African people; culture, economics, psychology, health and religion (Asante, 1991). He suggested that in the analysis of what he called "three

fundamental Afrocentric themes of transcendent discourse: (1) human relations, (2) human's relationship to the supernatural and (3) human's relationships to their own being" that if done with an awareness of the interrelatedness of these themes, a greater understanding of the African being will be acquired (Bekerie, 1994). Hoskins on the other hand refers to Afrocentricity as a state of mind, a particular subconscious mind-set which is rooted in the African ancestral heritage and communal value system (Hoskins, 1992). Keto, (1994) in Nkruma views Afrocentricity as an African-centred perspective and as such, its ultimate challenge is "how to bring about social justice or Maat.' He has summarised it as "an encapsulating term that is used to describe the complex theoretical process of knowledge formation which places Africans at the centre of information about themselves" (Morikawa, 2013).

Karenga (in Mazama, 2001) has identified the following shared orientations as the core cultural African characteristics, that is, centrality of the community, respect for tradition, a high level of spirituality and ethical concern, harmony with nature, the sociality of selfhood, veneration of ancestors and the unity of being.

Another very important element of Africanism which should be emphasised is the relationship between ancestors and Africans. Among other things, what makes Africans, particularly black Africans, even more Afrocentric, is their relationship with their ancestors. Black Africans believe that their forefathers and mothers who have died have gone to live in another world where God is. It is believed that the dead are the elders of the family and even though they are not among the living, they still look after their children, warn them, and protect them. Whenever they ask for something from God (*Nkulunkulu or uMvelinqangi*), it is through them since they, the living, cannot communicate directly with God but through ancestors because of their proximity to Him. This notion is again reiterated by Berlund in Moiloa in saying that God (UMvelinqangi) or Lord-of- Sky as He is sometimes known, is worshiped through the shades which is the ancestors. He goes on to say that "If there is something we wish to be brought before The Lord-of-the Sky, we say to those who look after us, 'We salute you, you of our people, you who see the kings we do not see! We say to you go and kneel on our behalf!" (Moiloa, 2003). (Mkhize, 2011)

concurs with this idea when he says that *amathongo* (ancestors) are part of the Black Africans and are people who happened to live with their relatives on earth. When they are dead it is only their bodies which are buried because the spirits continue to stay with their relatives and they stay in the special place called *Umsamo*, (an African Ancestral Shrine). Africans connect with ancestors, who are sometimes called "the living dead," through Umsamo. Since they are part of the family, they provide guidance, encouragement and support (Mkhize, 2011). This is consistent with what a woman who belongs to the sacred Mamaala clan of Limpopo who raises alarm for other women when it is time for them to go and fetch water from the river the following dawn to be used in rainmaking rituals. She sings praises to the ancestors of this particular clan for a long time and call them by their names, and ask the ancestors to accept offerings at the rain shrine the following day (Rafapa, 2007).

2.3 EUROCENTRISM /EUROCETNRICITY

Eurocentrism on the hand is contradictory to Afrocentrism since its emphasis is on domination, conflict, and fragmentation. Because of its dominant nature, Eurocentrism wants to be in control over nature and other people thus creating conflict, whereas Afrocentrism wants to be in harmony with both nature and people. Eurocentrism is more individualistic, materialistic and self-reliant than Africanism which is more collective oriented. People rely on others and share what they have. Eurocentrism places political power and materialism at the centre of all existence and the human factor or element is not central, (Hoskins, 1992). Eurocentrism looks at the cultures that were non-white or European as inferior, or non- existence (Pop, 2011). Pop goes on to say that, colonizers distort reality and use military dominance together with their cultural knowledge and exert their influence on those who are colonized. It implies that those who have been colonized ultimately lose their identity, values and cultural heritage. When emphasising the damage caused by Eurocentrism to Africans, Malcolm X (1963) in Hoskins puts it well when he says:

Black man has no confidence; he has no confidence in his

own race because of the white man (European) destroyed you and my

past; he destroyed our knowledge of our culture and by having

> destroyed it, now we don't know of any achievement, and accom-

> plishment and as long as you can be convinced that you never did

> anything, you can never do anything Malcolm, (1963).

Because Eurocentrism is exclusive in nature, it makes sure that it is always dominant and it does not leave any space for Africans since they are only good for servitude without citizenship. Eurocentrism believed that Africans were from the "Dark Continent" Africa, full of cannibals, savages and were inferior, uncivilised, backward, primitive people, devoid of knowledge and culture, full of evil traits and desires (Hoskins, 1992). To show the negative impact of Eurocentrism on African countries Khor in Chukwuokolo (2009) has this to say about the change of perceptions and attitudes:

> The reasons for the changing perception and attitude

> towards globalization are many. Among the important

> factors are the lack of tangible benefits to developing

> countries from opening their economies, despite the

> well-publicised claims of export and income gains; the

> economic losses and social dislocation that are being

> caused to many developing countries by rapid financial

> and trade liberalisation; the growing inequalities of wealth

> and opportunities arising from globalisation; and the

> perception that environmental, social and cultural

> problems have been made worse by the working of the

> global market economy! (Chukwuokolo, 2009).

For Khor globalisation is the latest stage of imperialism since there are many questions which need to be answered, among others is the meaning of

"development" as used by the global world (Chukwuokolo, 2009). The comparisons between Afrocentrism and Eurocentrism which have been stated above make the researcher view Afrocentrism as an option which is preferable in dealing with substance abuse.

2.4 UBUNTU

Even though African people are diverse in nature they, however, share one thing in common, and that is the element of *ubuntu.* Maybe it should be put differently and say, that they used to share the element of Ubuntu. The reason for this scepticism is shared by Letseka when he raises concerns about horrible incidents of violent crimes, premeditated murders, rapes, assaults homophobic attacks and police brutality. He goes on to say that these incidents made him doubt his faith in the existence of ubuntu, (Letseka, 2013). According to Letseka ubuntu holds that community is essential to inter-subjectivity and that a person is incomplete unless he or she maintains an active connection with the society or culture of which he or she is a part. Again Letseka, (2000) argues that ubuntu has normative implications in that it encapsulates moral norms and values such as "altruism, kindness, generosity, compassion, benevolence, courtesy, respect and concern for others. He justifies this because ubuntu prescribes desirable and acceptable forms of human conduct in a particular community of people, (ibid). The question to be answered is whether Africans are still Afrocentric and still upholding the values and norms based on ubuntu or they have become Eurocentric. According to Matolino and Kwindingwi (2013), in 2002 when The Moral Regeneration Movement was launched, it advocated for moral revival with a vision of the society whose moral fibre is fully restored, where there is no selfishness, where greed is giving way to the promotion of common good where there is mutual respect, respect for life, respect for elderly people, respect for fellow citizen's property, where sound work ethics are shared values that are the driving forces for all (Matolino et al., 2013). In view of the existing state of affairs in South Africa, which is the direct contrast of the vision of The Moral Regeneration Movement, one is tempted to say that the Movement should go back and review its vision or to ensure that its vision bears fruit. The philosophy of ubuntu is not individualistic in nature, but it is all embracing. This implies that it always thinks about others as well, without being selfish. Turaki (2006) as quoted in Lutz confirms this notion when saying; "People are not individuals, living in a state of

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independence, but part of a community, living in relationships and interdependence (Lutz, 2009). Mbiti (1969), in Lutz again reiterates this when he says; "I am, because we are; and since we are, therefore I am. Gade, (2011) gives a summary of Ubuntu as follows:

Ubuntu is a philosophy that promotes the common good of society and

includes humanness as an essential element of human growth (Venter,

2004).

Ubuntu is a philosophy that could assist in rebuilding within and amongst

different communities (Motsei, 2007)

Ubuntu is an ethic that developed in a context of interdependence and severe

Need (Du Toit, 2004). Ubuntu is an ethic or ideology, based on African worldview and an Interdependent anthropology (Shore, 2009).

Archbishop Desmond Tutu in Lutz again describes Ubuntu as follows:

It is the essence of being human. It speaks of the fact that my humanity is caught up and is inextricably bound up in yours. I am human because I belong. It speaks about wholeness, it speaks about compassion. *A person with Ubuntu is welcoming, hospitable, warm and generous, willing to share. Such people are open and available to others, willing to be vulnerable, affirming of others, do not feel threatened that others are able and good, for they have a proper self-assurance that comes from knowing that they belong in a greater whole.* They know that they are diminished when others are humiliated, diminished when others are oppressed, diminished when others are treated as if they were less than who they are. The quality of Ubuntu gives people resilience, enabling them to survive and emerge still human despite all efforts to dehumanize them, (Lutz, 2009)."

Roux and Coetzee (1994) in Mabovula assert that Mbigi bases his model on four principles which he derives from the *Ubuntu* view of life:

• Morality which involves trust and credibility.

• Interdependence which concerns the sharing and caring aspect that is co-operation and participation.

• Spirit of man which refers to human dignity and mutual respect that insists that human activity should be person driven and humanness should be central, and lastly

• Totality, which pertains to continuous improvement of everything by every member.

Mabovula goes on to give some characteristics of Ubuntu as humanity or humanism which highlights the importance of human relationships. Ubuntu also involves tolerance and regards other people's views as important. Respect is regarded as a precondition for communication, teamwork and productivity as a tool to deal with problems of the community (Mabovula, 2011).

When looking at the concept of ubuntu, Taylor, (2014) brings the ethical and philosophical aspects when he says that Ubuntu implies the relationships between people and how those relationships have to be conducted. According to him there are three approaches to understanding Ubuntu. One is the deontological approach to find some rules-based theory of right action by which to define Ubuntu-like behaviours. The other is the consequentialist approach to determine what Ubuntu-like behaviours minimise harm or maximise good for the community and the individual. The last one is the virtue ethics approach to define what kinds of persons we should be and what kinds of character traits we should display if we are to be Ubuntu-like people (Taylor, 2014). Even though Taylor has also included the fourth aspect raised by Mkhize and Ramose, the researcher here feels that this aspect is dependent on a person's belief on the ancestors.

2.5 THE FAMILY

The family is one of the very critical elements during the child development process and it plays a critical role in determining the nature and behaviour of a child. Research supports the idea that the family operates as a formative contextual factor which determines the emergence of a healthy or unhealthy adolescent development. It has also shown that positive parental attachment, caring, support; monitoring and

values also play a significant role in explaining adolescent's attitudes and behaviours Mayberry, Espelage, and Koenig (2009). The theory which supports this notion is the Self-control Theory which postulates that low self-control and a weak bond to society creates conditions favourable for involvement in deviant behaviour (Gottfredson and Hirschi, 1990).

The family is defined as an intergenerational social group organised and governed by social norms regarding the descent and affinity, reproduction, and the nurturant socialisation of the young (Amoateng & Heaton, 2007). The family is viewed from the Western and the African perspectives. From the Western viewpoint the nuclear family is important while the African viewpoint emphasises the extended family. According to the African perspective the family is viewed as an extended family which includes great grand-parents, grand-parents, fathers, mothers, uncles, aunts, children (sisters, brothers, cousins, nephews, and nieces) maternal and paternal relatives as well as all the departed family members (Mbiti, 1975 in Letseka). On the other hand, the features of the African family include among others, strong patriarchal traditions with relative permissiveness, large scale polygamy, and institutionalised age cohorts, with major cultural weight given to fertility and lineage, and pervasive politico-economic, social and cultural patterning through kinship (Therborn, 2004).

The type of parenting style and interaction in which parents are involved with their children, determines not only the parent –child relationship, but also the manner in which parents socialise their children (Spera, 2005). Darling and Steinberg (1993) in Spera define a parenting style as the emotional climate in which parents raise their children and define parenting practices as behaviours that are specific which parents use to socialize their children. The researcher looked at the autocratic, the permissive/ indulgent, authoritative, authoritarian and democratic parenting styles. According to research by Milevsky, Schlechter, Netter and Keehn, (2007), the autocratic parenting style may not be effective since it implies a superior/inferior kind of relationship between the child and the parent; at the same time it fails to produce a responsible child. The permissive/indulgent parenting style on the other hand has a

low level of supervision and thus fails to provide children with the sense of personal achievement. Research has indicated that adolescents whose parents are permissive and indulgent have a strong self-confidence, yet they experience problems with drug experimentation and misconduct in and outside of school. Authoritative parenting shows patterns of warmth, non-punitive discipline and consistency which is associated with several adaptive behaviours in children. This parenting style has also shown to foster secure attachment between children and their caregivers and to contribute to a sense of autonomy. Authoritarian parenting style shows low warmth, harsh discipline and inconsistency. A democratic parenting style has proved to be the most ideal for psychological adjustment behavioural compliance and psychological autonomy are seen as interdependent objectives. The child, therefore, is brought up within the nuclear family with its own parenting style. Stone, in Ziel, defines the nuclear family as one where "the ties that bind its members are stronger than those which bind anyone member to the outside" (Ziehl, 2002). Santrock, (2006), in Amos asserts that parenting needs interpersonal skills and it makes some emotional demands. Santrock argues that many parents inherit their parenting styles from their own parents. As they do that, they adopt some styles and discard others which they feel they do not need. Whatever parenting style has been adopted by parents is passed on to the next generation, whether it is good or bad. It is at the same time expected that each generation passes on the adopted practices or cultural values from one generation to the next generation.

Culture manifests itself in the form of symbols, values and beliefs which is passed on from one generation to the next through the word of mouth and imitation (Amos, 2013). This notion is consistent with the argument by Gyekye (1997), in Letseka that the family is "the medium for the concrete and spontaneous expression of communal values such as love, caring, cohesion, solidarity, interdependence, mutual sympathy, responsibility and helpfulness". The birth of a child in a family was a gift from the ancestors since it could help to reinforce and sustain marriage. On the other hand it was regarded as a curse from the ancestors or gods not to have children, and as a result it was taken as a valid reason for a divorce or to go for polygamy (Ojua, Lukpata, & Atama, 2014).

Among the ceremonies which are celebrated after the birth of a child as part of the black culture especially among the Zulus, are *imbeleko* which is a ceremony of naming and introducing a baby to the ancestors. Guma and Henda (2004) in Dawes (2008) have pointed out that in many African societies; consider children as a gift from the ancestors and God. As a result, many people share the feeling that it is the parents' responsibility to nurture children and take care of their wellbeing (Dawes, 2008). A ceremony called *umhlonyane* is celebrated when a girl is menstruating for the first time. *Umemulo* is a ceremony which is celebrated when a young woman has reached a stage of adulthood and is ready to get married. In all these ceremonies a goat is slaughtered and ancestors are invited. Some blacks do not celebrate these ceremonies any more, either because they have adopted a new religion which does not allow them to do so, or they believe that to be culturally involved makes them backward or ancient. The last ceremony to be celebrated takes place a year after a household member, a father of a mother, has died. This is done so that he or she becomes a link between the living and living dead (ancestors) (Zulu, 2002). In all these ceremonies an elderly person addresses the ancestors and invites them to bless the ceremony which is taking place. The incorporation of ancestors in this research is important for the researcher since they are believed to be playing a significance role in the family. The ancestors are invited to give a blessing to a woman in case she does not conceive. When a woman has conceived and has given birth to a child, the child is regarded as a blessing from the ancestors as it has been mentioned earlier on. When a child misbehaves and become unruly and things go against him/her, it is said that "uphendukelwe yidlozi or uphendukelwe wumsamo" which means that ancestors have turned against him or her. The researcher feels that this notion of the ancestors fits well in this research since he, inter alia, is looking at the factors which have an effect on the growing child.

According to Ekeopara (2012) a family refers to that patrilineal social structure or unit, which has a man, his brothers, sisters and their immediate families and who can trace their origin by blood to a common ancestor or progenitor. The single motherhood however, should not be left out since in other instances no marriage occurs and there is no intention of getting married. Because of globalisation different kinds of families are now existing, such as single parents and child headed families

which are now very common (Chirozva, Mubaya, & Mukamuri, 2010). The existence of the single parenting is reiterated by Bigombe (2003) when saying that the factor which undermines the kinship in the traditional African family structure is the now existing single parenting especially among the young people in the urban areas, which did not exist before. This is due to the fact that most of the young people have joined the labour force, and as a result female headed- household has become fashionable (Bigombe & Khadiagala, 2003). The extended family, which is made up of the nuclear family; together with the uncles, aunties, grandparents and cousins, plays a pivotal role in nurturing, development and the socialization of the child. This system is unique in nature when it comes to parenting in the African communities, since it does not only take the responsibility of taking care of the biological child, but the responsibility is shared among all the extended family members. Degbey (2012), in Amos asserts that the family plays a role of being the source of the basic needs of life health, love, tenderness, food, water, clothing, shelter and sanitation which the socio-economic, cultural and environmental conditions provide. Fathers serve as role models for their children, especially for boy children, for them to be able to adapt to life outside the family. They also serve as a means of stability through discipline and socialisation and also as a means for the family to go beyond the nuclear structure when it comes to interpersonal communication and norms of the society (Snell, Radosevich and Feit 2014). Rahgozar et al. (2012) in Snell et al. (2014) believe that this kind of modelling is important for the child since it creates an opportunity for him to be able to learn social skills and modelling behaviours like respect, and develop educational direction. When a father died in the extended family, the brother or a relative of a husband would inherit not only the woman, but also the children and take care of them. (Chirozva et al., 2010).

Among other functions, the extended family imparts traditional education by teaching the members of its unit the correct customs and traditions of the society. It inculcates and instils discipline amongst its members, using a system of reward and punishment amongst its members. Among other values and norms which are instilled in the child are, respect for elders and one's seniors, handwork or diligence, loyalty, honesty, obedience, cooperation and collective responsibility. Cooperativeness and interdependence and all these are imparted to the lives of

individuals in the extended family unit (Cobbah, 1987). These teachings help to integrate the members of each extended family unit into the larger society in conformity with its cultural heritage. The extended family system provides a variety of social security for its members. In time of crisis, it serves as a place of refuge and a safe haven for its members. Any member who finds himself in a serious crisis runs to his or her mother's home to take refuge. In such a place, the individual is culturally and customarily protected and safe. The family or extended family milieu and coaching the child gets, affects the child and leaves an indelible mark on him or her. Unless there is a stronger influence which overpowers the first influence, the child is likely to lead a life which is close to the first upbringing. According to Ejiofor (1981), in Ekeopara, "The first years of life in the family, the experience of authority and discipline of the family constitute the most rapid and binding stage of socialization, more of an impact occurs here than at any other point in the process" (Ekeopara, 2012). In the traditional black African family, all family members had their roles to play and they were unchallenged. Girls for instance, had their own roles which were modelled from their mothers such as cooking, and other domestic chores, which they had to learn in preparation for their future marriage. Boys on the other hand had to look after the cattle. The mother's authority in her domestic responsibility and the father's authority in his section of the household could not be challenged (Bourdillon, 1993) in (Chirozva et al., 2010). Fathers on the other hand had to ensure that they were role models to their sons so that they would grow up to be responsible men in their families and for their children. They would allow their sons to drink on special occasions or at the end of work and encourage them to go for courtship, (Ukweshela izintombi). Some African cultures could allow women and the youth to drink, especially boys drank under the guidance of the elders, and getting drunk was not allowed for both women and children. (Acuda, Othieno, Obondo, & Crome, 2011).

2.6 THE COMMUNITY

McMillan and Chavis (1986) define community in terms of four elements. The first element is *membership,* which is the feeling of belonging or of sharing a sense of relatedness. The second element is *influence,* which is a sense of mattering of making a difference in a group and of the group mattering to its members. The other

element is *reinforcement*, which is integration and fulfilment of needs. Members share the feeling that their needs will be met by the resources which they will receive through their membership in the group. The last element is shared *emotional connection*, which is the commitment and belief which members have shared and will share the history, common places, time together and similar experiences (McMillan et al., 1986). What is interesting with the above elements is that they consistent with how the family should relate to one another.

Brim (1966) defines socialisation as "the process by which persons acquire the knowledge, skills and dispositions that make them more or less effective members of their society." Dunn, Rouse and Seff in Tierney (1997) define socialisation as "the process by which individuals acquire the attitudes, belief, values and skills needed to participate effectively in organised social life." Bragg again in Tierney defines socialisation as "the learning process through which the individual acquires the knowledge and skills, the values and attitudes and the habits and modes of thought of the society to which he belongs," Tierney, (1997). What is interesting with all the definitions is that all of them revolve around the skills, values, attitude and beliefs of the society and not of the individual and it implies that in whatever happens the group is involved.

Socialisation starts in the family and extends to the community in which the child has to adapt when interacting with the members of that community. This is where the child has to show the type of upbringing which has been inherited from the family. From home the child joins the immediate environment which influences him or her either positively or negatively. The community is supposed to provide avenues, platforms and various resources for youth development in the form of youth development programmes and institutions such as schools and skills development centres. The community has to create chances so that young people will be able to learn how to adapt to the world around them—to explore, express, earn, belong, and influence through such venues as school-sponsored programmes, national youth-serving organizations such as Girl Scouts, Boys and Girls Clubs, and religious and or volunteer organization. Research has also proved that if the young people do not get

"healthy" opportunities to which they have to belong in their environment, they are likely to create their own alternatives which are not healthy. Research has again indicated that exposing young people to many environments and being connected to many support networks like a family, school, and community help as protective factors against many risk behaviours like sexuality, violence and substance abuse, (Benson et al., 1998). Again Caldwell et al. (2004) in Weybright et al. argue that the provision of healthy leisure helps to address risk behaviours (Weybright, Caldwell, Ram, Smith, & Jacobs, 2014).

According to Oetting and Beauvais (1987), the psychosocial model named peer cluster theory, "the socialization factors which accompany adolescent development interact to produce peer clusters that encourage drug involvement or provide sanctions against drug abuse. These peer clusters are small, very cohesive groupings that shape a great deal of adolescent behaviour, including drug abuse. The peer cluster theory suggests that other socialization variables, strength of the family, family sanctions against drug abuse, religious identification, and school adjustment influence drug abuse only indirectly, through their effect on peer clusters. Correlations of these socialization variables with drug abuse confirm the importance of socialization characteristics as underlying factors in drug abuse and also confirm that other socialization factors influence drug abuse through their effect on peer drug associations. Peer cluster theory suggests that treatment of the drug-abusing youth must alter the influence of the peer cluster or it is likely to fail. Prevention programmes aimed at the family, school, or religion must also influence peer clusters, or drug abuse will probably not be reduced (Oetting and Beauvais, 1987). Most of the African countries are still developing and are faced with high employment rate. As a result thereof, they are faced with poverty, particularly the Black communities who live both in townships and rural areas. Because of their economic status, these communities are consequently without anything to do for a long time.(Bennett-Johnson, 2004.). As a result of the conditions in which these communities find themselves, they look for anything which can help them survive, and among other things, they start selling alcohol and drugs. The children and adolescents find themselves growing up in these conditions with people whom they perceived to be their role models being involved in alcohol and drugs sale. A good

example is a case where a group of "amaphara" at Inchanga around Durban in KwaZulu-Natal who got caned by their drug boss after telling him that they were tired of selling woonga for him. According to *Isolezwe* the local newspaper, he was angry because he would lose business if they stopped selling his drugs. The "amaphara" told their parents that they were tired of selling woonga and they wanted their parents to take them to the rehabilitation centres. One of them said that sometimes their boss only gave them woonga to smoke as their payment. Another 23- year- old youth said that he started smoking woonga in 2013. He said his parents gave him R3500.00 for registration in one of the tertiary institutions but he decided to buy woonga with all of that money (Ntshingila, 2017). Another one among them said he used to steal other learners' bags at school so that he could get money for woonga and decided to leave his home. Another one started by smoking Insangu (marijuana) or cannabis to various types of pills and ended up with woonga (ibid.). The word 'amaphara' comes from the English word '*parasite.*' These substance addicts are called *"parasites"* because they do anything to survive and satisfy their cravings through stealing, committing burglaries, even murder. This is supported by the research conducted in Arizona which indicated that the use of marijuana is 'gateway' behaviour to harder drug use and escalating violence (Bosworth et al. 2011, in Ramorola et al. 2014). As a consequence of the environment in which the youth and adolescents find themselves, they end up modelling the same behaviour of that environment by being involved in drugs, gangsterism, alcoholism and crime, Bennett-Johnson 2004 as quoted in Ngqela,(Ngqela & Lewis, 2012).

The majority of the children and adolescents who are of the school going age come from poor families and some of them do not have parents, since some of them died of HIV/Aids. Others come from single-parent homes or child headed families without proper upbringing. It is these children who become vulnerable to destructive and risk behaviour from their environment and from people who should be role models to them, (Douglas-Jones, 2014). Research indicates some associations between sex work and alcohol establishments such as shebeens and taverns. It shows that sex work assumes different forms such as an exchange for drinks, food, and money. These are the challenges faced by young people who come from poverty stricken communities (Wojcicki, 2002). Kalichman, et al. (2008) have also reiterated this idea

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that these informal establishments where alcohol is served, such as shebeens, are spots where sex partners meet and they are closely associated with HIV/Aids risks (Kalichman, Simbayi, Vermaak, & Cain, 2008.) It is clear from the conducted research that the children and adolescents who frequent the alcohol establishments like shebeens and taverns, are likely to be vulnerable and fall prey to sexual abuse, especially those from single parent and child-headed families. Research has also proved that when the child lives with both biological parents, it reduces the chances of delinquent behaviour, dropping out of school and being involved in drug abuse. In a study conducted to compare single-parent and two-parent families, it was found that single –parent families had detrimental outcomes for adolescents. It found that the single mothers do not have sufficient resources that would move them to the well to do locations and the result is that they are not able to raise their children well. On the contrary the two-parent families are financially stable and able to move to the well-resourced locations and be able to provide for their children's needs, (Hoffmann, 2002). The school is part of the community and as the second home to a child has a major role to play in ensuring that a child develops spiritually emotionally and physically. The school, according to Rambiyana (2002), is responsible for the following functions:

- **Development and transference of culture**

Each and every society aims at sustaining, maintaining and preserving its continuity. This is done through being involved in activities which will develop and transfer its culture. Since the school is part of the society and community, its role is to fulfil the mandate of the society in the form of cultural and values transfer from one generation to the next.

- **Moral development**

Morality is defined as a set of general principles or procedures, acceptable or inevitable for any rational person within a society according to Collier, Thomlison and Wilson (1974) as quoted in Rambiyana et al. (2002). Its role is to define the behaviour of a person whether it is good or bad, right or wrong. It is therefore the responsibility of both the educator and the learner to be involved in the teaching and learning of morality.

- **Schooling and employment**

Rambiyana asserts that parents send their children to school so that there will be chances for their children to get employment which will benefit not only the child but also the whole family. It is the responsibility of the school to provide the learner with all the necessary skills for the job market.

- **Citizenship development**

A good citizen is defined as someone who has a certain civil status within a certain community, with rights and privileges exercised based on the rule of law, McLaughlin (1992) as quoted in Rambiyana (2002). That person should accept the shared destiny with other people in the community. The schools are the most convenient centres to deliver citizenship education since children spend most of their time at the school and that educators are able to correct the wrongs in the citizenship traits.

- **Sexuality education**

Sexuality education is viewed as 'education about the human condition, being male or female, feelings, roles, communication as well as sexual functioning, Cassell and Wilson (2017). " Rambiyana believes that the teaching of sexuality education can help minimise both child abuse and the spread of HIV-AIDS.(Rambiyana & Kok, 2002).

Teaching and learning takes place only if circumstances that allow it to occur, without any hindrances or intervening factors which make it difficult for all educators, parents and learners to perform their duties. Research indicates that there are factors both from the community as well as within the school setting which interfere with teaching and learning. These factors include among others, the transition in the education system and the curriculum, the behaviour of educators and the behaviour of learners. The end of apartheid brought a lot of changes such as human rights which brought an end to corporal punishment in schools and that was according to the South African Schools Act of 1996. Even though this transition was welcomed by many South Africans, it was at the same time not well received, not only by educators, but also the learners and parents who were used to corporal punishment.

At the same time that exacerbated problems in terms of school discipline (Tiwani, 2010). This came as a threat to some teachers who were not happy, not about the banning of corporal punishment, but because there were no alternatives that came with it. They felt that learners did not take the other forms of punishment such as detention seriously, and teachers ended up being detained with learners (ibid.) Educators according to the law were no longer more allowed to search learners' possessions and that was regarded as an invasion of the learners' privacy. On the other hand educators were expected to protect the learners from any form of danger that could arise within the school premises. This created a challenge for educators who ended up not knowing when the learners' rights were contravened and when their privacy had to be protected. Parents on the other hand expected educators to protect their children from any form of harm, not only in terms of education but also during the hours that they were within the school premises and also to discipline them. Teachers are always expected to protect learners from dangerous weapons, drugs and any form of violence (Prinsloo, 2005). Educational transition came with the curriculum changes. It came with the Outcomes Based Education (OBE), Curriculum 2005, National Curriculum Statement (NCS), Revised National Curriculum Statement (RNCS), Curriculum and Assessment Policy Statement (CAPS) and Jikimfundo pilot project in selected provinces. As a result educators have to cope with many demands in spite of limited resources and the pressure which tests their effectiveness and efficiency, (Rothmann, 2003).

The curriculum changes which have been mentioned above did not only bring about curriculum instability but they also left the question on whether it was Afrocentric in nature with Afrocentric values. Seepe (2004) in Msila contends that there is a need for the restructuring of the education system in Africa to make it more relevant so that it is able to face the challenges of Africa, and that it should consider indigenous knowledge systems. He goes on to say that it is through education that values, cultural norms and beliefs of the society are reproduced (Msila, 2014). This also places a challenge on educators as to whether they do transmit the above mentioned cultural values and norms and if they do, is the society supposed to have learners who are involved in unacceptable and maladaptive behaviours the way they do? This question leaves much to be investigated.

Sometimes the behaviour of educators and the circumstances as well as the situation, in which they find themselves, make it difficult for them to transmit these values and morals. Some educators suffer from burnout which is defined as a problem of coping with stress which necessitates new thinking for the individual with burnout rather than structural and organisational changes in schools. Burnout is also defined as a loss of enthusiasm for work characterised by exhaustion, depersonalisation, depression and low morale and withdrawal. Burnout is again seen as a process in which the attitude and behaviour of the professional becomes negative to respond to the strain of the job, (LeCompte & Dworkin, 1991). According to Jackson et al. burnout is caused by stress on account of overload, bad relationship with colleagues, large class sizes, lack of resources, isolation, fear of violence, role ambiguity, limited opportunities for promotion, little involvement in decision–making, learner behavioural problems, insufficient financial support pressure from external parties such as unions, education departments and school governing bodies, lack of community support and poor image of the profession (Jackson, Rothmann, & Van de Vijver, 2006).

Burnout has again been defined as a phenomenon that has its origins in both situational and person factors, and it occurs among people who are 'normal' and it translates into cognitive, affective and behavioural symptoms. Maslach et *al.* (2001, in Ahola et el. described burnout as a psychological syndrome that develops in response to chronic emotional and interpersonal stressors in the work situation, which, articulates a non-productive relationship between employees and their work (Ahola et al. 2005, Leiter Maslach, Van Tonder, C. L.,2001 and Williams, C.2009). Other sources of burnout are said to be arising from the work context. They involve workload and work pressure, unsatisfactory working conditions, poor relationships with colleagues and superiors, unsatisfactory school management and administration, the form and content of school cultures, school structure and communication, leadership practices, a lack of promotional prospects, resources available to schools, the size of classes, educational policies and procedures, school reputation, relationships with the community and with parents, and pupil attitudes and behaviour (Antoniou *et al.*, 2006; Clarkson and Hodgkinson, 2007; Griva and Joekes, 2003; Kittel and Leynen, 2003; Oshagbemi, 2000; Sari, 2000, 2005; Zeffane

and McLoughlin, 2006) as quoted in Van Tonder et al. Institutional and societal factors, such as low pay, poor training, a lack of resources, a lack of teaching and learning materials and a breakdown in traditional support systems, can be added to this list (Van Tonder & Williams, 2009).

Research has shown that sometimes educators create an environment which is not conducive for teaching and learning by being involved in a number of unacceptable activities and showing behaviours which should not be emulated by learners. The Public Service Accountability Monitor (PSAM) based in Grahamstown stressed the necessity for the unions to be harsher on members who do not take their work seriously. It was again reported in the media, (Matavire, 2011) in Msila, that South African Democratic Teachers Union (SADTU) has been accused of contributing to making the education system in the Eastern Cape worse since it defends its members who are incompetent even though they are wrong. One educator was quoted in Msila (2014) as saying:

> "I stand there and I tell them that we have an obligation to the parents and the
> community that we cannot leave the learners alone. It becomes tough
>
> because most of the time they would leave only four or five staff members,
>
> three of these foreign nationals. With an enrolment of 800, I normally have no
>
> option but break the school. What about education? There are times really
>
> that make me want to give up."

Croswell and Elliott (2004) as cited in Msila argue that commitment by teachers is one of the major factors for the success of education and schools. They go on to say that some schools attain a low pass rate because inter alia, teachers are not committed, and if teachers are not committed changes cannot be effected. A number of authors have alluded to a number of factors which affect commitment of the teachers. They have alluded to teacher autonomy, efficacy, participation, feedback, collaboration, learning opportunities and resources. Various authors have also argued that there are factors that affect teacher commitment. Firestone and Pennell (1993) list six key factors that affect teacher commitment and these are; teacher

autonomy, efficacy, participation, feedback, collaboration, learning opportunities and resources.   Some of these factors such as collaboration are part of the discussion below. They refer to the lost commitment by teachers as a cause for dysfunctionality in some schools, and that teachers who are efficacious are likely to plan activities appropriately and assist learners who experience problems and find other strategies to teach them. Research has shown that teachers who are conscientious know what they intend to attain and they want to see their learners succeed by working with their learners' families and the society. In this way they will display their moral purpose which is an intrinsic motivation. Teachers with moral purpose would like to see teaching and learning taking place in their classroom (Msila, 2014).

The behaviour of learners in schools makes life for educators very difficult. Research shows that after 1994 in South Africa the behaviour of learners changed tremendously. This has been attributed to the involvement of the young people in the struggle for liberation. According to Moloi (2002) in Rossouw (2003), the involvement of the youth in the struggle for liberation which came to an end in 1994 made them develop "arrogance towards adult people, both the educators and the parents". Again according to News24.com.2006, there has been a report on disruptive behaviour in South African schools and this involved learners who were armed with weapons which are dangerous, violence directed at other learners, violence directed at educators, vandalism, theft, and learners in possession of illegal substances such as drugs and alcohol (News24.com. 2006).

In a number of research conducted, it was clear that the learner misconduct is attributed to the overemphasis of rights. In one interview one desperate educator was quoted as saying: "Since human rights became an issue, the situation has changed dramatically." The overemphasis of rights exists in schools and in homes as well as in the community. It shows itself when learners are aware of their rights but are not aware of their responsibility. In another school the teachers were quoted as saying; "learners have too many rights." According to research learners have adopted a "don't care" attitude and lack of insight with regard to their role in the process of learning because they are putting more emphasis on their rights. Some

principals are under pressure to recognise the learners' rights and do not know up to which point they should be allowed to demand more of their pupils. Educators are reported to be unsure, confused and afraid, because they do not know when they might infringe on the rights of the learners and end up being accused of misconduct (Rossouw, 2003).

2.7.4 THE INFLUENCE OF GLOBALISATION

Among a multiplicity of globalisation definitions given, the researcher took only a few of what he thought were more appropriate in this context. Anthony McGrew in Reich 1998 defines it as;

A multiplicity of linkages and interconnections that transcend the nation states

(and by implication the societies) which make up the modern world system. It

defines a process through which events, decisions and activities in one part of

the world can come to have a significant consequent for individuals and communities in quite distant parts of the globe.

Globalisation is seen as something which brings different agents, issues, events, actions into a complex web of relationships and interactions (Yankuzo, 2013). On the other hand globalisation is viewed as a process fuelled by, and resulting in, increasing cross-border flows of goods, services, money, people, information, and culture (Held, McGrew, Goldblatt, & Perraton, 1999).

South Africa has had a lot of interconnections with other countries especially after the attainment of democracy. As a result many people from other countries flocked into the country. This was due to, among other things, the lack of control on the South African borders which leads to an increased travel into South Africa, which in turn is encouraged by the increase in travel and tourism and trade links. Globalisation has not only benefited South Africa by enabling it to be competitive with other countries in terms of its economic production, but it has also made other countries gain an easy access into the country. This has also led to the trafficking of drugs such as cocaine and heroin through caused by changes which have taken place in production globally as well as the marketing and drugs distribution generally.

It is assumed that the abuse of drugs such as crack cocaine increase, is because of the increased marketing of cocaine because of a decline in the US market and decline in the quality of local Mandrax (Mazzitelli, 2007). When substances of every kind arrive in South Africa, they find a large number of people who are unemployed and who are poverty stricken. As a result they find it easy to be involved in substance abuse, either as a means of getting employment from the suppliers by selling the substance or by being consumers with an aim of doing away with their frustrations of different types. According to Rocha-Silva et al., 1996) research shows that the most common reasons reported for drug abuse include habit, to alter mood states, to improve health, to cope with personal, social or interpersonal situations, or for enjoyment.

Research has shown that the seashores and harbours of West Africa have become the hub of cocaine trafficking. Cocaine of more than 150 kilograms was seized in 2007 in Benin, Cape Verde, Guinea, Guinea-Bissau, Mauritania and Senegal. (Mazzitelli, 2007). The reason put forward for the aforesaid countries to be the hub of drug trafficking, according to Ceesay (2011), has been the following:

- Weak state judicial and security institutions;

- unguarded and porous borders;

- increased drug law enforcement in the Caribbean;

- The lucrativeness of the drug trade in Europe;

- Number of failed states in the region;

- abject poverty due to failed government s' economic policies;

- corrupt and underpaid government officials and security officers; and

- the geographic proximity of West Africa to Europe and to the three Latin American nations that produce "produce nearly all of the world's cocaine – Colombia, Peru and Bolivia (Ceesay, 2011).

What has applied to the Western countries about drug trafficking, has also applied to South Africa, but this time around it is the Western countries which have been instrumental in the drug trafficking into South Africa through what they have experienced.

South Africa is also experiencing a large volume of drug trafficking from other countries. According to the 2015/2016 Central Drug report, as shown in the City Press Newspaper (2017), drugs seized by South African Police Service was as follows: heroin (18,517 kg), heroin (18,517 kg), crystal methamphetamine ("tik-tik") (637,757 kg 40 litre in liquid form), dry cannabis (12,629,382kg) cannabis plants (9), ecstasy (1,492 tablets and 0.500 kg powder), and Mandrax tablets (1,634kg. It also showed that during this research the top six most abused substances in South Africa were, dagga at 37%, alcohol at 21%, heroine/opiates at 14%, other/ mixed (woonga) at 13%, cat at 5% and crack/cocaine at 2**%** (Mtshali, 2017). There has been a series of incidents in which substance dealers have been caught transporting substance from other countries into South Africa. In one incident in 2015 a South African actress was caught with drugs weighing 15.4 kg which was worth R4.6 million at Oliver Tambo international airport. She was reported to have come from Abu Dhabi (SARS, 2015). In another incident, which occurred in Pretoria on the 26th March 2016, the Tshwane metro police department (TMPD) arrested 53 drug dealers who were in possession of dagga and cocaine whose value could not be determined (Küsel, 2016). In the same year 2016, the same incident of substance trafficking occurred at Oliver Tambo International Airport. This incident involved 7.8kgs of cocaine which was hidden in hair treatment bottles which were travelling from Sao Paulo via Johannesburg to Cape Town. The estimated value of the cocaine was R2.1 million (Pijoos, 2016). Another incident, which involves substance trafficking, happened again at the Oliver Tambo International Airport in January 2017. According to News24 SARS customs officials found R8m worth of cocaine and ecstasy during two busts within 48 hours at OR Tambo International Airport. In the first incident 13.2 kg of ecstasy at the value of R3960 000 was found at the Johannesburg Mail Centre in 42 containers which were from Sweden to Malawi. In the second incident 15 kg of cocaine was found in containers which were on their way to Windhoek from Sao Paulo. The estimated value of cocaine found was R4

315 500 (Coetzee, 2017). Another incident which is said to be the largest in substance trafficking took place again in February 2017 subsequent to the one which took place in January of the same year. This one involved cocaine found at the Oliver Tambo International Airport at the value of R78 million. It was claimed to be the biggest ever cocaine bust in South Africa. It was from Sao Paulo to Nairobi, Kenya, and it was 271kgs (Tandwa, 2017). These types of incidents seem to be recurring in South Africa since almost every month such an incident occurs. In July 2017 in another incident the South African Enforcement Bureau (SANEB) searched a house in Dopsonville, Soweto in the Gauteng Province and found a laboratory which was linked to drugs. According to the Sunday Times Newspaper, "a multi-million illicit drug manufacturing laboratory loaded with drug manufacturing chemicals and related equipment" was found. Goba of the Sunday Times said that the police discovered a factory where drugs were made and it was alleged that those drugs were being manufactured there since they had seen machines and various powders, so there was indeed a factory in that house which manufactures drugs, (Goba,2017). In that operation according to the head of police, they found 330 kilograms of completed products of Methaqualone (mandrax) and there was a lot of other material that was there which had not been processed and tested and the value of the content that was there could not be estimated at that point as the scene was still being searched.

It is clear that the above mentioned incidents can be attributed to globalisation since research has shown that from all over the sub-continent; economic migrants are flocking into South Africa to look for ways of improving their lives. This is seen through the increasing number of Congolese, Angolans, Ghanaians, Nigerians, Somalis, Zimbabweans, Mozambicans and others in South Africa (Mclachlan,2001). One other incident of drug trafficking is the one which occurred in Kosi Bay, in the Northern part of KwaZulu Natal Province in South Africa in 2017. This, according to the local newspaper, The Zululand Observer, has been the massive drug bust at Kosi Bay, which is very close to King Cetshwayo district. The heroin which was seized from Mozambique was worth R104 million and an amount of R50, 000 cash was found (Jolly, 2017). In another incident in the same month of June 2017, three men, according to the Daily Sun newspaper was arrested in possession of 152

heroine capsules with an estimated value of R3500 (Khomo, 2017). The many incidents of drug dealing one after the other are indicative that substance abuse is something to be taken very seriously if it has to be curbed. Literature has also revealed that some foreign nationals are implicated in the sale of substance to the youth and also in prostitution. One Pretoria resident was quoted as saying; "We are tired of the crime in our area. These Nigerians must take their drugs back to Lagos" and another one said; "We cannot tolerate the evil the foreign nationals are perpetrating here. They are messing the future of our children. They sleep with them all day and send them out at night to sell their bodies." On the contrary one resident said; "There are immigrants who own brothels and sell drugs, but not all foreigners are bad." (Swanepoel, 2017). The unfortunate part in drug dealing is that even police officials are implicated. In one instance, according to The New Age newspaper, a police officer was arrested in possession of dagga. It was alleged that he drove into the Kruger National park in a police vehicle loaded with dagga. The police would not have been arrested if the game reserve's protective services had not stopped the vehicle to search it. According to the police report it was not clear if the arrested police was colluding with the employees of the game reserve, (The New Age, 2017). In the following month of September another two consecutive drug related incidents took place. According to Africa News Agency (ANA), the South African Revenue Service's Customs and the detector dog units intercepted 2.2kg of cocaine bullets, with an estimated value of R632000-00 on plane from Brazil at OR Tambo International Airport, (ANA, 2017). The other incident, according to The New Age Newspaper, took place in Johannesburg where a man was arrested since he was found in possession of nyaope worth an estimated value of R19000-00. Another incident in the same month occurred in Chatsworth in KwaZulu Natal where three drug dealers failed to bribe the arresting officers with R100000.00 One of the drug dealers was found in possession of cocaine and powder suspected to be drugs with a street value of R500000.00 (ANA, 2017). In another incident two South African Police Service (SAPS) were arrested for allegedly taking R3000.00 bribe from a suspected drug dealer (Tshikalange, 2017 in ANA). The social development department was quoted saying:

"Drugs are often linked to a variety of social, psychological, financial

and health issues which are tearing our communities apart and

stealing our children's futures," (Nkosi, 2017).

According to Kwame in Precious, globalisation has had both negative and positive impact especially for the youth of the developing countries like South Africa (Precious, 2010). This manifests itself in the provision of modern technology like television, computers and cell phones to name but a few. The African value system has been changed by globalisation and this is seen through what the youth see on televisions, like films full of drug smugglers, money laundering, sex films, prostitution and other behaviours which, according to the traditional values and cultural norms, are unacceptable. The youth derive role models from what they watch on television and social media and they model those types of unacceptable behaviours as their heroes and heroines. The music, the films and sports as well as the way in which the youth is dressed, which appear on television, have changed the culture, the values and behaviour of the young people of South Africa. What used to be abnormal has become normal, and what used to be normal has become abnormal because of globalisation. The drinking habit among South Africans, particularly Black Africans, and especially young boys and girls, has become normative. As they do that, they view themselves as fashionable and civilized people, while they undermine their culture and traditions, because of globalisation which has taught them that their cultural traditions are inferior and primitive and should be de-emphasised. They still maintain that the more western music they play, the more western films they watch, the more western they dress, the more civilised they are (Yankuzo, 2013) As all this is happening, their identity is lost. This is confirmed by Precious in saying that globalisation has brought a decline in the traditional world, has undone the old cultural set-up and has quickly eroded the old values (Precious, 2010). When looking at how globalisation has affected Ghana, (Aboagye, 2015) asserts that movies have changed to love or action movies which are not educational but instead they are immoral and encourage fornication, alcoholism and other unacceptable behaviours.

2.8 SUBSTANCE ABUSE

The term substance is embracing everything and anything which causes someone to be intoxicated. According to the dictionary, substance abuse is; a long term pathological use of alcohol or drugs characterised by daily intoxication, inability to

reduce consumption, and impairment in social or occupational functioning; broadly, alcohol or drug addiction (Dictionary.com 2017). According to Patrizia Scalone from Metapsychetc, in Jordan, substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes that gives rise to both physical and psychological dependence (Jordan, 2013).

Substance abuse has not only been problematic to the families, but also to the communities, schools, the government sector and the whole society. Substance abuse seems to be increasing day by day even though numerous attempts and strategies are devised to fight against it. There have been numerous established treatment and rehabilitation centres in the country. At the same time there are support groups and NGOs like Medical Knowledge Institute (MKI) which are giving support and conducting workshops. These include among others, the South African Narcotic Bureau (SANB), Alcohol Anonymous and others. According to Parry, et al. what has contributed to the escalation of substance abuse is, among other things, the reduction of internal controls and the increase in the number of people getting into the country, as well as the production and marketing of illicit drugs, which have increased the drug trans-shipment into the country thus increasing the use of various drugs (Parry, Plüddemann, & Bhana, 2009). This notion is again reiterated by Lutya when saying that substance abuse is rife in South African communities and schools alike. Learners are able to access intoxicating substances at home, in their schools as well as in their communities (Lutya, 2009).

Research shows that alcohol, dagga (cannabis) and Mandrax (Methaqualone) remain the main substances being abused in South Africa both in the urban and the rural areas. This trend goes across all races and all genders. Alcohol is the most commonly abused though, with 14% population alcohol dependence, even though the level of consumption does not exceed that of the developed worlds (Pasche & Myers, 2012) The World Health Organisation in Puljević, et al. rates South Africa 47 out of 189 countries in terms of alcohol consumption, with each adult consuming 7.81 litres of alcohol (Puljević & Learmonth, 2014). For the South African Blacks alcohol was readily available at an early stage since they had home brewed beer which was very often made for special occasions or ceremonies or functions called

"*umsebenzi.*" Home brewed beer was also prepared for week-ends or month-ends when fathers would come back home from Johannesburg or mines. During these occasions it was the adults, especially men, who could drink. Traditionally native women were not allowed to drink (Setlalentoa, Pisa, Thekisho, Ryke, & Loots Du, 2010). An adolescent male was only allowed to take a sip *"ukuphungula"* when he presented a beer pot to the elders before anyone else could drink. That was a traditional custom done, and is still done, to indicate that there was no poison in the beer and anyone could drink without fear of being bewitched. Every member of the family had his or her role to play. For instance, young boys had to look after cattle and girls had to fetch water and fire wood and perform other domestic chores. As a result young people were preoccupied with their activities and it was unacceptable for the young people to be seen drunk.

For the traditional community in South Africa alcohol served many purposes. Among others, it served to reinforce relationships and friendships. Drinking beer was associated with being a man. Drinking was controlled and there were guidelines as to when to drink, how to drink, why one should drink and who should drink (Setlalentoa et al., 2010). A number of risks are attributed to alcohol drinking. Some of the risks involve unsafe sex, which in turn leads to chances of being infected with HIV/ Aids, homicides, intimate partner violence, rape, abuse of children, road deaths, and other unintentional injuries. It was found that 25% of the people, who were arrested in possession of weapons in Cape Town, Durban, and Johannesburg, was drunk and that was evidence that people who are drunk become violent and cause accidents on the roads. School children who abuse alcohol or drugs are three times more likely to get involved in violent crimes. When they have been involved in road accidents, they suffer from post-traumatic disorder which increases the chances of substance abuse (Seedat, Van Niekerk, Jewkes, & Ratele, 2009). In the research conducted by the Medical Research council to trauma patients Cape Town public hospitals, it was revealed that Alcohol contributed to 35% of admissions. In another study at a hospital trauma unit of assault and vehicular incidents it was discovered that 67% of patients had alcohol in their blood (Maiden, 2001). South African Medical Council's Alcohol and Drug Abuse Unit in Puljević, revealed that 66% of high school learners have used alcohol and it has also been reported that male students

in Cape Town high schools account for more than half of the Durban male students who engage in binge-drinking (Puljević & Learmonth, 2014). Research has revealed that people, who start drinking before they are 15 years of age, are more likely to become alcoholics. School children who are involved in alcohol and drugs are three times likely to get involved in violent crimes. The average age of drug dependency in South Africa is 12 years old and below (Jordan, 2013). Other results of alcohol abuse involve the physical (appetite changes, weight loss, eczema, headaches) and the behavioural (sleep disturbance, poor school and college performance, failure to form and maintain friendships, tendency to depression and/or aggressive behaviour, and greater likelihood of experimenting with cannabis and other illegal substances). It must be taken into cognisance that the adolescent brain, is still growing and is vulnerable to alcohol's toxic effects, with risk of cognitive deficits, poor executive functioning and poor long-term memory (Seggie, 2012). The young people, who start using or abusing substance or engaging in any other forms of deviant behaviour at an early age, are very likely to drop out of the schooling system. They are likely not to get employment opportunities and they are less likely to be involved in responsible activities leading to responsible adulthood. They ultimately might not contribute to the development of their communities (Lukoff, 1980). Research has also shown that there are various diseases and disorders which are attributed to alcohol abuse, such as alcohol use disorder, unipolar depressive disorders, mouth and oropharynx cancers oesophageal cancer, colon and rectal cancers, liver cancer, breast cancer, other neoplasms, diabetes mellitus, hypertensive heart disease, ischaemic heart disease, haemorrhagic stroke, ischaemic stroke cirrhosis of the liver and low birth weight to mention just a few, (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon, Patra (2009).

There are various factors which, according to research, contribute to alcohol abuse. These factors include peer pressure among young people and communal drinking among adults. Alcohol is more available in disadvantaged communities. The falling price of some alcoholic products, poor social conditions and boredom are some of the factors. There is no control to deal with those who abuse substances. With regard to availability, research shows that there are about 23 000 licensed liquor outlets with an estimated 150 000 to 200 000 unlicensed outlets, yielding

approximately one liquor outlet for every 190 persons in South Africa (Parry & Bennetts, in press as quoted in Parry (1998). Research has shown that school-going youth find it easy to purchase alcohol from bottle stores, supermarkets, bars and shebeens (Parry, 1998). A study published in the Lancet Medical Journal found that more than 60 % of teenagers aged 18 years regularly drink alcohol. This is worrying considering 30% of teenagers drink alcohol when they should be in school (Thomson, 2013). Literature has also revealed that the media also plays a role in encouraging adolescents and teenagers to abuse alcohol and cigarette. It shows that alcohol and tobacco—pose perhaps the greatest danger to children and teenagers. Both represent significant gateway drugs and are among the earliest drugs abused by children or teenagers. A preadolescent or adolescent who smokes tobacco or drinks alcohol is 65 times more likely to use marijuana, than someone who abstains. The younger the age, at which experimentation occurs, the greater the risk of serious health problems (Strasburger, 2010). Marijuana, also known as dagga or weed or "green gold" or "insangu" or cannabis, is one of the most popular drugs in South Africa because of South Africa's soil and climate. Marijuana is also largely produced in Lesotho and it is transported through the Drakensburg Mountains borders into South Africa (Maiden, 2001).The estimated amount of land for cannabis cultivation is placed at 1000 to 1200 hectares which places South Africa among the four top cannabis producing countries in the world (Peltzer & Ramlagan, 2007). Insangu has been smoked for centuries in South Africa. It used to be smoked by old men, not the young people, when they were relaxed discussing deep and critical issues and it was smoked in pipes and inhaled through water. It was then called "igudu." This is confirmed by Peltzer when saying that strict rules and values governed the circumstances under which it could be used and its availability was controlled by the elders. According to Maiden (2001) marijuana is used as umuthi (medicine) or protection for men when they go to the war. It is also prescribed by traditional healers for medicinal purposes (Maiden, 2001). Even today it is used after it has been boiled in the water since it is believed to be a cure for asthma. According to George, (2015) cannabis is a genetically pure plant which is found globally and it offers great medicinal, industrial, agricultural, ecological, and socio-economic benefits to the man on the street. Many people who plant it have proved that anyone can use it in different ways (George, 2015). Research shows that factors which contribute to substance abuse, among others, include high levels of poverty, quick

modernization, the decline of traditional and social relationships, as well as porous borders. South Africa has become attractive to drug traffickers from Asia and Europe because of the expanding trade links with other parts of the world (Thomson, 2013). Other factors include peer pressure, weak parental control, child abuse, imitation, emotional stress, truancy among students, the availability of the drugs and the ineffectiveness of laws on drug trafficking (Jordan. 2013).

Even though cannabis has medical benefits, it however, has some adverse consequences faced by the abusers. They suffer illnesses such as hepatitis C virus which is a blood-borne infection found among people who inject drugs (ibid.). The abusers suffer mental, emotional, biological or physical, social and economic instability because of drug dependence (ibid.). In the research conducted by Memorial Sloan-Kettering Centre between 1992 and 1994 it was revealed that the risk of squamous cell carcinoma of the head and neck was increased with marijuana use. It is also associated with an injury of the lung and respiratory track, symptoms of chronic bronchitis, and abnormalities in the structure and function of the alveolar macrophages, key cell in the immune defence system of the lung (Zhang et al., 1999). Other drugs which are being abused in South Africa include Mandrax/Methaqualone. These are pills which are often crushed and smoked with a mixture of tobacco and 'magat' (low grade cannabis, often dried with a volatile solvent). It is usually smoked from a broken bottleneck. This is called the *white pipe.* Crack is said to be cheaper than cocaine powder. Heroin is another South African drug which is smoked with cannabis by inhaling the vapour, which is called "chasing the dragon." Heroin is usually injected and snorted. Methamphetamine is also known as tik. It is a powder which is white without any odour, its taste is bitter and it dissolves in water and alcohol. Ecstasy came after 1994 when South Africa was in contact globally (Peltzer, Ramlagan, Johnson, & Phaswana-Mafuya, 2010). Other substances which are being abused include glue, aerosol sprays, dry cleaning fluid, lighter fluid butane (butane), benzene, ether and gasoline (Maiden, 2001). Literature also shows that the number of teens who abuse prescription drugs stands at 16 % while a further 0.2 to 11.1% abuse inhalants (Thomson, 2013). Research has also reported a nonmedical prescription drug use of 13% narcotic pain relievers, 11% for stimulants, 9% for tranquilizers and 8% for sedatives(Ford &Watkins, 2012).

According to the Central Drug Authority, the substance abuse rate in South Africa among teenagers is spiraling out of control. One in two school children has already experimented with drugs. Some children start dabbling in drugs at age twelve. This has been reiterated by SANCA when they said, "There has been an increase in the number of children under the age of 20 years using drugs. Substance abuse rate according to CDA has increased by 20 % between 2006 and 2008 and the result is that the number of people who look for treatment for cocaine addiction has increased from 1.5 % in 1996 to 17.5 % in 2008 (Jordan. 2013). Prescription medicines such as pain relievers, tranquillizers, cough mixtures, and slimming tablets, as well as solvents especially glue are also abused. There is another new drug called "Bluetooth" which has recently been discovered in Gauteng. This drug has been started by nyaope addicts and it involves exchanging blood through a syringe with an aim of sharing the "high." One person injects himself with nyaope while the other one draws blood from the veins of the "high" person and injects it into himself. The concern among people about the Bluetooth is that it will increase the chances of AIDS epidemic in South Africa because HIV is spread through blood and other body fluids. At the same time it increases chances of infection because hepatitis B and C, and HIV are easily transmitted between addicts who use needles (Osman, 2017).

In KwaZulu-Natal where King Cetshwayo is, there is an escalation of substance abuse. A new drug which has become fashionable is woonga which is called nyaope in the Gauteng province. According to SANCA in Kwazulu-Natal province where King Cetshwayo is, the analysis was as follows;

Table 1: Primary Substance of Abuse – 1st most frequently used (KZN)

Cannabis was the most commonly abused substance among people in treatment centres, and a slight decrease in the proportion of heroin patients was also noticed during this period.

	Jan-June 2011	July-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015
	%								
Alcohol	63	67	65	51	51	52	42	36	38
cannabis	17	16	19	25	31	30	36	40	39
Mandrax	1	3	1	1	1	2	4	5	6
Crack/Cocaine	7	5	6	4	6	5	2	6	4
OTC/PRE	1	<1	1	1	1	1	1	1	1
Ecstasy	-	<1	1	-	1	1	<1	<1	<1
Heroine (sugars)	10	6	4	6	6	5	10	8	5
Inhalants	1	1	1	1	1	1	1	<1	<1
Nyaope/woonga	-	-	-	-	-	-	-	2	5
Methcathinone ('CAT')	<1	1	2	2	2	2	2	1	<1
Methamphetamine('Tik')	-	1	<1	1	<1	<1	1	<1	<1

Table 2: Primary Substance of Abuse by Age Cohort (KZN)

The majority of over 20s abused alcohol, cannabis, heroin, OTC/PRE and cocaine/crack during this period.

	20 Years or Younger					Over 20 Years				
	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015
	%	%	%	%	%	%	%	%	%	%
Alcohol	39	27	30	13	37	61	73	70	87	63
Cannabis	35	57	73	65	41	65	43	27	35	59
Methcathinone('CAT'	25**	7**	-	15**	40**	75**	93	100	85	60**
Cannabis/Mandrax*	50**	33**	53	29	43	50**	67	47	71	57
Crack/Cocaine	37	-	30**	15	36	63	-	70	85	64
Heroin 'Sugars'	47	28	45	21	19	53	72	55	79	81
OTC/PRE	20**	20**	33**	36	29**	80**	80**	67	64	71
Inhalants	71**	1**	86**	75**	-	29**	99	14	25**	100**
methamphetamine ('Tik')	-	50	-	0	20**	100**	50	100**	100**	80
nyaope/Woonga	-	-	33	-	52	-	-	-	67	48

Table 3: Males continue to dominate in the use of all substances

Primary substance of abuse	Jan-Dec 2012		Jan-Jun 2013		Jul–Dec 2013		Jan–Jun 2014		Jul –Dec 2014		Jan – Jun 2015	
	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	90	10	89	11	86	14	88	12	86	14	87	12
Cannabis	91	9	89	11	97	3	94	6	91	9	89	11
Cannabis/Mandrax*	91	9	100	-	93	7	95	5	98	2**	89	11**
Crack/Cocaine	88	12	82	18	87	13	70	30	84	16	87	13**
Ecstasy	-	-	83	17	86	14	100	-	100**	0	100**	0
OTC/PRE	60	40	80	20	40	60	33	67	55*	45**	64**	36**
Heroine ('sugars')	90	10	86	14	87	13	90	10	83	17	87	13**
Inhalants	10	-	86	14	100	-	57	43	75**	25**	50**	50**
Nyaope/woonga	-	-	-	-	-	-	-	-	90	10**	90	10**
Methcathinone ('Cat')	38	62	62	38	64	36	75	25	62	38	100**	0
Methamphetamine ('Tik')	50	50	100	-	100	-	75	25	100**	0	80**	20**

2.8.1 REASONS/ CAUSES FOR LEARNERS TO ABUSE SUBSTANCE

Research shows that parental over- control and over-protection by adult may lead to a negative cyclical process where the parents or adults expect adolescents to use their leisure time profitably and when adolescents fail, parents exert more pressure. The result is that the adolescent's personal control is threatened and the behaviour becomes difficult (Weybright et al., 2014). Sometimes parents indirectly encourage their children to abuse substances by being protective and fail to face reality of the situation. They tend to blame external forces such as peers or relatives, for their children's involvement in substance abuse. At the same time, they try to hide from their relatives, neighbours and friends, what their children do, for fear of being laughed at (Stanton, 1980). As a result, it becomes difficult for the affected child to get the necessary assistance. In a research study conducted by Gopal and Collings (2012), it was revealed that participants witnessed parents abusing substance at home and others witnessed neighbours or school mates being involved in drugs.

One boy was quoted as saying;

"Two boys, I knew were taking drugs…I used to watch them…

Eventually I started taking sugars with them for fun."(Gopal & Collings, 2012 *).*

Other reasons obtained from research for use and misuse of alcohol include peer pressure and a desire to fit in, poor home environments and boredom, ignorance of alcohol's harmful effect, and the relative cheapness of alcohol products and their ease of access. Smart, (1977) refers to availability as one of the causes for substance abuse. He defines availability as the set of physical, social, and economic circumstances surrounding the ease or difficulty of getting drugs especially when it comes to their costs and the amount of effort which is needed to get them. If the costs are high and the means of getting substances are great, the chances of using substances are minimal. To concur with what Smart has just alluded to, one has to look at the scenario where a young person of a school going age who comes from a home which is a shebeen or has a tavern. A youth from such an environment where he or she is sometimes compelled to serve clients who come every day to drink or buy drugs is likely to end up being involved in substances on account of their availability. The high rate of unemployment for youth is also another factor. Alcohol advertising has also been named as another factor (Seggie, 2012). Puljević and Learmonth (2014) have also alluded to the idea of fitting in when they reported that status plays a role in alcohol drinking since some people in the township drink in order to gain status and being respected for buying alcohol and for dressing well. They are regarded as people who have a lot of money (Puljević & Learmonth, 2014). Other reasons given for alcohol and other drugs (AOD) consumption are that people do it because they try to do away with stress and to run away from their difficulties. Some try to boost their self-esteem which they think is low owing to their economic and racial inequalities and others cannot refuse to take alcohol in fear of their masculinity and sex orientation being doubted (ibid.). According to Ramlagan, Peltzer and Matseke (2010) in Mudavanhu, and Schenck (2014), some of the reasons for drug abuse in South Africa include poverty, idleness, living in an area surrounded by substance abusers, long working hours and living a stressful life. The United Nations Office on Drugs and Crime (UNODC) (2008), says that substance abuse is made worse by many socio-economic challenges such as joblessness,

poverty and crime in general, with these societal problems distressing a lot of communities (Mudavanhu, 2014). Young people are used by drug dealers in being involved in substance abuse, so that they in turn influence their friends to do the same (UNODC, 2008). It has also been revealed that having a parent with a drug problem increases the chances of developing the same problem developing in the offspring (Maithya, 2009). Snell et al. (2014) take it further to say that if the attachment to the father who is against drugs is strong, it would serve as a preventative measure to fortify attachments further to the same role models and peers and the opposite could also be true (Snell, Radosevich, & Feit, 2014). Another research by Rahgozar et al. (2012) reports that:

> children of alcoholics or drug dependent parents feel overwhelmed
>
> with powerful emotions that they lack the developmental sophistication
>
> and family support to process and understand. As a result they may
>
> resort to intense defences, such as shutting down their own feelings,
>
> denying there is a problem, rationalising, intellectualising, over
>
> controlling, withdrawing, acting out, or self-medicating, as a way to
>
> control their inner experience of chaos.

According to Motlhale, of The New Age newspaper 2017, Rich conducted the research in the Western Cape in which she stressed that the families are the bedrock of the society and that healthy families are one of the many ways people can build healthier communities. The results of her research emphasised the need for preventative initiatives that would strengthen family functioning, especially the parent or caregiver-child relationship and the involvement of fathers in the lives of their children (Motlhale, 2017). The non-profit organisation, the Mudita Foundation was quoted saying that; "Many adolescents with substance use disorders come from families in areas with low economic status and often their parents or caregivers have drug or alcohol problems themselves" (ibid)

2.8.2 SUBSTANCE ABUSE RELATED PROBLEMS FOR ADOLESCENTS

Substance abuse does not only affect the individual concerned, but it also affects the family, the community, the school, the government and the society as a whole as it has been mentioned earlier. The young person abusing substance is affected by diseases which are results of substance abuse. Substance abusing adolescents have been associated with depressed moods and rebelliousness(Gopal & Collings, 2012).The research conducted by Oshodi (2010) among urban secondary school students in Nigeria indicated the following as problems arising from substance abuse.

Perceived problems	No	%
Non	729	73.0
Physical health	40	10.5
Poor finance	27	7.1
Decline academic performance	15	3.9
Problem with family relationship	11	2.9
Emotional problems	6	1.6
Other	4	1.0
Total	382	100

The table below indicates the statistics of the prevalence of substance abuse by learners in the urban areas of Nigeria. Even though it does not include the learners in rural areas but it gives an indication of how the picture looks like about learner substance abuse in the region.

Substance	Past Users		Current Users		Lifetime Users	
	No.	*%*	*No.*	*%*	*No.*	*%*
Caffeine (n=377)	110	29.2	213	56.5	323	85.7
Analgesics (n=378)	85	22.5	194	51.3	279	73.8
Antimalaria (n=382)	60	15.7	191	50.0	251	65.7
Antibiotics (n=378)	32	8.5	110	29.1	142	37.6
Hypnosedatives (n=374)	21	5.6	100	26.7	121	32.3
Alcohol (n=368)	1	0.3	33	8.9	34	9.2
Tobacco (n=366)	8	2.2	11	3.0	19	5.2
Glues/Organic Solvents (n=367)	9	2.4	9	2.4	18	4.8
Cannabis (n=367)	4	1.1	12	3.3	16	4.4
Heroin (n=367)	2	0.5	12	3.3	14	3.8
Cocaine (n=367)	7	1.9	7	1.9	14	3.8

Besides the depressed moods and rebelliousness, the adolescent is easily affected by HIV/ Aids since young people seem to be more vulnerable to infection with HIV/Aids prevalence being high (Wechsberg, Luseno, & Lam, 2005). According to Davison et al. (2004) and Kring et al., (2007) in Mohasoa, other diseases associated with substance abuse especially alcohol involve damage to the endocrine glands and pancreas, heart failure, erectile dysfunction, hypertension and stroke (Mohasoa, 2010). Substance abuse has also been associated with suicidal deaths and respiratory problems. The research findings by the Medical Research Council (MRC) show that one in four of those who have committed suicide in South Africa, were over the blood alcohol limit of 0.05 g/100 ml. (Setlalentoa et al., 2010). The school going substance abuser experiences many problem behaviours relating to school work, such as being aggression, absenteeism, poor academic performance, and being involved in substance abuse related crimes such as burglaries, rape and gangsterism (ibid.) According to the South African Police Service (SAPS) Figures published, revealed that drug abuse accounts for 60% of all crimes (Thomson, 2013). Tiwani also concurs with Mohasoa when saying that misbehaviour or problem

behaviour includes a lack of concentration, disrespect for authority, the rejection of reasoning, physical violence, threat, theft, graffiti, vandalism and verbal abuse (Tiwani, 2010). To confirm the problem behaviour mentioned above, *Isolezwe* Newspaper of 5th September reported an incident where a grade 11 learner stabbed two educators, the Head of the Department (HoD) and a teacher who was trying to intervene. According to Shangase, the reporter, the learner was coming from the toilet when the security personnel asked him why he was not in class. He was told to remove the hat which he refused to do. The security guard accompanied him to his class where teaching was in progress. The teacher also told him to remove his hat, which he again refused to do. He was then taken to the HoD who also instructed him to remove his hat and he again refused. Instead of removing his hat he pulled out the knife and stabbed both the HoD and the intervening educator. The learner was suspected to have been under the influence of drugs since he had been caught in the possession of drugs and he was receiving counselling from the social workers (Shangase, 2017). In a research conducted by Kheswa, Dayi and Gqumani, on African adolescent males and rape, in 2014 it was revealed that adolescent, males who were reported to have sexually offended girls were influenced by substance abuse. Some respondents were quoted as saying," What drives me to engage in risky sexual behaviour most of the time is alcohol because it makes me not to think straight." "Rich's research associated drug abuse with problems such as risky sexual behaviour, teenage pregnancies, school drop-outs, health and mental problems, gangsterism and crime (Motlhale, 2017).

Very often adolescents who are substance abusers end up on the streets. This is due, among other things, to the conflict which develops between the substance users and family members. When a person is involved in substance abuse, he or she does everything to ensure that the substance is obtained. They steal from family members with an aim of satisfying the craving. Jordan reiterates this when saying that young people who abuse substances often experience a multiplicity of problems including academic difficulties, health-related problems, mental problems like depression, and poor peer relationships. The use of methamphetamine which is also known as "tik" is associated with the risk for aggression, sexual risk behaviour, mental health problems and school drop-out among high school students in Cape Town (Mahlangu, Gevers, & De Lannoy, 2014). According to Jordan, (2013),

"Family relationships are also affected. Substance abuse by youths often results in family crises and can jeopardise many aspects of family life."(Jordan,2013). Literature indicates that there is a relationship between drug and alcohol abuse and mental illness, physical illness and illegal activity (Lowe & Gibson, 2011). This implies that an adolescent may decide to leave home because of mental illness which can be attributed to substance abuse.

Research has shown that Drugs affect the brain. Alcohol and inhalants are actually the most brain damaging drugs since they destroy neurons. All mood-changing drugs change the way neurons receive process and transmit information. They change the level of some neurotransmitters in the synapse, which is the space between neurons (Modisaotsile, 2012). Again it is argued that adolescents who are chemically dependent disrupt their relationship with their families, with their teachers, their peers and their school work and performance becomes poor, (Lewis, Bendersky, Alessandri, & Gilbert, 1996). An adolescent who has decided to leave home and live on the street becomes a problem even in the community since he/ she steals from the neighbours as well.

The substance abusing person affects members of the family in one way or another. This manifests itself when different members of the family adopt various roles to help the family function better and to maintain a level of homeostasis, stability and balance and to help a substance abuser who has become an addict. The following steps have been developed to understand how the family operates around the substance abuser:

- **The Enabler**: This role is often assumed by a non-addicted spouse or an older child in single-parent homes. The enabler takes care of all of the things that the addict has left undone, including taking care of finances; ensuring children get to school and making justifications for the addict in social and business situations. The enabler is frequently in denial about the severity of the addict's problem and will continually make excuses for him or her.

- **The Hero**: This role is generally assumed by an older child in the family who overachieves and appears confident and serious. Heroes take on responsibilities in the home that seemingly exceed their developmental stage, often assuming parental roles. The hero is obsessed with perfection, which makes the role increasingly difficult to maintain as addiction progresses and responsibilities continue to mount.

- **The Scapegoat**: This is the child in the family who habitually misbehaves and displays defiant tendencies in the face of authority. These individuals often get into trouble in school and at home. As these children move toward adulthood, many get into trouble with the law as well. These behaviours are reflective of a poisonous and chaotic atmosphere in the house.

- **The Mascot**: In an uncomfortable home environment, some individuals assume the role of the mascot and use humour as a coping mechanism. The mascot is aware that his or her comedy may be bringing a momentary sense of relief to the family and will continue to maintain this role in order to achieve balance and comfort in the home.

- **The Lost Child**: The person in this role is isolated from other members in the family and has trouble developing relationships as a result. The lost child has difficulty in social situations and often engages in fantasy play to distract themselves both emotionally and physically from the negative home environment.

- **The Addict**: Many chronic substance abusers feel great shame, guilt and remorse about the pain and distress they have caused their families. However, there are also many addicts who do not want to cease their substance abuse, causing great anger and resentment throughout the family (https://www.bhpalmbeach.com/recovery-articles/impact-substance-abuse-and-addiction on families#title,retrieved: 19/08/2018

Families of substance abusers very often feel sad, unhappy, discouraged dissatisfied and apathetic. They often feel responsible for a family member's addiction that makes them develop the feelings of guilt. They again feel the need to "protect" their family and keep addiction as secret or to cover it up because of denial and shame. Family members suffer physical and emotional distress from being caregivers to the

addict. Sometimes because of stress, family members turn to unhealthy behaviour patterns which interfere with effective communication and decision making, (http://addictioninfamily.com/family-issues/unhealthy-families/). Sometimes family members may even feel insecure and seek legal protection from the substance abusing person. It is not only the family which is affected as it has been mentioned earlier; the community also suffers in various ways. Among other things, public health institutions such as hospitals end up being fully packed because some patients are addicted. Prisoners who have committed drug related crimes are an addition to the overcrowded prisons. Many crimes have also been attributed to substance abuse.

The abusers break into houses and vehicles to steal property with the aim of getting money to buy drugs so as to satisfy their cravings. As they do that they become so violent that they even commit murder, robbery, and assault. King Cetshwayo district is no exceptions since there have been a number of burglaries, robberies and car hijackings reported in the area. It is easy for someone who is under the influence of a substance to be involved in an accident which can destroy the lives of innocent people and also cause injuries. This notion is again reiterated by Shehu (2009) when looking at it from various perspectives. According to Shehu, drug trafficking has economic, social, educational and legal impacts. Economically, banks are pressurized to accept dirty and unsafe monies which are quickly withdrawn and money laundering becomes the order of the day. The social impact of drug trafficking is that drugs remain in the country and used by local people who later bear the consequences thereof. The affected users get addicted and it is the responsibility of the family and the community to take care of them. Besides, the affected people start stealing from their families, sell drugs, use violence to get what they want and become a threat to the community. At the same time traditional values and norms get lost. Educationally, the rate of school attendance goes down and the rate of drop outs becomes high. The youth adopt the attitude of becoming rich quickly and they thus avoid school and as a result they become unskilled and unemployed. From the legal point of view drug trafficking becomes a burden to the courts since they face a lot of drug related cases. At the same time the prisons become full and place a lot of demand in the form of resources needed to help addicted prisoners (Shehu, 2009).

The largest population in King Cetshwayo district is rural, yet what has been observed happening in the urban areas, like young people who leave school and decide to be "paras" and wander about in town, is now becoming common in King Cetshwayo district.

Otu, (2011) reports that from the data collected from 2003 to 2010 indicate that there is a rising trend in the drug related crimes in all the provinces in South Africa. The rising trend is as follows; (2003/2004) 62,689, (2004/2005) 84,001, (2005/2006) 95,690, (2006/2007) 104,689, (2007/2008) 109,134, (2008/2009) 117,172, and (2009/2010) drug related crimes were 134,840 (Otu, 2011). This statistics is a clear indication that for the country to be able to succeed in fighting substance abuse, more still needs to be done.

According to Jolly (2017) of the Zululand Observer, the local newspaper of 13 October 2017, in King Cetshwayo District, dagga has replaced alcohol as the most common primary drug of dependence, and indicates that 50% of 'service users' are under the age of 21 in King Cetshwayo district. This newspaper again reveals that parents no longer actively teach their children of the dangers of drug abuse, and children are not adequately supervised by parents and guardians. They are very often left alone when their parents are out for work and they are left without anything constructive to do, (Jolly, 2017). The most vulnerable are the adolescents who are without parents, those with single parents as well as those who live in child headed households. Alcohol and cannabis/Mandrax were the next two primary substances to be abused, while nyaope/woonga increased significantly during this period in the King Cetshwayo district.

The proliferation of shebeens and taverns in the townships, rural areas as well as informal settlements makes substances accessible to children and adolescents in King Cetshwayo district. Some of these establishments are very close to the schools. They are a form of income opportunities for some, a form of employment for others and an escape for poverty and unemployment for others. (Douglas-Jones, 2014). On the other hand they create challenges not only for the parents in the community but also for the schools in their proximity. Research has revealed that there are various

factors which contribute to ill-discipline in the society such as peer pressure, culture and home environment, shebeens, taverns and other informal drinking establishments close to the schools and homes. These establishments are seen to be causing ill-discipline in schools because some learners spend a lot of their time in them and others play truant during classes to buy alcohol (Upindi, Mushaandja, & Likando, 2016.). Even though SANCA Zululand works closely with schools in the fight against substance abuse among learners in King Cetshwayo district, there is very little improvement. This is probably because the therapeutic programmes and methods used are Eurocentric which necessitates the need for a more Afrocentric approach to substance abuse prevention. There is no literature on substance abuse in king Cetshwayo district except the little information which is obtainable from the local newspaper and local non-governmental organisation like SANCA and government institutions such as the SAPS in the area. These circumstances therefore, make this study even more appropriate for King Cetshwayo district. According to the 2016/2017 report provided by the South African police (SAPS) the drug related crimes committed in all the police stations under King Cetshwayo Cluster, where the research schools are located, were as follows:

This table gives the picture of what the situation is in terms of drug related crimes in King Cetshwayo district during the research

Station	Apr '16	May '16	Jun '16	July '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Tot '17
MBONGOLWANE	12	11	10	0	1	3	2	9	18	18	18	9	**111**
MELMOTH	3	2	2	1	0	4	2	0	3	0	2	3	**22**
MTUNZINI	3	3	6	2	9	4	6	9	7	4	4	7	**64**
NKANDLA	9	13	4	0	8	2	1	7	5	9	11	8	77
NTAMBANANA	1	0	4	6	0	2	4	0	0	0	0	2	**19**
RICHARDS BAY	10	21	12	15	7	14	11	16	11	17	24	11	**169**
KWAMBONAMBI	10	11	10	17	8	4	9	9	7	7	6	8	**106**
EKOMBE	11	9	1	1	3	5	3	0	0	0	1	1	**35**
EMPANGENI	15	27	17	29	11	17	19	11	10	11	19	31	**217**
ESHOWE	45	41	53	51	62	58	52	41	51	54	44	36	**588**
ESIKHALENI	22	33	29	8	42	30	12	29	35	35	36	35	**336**
GINGINDLOVU	2	8	4	6	1	1	1	3	2	0	7	10	**45**

The total number of cases reported altogether in the whole district was 1789. It is assumed that the youth cases were included in this number since the analysis according to age groups was not available at the time of the research. Substance abuse does not only have financial implications to the substance abusing victim family only, but also to the government. The government has to provide facilities for the affected adolescents. Social Development Minister Bathabile Dlamini was reported as saying that more drug facilities will be built to help fight the scourge of substance abuse. This, according to her, is because there are only seven

government treatment facilities in the country. She went on to say; "The government has committed to building centres or identifying spaces where we can have centres throughout the country because in the private ones parents have to pay more than R20 000 and their programme is not as intensive as the government programme." At the same time one project run by six women in two municipalities in the Eastern Free State received one million rand from the MEC of Social Development, Sisi Ntombela (The National Council on Alcoholism and Drug Dependence (NCADP), 2013). All these are some of the indications that substance abuse is not only a concern for one person, but everyone is affected in one way or the other.

2.9 CONCLUSION

The researcher has tried to highlight the significance of self-identity by unpacking what Afrocentrism means in relation to the norms and value system. He has again tried to stress the role which the family plays as the first school, the community and the society as a whole in ensuring that as the child develops, the values are upheld. The scourge of substance abuse, its causes, its effects on the affected person, the family, the community, the school as well as the government, has been unpacked. The research has again analysed globalisation and its impact in relation to substance abuse. Relevant literature has also been reviewed and it shows an escalation in the abuse of substance particularly among the young people. The researcher has also tried to elucidate challenges which are related to substance abuse from various perspectives.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This study has looked at various theories that are related to substance abuse which have helped to highlight the various aspects of substance abuse. They have also added value in terms of providing the background and basis upon which this study is centred. This study however, is underpinned by the Biopsychosocial (Social-Ecological) theory.

3.2 BIOPSYCHOSOCIAL (SOCIAL-ECOLOGY) THEORY

According to Engel (1980) the Bio-psychosocial theory is systematically considering biological, psychological and social factors and their complex interactions in understanding health, illness, and health care delivery. According to Engel, biological, psychological, and social factors exist along a continuum of natural systems, as depicted in the following diagram (Engel, 1980).
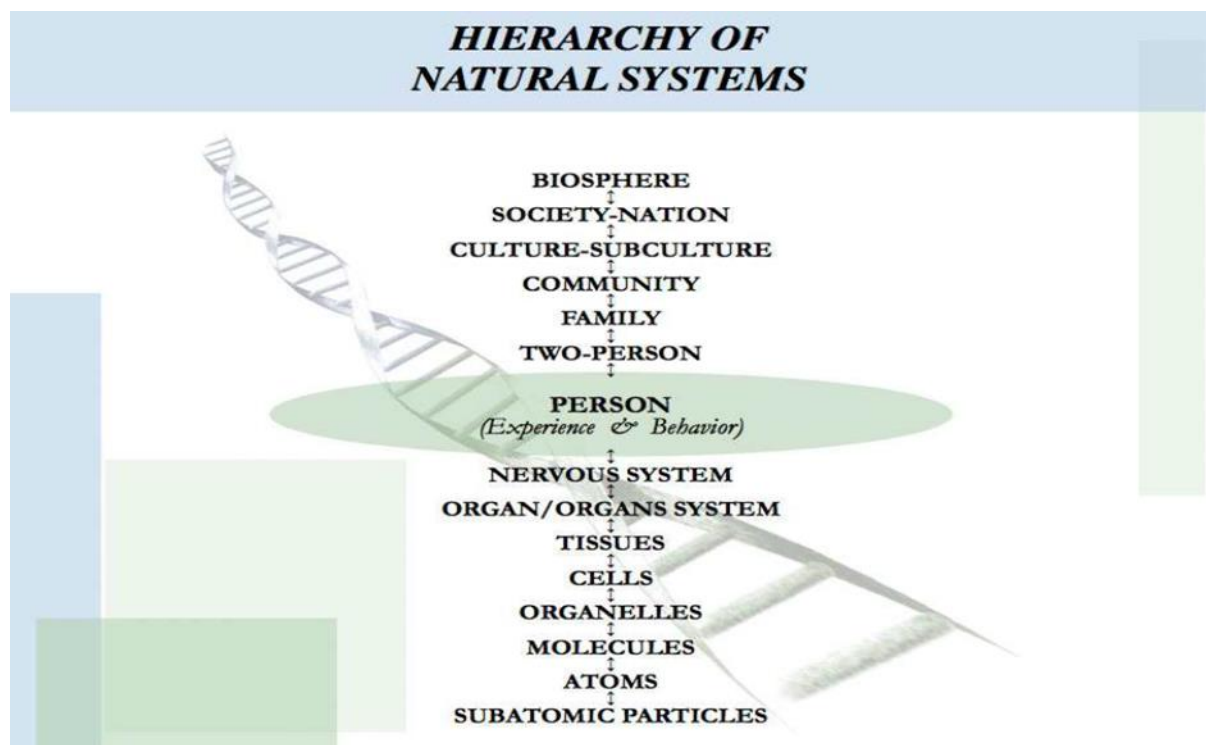
This theory was introduced by an American psychiatrist George Engel as one of the major theories in medicine. This model stressed the interconnectedness of the biological, psychological, and sociological spectrums as systems of the body

(Lakhan, 2006). The BPS shifted its focus from disease to health and focused on the significance of psychosocial factors such as beliefs, relationships and stress (Norman et al. 1993). Bio-psychosocial theory emphasises how important the interaction is between the person and his or her internal *and* external environment. According to this theory the family and community, especially the school and peer pressure are very important in determining whether an adolescent will be involved in drug abusing behaviour or not (ibid). The Bio-psychosocial theory (BPS) asserts that adolescents involve themselves in drug and other substances with an aim of trying to cope with stressful and problematic situations.

The Biopsychosocial, Problem behaviour, Self-derogation, the Self-esteem theory and the Cap control theories are related since they all refer to the environment and its influence as a cause for one to resort to substance abuse. According to these theories the environment in which an individual develops plays a major role in determining the behaviour of that particular person. Sometimes an individual's self-image is destroyed by people in his or her environment and the problem behaviour is attributed to what the people do in his or her environment. According to these theories the individual's behaviour can be attributed to the type of treatment he or she receives either from the family, friends, peers or the environment. This could then cause the individual to resort to substance abuse in order to rebel against the elders or peers to prove that he or she can be independent and claim his or her identity. What makes these theories relevant and significant in this research is that they provide reasons why some people resort to substance abuse.

3.3 THE ECOLOGICAL SYSTEMS THEORY

Bronfenbrenner, (1994) calls the five stages, the ecological systems theory of development**.** These stages are microsystem, mesosystem, exosystem, macrosystem and chronosystem macrosystem. **The microsystem (face-to-face relationships)** is where the child forms an intimate relationship with the family members such as parents, brothers, sisters, caregivers and all those who are part of both the nuclear as well as the extended family since the aforementioned plays a crucial role in the African culture. This stage also involves classmates and teachers

who are very influential in the life of a developing child. It is at this stage where the child shows adherence to what has been taught at home for example values like respect especially for the adults such as teachers. The manner in which the child behaves among other people, will determine the way he or she will be treated in return. At the same time the manner in which the others react towards the child will determine the nature of the child's development.

The next stage, according to Bronfenbrenner (1994) is the **mesosystem**. (Linkages between microsystems). This stage is related to microsystem since it involves the relationship between the child and the family, the relationship between the family and the friends or peers of the child as well as the relationship between the parents and the institutions such as the school and the church in which the child is involved. If the family or parents are not involved in the school or the church or speak ill of the child's teachers or peers, the child is likely to develop a negative attitude towards them as well.

Exosystem (relationships in which the child's microsystem partners are embedded) is another Bronfenbrenner's stage which is concerned with the existing relationship between one or more environments, one of which can indirectly influence the child's development even though the child might not be in full contact with it. Examples are extended family, the parent's workplace and parents' enemies who could retaliate on the child if they are angry with parents. Even though they are part of a distant relationship with nothing to do with the child, they can still influence the child and be part of the exosystem.

The last but one stage is the macrosystem (social policies and programmes as well as broader "cultural scripts" influencing the prior systems), which involves the environment that is very far from the child and yet still have the great Influence on the child. Examples thereof are the child's value system, cultural norms, and belief.

The last stage is the **chronosystem** (historical change in the prior systems, as well as developmental change during the life course of the child in these systems).This stage deals with the influence of the constancy and change in the child's milieu. This may involve the change in the child's dwelling place, workplace the family structure and economic status.(Bronfenbrenner, 1994).

The above mentioned theory was very relevant to this research according to the researcher since it shows the various environments through which the child goes, in his or her development. The different environment referred to are the family whether nuclear or extended which both have an influence on the child's life. They influence the child in various ways and the child emulates whatever they do. From home the child forms relationship with friends and peers either at the home environment or school, who again exert their influence on the child whether good or bad. Since children are still immature and unable to distinguish between good or bad, they usually and easily get influenced by bad behaviour of friends and peers.

3.4 SOCIAL LEARNING THEORY

This theory is based on Bandura's notion that people learn behaviours through modelling. This idea stresses that learners get their beliefs for drug abuse from their role models, such as close friends and parents who abuse substances (Petraitis, Flay and Miller, 1995). The implication is that the desire to abuse drugs does not emanate from the adolescent's free will but from those who are the adolescent's role models such as friends who are involved in drug abuse. When an adolescent observes people who are regarded as role models being involved in substance abuse, he or she is directly or indirectly influenced. Direct peer pressure occurs when an adolescent is encouraged or is offered the substances to use. On the other hand indirect peer pressure occurs when a young person is associated with peers who drink or smoke, and make substances accessible and normative, at the same time creating an impression that substance abuse makes you socially acceptable (Simons-Morton, Haynie, Crump, Eitel, & Saylor, 2001).

Tilson et al. (2004) also confirms the role played by parents in being role models for their children when saying that risk behaviours of parents may also be influential. Observing risk-taking by influential role models such as parents may endorse these behaviours and increase the likelihood that children will adopt these behaviours. Youth in single parent households have been shown to have higher rates of risk behaviours, including smoking, and this may be particularly true if the parent is a smoker. In this case, the influence of parental modelling of smoking may be

maximized when no parental models of non-smoking behaviour are in the household (Tilson, McBride, Lipkus, & Catalano, 2004.) Research has again shown that the siblings who use tobacco and the behaviour of parents contribute tremendously to the use of tobacco by adolescent boys (Melby *et al* 1993) as quoted in Zollinger, et al. The attitudes of parents on the use of tobacco have been proved to be a predator of child smoking status and the beliefs of a child about smoking that are emulated from members of the family, are related to smoking behaviour (Zollinger et al., 2005). Young people who live with members of the family, who are involved in smoking, are likely to be involved in smoking as well. Research has also shown that the lack of parental concern and respect, parent-child conflict and lack of social support from parents are associated with smoking by the youth (Wilson, McClish, Heckman, Obando, & Dahman, 2007.)**.**

This theory is very explicit in terms of its relationship and relevance to this research. It stresses the impact the role models such as parents, peers and other influential people play in influencing the child. It highlights that whatever the child does in terms of substance abuse is not from his or her own volition but from those who are believed and regarded as role models to the child. Those could be parents and any other person to whom the child confides. Peers and friends exert so much pressure that the child finds himself or herself compelled to follow them so that he or she can fit in and be accepted by members of the group and develop a sense of belonging. What is being highlighted by this theory is that if members of the family friends and peers are involved in any form of substance abuse, the child is also likely to be involved.

3.5 SELF-DEROGATION THEORY

This theory was developed by Kaplan B., Martin S. and Robbins C. This theory involves attitudes of self-rejection which are the end-result of a history of membership-group experiences in which the person was not able to defend himself against, adapt to, or cope with circumstances having self-devaluing implications (that is, disvalued attributes and behaviours or negative evaluations of the person by valued others). The fact that self-devaluing experiences in membership groups are

influential in the development of intrinsically distressful negative self-attitudes increases the likelihood that the individual will associate these experiences in his or her own mind with a failure to attain or maintain self-accepting attitudes. At the end the person becomes demotivated to conform to normative expectations, but he becomes motivated to deviate from these distressful patterns. After the individual has lost self-esteem and negative self-image, he or she resorts to the alternative which is visible and available. A particular drug abuse pattern is more likely to be "visible" if, because of the availability of drugs, their use is prevalent among peers at school or in the neighbourhood, (Kaplan, Martin, & Robbins, 1982).

The above theory is very relevant and significant to this study since it highlights among other things, the cause for a person to get involved in substance abuse. According to this theory a person gets involved in substance abuse because of frustration and stressful situations which one experiences from the people in his or her environment. This could be from family, friends and peers and as a result thereof he or she feels worthless and valueless. The person consequently decides to resort to the alterative which is usually a substance that will make him or her accept himself or herself.

3.6 PROBLEM BEHAVIOUR THEORY

This theory which was developed by Jessor and Jessor in 1977 was very influential in trying to explain the dysfunction and maladaptation in adolescence. According to Lewin, (1951) the fundamental premise of the theory, is that all behaviour is the result of person's interaction with the environment. It is also based on the premise that early antisocial behaviour can be predictive of adolescent substance abuse. Jessor says problem behaviour is behaviour that is socially defined as a problem, as a source of concern, or as undesirable by the social and/or legal norms of conventional society and its institutions of authority; it is behaviour that usually elicits some form of social control response, whether minimal, such as a statement of disapproval, or extreme, such as incarceration. According to Kandel (1980), problem behaviours are defined as those that deviate from norms, many such norms being age-graded. Behaviour is problematic that occurs at an inappropriate time in the life-

cycle, most often earlier than sanctioned (Kandel, 1980). The theoretical framework involves three major systems of explanatory variables: the perceived-environment system, the personality system, and the behaviour system. Each system is composed of variables that serve either as instigations for engaging in problem behaviour or controls against involvement in problem behaviour. It is the balance between instigations and controls that determines the degree of proneness for problem behaviour within each system (Jessor, 1991). Jessor maintains that this theory has had a lot of support since, in the United States and somewhere else. Psychosocial concepts and measures derived from problem-behaviour theory have been applied to the investigation of a variety of childhood behaviours, adolescence, and young adulthood, including alcohol use, cigarette smoking, early sexual intercourse, drink-driving and other risky driving behaviours, and the use of illicit drugs. The social-psychological framework of problem-behaviour theory is said to have shown that it can account for substantial percentages of the variation in a number of different problem behaviours, health-related behaviours, and prosocial behaviours in both adolescent and young adult samples in the U.S. and elsewhere. It has, in addition, demonstrated explanatory usefulness in accounting for developmental transitions in problem behaviour and health behaviour during adolescence (ibid).

There are different ways in which problem behaviour operates. Sometimes it works in a goal-directed way to strive for goals which are sometimes difficult to get. For instance, a young person may resort to drug abuse as a form of getting **independence** after failing to get autonomy from his or her parent. Sometimes his or her purpose could be a form of opposing or rejecting societal norms and values. It could also be an indication that he or she is mature enough to take his or her decisions about his or her life and gain self-identity as an adult. The transition from adolescence to adulthood can manifest itself through being involved in substance abuse so that he or she is accepted in the group of peers or to identify with youth subculture, and also as a means of fighting frustrations (Norman et al. 1993).

3.7 COGNITIVE INOCULATION THEORY

According to Norman and Turner (1993), this theory was started by William McGuire in 1968 as a way of protecting attitudes from changing, to provide resistance to the influences of attitudes, whether those influences were in the form of direct attacks or pressures. The idea behind this theory is that an adolescent can be trained or "inoculated" and be provided with life skills which will enable him or her not to succumb to peer or family pressures and start being involved in drug abuse. Inoculation theory is said to consist of two elements, and that is threat and refutational pre-emption. The threat part of an inoculation treatment according to this theory raises the possibility that a person may encounter persuasive challenges to existing attitudes. It is designed to get people to acknowledge the vulnerability of existing attitudes to potential change. Threat functions as the motivational catalyst to resistance. Once a person accepts that attitudes are vulnerable to change, they will expend the effort to strengthen attitudes. The refutational pre-emption component of an inoculation treatment raises and then refutes specific arguments contrary to attitudes. It is designed to provide the specific content that people can use to defend attitudes and to provide people with a model or script for how to defend attitudes (Norman et al.1993).

3.8 SOCIAL INOCULATION THEORY

Evans et al.(1981) in Norman et al. assert that this theory is an extension of Cognitive Inoculation Theory and it addresses many social influences, attitudes, and beliefs which put a lot of pressure on adolescents to smoke, drink, or use drugs. Adolescents are introduced to the pressures they will face to use drugs and after that they are taught the skills which will help them to resist those pressures. Some programmes based on Social Inoculation Theory encourage public commitments from students, such as an announcement in class or a school assembly of their beliefs and behaviour concerning drug use. McGuire (1968) found that a public statement about non-use, which demonstrates a positive commitment to school and community, can be extremely powerful.

Research has indicated that peer pressure among adolescents plays a major role in their development. Both cognitive inoculation and social inoculation theories therefore provide a treatment to assist in fighting various pressures which are experienced by individuals in their various settings in life. This is what makes these theories significant in this study since the learners involved in this investigation experience a lot of challenges including among others, peer and family pressure, which ultimately cause them to be involved in maladaptive behaviour such as smoking, drinking and abuse various drugs.

3.9 STAGE THEORY

This theory, according to Norman et al. was developed by Kandel in 1980 and it asserts that intervention programmes should be tailored to the developmental stage of the adolescent participant. According to this theory programmes should address the developmental issues which the adolescents are likely to deal with at the time when the programme is introduced. Among the many tasks which the adolescent faces, include the development of the sense of self and self-identity, the formation of the intimate relationship, separation from the family, developing to be able to operate differently (in school, work, social relationships) and to choose a career (Norman et al., 1993). They go on to say that both males and females encounter various tasks at various times in their lives and they are under various types of both psychological and social pressures. It is important for the younger adolescents to have a feeling of acceptance while on the other hand the older adolescents strive for the release and reduction of stress. All young people strive to relieve themselves from loneliness and boredom. As a result they resort to substance abuse with an aim of lessening which they experience as they go through various stages. Their involvement in cigarette, alcohol, and other drugs is viewed as a way of changing their moods since these substances are effective as mood-changers. According to Stage Theory, there is a "gateway" pattern of drug use initiation: if you reduce young people's initiation into the use of one drug, you will reduce the subsequent use of another (ibid).

The stage theory is important in this study since it is therapeutic in nature. This is because it provides different programmes that can be applied in dealing with an individual who is experiencing challenges with substance abuse. Young people

according to this theory are assisted through therapeutic programmes to regain their confidence, identity, self-esteem and positive self-image.

3.10 THE CAP CONTROL THEORY

The CAP theory of drug abuse was developed primarily on experiences gained working with adolescent drug abusers at Holy Cross Campus, a co-ed residential treatment centre in Rhinecliff, New York (Coghlan et al. 1973) in Lettieri 1980). According to Coghlan et al. this theory puts more emphasis on the interaction of the individual's style and the affective experience of drug abuse with the drug's pharmacogenic effect. These are said to be the basic ingredients of the cognitive affective-pharmacogenic (CAP) control theory of addiction. The cognitive style of the drug abuser is viewed as the pivotal factor in an individual's moving from drug experimentation to drug abuse.

There are various assumptions based on the CAP Control Theory. The first is that human behaviour is mediated by unobservables which intervene between a stimulus and the response to that stimulus. Examples of mediating constructs which are regarded as critical in the understanding of emotion and behaviour are beliefs, sets, strategies, attributions, and expectancies. The second assumption is that the manner in which the person labels and evaluates the situation determines his or her emotional and behavioural response to it. The last assumption is that thoughts, feelings, and behaviours are causally interactive (Mahoney, 1977).

The CAP control theory asserts that the abuse process starts with conflict being a predisposing factor. Individuals who experience difficulty to meet their demands or societal expectations are in conflict, and the result of the stress caused the experienced conflict is the anxiety. The manner in which the individual interprets the anxiety is important to the theory instead of how anxiety is experienced. Because of the anxiety, the abusers feel that they are unable to cope or control the situation and are incapable or powerless to change or adapt to their environment and deal with the causes of stress. Underlying the anxiety of drug abusers is a belief that they cannot

alter or control the situation; that they are powerless to affect their environment and decrease or eliminate the sources of stress. Because of their distorted belief of powerlessness to deal with stress, the drug abusers consequently develop the strong feeling of low self-esteem (Krystal and Raskin, 1970).

When the abusers feel anxious, they realise the need to reduce anxiety which makes them uncomfortable, hence they resort to heroine which has pharmacogenic effect that help to reduce anxiety. After taking the drug, the abuser feels "high" and gains the sense of power, control and well-being. They feel fully convinced that they are able to adapt to their environment and conquer it. It is however, short lived since this is false thinking. When they are not under the influence of the drug or "high", the anxiety comes back and they face the reality of the world again (ibid).

3.11 THE BAD-HABIT THEORY OF DRUG

According to Goodwin "bad habit" refers to repetitious, harmful, semi reflexive behaviour resulting from classical conditioning in "susceptible" individuals. According to him "susceptibility" with regards to drugs may be specific to certain drugs or nonspecific, that is, the individual may be susceptible to abusing a number of drugs, perhaps only in certain classes (e.g., the sedative hypnotics) or perhaps across classes (e.g., opiates, sedative-hypnotics, nicotine, etc.). Susceptibility may be partly inherited (under some degree of genetic control), or it may reflect purely psychosocial influences, or both. These issues are complicated, and a global theory of addiction may be premature (Goodwin, 1980).

Goodwin believes that there is a possibility of hereditary factor involved in alcoholism based on the findings from the twin and adoption studies. He believes that features related to drinking, such as loss of control, tendency to relapse, and tolerance should be explained before the drinking problem is known. He attributes the drinking behaviour to the innate variations which are a response to alcohol. It is believed that some people are protected from being alcoholics because of genetically determined

adverse physical reactions to alcohol. If anything is inherited in alcoholism, it is probably the lack of intolerance for alcohol (ibid).

3.12 THE SELF-ESTEEM THEORY

According to this theory the preservation of the "self" is the most important variable which underlies human behaviour. The abuse of drugs is used as a mechanism or an excuse to compensate failure in life which helps to insulate one from social responsibility. Low self-esteem can be a drive to make an abuser start looking for gratification but there are also other contributory variables in the social environment which provide the basis for drug initiation such as peer group which exerts a lot of pressure and creates a lot of opportunities for a person to initiate drugs. The community also makes drugs available for the users (Steffenhagen, 1977). This theory is consistent with bio-psychosocial theory, social learning theory, social inoculation theory as well as the availability and proneness theory.

3.14 CONCLUSION

Among other things the above theories have illuminated the significance of the family structure and the society in the life of the developing child. They have also shown behavioural patterns which the drug abusing person adopts as a result of the problems which the abuser experiences. It is important to note that these theories have emphasised that substance abuse is the product of the interconnectedness among the biological, psychological, sociological and the environmental variables.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the explanation and description of the method and the process or procedure which is followed as the researcher collects data. It describes the design of the study, technique of sampling how the data will be collected and analysed. The researcher has collected the data personally to be sure of reliability and scientific procedure during data collection. Reliability implies that assuming the same initial conditions for a test assessment, the test must provide the same result every time it is performed for it to be deemed reliable (Yin, 2013). The researcher has conducted the focus group interview personally with the help of an assistant to ensure that the processes is undertaken in a controlled setting to make it scientific and to ensure that extraneous factors are avoided. Again this was done to make some clarifications in case respondents could not understand some questionnaires.

4.2 Research design

Design is literally a researcher's plan on how to do a particular study from identifying the topic to interpreting the results (Taylor & Bogdan, 1984). Research design according to Blaikie (2000) in de Vos et al. (2011:142) is defined as an integrated statement of and justification for the more technical decisions involved in planning a research project and a process "analogous to the activities of an architect designing a building." Babbie (2007) in de Vos et al, (2011:142) on the other hand defines research design by stating that "it involves a set of decisions regarding what topic is to be studied among what population with what research methods for what purpose. Research design is the process of focusing your perspective for the purpose of a particular study,"(De Vos et al., 2011). According to Selltiz et al. (1962) in Kumar (2014:123), a research design is a plan through which you decide for yourself and communicate to others your decisions regarding what study design you propose to use, how you will collect information from your respondents, how you will select your respondents, how the information you will collect be analysed and how you will communicate your findings (Kumar, 2014). In other words research design is the

plan or conceptualisation of the plan. Kerlinger, (1986) in Kumar, (2014:122) says that a research design is the road map that you decide to follow during your research journey to find answers to your research questions as validly, objectively, accurately and economically as possible. It is a procedural-cum-operational plan that details what and how different methods and procedures to be applied during the research process.

A sequential explanatory mixed method approach has been used in this study. According to Ivankova, Creswell, & Stick, (2006), this method includes deciding on the priority or weight given to the quantitative and qualitative data collection and analysis in the study, the sequence of the data collection and analysis, and the stages in the research process at which the quantitative and qualitative data are connected and the results are integrated. There are numerous definitions which the literature has provided. Among those definitions are the following. According to Morse (2003), a mixed method is the incorporation of various qualitative or quantitative strategies within a single project that may have either a qualitative or quantitative theoretical drive. The "imported" strategies are supplemental to the major or core method and serve to enlighten or provide clues that are followed up within the core method (Morse, 2003). On the other hand Teyber et al.(2003) define it as a type of research design in which QUAL, (working within the constructivist tradition and primarily interested in analysis of narrative data), and QUAN, (working within the positivist tradition and primarily interested in numerical analysis), or approaches used in type of questions, research methods, data collection and analysis procedures or inferences (Teddlie & Tashakkori, 2003). Again mixed methods is defined as a procedure for collecting, analysing, and "mixing" or integrating both quantitative and qualitative data at some stage of the research process within a single study for the purpose of gaining a better understanding of the research problem (Tashakkori & Teddlie 2003; Creswell 2005) as quoted in Ivankova et al. (2006).

Literature has indicated that there are two main purposes for using a mixed methods approach, which is breath and corroboration, and that involves a provision of better

understanding, a fuller picture and deeper understanding and to enhance description and understanding (Johnson, Onwuegbuzie, & Turner, 2007). Other advantages which have been highlighted in literature include the chance of getting more comprehensive, insightful data, getting richer and more authentic data, the enhancement of validity, and that the researcher is able to get the best from each method at the same time overcoming deficiencies of each method. Research has also argued that triangulation or mixed methods approach gives researchers many chances like more confidence in results, the potential to create new methods and the opportunity to provide an enriched explanation of the research problem. Some researchers claim that the mixed method helps to overcome bias which could otherwise occur in a single method research (ibid.). The researcher decided to use a mixed approach because he would use both questionnaires and focus group interviews in which both qualitative and quantitative aspects would be catered for.

Some of the disadvantages for the mixed methods include the loss of depth and flexibility which occurs when qualitative data are quantitized. Another disadvantage is the limitations of quantitized qualitative data for statistical measurement. Creswell, (2009) as quoted in Rungani, defines quantitative approach as an inquiry into a social or human problem based on testing the theory composed of variables measured with numbers and analysed with statistical procedures in order to determine if the predictive generalization of the theory held is true (Rungani, 2012). Again Creswell, (2014) defines quantitative approach as a process that is systematic and objective in its ways of using numerical data from only a selected subgroup of a universe (or population) to generalise the findings to the universe that is being studied (ibid.). This approach was important to the researcher since it helped him to determine the number of respondents who participated and responses received as well as the number of responses which were not returned for consolidation purposes. Qualitative approach is defined by Straus and Corbin (1990) as any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer to research about person's lives, lived experiences, behaviours, emotions, feelings as well as about organisational functioning, social movements, and cultural phenomena and interactions between nations (Strauss & Corbin, 1990). Qualitative approach involves language of cases and contexts,

examine social processes and cases in their social context, and study interpretations or meanings in specific socio-cultural settings (Neuman, 2011). This approach was important to the researcher since this research involved the lives of the substance abusers, their experience of substance abuse, how their behaviour is influenced by substance as well as their relationship with their families, teachers, communities and other young people.

Pragmatism as a paradigm was used for quantitative. A paradigm is a set of assumptions or beliefs about fundamental aspects of reality which give rise to a particular world view- it addresses fundamental assumptions taken on faith, such as beliefs about the nature of reality(ontology), the relationship between knower and known (epistemology) and assumptions about methodologies (Creswell, 2014). Kuhn, (1962) in Feilzer (2009), again refers to a paradigm as "an accepted model or pattern" as an organising structure, a deeper philosophical position relating to the nature of social phenomena and social structures. On the other hand pragmatism, according to Almeder (1986), is a theory of knowledge with distinct views about the origin, nature and limits of human knowledge. According to Teddlie & Tashakkori (2009), in Almeder pragmatism is a commitment to uncertainty, an acknowledgement that any knowledge "produced" through research is relative and not absolute, that even if there are causal relationships, they are "transitory and hard to identify." According to Denscombe, pragmatism provides a fusion of approaches, a basis for using mixed methods approaches as a 'third alternative.' It is according to Greene et al., 2001, 2005; Rocco et al., 2003) in Denscombe treated as **a** new *orthodoxy* built on the belief that not only is it allowable to mix methods from different paradigms of research but it is also desirable to do so because good social research will almost inevitably require the use of both quantitative and qualitative research in order to provide an adequate answer.

When defining pragmatism, Goldkuhl (2012), stresses that it is about recognition of human actions and what people do as a fundamental way of understanding the world and making it more meaningful. It is these actions in the world which guide the researcher's ways to inquiry. According to Goldkuhl the researcher has to ask

questions such as; what action is performed? Who is the actor? What is the result of the action? What is the time context of the action? What is the place-context of the action? Who is the receiver of the action/result? What are the intended effects-purposes of the action? What unintended effects arose from the action? All these questions, according to the researcher are relevant to this study. The action that is performed is the abuse of substances. The place-context of the action is the home, the community or the school where an adolescent grows up. The receiver of the action is the substance abusing adolescent. The intended effects or purposes of the action vary since the circumstances in which the adolescents find themselves differ. Some may be involved because they want to get rid of stress and others to gain independence. The unintended effects which arose from the action includes addiction, going away from home, dropping out of school and many other unacceptable behaviours.

4.3 sampling design

Sampling, according to Creswell et al. (2010) refers to the process used to select a portion of the population for study, (Creswell, et al. 2010). A sample is a selected small collection of cases or units that closely reproduce or represents features of interest in a larger collection of cases, called population (Neuman, 2002). Kumar on the other hand defines sampling as the process of selecting a few (sample) from the bigger group (the sampling population) as the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group. In other words the sample is a subgroup of the population in which you are interested (Kumar, 2014). Taking a representative sample reduces costs incurred, the time taken to do the research and also the manpower needed to conduct the study (Acharya, Prakash, Saxena, & Nigam, 2013).

The researcher got a list of schools who were receiving help and support from SANCA Zululand. These were the schools which formed the whole population from which the researcher extracted his samples. The schools were grouped into rural, urban and semi-urban. This was done in order to establish if there was any difference in terms of the types of substance abuse. Eight (8) schools were randomly selected, from those in the urban area, six (6) from semi urban and six (6) from the

rural areas. This was done to ensure the representativeness of the entire population of schools. Altogether there were twenty schools which formed the sample. The whole population from which the researcher got his sample was made up of all the schools in the district in which SANCA was involved.

One educator from each affected school was randomly selected to represent the school. Altogether there was a sample of twenty educators. One parent of each of the affected learner was selected. This could have been a mother, a father, a guardian or anyone who could have been responsible for the child. The record of parents was obtained from the schools.

The researcher used purposive sampling. This was because all the randomly selected schools were involved in substance abuse and they all had the defining characteristic which was substance abuse. The selection criterion was all the schools which were part of the SANCA programme. Purposive sampling simply means that participants are selected because of some defining characteristic that makes them the holders of the data needed for the study (Creswell et al., 2010). Creswell et al. talk about the three most commonly used purposive sampling types; the stratified purposive sampling, the snowball sampling and the criterion sampling. The stratified purposive sampling means selecting participants according to preselected criteria relevant to a particular research question. Criterion sampling implies that you decide at the design stage of a study the typical characteristics of the participants to be included (criteria to be met) and the number of participants. Snowball sampling is a method whereby participants with whom contact has already been made are used to penetrate their social networks to refer the researcher to other participants who participate in or contribute to the study. The stratified purposive sampling has been used since all selected respondents were substance abusers. Purposive samples are used when particular people, events or settings are chosen because they are known to provide important information which could not be gained from other sampling designs (Mxwell, 1997) in Gray, (2013). There were twenty schools from which five respondents were randomly selected to ensure representativeness to make a sample of 100 respondents.

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4.4 Data Collection Methods

There are various tools which are often used to collect information (data) in research. These include questionnaires, interviews, observation, testing, artefact analysis (where the artefact may be graphic data such as photo graphs or drawings, or documents such as policies or textbooks), and using secondary data (Bertram & Christiansen, 2014). For this study the researcher decided to use only the questionnaires, interviews and telephonic interviews in the collection of data.

4.4.1 Questionnaires

During the data collection process the researcher with his research assistant, started by introducing themselves to the learner participants and explained what the aim of the study was, and that everything was going to be confidential. None of their educators attended the interviews. He also explained that participating was voluntary and that anyone was free to withdraw at any time. The learner participants were given time to fill in the questionnaires in the presence of the researcher so that if there was anything that was not clear, it could be clarified by the researcher. Learners were assured of their safety and that there was no relationship between the researcher and the police. The learners had to respond to questions related to the type of drugs they use, what influenced them to abuse drugs, how often they abused drugs, how long they had been using drugs, why they abused drugs and where they got drugs. The consent was obtained to conduct research with learners from parents who knew about their children's abuse of the substance. The few learners, whose parents did not know, did not give any consent and yet learners were prepared to participate in the research. The researcher allowed those who were above 18 years of age to participate. When questionnaires had been completed, they were collected at the same time. This was done to ensure that all responses were received on time and to maximise the return rate. The researcher used both closed ended and open ended questionnaires. Closed ended questions according to Bertram et al. (2014), are questions where respondents must choose answers from given particular possible answers to choose from. On the other hand open ended questions allow the respondents freedom to answer a question in their own words in whichever way they think appropriate (Bertram & Christiansen, 2014). Bertram et al. refers to these advantages of a questionnaire:

- They can be administered to a large number of people.

- The information can easily be captured into a computer programme which will count responses in each category

- It enables the researcher to standardise the questions asked, in other words, make sure that the questions are the same for each respondent, and to control the amount of information that respondents supply.

- It can reach a large group of geographically spread out respondents within a short period of time.

She goes on to give disadvantages as follows:

- The researcher is not always present to check whether the respondent has understood the questions or whether the correct person actually completed the questionnaire. If the researcher needs to be present when the respondent completes it, this can take a lot of time.

- Respondents may not understand the questions asked or may give the answer that they think the researcher wants to hear.

- Questionnaires require that the respondents are literate that is, they can both read and write in the language of the questionnaire.

- Questionnaires that are posted by ordinary mail to respondents often have low return rates.

The researcher in this study was able deal with the above mentioned disadvantages since he was present during the filling in of the questionnaires.

4.4.2 Focus group interview guide

Creswell et al. (2010) refers to the focus group interview as a strategy based on the assumption that group interaction will be productive in widening the range of responses, activating forgotten details of experience and releasing inhibitions that may otherwise discourage participants from disclosing information (Creswell et al, 2010).

After the questionnaires had been collected the researcher engaged the participants in the focus group interviews. According to Creswell et al. (2010), an interview is a two-way conversation in which the interviewer asks the participant questions to collect data and to learn about the ideas, beliefs, views, opinions and behaviours of the participants. Learners were told about the procedure which had to be followed and that participation was voluntary. They were again told that confidentiality would be maintained and that their names would not be divulged. They were given numbers to be used during the focus group interviews instead of their names. Permission was sought from the participants to record their discussion on the tape recorder and they were informed as to why the discussion was recorded. They were given an opportunity to ask clarification seeking questions if they had any. They were asked questions related to their knowledge as well as their experiences about substance abuse. The in-depth interviews are purposeful interactions in which an investigator attempts to learn what another person knows about the topic, to discover and record what that person has experienced, what he or she thinks and feel about it, and what significance or meaning it might have (Arthur, 2012). Probes were used by the researcher to initiate the discussions. Structured, that is, questions which are detailed and developed in advance, and semi structured interviews, which require the participant to answer a set of predetermined questions, were used. The semi structured interviews allow for the probing and clarification of answers. Creswell et al. (2010) have given advantages and limitations of the focus group and said that it can help the researchers to identify the conditions which promote interaction and open discussion of participants' views and experiences within groups. It can also assist the researcher in the analysis of the data through an understanding of what was happening in the group as well as why it might have happened. The limitations are that focus group samples are typically small and may not be representative. The information collected may be biased through group processes such as domination of the discussions by the more outspoken individuals, groupthink, and the difficulty of assessing the viewpoints of less assertive participants, (ibid).

Neuman (2011) has come up with the following advantages and limitations of focus groups.

Advantages:

- The natural setting allows people to express opinions /ideas freely.

- Open expression among members of social groups who are marginalised is encouraged.

- People tend to feel empowered, especially in action-oriented research projects.

- Survey researchers have a window into how people talk about survey topics.

- The interpretation of quantitative survey results is facilitated.

- Participants may query one another and explain their answers to one another.

Limitations:

- A "polarization effect "exists (attitudes become more extreme after group discussion).

- Only one or a few topics can be discussed in one focus group discussion.

- A moderator may unknowingly limit open, free expression of group members.

- Focus groups can produce fewer ideas than individual interviews.

- Focus group studies rarely report all details of study design or procedure.

- Researchers cannot reconcile the differences that arise between individual only and focus group context responses.

4.4.3 Interview schedule.

One teacher from each school, as it has been mentioned above, was selected for interviews to give information on their understanding of substance abuse from the Afrocentric perspective, how learning areas help in ensuring that that learners are not involved in substance abuse, what they think has gone wrong in families and

communities that has led to learners to abuse substance, what strategies they use to highlight the dangers of substance abuse and what they think is the significance of values and morals in the teaching and learning. Parents of the affected learners, who had given consent, were also interviewed through the phone after getting their cellular numbers from the schools. They had to respond to questions on what they thought were reasons for their children to abuse drugs, the steps they took after realising that their children were abusing drugs, their roles in ensuring that their children did not abuse drugs and to say what has gone wrong within the families and communities which might have led to the abuse of substance by learners. They were also asked as to the type of model they thought could be developed to help in the fight against substance abuse. All the interviews were recorded after obtaining permission from the participants. The researcher decided to use telephonic interviewing for parents because he realised that among parents there were those who were working, and through their cellular phones it would be easy for them to respond wherever they were at a time convenient to them. It was going to be cheaper to conduct telephonic interviewing than face to face interviews. Besides, the researcher felt that it would be difficult for him in cases where he had to make an appointment with women headed families. It would even be more difficult and inappropriate to make an appointment with a married woman who is responsible for the learner's needs. Some of the advantages of the telephone interviewing, as tabled by Cohen, Manion and Morrison (2011), to mention just a few, are as follows:

- It is sometimes cheaper and quicker than face to face interviewing.

- It enables researchers to select respondents from a much more dispersed population than if they have to travel to meet the interviewees.

- Travel costs are omitted.

- It is particularly useful for brief surveys.

- It may protect the anonymity of respondents more than a personal interview.

- It is useful for gaining rapid responses to a structured questionnaire.

- Monitoring and quality control are undertaken more easily since interviews are undertaken and administered centrally; indeed there are greater guarantees that the researcher actually carries out the interview as required.

- Interviewer effects are reduced.

- There is greater uniformity in the conduct of the interview and the standardisation of questions.

- There is greater interviewer control of the interview.

- The results tend to be quantitative

- They are quicker to administer than face-to-face interviews because respondents will only usually be prepared to speak on the telephone for at most 15 minutes. Many groups, particularly of busy people, can be reached at times more convenient to them than if a visit were to be made.

- They are safer to undertake than, for example, having to visit dangerous neighbourhoods. They can be used to carry sensitive data as possible feelings of threat of face-to-face questions about awkward, embarrassing or difficult matters are absent.

- It does not rely on the literacy of the respondent (as for example in questionnaires).

- The use of telephone may put a little pressure on the respondent to respond, and it is usually the interviewer rather than the interviewee who terminates the call.

- Response rate is higher than, for example, questionnaires.

They have also tabled problems of the interviewing as follows:

- It is very easy for the respondents simply to hang up on the caller.

- Motivation to participate may be lower than for a personal interview.

- There is a chance of skewed sampling, as not all of the population have a telephone (often those of the lower income household) and perhaps the very

people whom the researcher wishes to target) or can hear (e.g. the old and the second language speakers in addition to those with hearing difficulties).

- There is a lower response rate at the weekends.

- The standardised format of telephone interviews may prevent thoughtful or deep answers from being provided.

- Some people have a deep dislike for telephones, which sometimes extends to phobia, and this inhibits their responses and willingness to participate.

- Respondents may not disclose information because of uncertainty about actual (even though promised) confidentiality.

- Respondents may not wish to spend a long time on telephone, so the telephone interviews tend to be briefer than other forms of interview.

- Concentration spans are shorter than in face-to-face interviews.

- The interviewer has to remain bright and focussed, listen very carefully and respond-tiring.

- Questions tend to be closed, fixed and simple.

- There is a limit on the complexity of the questions that can be put.

According to Kumar (2014) an interview is a person to person interaction, either face to face or otherwise between two or more individuals with a specific purpose in mind. Burns, (1997:329) in Kumar refers to "an interview as a verbal interchange, often face to face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinions from another person."

De Vos et al. (2011) refer to the interview as a social relationship designed to exchange information between the participant and the researcher. Interviews are said to be useful when participants cannot be directly observed. Participants can provide historical information in the interviews and the researcher can be in control over the line of questioning (Creswell, 2014). Limitations of interviews have also been tabled firstly, that they provide indirect information filtered through the views of

interviewees. Secondly, they provide information in a designated place rather than the natural field setting and thirdly the researcher's presence may bias responses and lastly not all people are equally articulate and perceptive, (ibid).

4.4.4 Validity

According to Neuman, (2011), validity means truthfulness. Authenticity means offering a fair, honest, and balanced account of social life from the viewpoint of the people who live it every day. The definition given here is more relevant to this study since it is purposive and it involves participants who are involved in substance abuse and it is part of their life experience. Bertram, (2014), on the other hand says validity is about how close to the truth about the world the research is. Winter,(2000) in Cohen et al. (2011:179) argues that validity is an indication that a particular instrument measures what it is supposed to measure, or that an account accurately represents 'those features which it is intended to describe, explain or theorise.' The researcher in this study strongly believes that, the study on substance abuse is close to the truth about the world since it is a challenge faced by all the sectors of the population globally. The instruments used for data collection measured what they were supposed to measure and that was anything which, in this study, had to do with substance abuse.

The two types of validity which are relevant to this study are internal validity and external validity. Internal validity according to Onwuegbuzie and Leech (2006b) in Cohen et al. (2011) refers to the 'truth value, applicability, consistency, neutrality, dependability and /or credibility of interpretations and conclusions within the underlying setting or group.' They define external validity as the degree to which the results can be generalized to the wider population. The researcher in this study tried by all means to make this study comply with both internal and external validity by among other things, being objective in his approach and to be as inclusive in the choice of the research population as possible, through the selection of urban, and semi urban and rural participants.

4.4.5 Reliability

Reliability measures the consistency of a research. A reliable instrument in a research will yield the same data from the same respondents if it is repeated over time (Cohen, Manion, & Morrison, 2011). The researcher was aware that there are factors which interfere with reliability such as the wording of questions, the physical setting, the respondents' mood, the interviewer's mood, the nature of interaction and the regression effect (Kumar, 2014). The researcher, because of this reason, tried to make the participants at ease and comfortable and made questionnaires as unambiguous as possible before the interviews could start.

4.4.6 Procedure for administration of the research instruments.

This study used the following procedure:

1. A formal letter was written to the Department of Education in King Cetshwayo to request for permission to conduct a study as the participants would involve learners and teachers.

2. A formal letter was also written to the head office of the Department of Education to request for the permission to conduct research in schools In King Cetshwayo District.

3. Permission to conduct research which, according to the district, superseded any other permission was received from the head office.

4. The university provided letters of approval which were attached for the teachers and parents to see that permission to conduct the research had been obtained.

5. The learners, teachers and parents were recorded when they were interviewed.

6. Permission to record the interviewees was sought and obtained from the participants.

4.4.7 Ethical consideration

Ethics has to do with the behaviour that is considered right or wrong and it is an important consideration in research, particularly with research which involves human

and animals (Bertram & Christiansen, 2014). Cohen et al. refers to ethical dilemmas which include, involving people without their knowledge, coercing them to participate, withholding information about the true nature of the research, deceiving participants, diminishing the participants' self-esteem, exposing participants to physical or mental stress, invading privacy, and not treating participants fairly, or with consideration, or with respect (Cohen et al., 2011).

4.4.7.1 Informed consent

To get informed consent means that all possible or adequate information on the aim of the research, the expected time in which the participant will be involved, the process to be adopted in the investigation, the advantages, the disadvantages, the dangers in which the participants may be involved, should be exposed to the prospective participants (De Vos et al., 2011). In this study the researcher followed the ethical principles by asking the permission to conduct research first from the head office and the district manager. After the permission had been obtained from the senior officials, it was again sought from the school principals, and the parents' consent to conduct research with their children. The permission both from the head office and school principals is in the appendixes. Even before the focus group discussion session, the researcher obtained the permission from the participants to record the discussion.

4.4.7.2 Voluntary participation

Voluntary participation implies that the participants get involved in the research on their own volition without being coerced to do so. The researcher informed the participants in the research of their rights to participate and to withdraw if they wanted to do that. As a result all participants took part voluntarily.

4.4.7.3 Non maleficence

This is a Latin phrase which literally means "do no harm." The researcher in this study also had the obligation to protect the respondents from any form of physical

discomfort that might emerge from the research project. Participants should be protected from both emotional and physical harm (De Vos et al., 2011).

4.4.7.4 Confidentiality

This means that participants have to be assured by the researcher that their identity will be protected and information they supplied will remain confidential (Bertram and Christiansen, 2014). The researcher assured participants of confidentiality and anonymity since they were dissuaded from writing their names on the questionnaires, and neither did they use their real names during the focus group session, instead they used either numbers or alphabets allocated to them as names.

4.4.7.5 Deception of respondents

This refers to misleading respondents, purposely misrepresenting facts or with-holding information or offering incorrect information in order to ensure the participation of the subjects when they would have refused (ibid). To ensure that respondents were not deceived, the researcher tried to be honest with the participants.

4.4.7.6 Data analysis

Analysis means a close or systematic study, or the separation of a whole into its parts, for the purpose of study (Bertram & Christiansen, 2014). Data were both quantitatively and qualitatively analysed and they were separately analysed. The researcher started by analysing the quantitative data. The data collected from the learners, teachers and parents through questionnaires and interviews were quantitatively analysed using statistical analysis. Quantitative analysis began after all data had been collected. Bar graphs and tables were used to describe the data.

The data collected through interviews and focus groups with learners, teachers and parents were qualitatively and thematically analysed. Content analysis is a systematic approach to qualitative data analysis that identifies and summarises

message content. We usually use the term "content analysis" to refer to the analysis of such things as books, brochures, written documents, transcripts, news reports and visual media. Sometimes content analysis is used when working with narratives such as diaries or journals, or to analyse qualitative responses to open-ended questions on surveys, interviews or focus groups (Creswell et al., 2010). It was for these reasons that the researcher used content analysis since the data were collected from interviews, the focus group interviews and open-ended questions.

4.4.7.6 CONCLUSION

This chapter has tried to give a clear picture on what the researcher did and how he progressed with the process of the whole research. The researcher tried to show the research design, the sampling design; the tools used for data collection and the rationale thereof, the significance of validity and reliability in this study, the importance of ethical issues in research as well as data analysis.

CHAPTER 5

DATA ANALYSIS

5.1 INTRODUCTION

This chapter deals with the presentation of data, the analysis of results and the interpretation of findings. For clarification purposes graphs and tables are used. In this study there were 92 learner respondents out of 100 who were targeted, 20 educator respondents and 20 parent respondents used to populate all data that is presented herein. The reason for the reduction in the number of learners was that some had dropped out and others had completed their studies. Figure 5.1 shows the ages of learners from studied population which range from 13 years to 22 and above. The ages range from 13-15 years make 3.3% and 16 -18 make 46.7%. Those falling between 19-21 years make 43.5%. The last range is from 22 and above and they make up 6.5%. The largest number of learners who formed the whole population of learners falls between 16 and 18 years according to the results shown. Quantitative data were presented first, followed by the qualitative data. This was presented both in tables, graphs and charts.

5.2 QUANTITATIVE DATA PRESENTATION, ANALYSIS AND INTERPRETATION

The following chart indicates the age range of learners who have been found to be abusing substance.
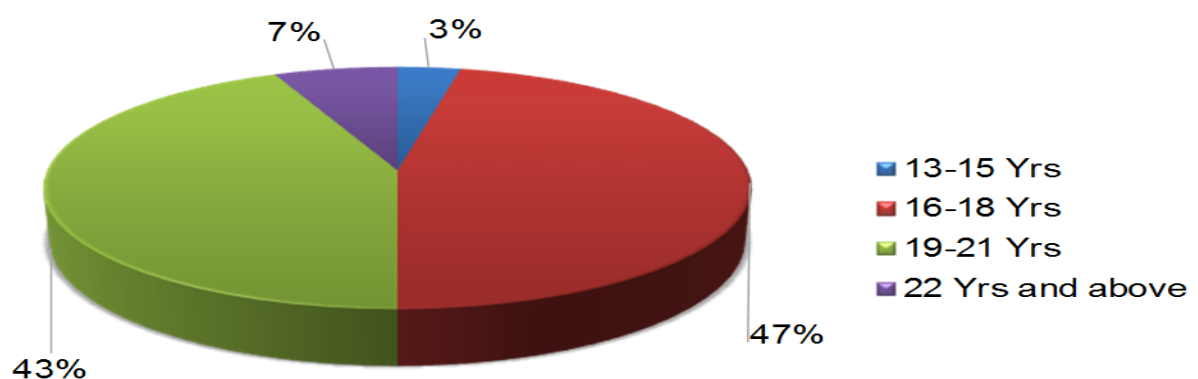

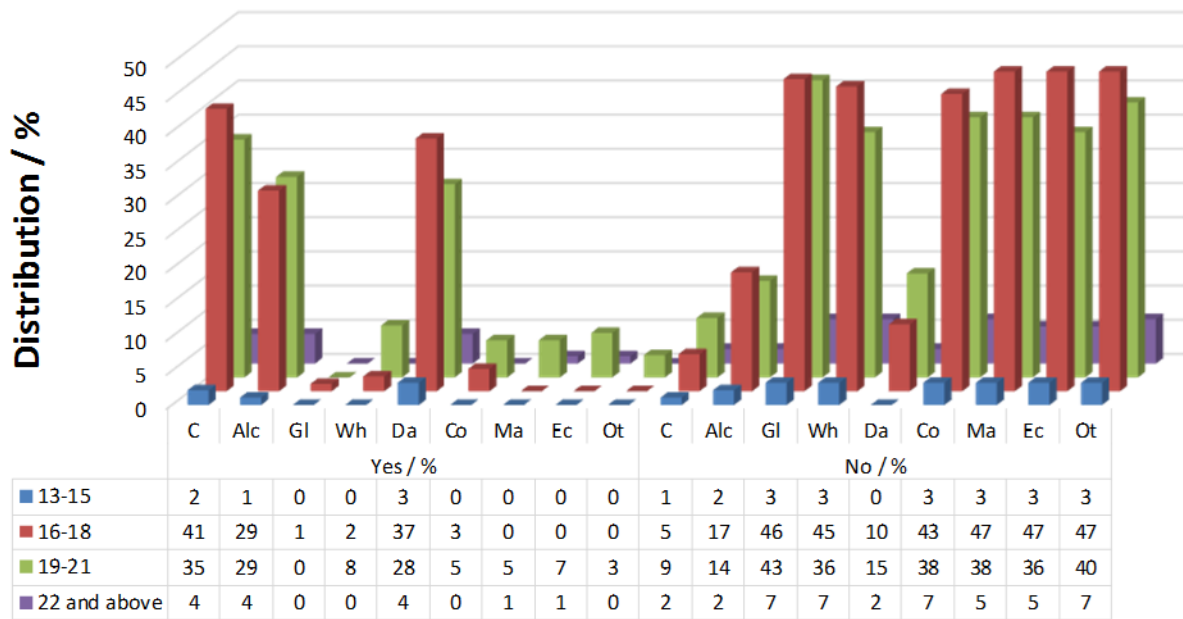**Figure 5.2.1: N= 92: age range of learners abusing substances**

	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot
				Yes / %									No / %					
13-15	2	1	0	0	3	0	0	0	0	1	2	3	3	0	3	3	3	3
16-18	41	29	1	2	37	3	0	0	0	5	17	46	45	10	43	47	47	47
19-21	35	29	0	8	28	5	5	7	3	9	14	43	36	15	38	38	36	40
22 and above	4	4	0	0	4	0	1	1	0	2	2	7	7	2	7	5	5	7

Figure 5.2.2: N= 92: Substance abused with vulnerable age ranges.

Key: C = cigarette   A= Alcohol   Gl = Glue   Wh = Woonga   Da= Dagga

Co= Cocaine   Ma= Mandrax

Ec = Ecstasy   Ot = Other (specify)

The researcher was interested only in the findings which showed respondents that abused substances instead of those who did not abuse them as represented in the right hand side of the tables. The reason was that the researcher wanted to get more information about substance abuse; hence he did not focus on those who were not abusing substance.

Figure 5.2.1 revealed that the majority of the respondents were within the ranges of 16 and 21 years. There were few respondents within ranges 13-15 and 22 and above. Even though the researcher would have expected more of the ranges 13-15 because of the stage at which they were, which was the adolescent stage, the implication is that there were few of them who were involved in substance abuse or

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who were receiving treatment. The number of those falling within 16 and 21 suggests that in that range there were learners who were still in the adolescent stage and experienced many challenges and behavioural problems. Those who were from 22 and above were likely to be more mature and focussed on their studies since the majority of them were in grade 12. Age was important for the researcher so as to determine the level at which learners start abusing substances.

Figure 5.2.2 compared substance abuse with various ages. The range between 16 and 21 came out as main abusers of cigarette, alcohol and dagga. Cigarette and alcohol were the main substances being abused because of their easy access and the fact that they were cheap licit substances. Research has revealed that shebeens, taverns and other informal drinking establishments close to the schools and homes are some of the factors which contribute to substance abuse (Upindi et al., 2016.) These establishments did not have any control in terms of whom they allow to come and buy since the majority of them are unlicensed. Research again shows that there are about 23 000 licensed liquor outlets with an estimated 150 000 to 200 000 unlicensed outlets (Parry & Bennetts, in press as quoted in Parry (1998). Dagga was the third abused substance. The reason could be that it was a substance readily available since it was cultivated even at the leaners' homes. Research has also indicated that Marijuana, also known as dagga or weed or "green gold" or "insangu" or cannabis, is one of the most popular drugs in South Africa because of South Africa's soil and climate. (Maiden, 2001).
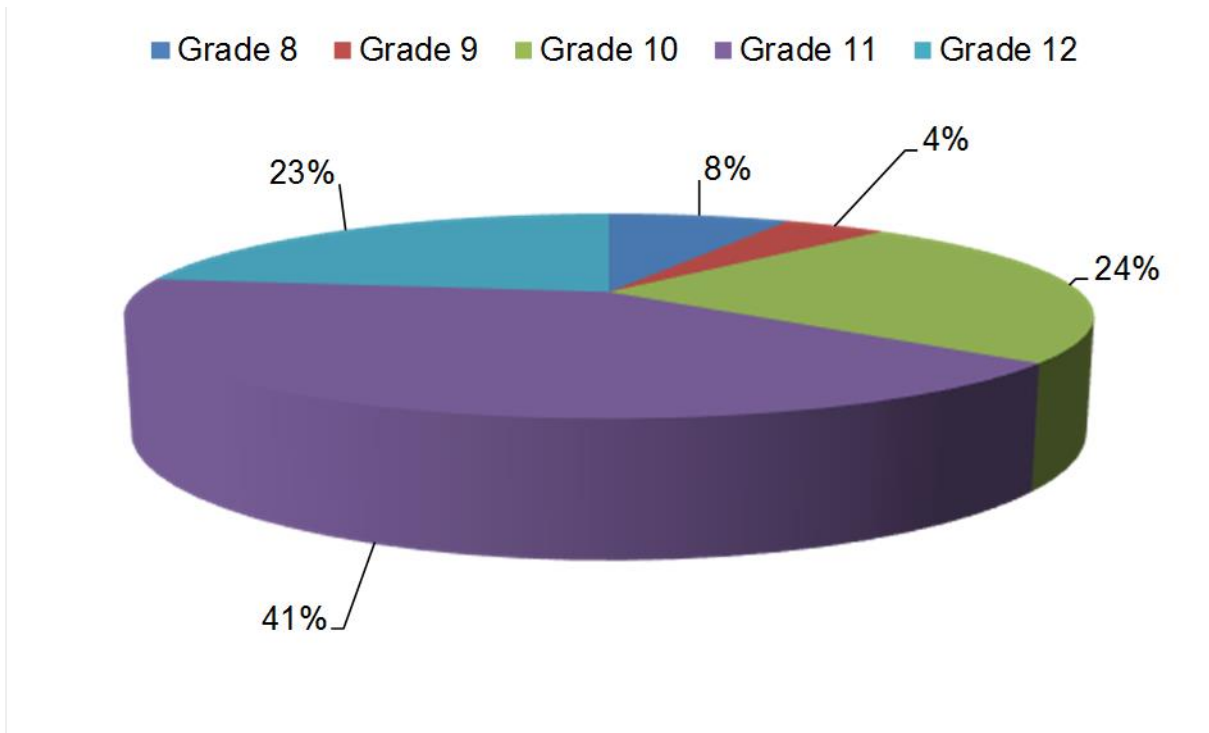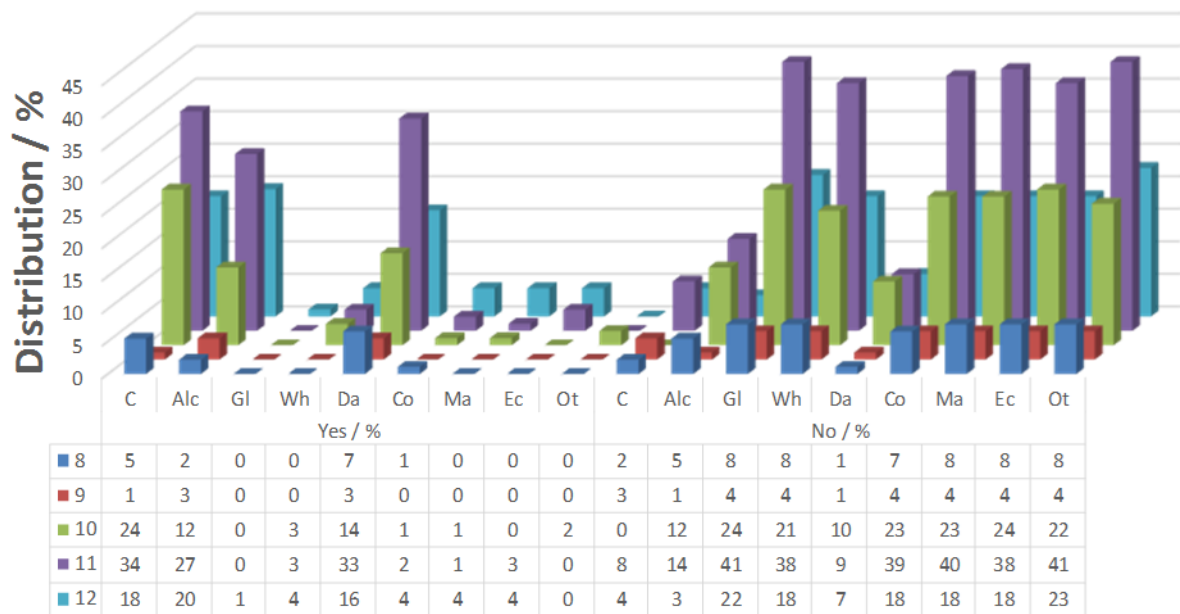
Figure 5.2.3: N= 92: Learner grades

	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot
				Yes / %										No / %				
8	5	2	0	0	7	1	0	0	0	2	5	8	8	1	7	8	8	8
9	1	3	0	0	3	0	0	0	0	3	1	4	4	1	4	4	4	4
10	24	12	0	3	14	1	1	0	2	0	12	24	21	10	23	23	24	22
11	34	27	0	3	33	2	1	3	0	8	14	41	38	9	39	40	38	41
12	18	20	1	4	16	4	4	4	0	4	3	22	18	7	18	18	18	23

Figure 5.2.4 Comparisons of drug abused with grades

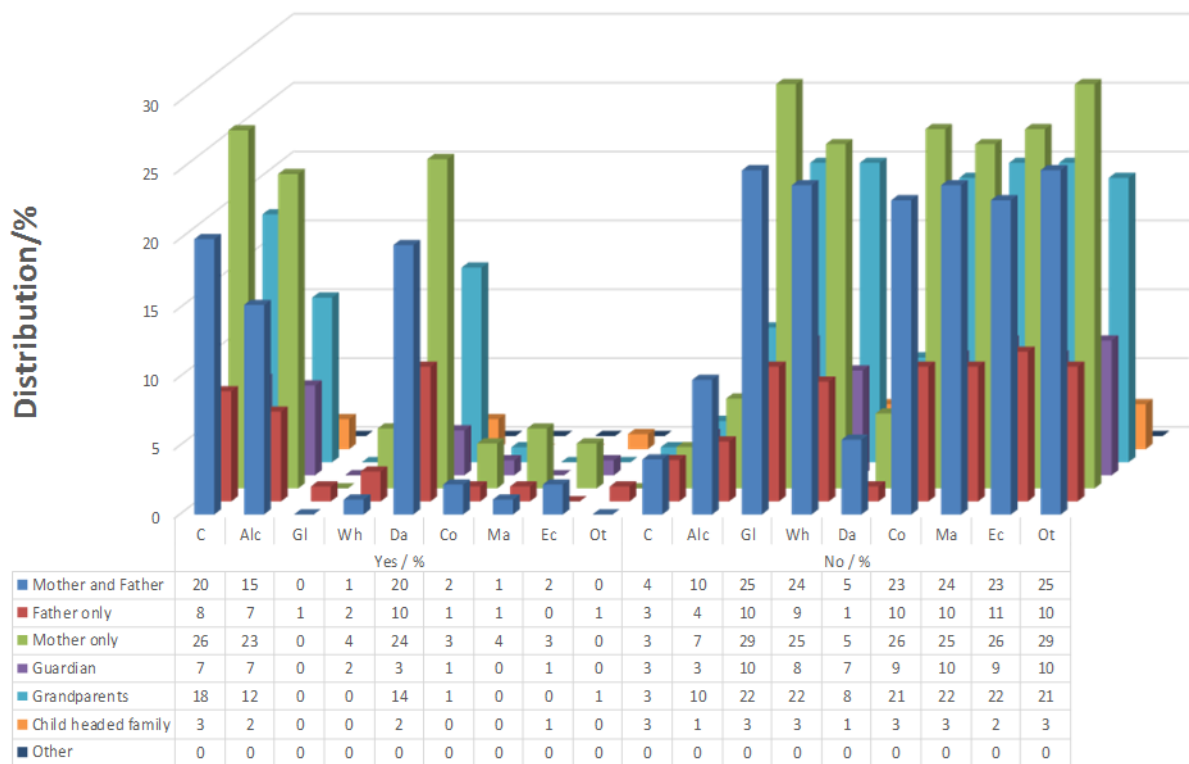**Key:** C = cigarette   Co= Cocaine

   A= Alcohol   Ma= Mandrax

Gl = Glue   Ec = Ecstasy

Wh = Woonga   Ot = Other (specify)

Da= Dagga

Figure 5.2.3 shows the percentages of all the grades involved as respondents. Grades 10, 11 and 12 form the majority of the respondents. The reason for this could be that the majority of the grades 8 and 9 were young and were not involved in substance abuse. The other grades which formed the majority of respondents were grown-ups who wanted to identify themselves with peers and wanted to fit in so as to belong to the groups.

Figure 5.2.4 findings showed that cigarette, alcohol and dagga again were the main substances being abused. These substances were mainly abused by grades 10, 11 and 12 probably because the majority of adolescents fell within these ranges. Another reason could possibly have been that the older learners had more money to be able to buy substances than the younger ones. These findings were consistent with literature which found that adolescents were more likely to use marijuana if their friends used it or at least condoned its use Kandel *et al.* (1978). Again according to the social learning theory indirect peer pressure occurs when a young person is associated with peers who drink or smoke, and make substances accessible and normative, at the same time creating an impression that substance abuse makes you socially acceptable (Simons-Morton et al., 2001).
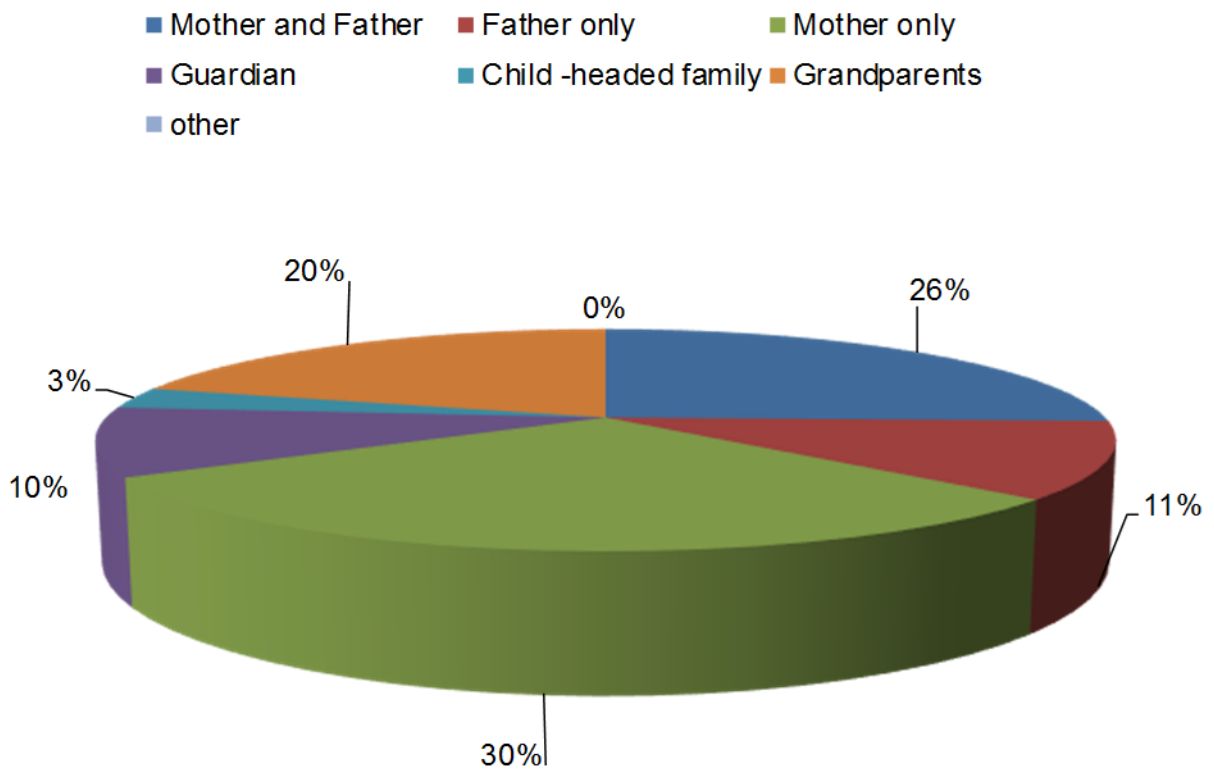
Figure 5.2.5: N= 92: Family structure

		C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot
						Yes / %									No / %				
■	Mother and Father	20	15	0	1	20	2	1	2	0	4	10	25	24	5	23	24	23	25
■	Father only	8	7	1	2	10	1	1	0	1	3	4	10	9	1	10	10	11	10
■	Mother only	26	23	0	4	24	3	4	3	0	3	7	29	25	5	26	25	26	29
■	Guardian	7	7	0	2	3	1	0	1	0	3	3	10	8	7	9	10	9	10
■	Grandparents	18	12	0	0	14	1	0	0	1	3	10	22	22	8	21	22	22	21
■	Child headed family	3	2	0	0	2	0	0	1	0	3	1	3	3	1	3	3	2	3
■	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Figure 5.2.6: N= 92: Comparisons of family structure

Key: C = cigarette   Co= Cocaine

A = Alcohol   Ma= Mandrax

Gl = Glue   Ec = Ecstasy

Wh = Woonga   Ot = Other (specify)

Da = Dagga

The findings in figure 5.2.5 showed that the majority of the respondents lived with their mothers only, followed by those who lived with both parents and grandparents. There were very few respondents who lived with guardians, fathers only and in child headed families.

Figure 5.2.6 revealed that those who lived with mothers only were the main abusers of cigarettes followed by alcohol and dagga. It is important to note that a large majority of the respondents in this study were males. This implies therefore, that the single mothers had to exercise their responsibilities over boys. Of major importance though, is that when a family structure is unstable, there are always challenges associated with a weak family structure (Hlongwane et al., 2017). Research has again shown that single mothers do not have control over boy children. In one research study, it was found that adolescents who lived with single parents were more likely to be involved in problem behaviour activities which included truancy, running away from home, smoking, discipline problems at school and behaviours leading to contact with the law as opposed to those who lived with both parents. This suggested that single mothers have less control over their children and that their low control rate is related to their children's involvement in deviance, and that the raising of adolescents is not the task that can be carried out by a mother alone. One of the main effects found was that boys were more susceptible than girls (Steinberg, 1987).

The researcher did not expect those respondents who lived with both parents to be the main abusers of cigarettes, alcohol and dagga as it has been reflected in these

findings. It is because a home with both parents is perceived to be stable with both parents sharing responsibilities of giving support and care for their children. On the contrary, parents can also be influential in making their children get involved in substance abuse by not being role models to their children. Observing risk-taking by influential role models such as parents may endorse these behaviours and increase the likelihood that children will adopt these behaviours (Tilson, 2004). With regards to those who lived with grandparents, the findings showed that they were also the main abusers of cigarettes, alcohol and dagga. This could be attributed to a variety of reasons. Among others, it could imply that their involvement in substance abuse could be caused by the fact that grandparents were no more so energetic to discipline children after bringing their own children up. It could also be that the grandchildren had come with problem behaviours which made it difficult for them to control their grandchildren. Literature has also revealed that grandparents suffer a lot when staying with their grandchildren. Some of their suffering involves high rates of depression, parenting stress, health problems, and economic hardship (Minkler et al., 2000; Ross & Aday, 2006; Young and Dawson, 2003) as quoted in Smith et al. (2007). All of these make it difficult for the grandparents to focus on their grandchildren.

Literature again revealed that there is a variety of circumstances which force grandchildren to live with their grandparents and they bear many risks of pathology involving exposure to prenatal toxins, early childhood trauma, insufficient interaction with parents, family conflict, uncertainty about the future, and societal stigma (Smith et al. 2007). Family structure was important so as to determine the level of influence and the relationship of the children with their families.

Figure 5.2.7: N=92 Gender

	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot	C	Alc	Gl	Wh	Da	Co	Ma	Ec	Ot
					Yes / %									No / %				
Male	71	51	1	10	62	4	7	5	2	14	34	84	75	23	80	78	79	83
Female	11	12	0	0	10	4	0	2	0	3	2	14	14	4	10	14	12	14
Other	1	1	0	0	1	0	0	0	0	0	0	1	1	0	1	1	1	1
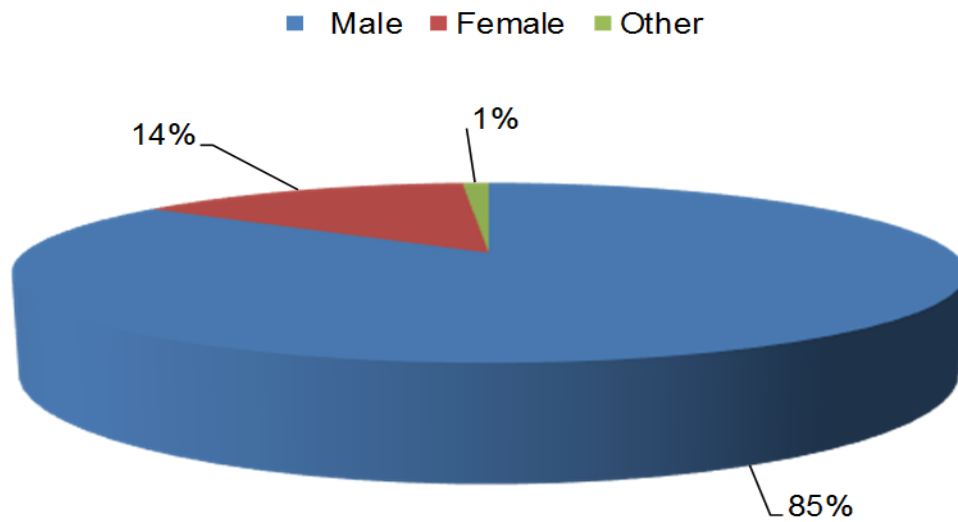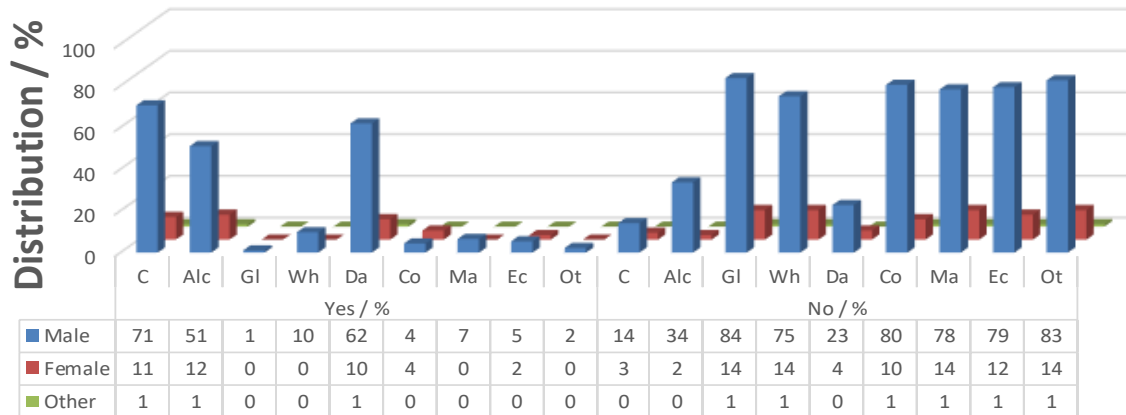
Figure 5.2.8: N= 92: Gender differences.

Key: C = cigarette

A= Alcohol

Gl= Glue

Wh= Woonga

Da= Dagga

Co= Cocaine

Ma= Mandrax

Ec = Ecstasy

Ot = Other (specify)

Figure 5.2.7 displays the respondents according to various genders that were involved in this study. The *other* was added for ethical reasons to protect those who did not want to reveal their gender. The findings showed that males formed the largest population of this study and the females formed a very small percentage.

Table 5.2.8 shows that males still dominated the abuse of cigarettes, alcohol and dagga. Woonga seemed to be gaining more attention than it had in the previous findings. The reason for the large number of males abusing substances could be the belief or stereotypes among the communities, especially the Africans, who believed that there were behaviours which were acceptable and normative as long as they were displayed by males. For instance, among the black Africans it was unacceptable and not normal to see a black woman smoking publicly, but it was normal and acceptable if it was done by a male, whether young or old. The same applied to drinking, because for boys drinking was socially acceptable and was seen as a sign of manhood. If you did not drink, you were not man enough; hence the boy was allowed to take a sip (ukuphungula) when giving old people sorghum beer. If a female happened to smoke, she had to hide it from the public eye since a stigma would be attached to her. These stereotypes are now gradually fading away because of a change of life style from Afrocentrism towards Eurocentrism. These findings again showed a new trend where females were also involved in dagga abuse. It was new because it used to be males who were known to be involved in substance abuse. According to the Biopsychosocial theory, which is the underpinning theory, in this study, the interaction between the person and his or her internal *and* external environment is important in deciding his or her behaviour. It could be that the females who were involved in substance abuse stayed with those who abused dagga. It could also be that those substance abusers had lost their self-esteem and had developed a negative self-image which they believed would be regained by

being involved in substance abuse. A particular drug abuse pattern is more likely to be "visible" if, because of the availability of drugs, their use is prevalent among peers at school or in the neighbourhood,(Kaplan et al., 1982). There were very few respondents who abused the other uncommon substances, probably because they were not easily accessible because they were expensive.
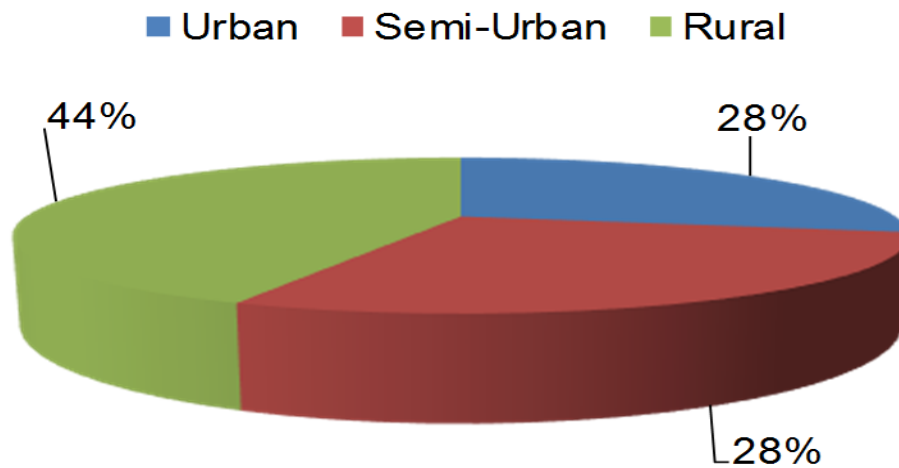
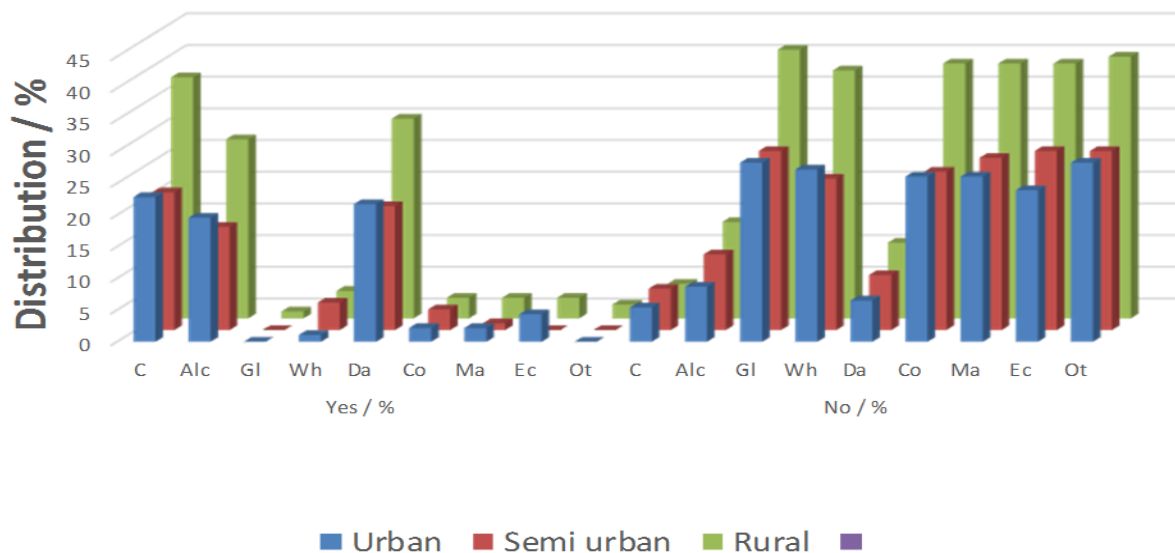
Figure 5.2.9: N= 92: Distribution by location.

Figure 5.2.10: N= 92: Comparison based on location.

Key: C = cigarette   Co= Cocaine

      A= Alcohol   Ma= Mandrax

Gl= Glue   Ec = Ecstasy

Wh= Woonga   Ot = Other (specify)

Da= Dagga

Figure 5.2.9: This graph indicates that the largest number of respondents lived in the rural areas. The urban and semi-urban areas had the same percentage of the respondents.

Rural areas were leading in the abuse of cigarettes, dagga and alcohol. The assumption with the rural areas leading in these types of substances could be that the family members or friends did it or because they were bored as they did not have as many activities as those in the semi-urban and urban areas. Literature has also shown through the social learning theory that learners get their beliefs for drug abuse from their role models, like close friends and parents who abuse substances (Petraitis, Flay and Miller, 1995). Alcohol was readily available for young people in the rural areas since whenever there was an 'umsebenzi' or traditional functions, at home or in the neighbourhood, traditional beer was available. Availability has been referred to as one of the causes for substance abuse (Smart, (1977). 'Insangu' or marijuana is also readily available in the rural areas because it is cultivated there. Those who lived in the urban areas probably bought it from those who lived in the rural areas. Even though those living in the rural areas led in terms of alcohol abuse, literature shows that alcohol was accessible or available to the youth because of the number of shebeens or taverns available. School going youth, easily buy alcohol from bottle stores, supermarkets, bars and shebeens (Parry, 1998). Cocaine, Mandrax and ecstasy were available in a very small scale probably because it was either expensive or not easily accessible.
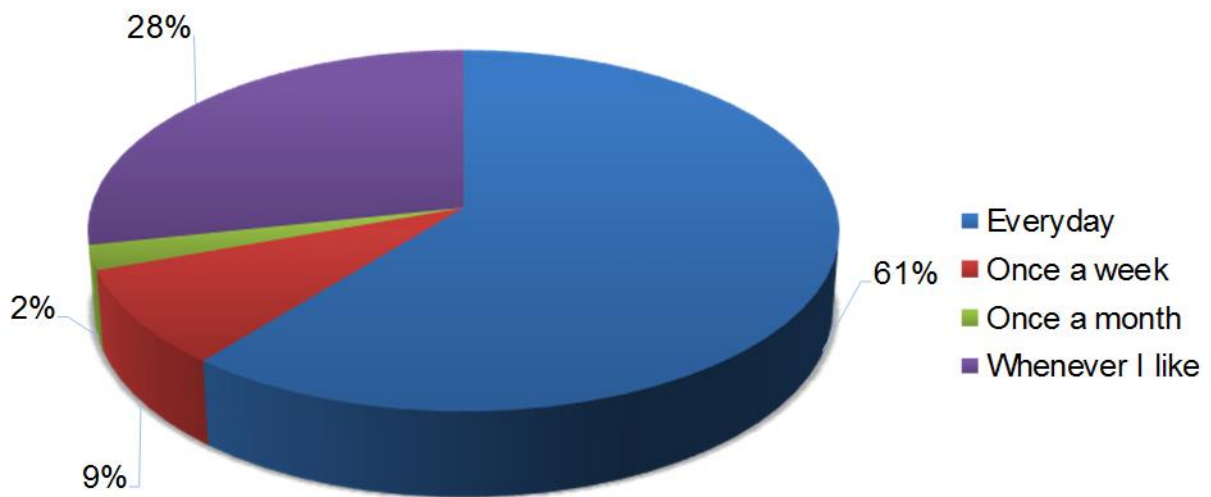
Figure 5.2.11: N= 92: Frequency of abuse.
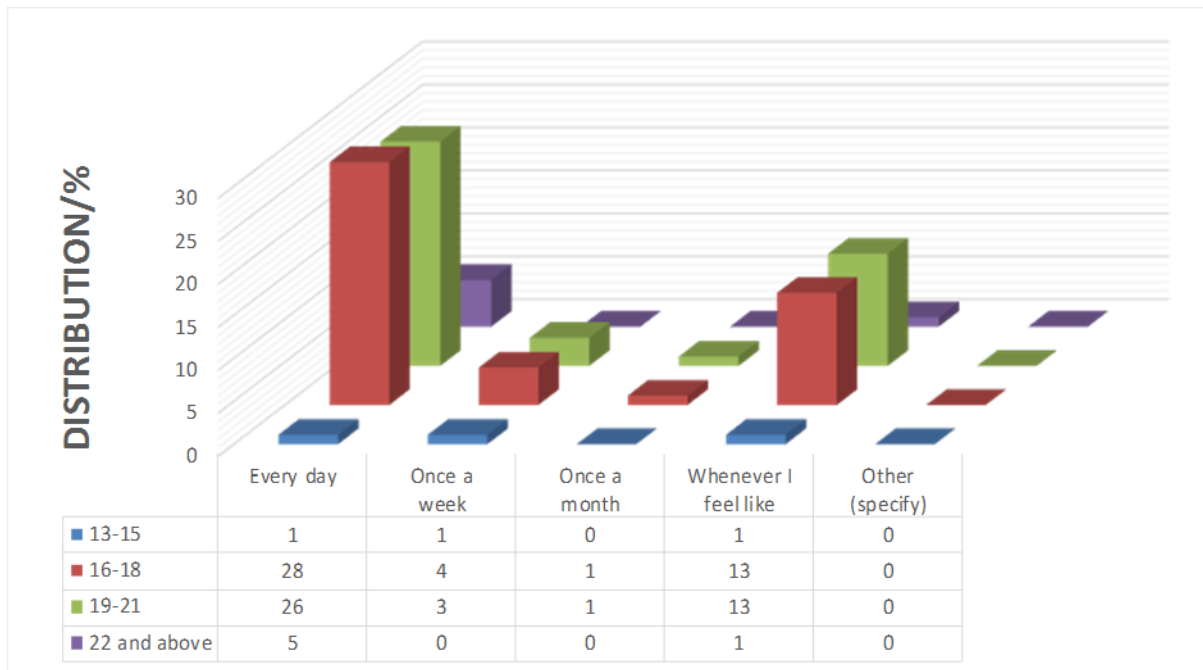
Figure 5.2.12: N= 92: Comparison frequency by age

Key: C = cigarette   Wh= Woonga

   A= Alcohol   Da= Dagga

   Gl= Glue   Co= Cocaine

   Ma= Mandrax   Ec = Ecstasy

   Ot = Other (specify)

Figure 5.2.11 shows how often the respondents abused substances. According to this figure a large percentage, (61%) abused substances every day. 28% of them used substances whenever they liked, 9% once a week and 2% once a month.

Figure 5.2.12 indicates that the majority of the respondents who abused substances range between 16 and 21 age groups. This suggests that most of the adolescents fell within these ranges and this is where peer pressure is strong. This again implies that these respondents were already addicted. These were the types of respondents whose problem behaviours manifested themselves by failing to focus on the studies, staying in the toilets and being aggressive at school, to mention just a few. Literature

has shown that misbehaviour or problem behaviour includes a lack of concentration, disrespect for authority, the rejection of reasoning, physical violence, threat, theft, graffiti, vandalism and verbal abuse (Tiwani, 2010). Those who abused substances once a week, once a month and whenever they liked, they were not yet addicted. They did it just for fun and they were probably using soft substances. As they would do it now and again, they were likely to advance to harder substances and become addicted.

Table 5.2.1 describes the age distribution of participants per grade. The Fisher exact tests show significant differences in the age with respect to grade of the participants ($p<0.05$). As shown in the table below and in respect to age distribution, more of grade 8 (2.2%) are within the age distribution of 13-15 years old. The proportion of the participants within the age distribution of 16-18 years (21.7%) and 19-21 years (17.40) dominate grade 11. Not surprising, the age distribution of 22 and above years were more (4.30%) in grade 12.

Table 5.2.1: Age distribution by grade

			Grade					Total
			Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	
Age	13-15 years	Count	2	1	0	0	0	3
		% of Total	2.20%	1.10%	0.00%	0.00%	0.00%	3.30%
	16-18 years	Count	5	1	13	20	4	43
		% of Total	5.40%	1.10%	14.10%	21.70%	4.30%	46.70%
	19-21 years	Count	0	2	9	16	13	40
		% of Total	0.00%	2.20%	9.80%	17.40%	14.10%	43.50%
	22 and above years	Count	0	0	0	2	4	6
		% of Total	0.00%	0.00%	0.00%	2.20%	4.30%	6.50%
Total		Count	7	4	22	38	21	92
		% of Total	7.60%	4.30%	23.90%	41.30%	22.80%	100.00%
Fisher's Exact test = 0.002								

As shown in Table 5.2.2, it can be implied that there was no statistical significant differences with respect to gender, age group, place of residence, grade, and family living with and the frequency of drug abuse ($p>0.05$). This suggests that the

frequency of drug abuse irrespective of the gender, age group, place of residence, grade, and family living with was the same.

Table 5.2.2: Relationship between biographical data and frequency of drug abuse

Biographical data		N	How often do you use drugs? Yes No				Fisher's Exact test
			Every day	Once a week	Once a month	Whenever I feel like	*P-value*
Gender	Male	78	47 (60.3%)	7 (9.0%)	2 (2.6%)	22 (28.2%)	1.000
	Female	13	8 (61.5%)	1(7.7%)	0 (0.0%)	4 (30.8%)	
	Other	1	1(100.0%)	0(0.0%)	0 (0.0%)	0 (0.0%)	
Age group	13-15 years	3	1 (33.3%)	1(33.3%)	0(0.0%)	1 (33.3%)	0.852
	16-18 years	43	26 (60.5%)	4 (9.3%)	1(2.3%)	12(27.9%)	
	19-21 years	40	24 (60.0%)	3 (7.5%)	1(2.5%)	12(30.0%)	
	22 and above years	6	5(83.3%)	0 (0.0%)	0 (0.0%)	1 (16.7%)	
Place of residence	Urban	26	15 (57.7%)	1 (3.8%)	2(7.7%)	8(30.8%)	0.407
	Semi-urban	26	18(69.2%)	3 (11.5%)	0(0.0%)	5(19.2%)	
	Rural	40	23 (57.5%)	4 (10.0%)	0(0.0%)	13(32.5%)	

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Grade	Grade 8	7	3 (42.9%)	1 (14.3%)	0 (0.0%)	3 (42.9%)	0.672
	Grade 9	4	2 (50.0%)	0 (0.0%)	1(25.0%)	1(25.0%)	
	Grade 10	22	13 (59.1%)	2(9.1%)	1(4.5%)	6(27.3%)	
	Grade 11	38	24 (63.2%)	3 (7.9%)	0(0.0%)	11(28.9%)	
	Grade 12	21	14(66.7%)	2(9.5%)	0(0.0%)	5(23.8%)	
Family living with	Mother & father	23	11 (47.8%)	5 (21.7%)	0(0.0%)	7(30.4%)	0.491
	Father only	10	6 (60.0%)	1 (10.0 %)	0 (0.0%)	3 (30.0%)	
	Mother only	27	17 (63.0%)	2 (7.4 %)	0 (0.0%)	8 (29.6%)	
	Guardian	9	5 (55.6%)	0 (0.0%)	1 (11.1%)	3 (33.3%)	
	Grandparents	20	15 (75.0%)	0 (0.0%)	1 (5.0%)	4(20.0%)	
	Child headed family	3	2 (66.7%)	0(0.0%)	0(0.0%)	1(33.3%)	
	Other	0	0(0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

	One year	Two years	Three years	Four years	Five years	Six years & more
22 and above	0	1	1	1	0	3
19-21	2	5	7	9	7	14
16-18	10	10	10	4	5	8
13-15	1	2	0	0	0	0

Distribution /%
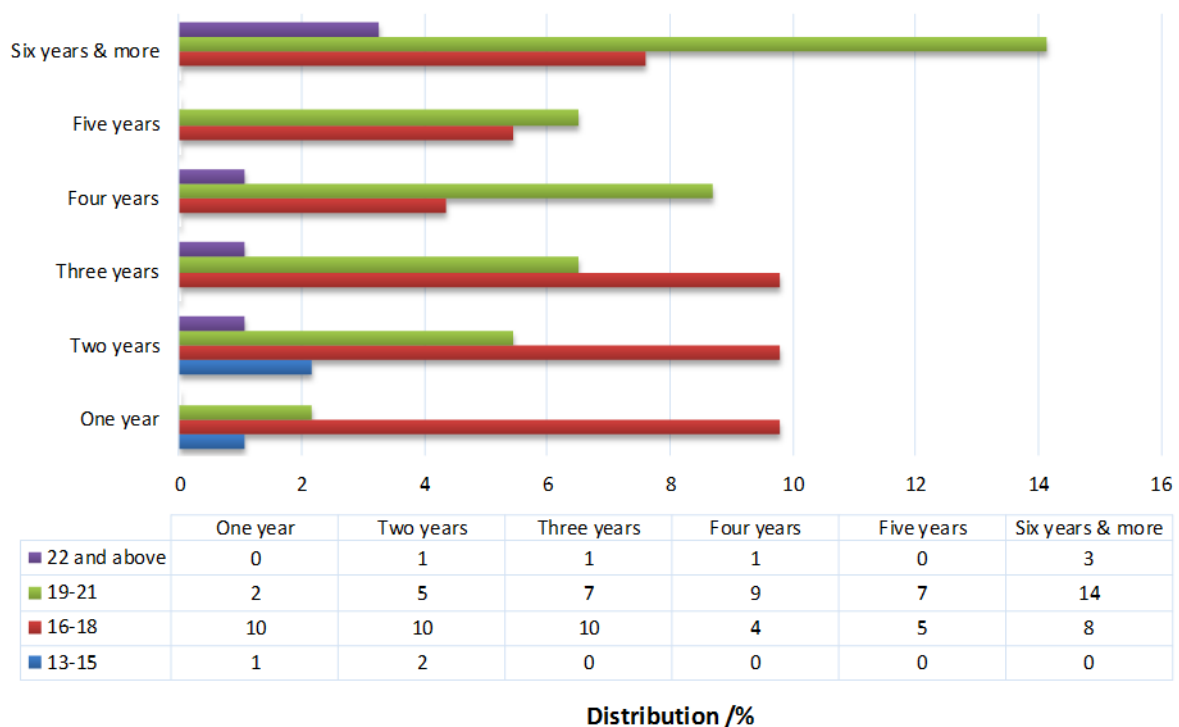
Figure 5.2.13: N= 92: Comparison of period of substance abuse by age

From the above results most of the respondents who had abused substances for many years were clustered in the rage from 16 to 21 years and the rest in the other two ranges, which are 22 and above and 13 to 15 years. This implies that the number of years each of the respondents had been abusing substances determined the number of years they had been stressed by parents or teachers, pressurised by friends or peers, family relationships or any other variable that might have had an influence in their lives. Those who were in the 13 to 15 range, seemed to be problem behaviour respondents since they had the largest percentages than the other ranges. As the years went by the percentage decreased with those in the range 16 to 18. This suggests that as they grew up they had to quit, may be after they had received treatment or owing to mental maturity. With the range of 19 to 21, the percentage increased. This could mean that those respondents were probably already addicted and found it difficult to quit. With range 13-15, the respondents had been abusing substances for only two years and that could imply that they had just started using substances.
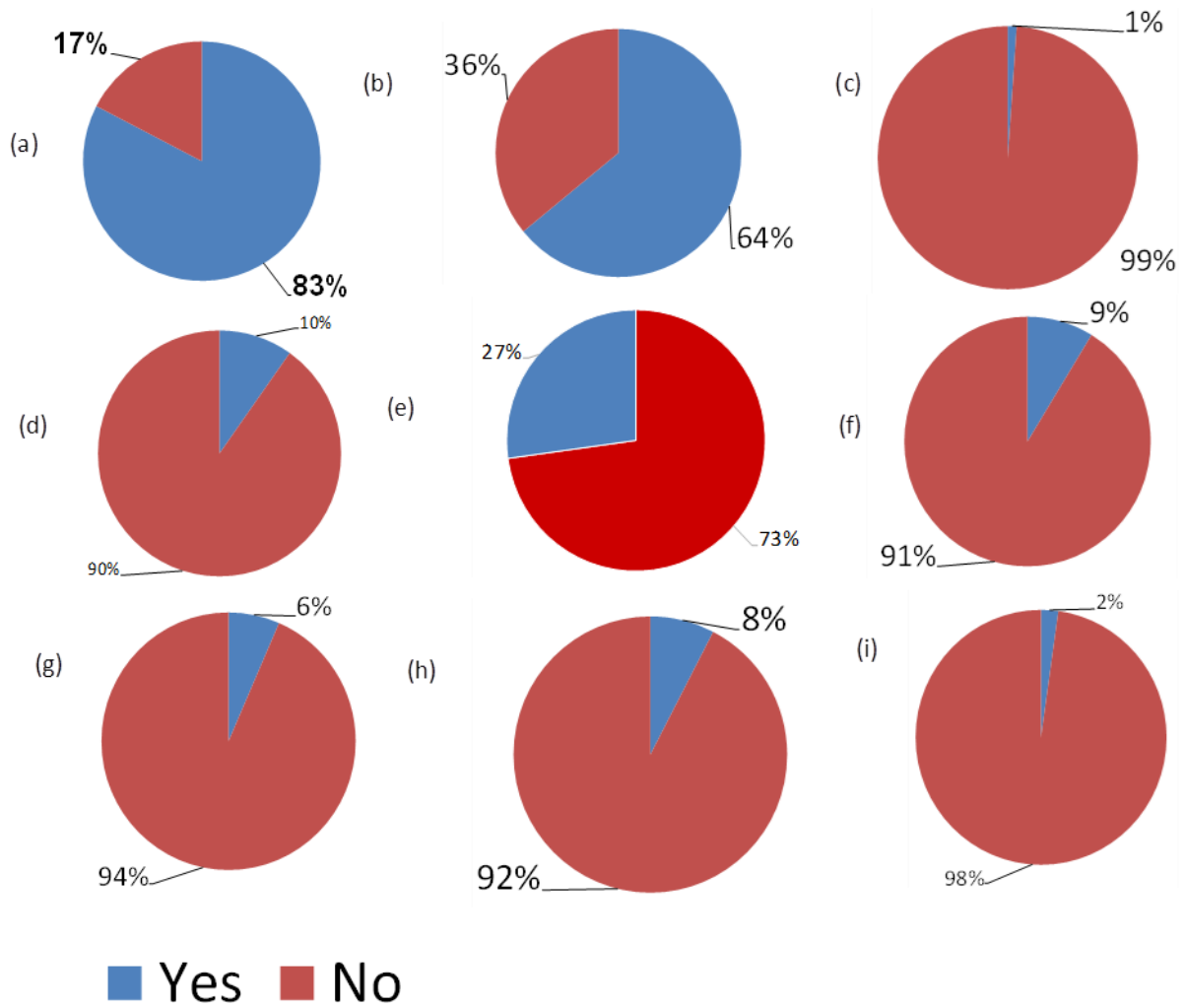
Figure 5.2.14:N=92:Distribution according to different substances abused

(a) Distribution according to cigarette abuse.

(b) Distribution according to alcohol abuse.

(c) Distribution according to glue abuse.

(d) Distribution according to woonga abuse.

(e) Distribution according to dagga abuse.

(f) Distribution according to cocaine abuse.

(g) Distribution according to Mandrax abuse.

(h) Distribution according to Ecstasy abuse.

(i) Distribution according to other (unspecified)

(a) The findings indicate that more than 80% of the respondents abused cigarettes. This suggests that cigarettes were the most commonly abused substance among the learners in the schools in King Cetshwayo district. This could imply that it was readily available to learners and it was cheap as compared to other substances. Besides, learners probably observed members of the family and the community and even teachers abusing it every day in front of them. They could get it even in loose cigarettes in the tuck-shops, in the streets as well as in the taverns. Besides, cigarette is a licit substance and it is treated as something acceptable and normative in the communities because there are no laws preventing its use except that it is legally forbidden to be used in the public places. Research confirms that the attitudes of parents on the use of tobacco have been proved to be a predator of child smoking status and the beliefs of a child about smoking that are emulated from members of the family, are related to smoking behaviour (Zollinger et al., 2005).

(b) This graph indicates that a large number of learners (64%), were abusing alcohol for various reasons as it was reflected in their responses, and only 36% were not abusing alcohol. This is consistent with literature which states that Alcohol is the most commonly abused though, with 14% of the population dependent on alcohol, even though the level of consumption does not exceed that of the developed worlds (Pasche & Myers, 2012). Those who did not abuse alcohol could be abusing other substances instead of alcohol. Alcohol as it has been stated earlier, was readily available among learners. This was because at home there was always home brewed beer for everyone to enjoy during traditional functions and for boys since drinking was socially acceptable as a sign of manhood. In other words, drinking was socially condoned and normative. The children grew up in an environment where people drank and they all acted as role models to the adolescents in the vicinity. This is in line with the research which states that learners are able to access intoxicating substances at home, in their schools as well as in their communities (Lutya, 2009). This, on the hand is consistent with the Biopsychosocial theory and its assertion on the power of interaction with the environment. If you did not drink, you were not man

enough as it has been alluded to earlier on. Literature has also confirmed this notion that alcohol is particularly attractive to the youth as it is seen as a sign of maturity or adulthood (Madu, et.al 2003).

(c)   This graph indicates that only 1% of respondents abused glue and 99% of them did not abuse it. This implies that this substance was not popular in the area, and in the schools of King Cetshwayo, where the research was conducted. The percentage reflected in this graph is consistent with the report by SANCA KZN in table 1 which placed it at 1% in the whole of KwaZulu-Natal. This is an indication that generally in King Cetshwayo district, glue was minimally used by the youth.

(d)   According to graph (d) woonga had a prevalence of 10% abuse. The large percentage of 90% respondents did not abuse it. Woonga was one of the drugs which had recently been developed and it was called nyaope in the Gauteng province. The probable reason for its low prevalence was that it was said to be made of various ingredients such as dagga, heroin, anti-retro-viral drugs, rat poison and acid. It could also be a combination of rat poison, heroin, detergent powder, anti-retro-viral drugs, milk powder, and pool cleaner to bicarbonate of soda. It was said to be highly addictive and destructive. Maybe it was not popular for these respondents because it was destructive and addictive or some ingredients were not easily accessible or was thought to be too dangerous, but ARV's were obtained freely. Some described it as a white powder that was smoked and was a concoction that included rat poison, soap powder and the main ingredient – ARVs or a combination of cannabis or heroin, rat-poison, and the ARV Efavirenz (Chinouya, M., Rikhotso, S.R., Ngunyulu, R.N., Peu, M.D. Mataboge, M.L.S. Mulaudzi, F.M. and Jiyane, P.M. (2014). According to the SANCA report in the same table 1, woonga was at 2% from July to December in 2014 and January to June 2015, it was at 5% in the whole of KNZ province. It however, according to SANCA, was increasing significantly during the time of the report.

(e) According to graph (e) the majority of respondents (73%) did not abuse dagga. It was only 27% of the respondents who abused dagga. This is contrary to what Zululand Observer newspaper reported. According to The Zululand Observer, dagga

has replaced alcohol as the most common primary drug of dependence and indicates that 50% of service abusers are under the age of 21 in King Cetshwayo district where the study was conducted. The researcher expected dagga abuse to be more than what the findings showed because of its availability. The implication for the drop in the abuse of dagga could probably be that most of the learners who were part of this study abused cigarette and alcohol instead of dagga.

(f) Graph (f) indicates that only 9% of the respondents abused cocaine as opposed to 91% who did not abuse it. This was not a surprise to the researcher because cocaine came to the country through globalisation after 1994. The implication for it to be at this level could be that it is among the substances which are being trafficked into South Africa from the Western countries and it is expensive to be easily accessible to learners. The latest 2017 report according to *The City Press* newspaper, cocaine was at 2% in South Africa even though literature has shown a series of incidents of drug trafficking in which cocaine has been involved.

(g) This graph shows that only 6% of the respondents abused Mandrax. Mandrax is one of the substances which came into South Africa through drug trafficking, and it was probably expensive for the respondents in this study. It is probably the reason why it is reflected at this level of abuse even though SANCA KZN rated it as number two in the list of the primary abused substances in table 1. There is a possibility of an increase in the level of abuse since in one operation by the police, machines were found and were suspected to have been used to manufacture drugs since they found 330 kg of Mandrax in that room. When manufacturing is in the country it will be cheaper and more accessible.

(h) The findings of this study indicated that ecstasy had a very low level of prevalence since it was at 8% as opposed to 92% who did not abuse it. Ecstasy was at the low level of abuse probably because it was one of the substances which were brought into the country through drug trafficking and that involved expenses which had to be incurred during the sale. SANCA KZN has placed it at 1% as it shown in table 1.

(i) The **othe**r in graph (i) represented what had been omitted in the list of substances. It represented any other substance which was left out which the involved respondents abused. According to this graph, 2% abused other substances that were left out which could be any other substances. 98% did not abuse other substances

except those which were given. This could imply that they abused only the substances which they had indicated in the questionnaires. As given in Table 5.2.3, the common type of drugs abuse amongst the participants were significantly different (Q (8) 409.893; p <0.001). It can be gleaned that out of 92 responses, 76 (82.6%) noted to use cigarette while 59 (64.1%) use alcohol. Equally, 67 (72.8%) noted to use dagga. In contrast, it was gathered from Table 5 that Cocaine 84 (91.3%), Mandrax 86 (93.5%), Ecstasy 85 (92.4%), Whoonga 83 (90.2%) were not among the common types of drugs abused by overwhelming numbers of the participants.

Table 5.2.3: Type of drug abused

Drugs	N	Value		Mean	Std. Deviation	Cochran's Q	Sig
		Yes	No				
Cigarette	92	76	16	1.17	0.381		
Alcohol	92	59	33	1.36	0.482		
Glue	92	1	91	1.99	0.104		
Whoonga	92	9	83	1.90	0.299		
Dagga	92	67	25	1.27	0.447	409.893	0.000
Cocaine	92	8	84	1.91	0.283		
Mandrax	92	6	86	1.93	0.248		
Ecstasy	92	7	85	1.92	0.267		
Other	92	2	90	1.98	0.147		

Table 5.2.4 shows the contributing factors that influences the abuse of drugs amongst the participants. As indicated by the level of significance, the Cochran test revealed that the contributing influence of drug abuse amongst the participants were significantly different (Q (3) 129.276; p <0.001). Given the negative influence of peer

pressure on adolescence substance or drug abused, it was unsurprising that out of 92 responses, 71 (77.2%) of the participants were strongly influence by friends while 23 (25.0%) were influence by their home background. Interestingly, the media was not seen by majority 87 (94.6%) of the participants as an influence in the abuse of drugs.

Table 5.2.5: Influence in the abuse of drugs

Drugs	N	Value		Mean	Std. Deviation	Cochran's Q	Sig
		Yes	No				
Friends	92	71	21	1.23	0.422		
Media	92	5	87	1.95	0.228		
Home background	92	23	69	1.75	0.435	129.276	0.000
Other	92	2	90	1.98	0.147		
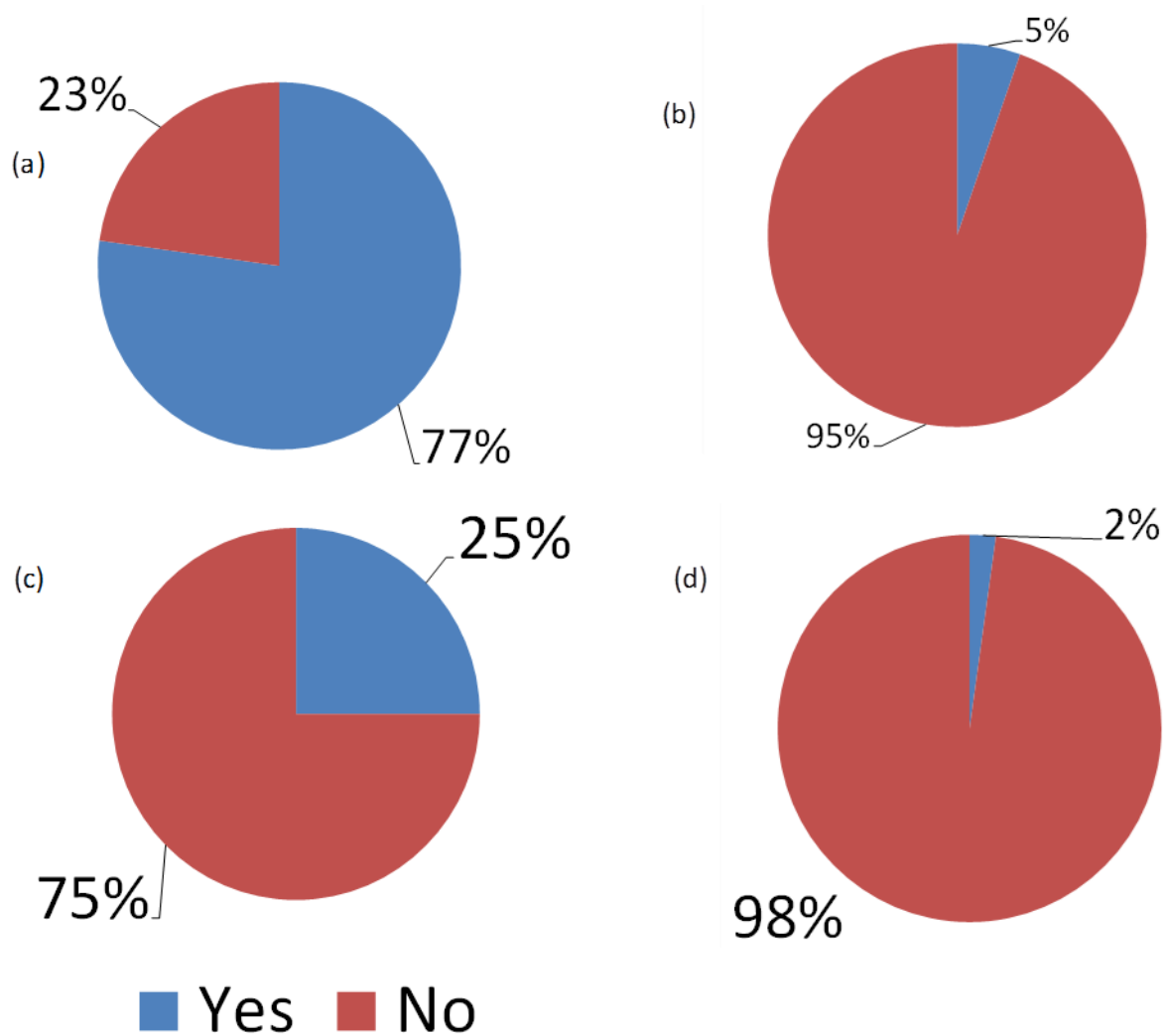
Figure 5.2.15: N= 92: Distribution according to source of influence

(a) Distribution according to influence by friends.

(b) Distribution according to the influence by the media.

(c) Distribution according to the influence by home background.

(d) Distribution according to other influence (unspecified).

(a) According to graph (a) 77% of the respondents were influenced by friends. Only 23% of them were not influenced by friends. This implies that the majority of the respondents in this study were not mature enough to take their own decision. They were involved in substances because they wanted to be part of the group and to fit in irrespective of the consequences thereof. This is an admission that friends and peers

played a significance role in substance abuse involvement. A lot of literature has shown that peer pressure plays a major role in the development of adolescents. This is consistent with peer cluster theory, which states that "the socialization factors interact to produce small, very cohesive peer clusters which encourage the involvement in substance or provide sanctions against substance abuse to shape the adolescent behaviour" (Oetting and Beauvais, 1987). Research again shows that other reasons for use and misuse of alcohol include peer pressure and a desire to fit in (Gopal & Collings, 2012). Social learning theory again refers to indirect peer pressure which occurs when a young person is associated with peers who drink or smoke, and make substances accessible and normative, at the same time creating an impression that substance abuse makes you socially acceptable (Simons-Morton et al., 2001). One of the possible reasons why adolescents are influenced by peers is that they spend most of their time with them both at home and at school, especially boys who do not spend most of their time at home. This is because parents are not as strict with boy children as they are with girl children. These results concur with research which named peer pressure as one of the factors which contribute to substance abuse. These results are again consistent with the Bio-psychosocial (social-ecology) theory which asserts that the school and peer pressure are very important in determining whether an adolescent will be involved in drug abusing behaviour or not (Norman et al.). It is again consistent with McMillan et al.'s definition of community when they call 'membership' the feeling of belonging or sharing a sense of relatedness (McMillan and Chavis, 1986).

(b) According to graph (b) there were very few respondents (5%) who were influenced by media. The majority (95%) was not influenced by media. This was contrary to the researcher's expectation because the belief was that the majority of respondents would be influenced by media since some adolescents' role models are musicians and television personalities. They usually get attracted to them through their style of music and their style of clothing. The probable reasons for these respondents not to be influenced by media among others could be that they neither watched television nor read newspapers. The reason for that could be that they spent most of their time with friends, with whom they abuse substances. These findings are again a contrast to what literature found which is, that the youth derive

role models from what they watch on television and social media and they model those types of unacceptable behaviours as their heroes and heroines (Yankuzo, 2013).

(c) According to graph (c) 25% of the respondents were influenced by the home background and the large majority (75%) was not influenced by the home background. That the majority was not influenced by the home background does not necessarily imply that everything was right in their home backgrounds; maybe it was because they were indirectly influenced. An indirect influence could have occurred when the circumstances at their homes were not so conducive that they decided to be more attached to their friends and peers who ultimately influenced them to abuse substances. In other words, their home backgrounds were the cause for their involvement in substance abuse. Influencing someone does not always mean informing or telling someone to do something, but actions can influence someone to do something. Literature has also indicated that parents can indirectly influence or encourage children by not facing reality that their children are involved in substance abuse by being protective and by blaming outside forces like neighbours, friends and relatives for their children's involvement in substance abuse (Stanton, 1980). As they do that, children are indirectly influenced or encouraged to proceed with substance abuse since they are protected. These respondents looked at the direct ways of influence.

(d Graph (d) showed that with regards to the influence by **other,** there was only 2% who reported to have been influenced by other things than those which were in the list that was given and 98% of them were not influenced by any other thing except what they had mentioned. The **other** referred to, was not specified.

A chi square was used to determine the relationship between drug abuse and the influence by friends, media, home background and *other*. Chi-square statistic measures the difference between the observed counts and the counts that would be expected if there was no relationship between two categorical variables. Large differences are evidence of a relationship.

Though there are more "no's" than "yes", the chi factor has revealed that learners are aware of the causal factors leading them to the abuse of drugs. Chi square calculations were performed at 95% confidence level for degrees (df) = 21.
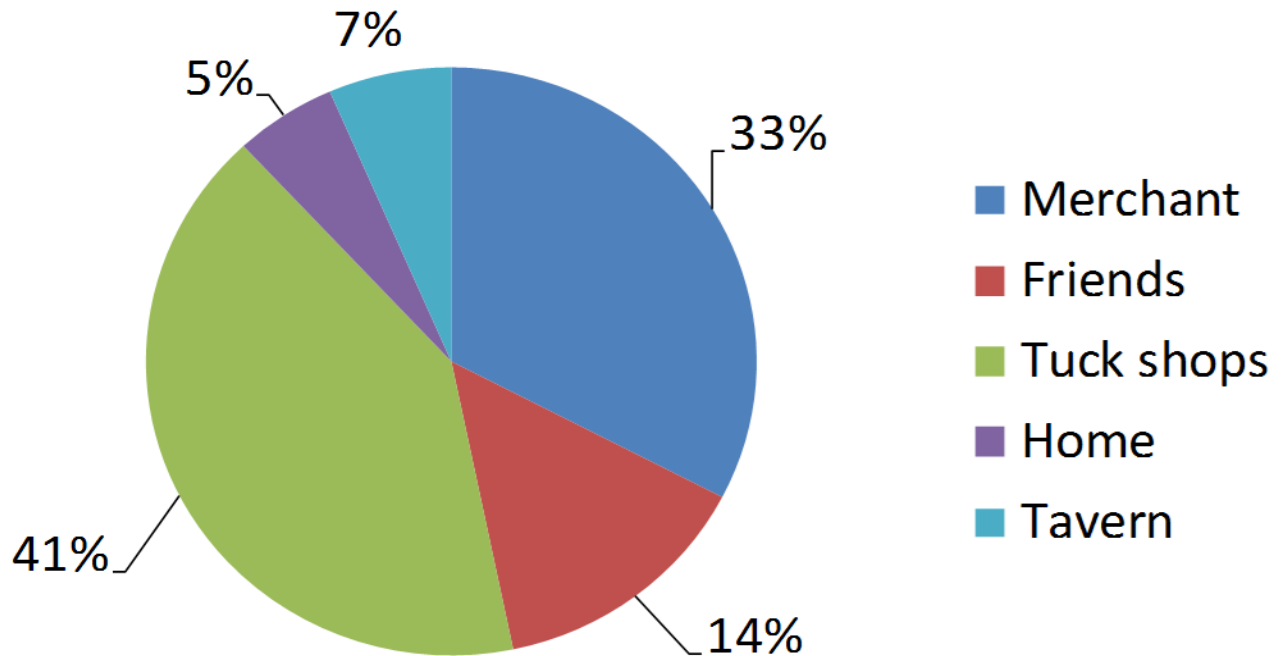
Figure 5.2.16: N= 92: Distribution by source of substance

Figure 5.1.16 gives a reflection of different sources from which substances are obtained. According to this graph the majority (41%) of respondents got substances from the tuck shops and 33% of them got theirs from the merchants; 14% of them got theirs from friends, 7% from the tavern and only 5% got theirs from home.

	Merchant	Friends	Tuck shops	Home	Tarvern
■ 13-15	3	0	0	0	0
■ 16-18	14	4	23	2	3
■ 19-21	15	9	15	2	2
■ 22 and above	0	1	3	1	1
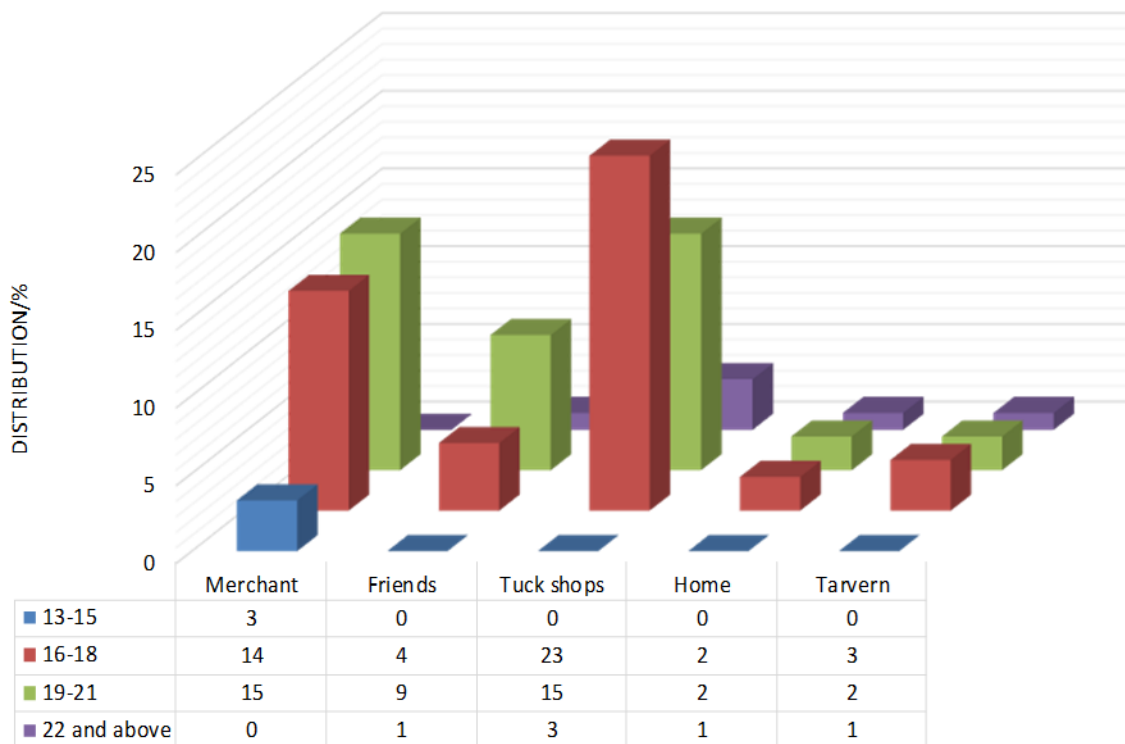
Figure 5.2.17: N= 92: Comparison of distribution of age by source

Figure 5.1.17 compared substance abuse with the ages of respondents to determine the sources of their substances. Tuck shops are places where one cannot expect to get hard substances except cigarettes. Even though respondents did not specify the type of substances they got from the tuck shops here, in the focus groups they categorically mentioned even the types of substances they got from there, such as space muffins, space eggs, and space cakes which is discussed in the next section. One can therefore conclude that, according to the findings, even hard substances were sold at the tuck shops. The majority of respondents who range from 16 to 21 years got their substances from the tuck shops, from the merchants and friends. They were very few of them who got substances from home and the tavern. The merchants are the people who walk around selling the 'stuff', as it is called, to their clients. They are found in the street corners and in other places where they find their clients. Very few of those who ranged from 13 to 15 years got their substances from the merchants. Very few respondents, who ranged from 22 and above who got their substances from friends, tuck shops, home and taverns.

By the word 'friends' it could mean the peers who bring substances into the school premises or those who have dropped out of school who bring the 'stuff' to their friends. Those who got it from home could have got it in the form of alcohol, sorghum beer and dagga since it is cultivated in some homes. Research has shown that shebeens, taverns and other informal drinking establishments close to the schools and homes are some of the factors which contribute to substance abuse, (Upindi, Mushaandja, and Likando, 2016).
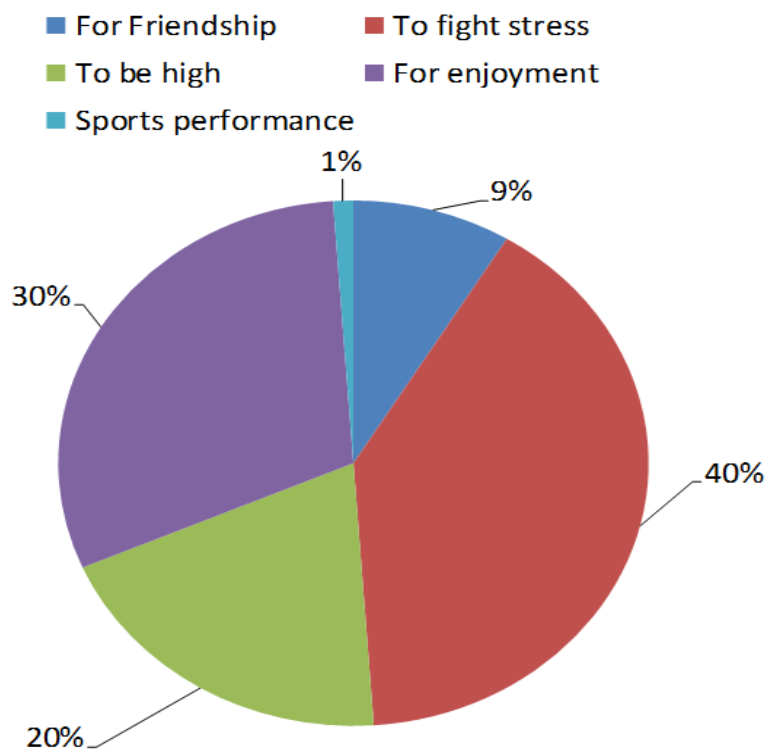
Figure 5.2.18: N= 92: Reasons for abusing substances

Figure 5.1.18 shows that the majority of respondents (40%) abuse substances to fight stress. 30% of them abuse substances for enjoyment and 20% do it to be 'high'. There was only 9% of those who abuse it for friendship and only 1% of them who abuse it for sports performance.

	For friendship	To fight stress	To be high	For enjoyment	Sport performance
■ 13-15	0	0	3	0	0
■ 16-18	5	17	9	15	0
■ 19-21	3	20	8	12	1
■ 22 and above	0	3	0	3	0
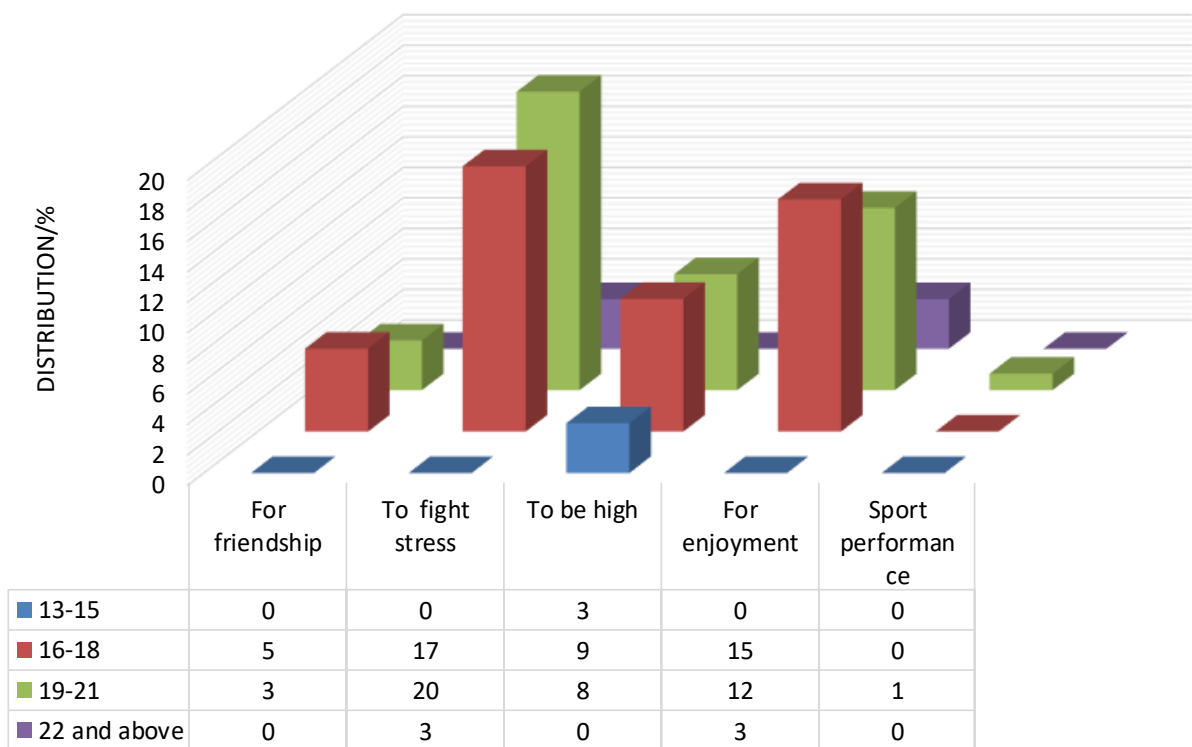
Figure 5.2.19: N= 92: comparisons of reasons for substance abuse by age

Figure 5.1.19 compared the reasons for substance abuse in terms of various ages for respondents. None of those from range 13 to 15 years abused substances for other reasons except for being 'high'. The majority of respondents who were from the ranges 16 to 21, abused substances for friendship, to fight stress, to be 'high' and only 1% of them used it for sports performance. Those respondents who fall within 22 and above range showed that they only abused substances to fight stress and for enjoyment. From the findings in figure 5.19 it is clear that most respondents abused substances for three reasons, mainly to fight stress, to be 'high' and for enjoyment. It was surprising though, that very few of the respondents took substances for friendship. One would have expected more respondents to take substances for friendship since peer pressure has been highlighted in literature as one of the factors leading to substance abuse. The implication from these findings is that the pressure which the peers exerted on them was better than that which their parents exerted on them. This was because they were not stressed by the peer pressure but by other sources of stress. Maybe the family instability, boredom and family relationships,

which included parent-child relationship and parent-parent relationship, could have been the causes of stress. The results based on these responses show that the largest number of the respondents abused substances to fight stress. Even though this study did not investigate the sources of stress, literature has shown that there are factors which contribute to learner stress. Sometimes parents exert a lot of pressure and expect too much from their children. For instance, as it has been alluded to earlier, that parents expect their children to use their leisure time profitably, when children fail to live up to their parents' expectations, they become stressed (Weybright et al., 2014). Teachers can also exert pressure on learners by stigmatising them and at the end the learner's self-esteem is lowered. This is consistent with the self-derogatory theory which asserts that after the individual has lost self-esteem and negative self-image, he or she resorts to the alternative which is visible and available (Kaplan, Martin, and Robbins, 1982.

The respondents who abused substance for enjoyment could be doing this just for the fun of it without any particular reason. This could somehow be related to those who wanted to be high and who did it for friendship. This is because they could do it so as to enjoy the company of friends, and they could also do it because they wanted to be high so that they could enjoy the company of friends. They could do it so that they become 'high' so as to temporarily forget about their worries.

5.3 QUALITATIVE DATA PRESENTATION ANALYSIS AND INTERPRETATION OF THE FINDINGS

5.3.1LEARNERS' RESPONSES

Introduction

After collecting the data the researcher analysed them and came up with a number of themes based on substance abuse. Because of a large number of themes, the researcher decided to work on those which came out prominently. The researcher again decided to give a few samples for each theme and each respondent used here, has been given a number for easy reference.

ANALYTIC MEMO A - (Theme 1: Peer pressure)

Propositional Statement

This memo encompasses the narratives which reflect the contribution and impact of peer pressure on respondent's substance abuse. It was prompted by the question: *What do you know about substance abuse in schools?*

From the responses and narratives received from learners it was apparent from their perspectives that peer pressure played a major role in influencing learners to be involved in substance abuse. Worthy of note is the fact that the question was neutral, but the responses took the responsibility away from the respondents as they blame a 'friend'. For example, Respondent 1 asserts: 'When a friend approaches or invites you to go and smoke dagga, you can skip classes the whole day' (MN 6). What may be gleaned from it is that the peer pressure phenomenon absolves the substance abuser from accounting for his or her role in the substance abuse. The tendency of 'othering' is symptomatic of someone who will not escape the vicious cycle of substance abuse because culpability does not start with them. This is also evident in the narratives of Respondents 2 and 3 who do not focus on themselves but blame 'friends' and 'someone', respectively:

Respondent 2: Sometimes my friends will invite me to smoke and afterwards I can't focus during class (MN 11).

Respondent 3: If there is someone famous in the school and have a lot of followers you also like to be part of that group by doing what they do (MN154).

Peer pressure has further ramifications for Respondent 1 abuser in that he 'can skip classes the whole day'. Therefore the embedded problem is that learners are not only affected physically by substance abuse but they also suffer educationally as they lose track of what is being taught in class.

From the responses given above respondents 1 and 2 emphasised the role played by friends and peers in influencing them to be involved in substance abuse. Peer pressure has been highlighted as one of the factors which play a role in substance influence. According to Bio-psychosocial theory (BPS) the family and community, especially the school and peer pressure are very important in determining whether

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an adolescent will be involved in drug abusing behaviour or not Norman, et al. (1993).

Respondent 3 emphasised that an adolescent can do anything, as long as that will make him/her feel accepted and be part of the group in which he/she will be comfortable. This is consistent with Norman et al.(1993), when they said that the transition from adolescence shows itself when the adolescent is involved in substance abuse so that he or she is accepted in the group of peers or to identify with youth subculture, and also as a means of fighting frustrations (ibid).

From the foregoing analyses it may be deduced that substance abuse is induced by peer pressure – a phenomenon that yields secondary problems like shifting responsibility (which in itself prolongs the problem) and the loss of educational opportunity.

ANALYTIC MEMO B :(Theme 2: Escapism from reality)

Propositional Statement

This memo reflects the narratives received on the reasons to which substance abuse could be attributed. Some of them related to personal problems, boredom, stressful situations and justification for getting "high". These reasons were based on the question: *What circumstances at home and school make you as learners to get involved in substance abuse?*

Some of the responses and narratives indicated that learners were avoiding facing reality by blaming the availability at school as the reason for substance abuse. The reality is that no one forced learners to buy space muffins. This is revealed by Respondent 1 who blames the learners who sell space muffins (MN 75- MN 80) and respondent 2 who blames death for being involved in substance abuse. This is a clear sign that learners do not accept responsibility for their actions and instead they project it to other people (MN 81- MN82). Respondent 3's response shows clearly that the good relationship and attention of parents to their children is important, otherwise children divert their attention to something negative like substances. (MN 86).

The responses above portray a picture of a home situation which has a bearing on substance abuse. Respondent 1 gives a scenario of what happens if one loses

someone special upon whom they depend for support and for survival. Sometimes stressful situations like these do make a person stressed if no professional support is received, particularly for adolescents who are at the stage of confusion. In these cases sometimes death is made a defence mechanism for maladaptive behaviour instead of facing the reality of the situation. According to Fenichel, (1945) defence mechanisms are designed to protect self-esteem. They therefore enable a person to adapt to the traumatic situations. Among other stressful reasons given by literature for alcohol and other drugs (AOD) consumption are, that people do it because they try to do away with stress and to run away from their difficulties (Puljević & Learmonth, 2014).

.**Respondent** 2 refers to the importance of parent-child relationships. Whatever behaviour parents display in front of a child, has an impact in his/her life. Parents have to be the providers of the basic needs of their children, failing which children start looking for alternatives where they get those basic needs. Research has proven that parental conflict leads to under-controlled types of behaviour like aggressive and disruptive behaviour, particularly in boys more than in girls (Amato, 1986). Research has also indicated that parent-child relationships become worse in families where there are high levels of marital conflict (Hess and Camara, 1979; Hetherington, Cox, and Cox, 1979; Wallerstein and Kelly, 1980). Again studies have found that good parent-child relationships are related to high self-esteem (Coopersmith, 1967; Rosenberg, 1965), as quoted in Amato, (1990).

ANALYTIC MEMO C :(Theme 3: Parental child neglect)

Propositional Statement

From the narratives received from learners, it was clear that parents do contribute directly or indirectly towards substance abuse. Parental-child neglect was one of the important aspects that came out during the discussion. Parents have the responsibility of taking care and giving support to their children and the children on the other hand have the responsibility of giving their parents respect they deserve. The responses were triggered by this question: *What do you think your families have lost, that makes you, the learners, get involved in drugs?* The response from respondent 1 puts blame to the parent for the parental neglect after getting involved with another man. It is clear that the child does not receive the attention he deserves

and at the same time there is an element of jealousy with the other children who now receive more attention. The child again feels betrayed by his mother. This is revealed in this narrative: *They get married and the new father brings his own children into the family. Now you feel like you are isolated or discriminated against because you are not his biological child (MN17 –MN18).* Respondent 2 again reiterates on the importance of parent child relationship when he says: *Connection between parents and children is lost. When a parent gives up on you, you go to those who will support you and start smoking (MN28).*

From the narratives received, it was clear that some parents abdicate their responsibilities which lead to their children to find alternatives that give them attention such as influential friends who involve them in substance abuse.

The response from respondent 1 implies that there was no communication between his mother and the children before she could involve herself with the stepfather. The challenge could have been that, according to the African culture, adult personal issues are not discussed with children. Another challenge was that the stepfather probably did not belong to the family. According to the African culture when a husband died, the brother would inherit (ukungena) both the children's mother and the children as it has been stated in this study earlier. He would take care and provide for all the children even those who were his brother's children without discrimination. The decision for him to take over would have been taken by family members if he belonged to the family to avoid such problems. The arrival of a stepfather to stay with them created problems for this child who ultimately did not get the love and attention he deserved, and thus started to look for alternatives that would sympathise and provide for him. It should again be noted that the majority of respondents were males. It could be that the boy was attached to his biological father and the stepfather did not fulfil the role fulfilled by his father.

Research has shown that there are challenges in stepfamily settings. It suggests that girls are likely to disengage from these families (Hetherington et al., 1998) in King (2006). Research goes on to say that father involvement and parent-child closeness tend to decline during adolescence for both non- resident fathers (King et al., 2004)

and stepfathers (Stewart, 2005) as adolescents increasingly desire greater autonomy and spend more time with peers, in extracurricular activities, and some- times in after-school employment (Hosley and Montemayor, 1997) in King, (2006).

Respondent 2 views his parents as people who had abdicated their duties by giving up on him. The support which the child should have got from parents was not available, hence he had to go and look for it elsewhere from friends and peers who were the better alternatives. Research has also proved that if the young people do not get "healthy" opportunities to which they have to belong in their environment they are likely to create their own alternatives which are not healthy (Weybright et al., 2014).

The fact that respondent 3 lived with his mother was indicative of many challenges that he faced. He stated again that even his grandmother came back late from work. From this response one can infer that the boy had ample time either to be away from home with friends or his friends stayed at his home in the absence of his grandmother and abused substances. It has been stated earlier that because of the challenges faced by grandparents, they find it difficult to focus on their grandchildren, even though there are some benefits for children staying with grandparents. Some of those benefits are that they are looked after by someone known to them, (Poehlmann et al. 2008).

ANALYTIC MEMO D (Theme 4: rejection by the significant other)

Propositional Statement

Stigmatisation and name calling was one of the main issues which was raised as a concern by the primary respondents. According to them it came from various sources such as the family, peers and the school. Responses were prompted by this question: *What do you think schools should do to prevent learners from using/abusing substance or what role does the school have to play?* Respondent 1 answered as follows: *Teachers should avoid calling us names in front of other learners simply because we are involved in substance abuse that does not make me happy. Those who do that are supposed to be supporting and advising us that we should stop substances* (MN131-132). Respondent 2 again reiterated what was said by the first respondent by blaming the teachers when he responded by saying**:** *It is wrong for a teacher to go round telling other learners that you are so rude because*

you are taking substances. It is better for the teacher to talk to you privately, otherwise you will be angry and abuse substance even more (MN 66). From these utterances it is clear that teachers stigmatise learners on the bases that they take substances. According to them this stigmatisation sometimes takes place in front of other learners. From these responses one can realise that educators needed interpersonal skills which could empower them to be able to deal with learners who abused substances. That could not only exacerbate substance abuse, but could also lead to substance abusers developing a negative attitude towards educators which could in turn lead to them failing or dropping out of school. Sometimes before they drop out of school, this could lead to a conflict with an educator which in turn leads to the learner being aggressive and be destructive just like it happened when a learner stabbed two educators as the literature has shown (Shangase, 2017). Research indicates that there are educators who display behaviours in school which cannot be emulated by the learners (Msila, 2014). This kind of behaviour by the educators demoralised, belittled and lowered the self-esteem of the learners who later try to boost it by using and abusing substances.

ANALYTIC MEMO E :(Theme 5: Change in life style)

Propositional Statement

Africans, particularly Black Africans have always been known for their strict value system, which started from simply greeting even a stranger. Children respected any adult; known or unknown and any adult had a responsibility of disciplining any child, known or unknown. Hence 'my child was your child, and your child was my child'.

From the responses and narratives received it could be deduced that some important values and norms had been lost owing to the change of life style which has been adopted by Africans. The following responses and narratives were prompted by the question: *What has been lost in the families of Africans that has contributed to substance abuse?* This was clear from the responses received from respondent 1 when he said; '*A parent who is involved in substance abuse cannot tell the children what is wrong and right because he has no self- respect.'* Respondent 2 reiterated what respondent 2 said when she said that: The merchant who sells substances is also a parent who knows what is right and wrong. *Why does he/she sell substances*

to us because as a parent you cannot sell those substances to your own child? That means you destroy that child because he/she is not yours (MN 112).

What respondent 1 implied was that if a parent has no self-respect and respect for his/her children, it is difficult for him/her to tell his/her children to show respect. He emphasises that parents have to display self-respect in front of their children for them to be respected by their children. Self-respect and respect for others was a backbone of the African people and that was part of ubuntu. Respect is earned and for it to operate well, it has to be reciprocal. Ubuntu, as it has been stated earlier, is altruistic and not individualistic (Letseka, 2000).

Another very important point raised by respondent 2 is a lack of altruism by that adult who sold substances to children, something he/she cannot do with his/her children. Ubuntu has been lost probably because Africans have adopted a Eurocentric life style full of Eurocentric values. The researcher felt that it was Eurocentric because African values seemed to have been ignored and were no part of the democratic dispensation. Even the curriculum did not cater for the Afrocentric norms and value system. Hence Seepe in Msila (2014) believes that there should be a change in the South African curriculum and it should be contextualised to be adaptable to the African situation. According to Seepe in Msila, it is through education that the Afrocentric values, cultural norms and beliefs of the society are reproduced (Msila, 2014). Children have rights and they have to be observed and they cannot be punished as it used to happen before the new dispensation in South Africa. Because of that, parents had to be empowered so that they could deal with their children in a way acceptable in the new dispensation.

ANALYTIC MEMO F: (Theme 6: Lack of role models

Propositional Statement

As children grow, they rely mostly on adults who are parents, older siblings, neighbours and the community in their proximity. Since they learn through imitation, they look up to the people with whom they are in contact as their role models and they also model their behaviour. The following responses were prompted by the following question: *As Africans, what do you think your parents should do to help*

learners not to abuse drugs? The response from respondent 1 was that: *The community should stop smoking in front of us and for instance, when I am in the sports field and my uncle comes and asks me if I am okay. He says 'come let us have two quarts of beers'* (MVN 47). Respondent 2 again responds by saying: *The community can help me by avoiding sending us to the canteens to get cigarette, and drugs because when I grow up I also like to have a taste of what they have been taking. (MVN 51-52).* Both responses blame relatives and community members for not being exemplary and good role models to young people. Research shows that learners get their beliefs for drug abuse from their role models, like close friends and parents who abuse substances (Petraitis, Flay and Miller, 1995).

ANALYTIC MEMO G: (Theme 7: Lack of parental and educator support

Propositional Statement

From the responses received it was clear that all the stakeholders such as parents, teachers as well as the community, who are responsible for the upbringing of a child, need some forms of empowerment so as to be able to face challenges which are encountered in the process of child-upbringing and education. The following responses and narratives were triggered by this question: *What should parents do to prevent substance abuse?* The response from respondent I was: '*They should teach us about drugs and provide us* with *the necessary sporting activities' (MN 115).* Respondent 2 responded as follows: *Parents hide things from us, they do not tell us about life and they do not tell us anything about substance abuse we find out on our own. There is no relationship between us and parents (MN 144).*

Respondents 1 and 2 put the blame on parents in that they did not exercise their responsibility of informing, guiding, warning and giving their children a direction as to how to react and what to do when they were faced with life challenges. In other words, there was a lack of communication between parents and their children. If parents had given themselves an opportunity of communicating with their children, they would have been likely to learn about the challenges their children were facing. At the same time, they would have taught their children some communication skills. That on the other hand would boost their children's self-esteem and for their children to realise that their parents care about them. Research shows through the social

competency model that adolescents abuse drugs owing to low self-esteem and the lack of appropriate value systems, inadequate decision-making and problem solving and communication skills. Even though some parents avoided speaking to their school going children claiming that they were not educated, the question was, "How were children brought up prior to the education they spoke about?" That should take them back to the Afrocentric ways of bringing up the children.

It is understood that there are different parenting styles and practices, maybe the parents who have no relationship with their children feel that children should be kept at arm's length for specific reasons. This type of attitude is likely to place both the parent and the child in an awkward relationship, because the parent might not know when the child needs help or support and the child might find it hard to approach a parent in case he/she has a problem. Literature has shown that an autocratic parenting style may not be effective because it implies an inferior/superior relationship between parent and child. On the other hand, a democratic parenting style is suggested as the most ideal for psychological adjustment because behavioural compliance and psychological autonomy are viewed as interdependent objectives (Gfroere, ken and Curlette) in Milevsky et al (2007).

5.3.2 PARENTS' RESPONSES

ANALYTIC MEMO A: (Theme 1: Reasons and causes of substance abuse)

Propositional Statement

From the responses received from parents it was revealed that there was a variety of reasons and causes of substance abuse by learners. The responses received were prompted by this question: *What makes your child abuse substance?* Respondent 1 replied by saying: *'I hear that children use it because of some problems like when one of the parents dies, or has been abused they use it to forget what has happened (MVN 1-MVN 2).* Respondent 2's response was: *'It can also happen that the child is being abused at home and decide to do drugs in order to deal with stress. Examples of cases where the family can contribute, is when the child is sexually abused by a member of a family. Because it is difficult for a child to report this since people will*

not believe her, she then does drugs to remove stress and to divert focus from what is happening (MVN 122-125).

Some parents did not want to accept that they were part of their children's involvement in substance abuse, and others did accept that they also contributed in one way or another to substance abuse just as some of the learner respondents claimed in their responses. It was clear from respondent I that stress was a cause for substance abuse. Literature also indicates that some factors leading to substance abuse include idleness, living in an area surrounded by substance users, long working hours and living a stressful life (Mudavanhu, 2014).

Respondents 2 raised a very valid point about child abuse. Abuse takes various forms, such as physical, emotional and emotional abuse. The most common type of abuse was sexual abuse which occurred in the family, in the community and at school. The worst case was when that type of traumatic abuse occurred in the family by the family member. In that case what used to happen was that elders of the family, especially among the African black community, would whisper among themselves about the issue and make it a family affair that should not be divulged. It was not reported to the police and the perpetrator would walk freely while the victim suffered emotional consequences. If it happened in the community or at school by the prominent personalities who had a lot of money, the victim or the family would be bribed so that they would not report the matter. The family kept it as secret to protect him for the family to survive at the expense of the victim. In the meantime the victim suffered from post-traumatic stress disorder. The results of post-traumatic stress disorder include among other things, cognitive and psychological problems. In a research conducted by Madu and Peltzer, it was revealed that the victims of sexual abuse are likely to suffer psychological and behavioural problems because of traumatic sexualisation, stigmatisation, betrayal and powerlessness (Madu, et al 2001). Literature again shows that many adolescents with a history of sexual abuse reported short-term sequelae (conditions which are the result of the previous disease) like sexual dissatisfaction, promiscuity, homosexuality, and risk for

victimisation (ibid). It is clear that the victim is likely to suffer for the rest of his/her life and that could have a detrimental effect on the child's school performance.

ANALYTIC MEMO B :(Theme 2: Peer influence or pressure)

Propositional Statement

This theme was again strongly emphasised by parents as it was the case with learners. Some parents emphasised this theme in defence both of their children and of their own weaknesses as parents who had not done enough to ensure that their children were not involved in substance abuse. This theme came as an overlap to most questions. The researcher therefore showed responses related to the theme as they were received.

The responses related to it were as follows:

Respondent 1: In my view since he spends most of his time at school

with friends he notices friends involved in smoking as

a style and he also ends up smoking (MVN61).

Respondent 2: They smoke in neighbour's houses sometimes

with the neighbour's son who does not work or attend

school. They lock themselves in the neighbour's house

and the neighbour does not even bother to ask them what

they are doing in the closed house (MVN 86-87).

Respondent 3: When you ask what made you do drugs; they

say," it was because of friends who introduced me

to it and it was difficult to withdraw (MVN 121)."

Sometimes the child sees his/her friends do it (MVN 162).

Besides that children like to learn something new,

they are also influenced by peers(MVN 178).

What can be inferred from what respondent 1 said was that her child could not be involved in substance abuse if he was not spending most of his time at school. In other words, it was his friends and peers who influenced him. Even though literature has shown how influential peers are when it comes to substance abuse, one could not have said with certainty that her boy was influenced because he spent most of his time at school. The implication was that substances were, mostly abused at school. According to her the child was a victim of his friends and peers. Literature shows that parents sometimes try to hide from their relatives, neighbours and friends, what their children do, for fear of being laughed at (Stanton, 1980). Maybe she was also one of those parents who were defensive of their children.

Respondent 2 admitted that their children came together and locked themselves in the neighbour's house and smoked. From what she said it was clear that the community had accepted it as something normative for those boys to lock themselves in that neighbour's house and smoke. She blamed the neighbour for doing nothing about it. She seems to be using projection as a defence mechanism. The question was why she did not do anything about it because her son was among those boys and at the same time she was a member of the community. Maybe that happened because of the diffusion of responsibility or they were afraid of the substance abusers. Maybe they all feared to be attacked by the substance abuser since among other things, problem behaviour involves aggressive behaviour, absenteeism, poor academic performance, and being involved in substance abuse related crimes such as burglaries, rape and gangsterism (Setlalentoa et al., 2010). If that was the case, they were supposed to report to the police instead of keeping quiet about something which destroyed their children.

Analytic Memo C: Theme 3: Family deficiencies

Propositional Statement

The responses revealed that family structure, family support system, family responsibility and relationship are a backbone of the stable family. The child with a single parent is likely not to get the same support received by the child with both

parents. On the other hand, the single parent is likely not to exercise his/her responsibility in the same way as the family with both parents and the relationship might not be the same. This theme overlapped with questions three and four. The responses were triggered by the question: *What steps do you take after realising that your child abuses substance?* Responses were as follows:

Respondent: 1: You can do anything even take him/her to SANCA, to help

and support him/her (MVN 20).

Respondent 2: If you are a female, children become more powerful than you.

Most of these children are brought up by single mothers (MVN 102).

Respondent 3: You have to ensure that you play your role to provide your

child with his/her needs. Your child interacts with other children,

what is important is for you to ensure that at list you know

80% of what your child does out there. There should

be communication between you and your child and at the

same time between you and your child's friends because

they do come to visit your child (MVN 127-128).

Respondent 4: I think we need to look at our type of child rearing and I

think that the boy should be close to his father and the girl

should be close to her mother (MVN 158).

Respondent 1 seemed to understand that there were places where the child could be assisted like SANCA. It has to be noted however, that one of the deficiencies in the family is that it is not everybody who knows where and how to access help, especially among the black community. This is because the majority of the black people are not educated and they mostly rely on schools for knowledge and help. It was easier for the parents of the primary respondents since their schools were working together with SANCA. Hence it was easy for that respondent to refer to SANCA. That respondent was willing to support her child. It was important for them

to face the reality of their children's condition for them to be able to get expert help. At the same time the substance abuser should first be ready to accept help, otherwise assisting and supporting him/her will be unlikely to succeed. Another deficiency in the family could be that the child does not stay with biological parents, who are likely to be more sensitive to the plight of the child than just a relative. The parent-child relationship could again be another factor which could retard learner support. During the focus group discussions some learners pointed out that they had been to the treatment centres, and when they came back they were better, but met the friends and started all over again. This implies that parents had to ensure that the affected child was supported maybe by moving him to study elsewhere and not with the same friends. This again needs parents who have been empowered on how to deal with substance abusing victims so that family members are able to choose the appropriate roles (Howard et al. 2010).

Respondent 2 admitted that if you are a single mother, it is not easy to bring up children. The implication was that children undermined single mothers and they did not show them respect, especially boy children. That was probably because there was no father figure with authority with whom they would associate. Usually boy children are a challenge to single mothers because they take an advantage that there is no father figure and do as they wish. Some of the children are born outside the wedlock which is not part of the African culture but it has become a norm.

Respondent 3 emphasised the significance of parent-child relationship. If the relationship is good, there will be open communication among the family members.

Open communication is also likely to enhance understanding among family members. Communication makes it easy for a parent to guide children about a variety of issues related to child development including challenges which they are likely to face in their lives including risk behaviours. The respondent again mentioned an important point of knowing your child's friends so that you as a parent can have a picture of the type of relationship that exists between them. Communication makes it easy for your children to approach you in case of any problem, instead of friends or peers who might mislead them. The parent-child relationship makes it easy for the parent to learn about the child's problem and know where and how to give the necessary support. Literature shows that parental efforts to engage their adolescents

in joint decision making seem to foster self-confidence and self- reliance enhances academic performance and discourages excessive or abusive use of drugs (Glynn, 1984) or delinquent activities as quoted in Baumrind,(1966).

Respondent 4 felt that parenting style was very important in the development of the child. He believed that the child is likely to be the way you have brought up. He stressed that the girl child should be closer to her mother and the boy child should be closer to his father. What he suggested was something that used to be done in the African culture. Some parents are authoritarian in nature, attempting to shape, control and evaluate the behaviour and attitudes of the child in accordance with a set standard of conduct, usually absolute standard, theologically motivated and formulated by a higher authority. This type of parenting is usually rejected (Baumrind, 1966). Studies have demonstrated that adolescents who are raised in authoritative homes perform better in school than their peers (Steinberg, et al. 1992).

Analytic Memo D: Theme 4: Clashes of cultures.

Propositional Statement

The responses of some parents revealed that the democratic dispensation or transformation had an influence in the substance abuse. They blamed the government for passing some laws pertaining to school governance, particularly the abolition of corporal punishment. This theme again was related to most questions asked during the interview especially **question two, three** and **four.** The responses related to this theme were the following:

Respondent 1: What has gone wrong is, that children have rights (MVN 34).

At school they cause problems and when you say they should stay

at home, they say it is their right to learn (MVN 36).

Today you cannot beat a child because you will be jailed (MVN 37).

Respondent 2: The government said children should not be punished. When

you beat or discipline the child, he/she tells you that he/she

will take you to the social workers (MVN 45-MVN46).

Respondent 3: I do not know whether to say it is the change of life

style or freedom/democracy (MVN 131). When you bring up

your child the way you think is right and the way you were

brought up, you are told that it is wrong and it is child abuse

(MVN133). He goes to the social workers and tells them that

the parent is abusing me by doing this and that and you find

yourself being summoned to answer questions about your child

(MVN 135).

The response which was given by all the above respondents indicated that they were not satisfied with the changes brought about by democracy. They showed dissatisfaction with the rights which children enjoyed and that children could not be punished. A large number of parents voiced out their concerns about the rights of their children, which made life for them more difficult when they dealt with their children. They felt that democracy had left them powerless by giving more rights to their children. Even the educators found it difficult to adapt because when they were dissuaded from using corporal punishment, they were not given the alternatives to be used. They complained that learners emphasised more of their rights than responsibility. 'The majority of teachers complained about an abusive use of the notion of 'rights' by learners ('they speak only about their rights, not about their duties' (Payet & Franchi, 2008).The reason for their concerns could have been that they failed to adapt to the new dispensation with its new culture to which they were not used. It could also be that they were not resisting change per se, but it was because they were not ready or empowered on how to deal with the changes which had taken place. The culture they were not used to came with globalisation. The democracy which came with children's rights was based on global ideologies. Parents ended up not being sure as to when they were abusing their children, since their children now and again threatened them by going to report to the social workers, whenever they warned them.

Analytic Memo E: Theme 5: The loss of African values, norms and its effect

Propositional Statement

This theme came up again among parents who had a very strong feeling that the value system and norms which they as Africans cherished were fading away very fast because of a variety of reasons. As a result thereof they find themselves not knowing how to deal with the challenges caused by their children. Some responses were based on the following question:

What do you think has been lost (if any) in the families and community that might have caused your children to engage in substance abuse?

Some responses were:

Respondent 1: When he looks at me he sees his equal and when I warn

him he just looks at me and says nothing and he does not listen

(MVN 62).

Respondent 2: We are the nation of respect which makes us people. The word

Ubuntu cannot exist without respect, and without love. In

other words relationship/oneness, sharing (MVN 159).

Respondent 3: If we as Zulus can go back to the way of rearing boys

where they are trained on how to behave as boys. Girls to

be looked after by Amaqhikiza,(old girls) (MVN 189).

Respondent 1 felt that her son was involved in substance abuse because of a lack of respect because, when she spoke to him he did not respond and treated her as his equal. There could be a number of reasons for the boy's reaction when his mother spoke to him. One reason could have been that the boy was 'high' and was not in the right frame of mind. It could be that the parent at that time was not aware that her son was already involved in substance abuse. She was convinced that what the boy did was due to the lack of respect for her.

Respondent 2 again reiterated what respondent 1 had said. She emphasised that their children had no respect especially for the adult people and because they had no respect, they did not have Ubuntu. Many authors have defined and explained the significance of Ubuntu as one of the important values of the African people. She implied that it was probably because their children did not have self-respect, respect for others, and humanity which is embedded in Ubuntu (Mkabela, 2005). Hence according to her without Ubuntu they were not people. Since they did not have Ubuntu, they had lost the relationship, that oneness love, morals and African values.

Respondent 3 recommended that there was a need for them as Zulus to go back to their roots where girls were looked after by Amaqhikiza (older girls) and boys by older people who trained them on how to behave as boys and girls. The question is whether it is still possible to do it or not. The reason for that is, in this era of democracy many things are challenged especially what has to do with black tradition and culture. Unfortunately, it is very often challenged by some Africans who believe that what was theirs has become old fashioned. They promote what is Eurocentric instead of what is African culture as determined by symbols, motifs, rituals, education, scripts, proverbs, and ceremonies (Asante, 2009).

Analytic Memo F: Theme 6: The effects or results of substance abuse

Propositional Statement

It was clear from the responses received from parents that most of them were very much devastated about the issue of substance abuse, and others were even reluctant and uncomfortable to talk about it. This was obviously because of the pain and suffering they endured from their children. This theme was prominent in almost all the questions.

The responses received were:

Respondent 1: He does not focus on school work, since when he

is addicted he has to get it now and again and ends

up out of control and even dropout of school and even

at home he starts stealing (MVN15 – MVN18).

Respondent 2: Substances have troubled me because as I talk to

you, my child has not gone to school. They found him

smoking at school with a group of boys in the toilets.

He does nothing. He does not look at his

books (MVN83). (MVN77-78).

Respondent 3: When a parent takes an action, the child decides to go

away from home. One boy who is doing drugs decided

to go and live in the street because his parents scolded him

(MVN 164-165)**.**

Respondent 1 reported that the child was so addicted that he could not live without substances. As a result thereof he dropped out of school and had started stealing from home. Unfortunately she did not say what steps she had taken as means of supporting him. It could be that she was fearful of his threats; hence she did not take any steps. Research has revealed that among other results of substance abuse are the following; they will steal to feed their habit, often from other family members. They will resell drugs at extremely low prices to earn their fix, thus contaminating their surroundings. They will use violence if necessary to obtain cash, or simply because they become frustrated and angry (Shehu, 2009).

What respondent 2 was confirming was that she was not the only one who had the challenges about her child; but even the school had challenges about her child. He could have been one of those learners who were called scapegoats, who habitually misbehave and display defiant tendencies in the face of authority. These are the people who very often get into trouble both at school and at home. (https://www.bhpalmbeach.com/recovery-articles/impact-substance-abuse-and-addiction-families#title1). The parent unfortunately did not reveal what she had done. It was probably because she was one of those parents who relied more on the school to do everything for her. Literature has shown that some parents abdicate

much of their authority over adolescent offspring to the school and the peer group (Riesman (1961)

Respondent 3 reported that parents found it difficult to discipline the substance abusers because they are irritable. He gave an example of a boy who decided to run away from home because the parent scolded him. Even though the details of what happened before the boy went to live in the street were not given, one can speculate that there could be other things which were involved. Maybe the relationship between the boy and the parent had been destroyed or the boy already had friends who were in the street and he wanted to join them. Maybe the boy decided to go away as a sign of rejecting his mother's authority.

Analytic Memo G: Theme 7: The intervention strategies.

Propositional Statement

Even though it was difficult for parents to come up with some strategies on how to deal with the scourge of substance abuse, they however, came up with some suggestions. Some of them were spiritual, realistic and achievable while others were emotional, aggressive, hash, irrational and risky in terms of the law. They were responding to the following question and others which overlapped:

What model can be used to understand and manage substance abuse from the African perspective?

These were responses:

Respondent 1: Maybe if the community can collect all the boys and start

teaching them about substance abuse, this can help.

Another thing which I think can help is to ask the responsible

boys to form support groups and organise sporting activities

that can keep them busy instead of being involved in

substance abuse MVN116-117).

Respondent 2: I believe that that those people should be brought closer to the church (MVN153). I believe that the first thing to do is to fight the evil spirits which make the person do what he/she does not like to do (MVN154). We can also take the child to the social workers who can help with counselling (MVN155).

Respondent 3: I think the first step is to communicate with the child (MVN183).The child has to be referred to the experts for counselling like SANCA for help (MVN185). If possible get people with expertise to assist with counselling (MVN187). I do not know whether we should pray because prayer helps (MVN188).

From what respondent 1 was saying one could detect that the parent was educated and had a vision about children and was involved in their lives. The suggestions posed were valid and had meaning. The main points which the researcher underscored were; teaching, support groups and sporting activities. The reason is that literature has also pointed out that the lack of the above contributes to the involvement in substance abuse. According to the Information only model the provision of information through educating the adolescents in the classroom about drugs would help to minimise the chances of being involved in substance abuse. The assumption was that young people used drugs owing to ignorance of the dangers and the negative results of substance abuse. Therefore, providing information would help to enlighten the youth about all the risks involved (Norman et al. (1993). The parents have their roles to play in the upbringing and development of the child. Mothers play the role of nurturing and caregiving while fathers on the other hand, give support economically and socially (Rahgozar et al., 2012). In as far as the sporting activities are concerned, literature shows that the Alternatives model is aimed at minimising the abuse of substance by young people by involving them in activities that are not related to drugs by keeping them busy and by providing them with the alternative activities that are recreational and make them take responsible

positions in the community. This will also remove boredom and boost their self-esteem (Swisher and Hu, 1983).

Respondent 2 believed that there was a need for the superpowers. He was a religious person who believed that when human endeavours have failed the celestial power should take over. He believed in the existence of the evil spirits which destroy the people's lives. He believed that through prayer all the evil spirits would vanish. Even though he was a spiritual person he still believed that social workers could assist with counselling.

Respondent 3 emphasised that it was important for the parents to communicate with children. After communicating with the child, the parent can ask for expert knowledge and skill from the experts. He also believed in the celestial powers since he said children should be prayed for. One study where families were compared has shown that communication plays a role for substance abusing adolescents. The normal families reported clearer communication, more freedom of expression, more cooperation, and greater sensitivity among members than the other families (Shilts, 1988). Communicating with the child makes him/her realise that he/she is recognised and cared for and at the same time it helps to boost his/her self-esteem.

5.3.3 EDUCATORS' RESPONSES

Owing to a large number of responses received from educators who were respondents in this study, the researcher decided to give a summary of responses received. The researcher interviewed twenty educators (one from each of the twenty schools).

Table 1

(n=20) An Afrocentric understanding of substance abuse

Themes	Respondents	Percentage
Knowledgeable about Afrocentric approach to substance abuse	16	84
Lack of knowledge about Afrocentric approach to substance abuse	4	16
Total	**20**	**100**

Table 1 shows that 16 respondents (84%) had an Afrocentric understanding of substance abuse, and 4 (16%) had no Afrocentric understanding of substance abuse.

Respondent 1: *My understanding is that substance abuse is wrong because*

it destroys our future leaders. Long ago it was uncalled for

because boys were groomed to be responsible future leaders and

husbands. Now that we have adopted Western ways of living and

began to look and define enjoyment in a Eurocentric way, that

is why substance and drug abuse is common among our youth.

Respondent 2: *They used to take illegal substances and fulfil their needs,*

and that disturbs them in their studies.

Discussion

The question related to Afrocentrism was asked to establish if educators had an Afrocentric understanding of substance abuse and everything related to substance abuse.

Respondent 1 showed that he had knowledge about Afrocentric understanding of substance abuse. He understood the African background that young people used to be brought up to be responsible husband and wives. He feels that the westernisation and globalisation had an influence in destroying what Africans had. He believed that Afrocentrism had valuable things for Africans. According to Mkabela Afrocentricity becomes the key to the proper education of children and the essence of an African cultural revival and, indeed, survival (Mkabela, 2005). It can be speculated that teachers like him are likely to be involved in the teaching of African values and norms to the African child.

Respondent 2 did not have knowledge of the Afrocentric understanding of substance abuse. There was doubt if she knew about the African values and norms. If the values and norms were unknown, there was little hope that learners knew about them. That was not consistent with Rambiyana's view that the role of the school is to fulfil the mandate of the society in the form of cultural and values transfer from one generation to the next (Rambiyana, 2002).

Table 2

(n=20) Learning areas related to substance abuse

Themes	Respondents	Percentage
Knowledge of how learning areas relate to substance abuse	19	95
Lack of knowledge of how learning areas relate to substance abuse	1	5
Total	**20**	**100**

Table 2 shows that 19 respondents (95%) have the knowledge on how learning areas related to substance abuse and only 1 (5%) were lacking knowledge on how learning areas were related to substance abuse.

Respondent 1: *Life orientation teaches learners about drugs and*

their effects. Discussions are done in classes as well as

to find out why learners involve themselves in the social ills.

Respondent 2: *Life orientation teaches about awareness of self,*

stressors, setting realistic   goalsw and dangers of

substance abuse.

Respondent 3: *Learners should visit the library to study and don't mix with*

bad friends, and learn to be themselves.

Discussion:

From the above question the researcher wanted to establish if educators could identify the relationship between their learning areas and substance abuse.

Respondents 1 and 2 highlighted Life Orientation and Life skills as the most important learning areas which were related and helped in the teaching about substance abuse. The findings showed that those who had knowledge about the relationship of learning areas and substance abuse were involved in the teaching about substance abuse.

Respondent 3 proved to be lacking in knowledge about the relationship of learning areas and substance abuse and did not seem to be involved or showed incompetence in teaching. It could be that the educator was not qualified in the subject he taught.

Table 3

(n=20) Wrongs done by Africans leading learners to substance abuse

Themes	Respondents	Percentage
Knowledge on wrongs done by Africans leading learners to substance abuse.	19	95
Lack of knowledge on wrongs done by Africans leading learners to substance abuse.	1	5
Total	20	100

Table 3 shows that 19 respondents (95%) had knowledge of the wrongs done by Africans leading to substance abuse. Only 1 (5%) showed no knowledge of the wrongs done.

Respondent 1: *Child headed households, absence of father figure, absence*

of cultural organisations led by elders, 'ukubuthwa

kwezinsizwa, in initiation camps and Lack of parental involvement

are some of the things that were done away with, which was

wrong.

Respondent 2: *They give more rights to learners without making them to*

understand their responsibilities. The distance between parents and

their children especially at the age of adolescence.

Respondent 3: *Modern youth perceive the abuse of drugs and alcohol as a new*

fashion and they want to fit themselves into peers.

Discussion:

Respondent 1 pointed out that the absence of a father figure, child-headed families and the absence of elder headed organisations and the lack of parental involvement in the life of the children, are some of the factors which contribute to substance abuse. With regards to the child-headed family and parental involvement there is a great challenge for those children because they are deprived of the parental attachment, warmth, caring, support, monitoring and values which are enjoyed by those who live with their parents. All of these determine the attitude and behaviour of the adolescent (Mayberry, Espelage, and Koenig, 2009). The respondent also recognised the significance and the value of the cultural organisations and mourns the loss thereof since they empowered the developing youth about life skills.

Respondent 2 raised concerns about the rights which he claimed were given to the children. Even though he did not mention who gave the rights to learners, it is assumed that he meant the government and the constitution. The parents raised the same concern about the rights that were given to the learners. This is again consistent with research that, the overemphasis of rights exists in schools and in homes as well as in the community. It shows itself when learners are aware of their rights but are not aware of their responsibility (Rossouw, 2003). He again reiterated what respondent 1 had alluded to about the significance of parent-child relationship.

Respondent 3 showed little or no knowledge about the wrong which might have been committed which in turn has led to the abuse of substance. He only believed that the youth involve themselves in substance simply because it is fashionable for them, and not because something wrong has been done. This could be possible even if there are other contributory factors as they have been mentioned before. It could be possible because the findings revealed that there were learners who took substances just for fun or for enjoyment.

Table 4

(n=20) Strategies used to prevent substance abuse

Themes	Respondents	Percentage
Availability of strategies to prevent substance abuse	1	5
Lack of strategies to prevention substance abuse	19	95
Total	20	100

Table 4 indicates that there was one (5%) respondent who indicated that there were strategies which the school employed to prevent substance abuse. It also shows that there were 19 (95%) respondents who failed to show the strategies which they employed to prevent substance abuse.

Respondent 1: *At school we have some sub-committees like learner support*

committee (LSC) which will give some advises on the detrimental

effects of using drugs. Learners who have shown addiction are

taken to be counselled and treated for drugs addiction.

Respondent 2: *We have formed peer educators. They undergo training*

during peer educator camp. They do presentations on

drug and substance abuse. We also work closely with

Substance Abuse Organisations (SAO) who visit us now

and again. We also work with Dept. of Social development

(DSD), Life line Correctional services, South African police

service (SAPS) and Non-governmental Organisation (NGO)

Iseluleko.

Respondent 3:   we do *campaigns and show them school posters.*

Discussion:

Respondent 1 responded by giving support committees which were involved in giving advice to the affected learners. She did not give an answer relating to the strategies in place used as preventative measures employed by the school. The absence of strategies was indicative that the school was reactive to substance abuse instead of being proactive because those committees were advising learners who were already affected.

Respondent 2 showed that his school was proactive by training educators whose task was to do presentations on substance abuse. Again the school worked with other organisations and the department of social development as the strategy to deal with substance abuse.

Respondent 3 spoke about campaigns and posters which were used but failed to explain whether they were preventative or they were used to deal with those who were already affected.

Table 5

(n=20) Significance of African values and morals in the teaching and learning

Themes	Respondents	Percentage
Knowledgeable on the significance of values and morals.	8	40
Lack of knowledge of the significance of values and morals.	12	60
	20	100

Table 5 shows that there were 8 (40%) respondents who were knowledgeable about the significance of values and morals and there were 12 (60%) respondents who

showed no knowledge of the significance of values and morals. Examples of some of the responses were as follows:

Respondent 1: *Promote respect and corporation and ubuntu.*

Respondent 2: *Fundamental African values of respect and human dignity*

and ubuntu are eroded because of our indulgence in substance

abuse.

Respondent 3: *African values and morals play a very important role in*

teaching and learning. What the child observes as he grows

from home background will also be revealed by the child

during learning. People should know what to talk and do

in front of a young growing child since the child

acquires education as he grows and will do what he observes.

Learners from home with good morality will also show good

morals at schools and learners whose upbringing

is from poor morality will also show the same at schools.

So it is very important to have good morals and values as parents.

Discussion:

Respondent 1 showed that he had knowledge about the significance of values and morals by saying that they promote cooperation, respect and Ubuntu. A lot has been said about Ubuntu and its significance in this study.

Respondent 2 felt that values and morals are not there because they had been destroyed by the abuse of substance. He therefore felt that he could not talk about something which was not there and therefore he did not know about the significance of values and morals.

Respondent 3 was very clear about the significance of values and morals. He emphasised how important it was for parents and the home to be role models to their children because whatever the child is at home, will determine the behaviour of the child at school.

Table 6

(n=20) Teachers' experiences of substance abuse in schools

Themes	Respondents	Percentage
Educators' level of knowledge on experiences of substance abuse.	20	100
Educators' lack of knowledge & experience of substance abuse	0	0
Total	20	100

Table 6 indicates that there were 20 (100%) of the educators who had the high level of understanding of the experiences with learners abusing substance. It also shows that there was none (0%) of educators who lacked knowledge and experience of the learners abusing substance.

Respondent 1: *They are unruly and they disturb the learning process*

and always involved in fights.

Respondent 2: *They drop out from school. They do not perform up to their*

potential. They are involved in the increased rape instances.

They are involved in gangsterism.

Respondent 3: *They cannot spend time in class which leads to poor*

performance ill-heath, and change of behaviour patterns. May

end up dropping out from school and become victims of

criminal activities they perform.

Respondent 4: *My experience is a bad one, whereby I've witnessed clever*

and potential, capable learners not finishing school, becoming

tsotsis, and dropouts. Even those that are still at school,

their performance is deteriorating.

Discussion:

This table shows that all the educators have a high level of knowledge and are all aware of everything done by learners who are involved in substance abuse which is 100% of the entire population of educators, and that they have personal experience thereof. That was an indication that all educators were experiencing many problems when it came to learners who were abusing substances.

5.3.4 SUMMARY OF THE QUANTITATIVE FINDINGS

- **Age ranges**

The findings show that the majority of the primary respondents were in the ranges of 16 to 21 years. This meant that those were the majority of learners who were involved in substance abuse, both males and females. The findings showed cigarette, alcohol and dagga as the main substances being abused as reflected in figure 1.1.1 and figure 1.1.2.

- **Learner grades**

The findings showed that the grade which was the majority in the whole population of respondents was grade 11 with 41%. It also led in terms of substance abuse with 34% on cigarette, 27% on alcohol and 33% on dagga as it shown in figure 5.1.3 and 5.1.4 above.

- **Family structure.**

The findings reflect that 30% of the population of respondents stayed with mother only and 26% with mother and father. Those who stayed with mother only were dominant in the main substances of abuse with 26% on cigarette, 23% on alcohol and 24% on dagga as reflected in figure 5.1.5 and 5.1.6 above.

- **Gender**

The findings showed that this study was male dominated with 85% males, 14% females and 1% other which were explained earlier. They were dominant even in the substances of abuse with 71% on cigarette, 51% on alcohol and 62% on dagga reflected in figure 5.1.7 and in figure 5.1.8 above.

- **Location**

From the findings rural respondents were in the majority at 44% and the rest were 28% each. They were dominant in the substance of abuse as well, as it is shown in figure 5.1.9 and figure 5.1.10 above.

- **Frequency of substance abuse**

According to the findings 61% of the respondents abused substances every day. The ages ranged from 16 to 21 and they were between 26% and 28% as shown in figure 5.1.11 and 5.1.12 above.

- **Period of substance abuse by age.**

The findings reflect that the longest period of substance abuse was between 8 and 14 years. That was in the ages which ranged from 16 to 21 years as reflected in figure 5.1.13 above.

- **Different substances abused.**

According to the findings the primary substances of abuse are cigarette at 83%, alcohol at 64% and dagga at 27% as shown in figure 5.1.14.

- **Source of influence.**

The findings showed that 77% of the respondents were influenced by friends and the rest got their influence from other sources as it is reflected in figure 5.1.15 above.

- **Source of substance**

According to the findings the majority of the respondents (41%) got their substances from the tuck shops and 33% of them got it from the merchants. The rest got it from other sources. Respondents who made these percentages were between 16 to 21 years as they are reflected in figure 5.1.16 and 5.1.17.

- **Reasons for abusing substances.**

The majority of respondents according to the findings were involved in substance abuse because they wanted to fight stress (40%) and for enjoyment (30%). The rest of them did it for other reasons. The dominant age groups for both reasons were from 16 to 21 years as reflected in figure 5.1.18 and 5.1.19.

5.3.5 SUMMARY OF THE QUALITATIVE FINDINGS

Findings from learners

The findings from interviews with primary respondents (learners) indicate that peer pressure plays a major role in influencing them to be involved in substance abuse both at school and in the community.

From the findings it was also revealed that good parent-child relationship and parent attention are important to prevent children from looking for alternatives and divert their attention to substance abuse.

One of the findings which came out clearly from most learners during the interviews was stigmatisation which they received from family members, relatives, the community as well as teachers. This according to them leads to low self-esteem which consequently leads them to resort to substance abuse.

It was revealed from the learners' responses that parents have lost self – respect which was one of the African values, after adopting a Eurocentric life style. Owing to the lack of self-respect parents find it difficult to exercise discipline on their children since they are not role models to them.

Learners complained that parents, teachers and the community do not exercise their responsibility of educating them about substance abuse and do not provide them with sporting activities that will prevent them from abusing substances.

Findings from parents

The findings revealed that parents were aware of the causes of substances abuse such as sexual abuse, stress, death of parent or a bread winner in the family and peer pressure.

Findings again revealed that single parents find it difficult to control their children, especially boy children who very often overpower them.

Parents blamed the government for the excessive rights which they felt the government gave to children, which makes it difficult for them to discipline them as they are afraid of being accused of child abuse. That according to parents is caused by the adoption of Eurocentrism through democracy which brought conflicting value system.

It was revealed that most parents understood the results of being involved in substance abuse, such as being disobedient, dropping out of school and leaving in the street. It was also revealed that most parents do not do anything after discovering that their children are involved in substance abuse and that they rely on the schools to do something.

Findings from educators

The findings revealed that more of the interviewed (84%) teachers understood an Afrocentric approach to substance abuse as observed in table 1 above.

It was revealed that 95% of the educators understood the relationship between the learning areas and substance abuse and they were involved in the teaching of those learning areas.

The lack of the teaching of youth, based on African values and the many rights given to children were some of the findings from the educators.

It was revealed that very little is done in terms of providing strategies to deal with substance abuse since only 5% of educators could show strategies that were followed in their schools.

Only 40% of educators showed knowledge of the significance of values and morals in the teaching and learning, and that leaves questions on whether they as educators show morals and values to learners they teach.

All educators had knowledge and experience of learners who abuse substances and they gave evidence of that. The challenge was that they did not do enough as therapeutic measures to assist learners.

5.3.6 QUANTITATIVE AND QUALITATIVE ANALYSIS OF FINDINGS

Research question 1:

What has been lost in the families and community that has led to moral degeneration and has in turn led learners to substance abuse?

Theme: Social cohesion.

This question was asked to attempt to investigate if there were factors based on the state of both the family and community which might have led to substance abuse.

Social cohesion is, according to Berman and Phillips (2004), understood metaphorically as the glue that binds society together or as societal solidarity or, more prosaically, as being to do with social relations, norms, values and identities – is central to the social because interactive social beings, collective identities and the *social world* itself are impossible without social cohesion, (Berman et al. 2004).

The question was then based on some of the qualities as stated by the definition above.

The quantitative findings based on this question revealed that 41% of the primary respondents (learners) got their substances from the tuck shops and 33% of them got their supply from the merchants. What this implies is that the community is responsible for the supply of substances and that means they have lost morals, norms and values. Ubuntu has been lost since they sell the substance to learners who are supposed to be nurtured to become future leaders. On the other hand, qualitative findings revealed that children were unhappy about parent child relationship and the lack of parental love which ultimately led learners to be stressed

and to end up in substance abuse. This is consistent with the Biopsychosocial theory which stresses the power of the environmental influence on the individual. Another concern raised by learners was that parents had lost self-respect since they were also involved in substance abuse. Research has revealed that participants witnessed parents abusing substance at home and others witnessed neighbours or school mates being involved in drugs (Gopal and Collings, 2012).

The implication thereof is that parents were not role models to their children. Qualitative findings again revealed that parents contribute to their children getting involved in substance abuse. This was revealed when one parent also reiterated that some families had lost morals since a family member could abuse the child sexually and the child end up resorting to substance abuse. An educator raised a concern about family situations where there was a new trend of child headed families, lack of father figure and the absence of institutions that used to be responsible for both boys and girls. The implication was that children were no longer looked after and guided by their seniors as they grew up.

- **Research question 2:**

Are educators aware of the significance of morals and values in the teaching and learning process?

Theme: Awareness of morals and values in education.

The qualitative findings revealed that 40% of the educators were aware of the significance of values and morals in the teaching and learning process and 60% were not aware of the significance of values and morals, (Table 5). It implied that the majority of educators did not include values and morals as part of their teaching process, probably because it was not part of the curriculum. It could also have been that even those who knew about it did not talk about it during their teaching and if they did, it was on their own accord. The school is responsible for moral education; hence it should be part of the curriculum. Literature shows that it is through education that values, cultural norms and beliefs of the society are reproduced (Msila, 2014). According to Rambiyana the role of the school is to fulfil the mandate

of the society in the form of cultural and values transfer from one generation to the next (Rambiyana, 2002).

- **Research question 3:**

What do learners see as causal factors to them getting involved in substance abuse?

Theme: Causes/reasons of substance abuse.

Quantitative findings revealed that the majority (40%) abused substances to fight stress and 30% abused them for enjoyment. Qualitative findings again revealed that stress played a major role in causing learners to engage themselves in substance abuse. Stress was reported to be caused by death in the family and abuse of various forms such as sexual, physical or emotional abuse. Friends and peer pressure also came out prominently from both the parents and learners. Research has shown that peer group exerts a lot of pressure and creates many opportunities for a person to initiate drugs. The community also makes drugs available for the users (Steffenhagen, 1977). Research has again revealed that boredom causes children to engage in substance abuse. According to Norman et al. (1993), all young people strive to relieve themselves from loneliness and boredom. As a result thereof they resort to substance abuse with an aim of lessening which they experience as they go through various stages. Their involvement in cigarettes, alcohol, and other drugs is viewed as a way of changing their moods since these substances are effective as mood-changers. This implies that parents, schools and the community have a challenge of educating and empowering the youth about substance abuse (ibid). Research again states that the aim of the alternative model is to minimise the abuse of substance by young people by involving them in activities which are not related to drug by keeping them busy, productive and satisfied (Swisher and Hu, 1983).

- **Research question 4**

Do parents know the reasons for their children's involvement in substance abuse?

Theme: Parents' level of awareness of their children's behaviour.

Qualitative results revealed that parents know the reasons for their children's involvement in substance abuse. Again the reason of child abuse and death of the loved ones causing stress to children which was pointed out by the learners, was

mentioned by some parents. Other reasons included the lack of communication between parents and children, more rights which had been given to children and parenting style. Peer or friends' influence which was revealed in the quantitative results was again reiterated by parents in the qualitative results as among the major reasons for involvement in substance abuse. The implication of the learner responses is that even though they were aware of what made them abuse substances, they responded to emotions and other external pressures which were exerted on them. As for parents, in spite of their knowledge of the reasons for their children's abuse of substances, they did not give themselves time to try to assist and guide their children on how to avoid the external influential forces. Literature revealed that positive parental attachment, caring, support; monitoring and values also play a significant role in explaining adolescent's attitudes and behaviours, (Mayberry, Espelage, and Koenig, 2009).

Research question 5

What model can be used by people to understand and manage learner substance abuse from the Afrocentric perspective?

Theme: A strategy to understand and manage substance abuse

Even though it was challenging for both parents and educators to come up with models or strategies to be employed in dealing with substance abuse, they tried to mention a few of them. Some of them were in place and others were proposals.

Parents proposed that there should be group education by children. Those who were well behaved had to educate those who were involved in risk behaviours. They also mentioned the significance of introducing sporting activities. The question that had to be answered was about the feasibility and the implementation, since that needed the contribution and the involvement of the community. The educators mentioned the existing programmes which were in place at some of the schools, such as learner support committees and peer educators. The question was whether those programmes were functional enough to deal with substance abuse; otherwise there would have been no problem with substance abuse in those schools. For all those initiatives to be successful, they need proper implementation by dedicated and committed people.

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What is common is that both quantitative and qualitative findings revealed that the family structure plays a significant role in the development of a child. This manifests itself through the quantitative findings which revealed that 30% of the learners stayed with mothers only. This implies that the absence of a father figure is likely to make children, particularly boy children, more vulnerable. The qualitative findings also revealed through the learners' responses that parents have lost self – respect. In other words parents are not role models to their children any more.

What was unique about the quantitative approach was that it gave detailed and more reliable information on numbers about the primary respondents and it was also confidential and private. On the hand interviews were unique since they were open and the researcher could clarify any misunderstanding and respondents could ask for some clarification. There was likelihood though, that respondents would not feel comfortable to say what could have been confidential, either because they were afraid of their friends or wanted to please the researcher, even though confidentiality was guaranteed.

Since this study used a mixed method approach, the data which were not obtained from quantitative approach were obtained from the qualitative approach.

CHAPTER 6

DISSCUSSION AND INTERPRETATION

6.1 INTRODUCTION

This chapter deals with the discussion and interpretation of the findings and limitations of the study. The main reason of this study, among others, was to understand and try to establish the reasons why learners abuse substance in high schools in King Cetshwayo district.

6.2 DISCUSSION

6.2.1 Ages involved in substance abuse

Findings show that the majority of learners who are involved in substance abuse in King Cetshwayo district fall between 16 and 21 years. Even though there are few learners who fall between 13 and 15 years, it is worrying that among them there are learners who are already smoking dagga. Literature states that the average age of drug dependency in South Africa is 12 years old and below (Jordan, 2013). It is clear that all these learners are involved in problem behaviour in the school and that gives a picture of the types of challenges educators experience in the school. Research shows that misbehaviour or problem behaviour includes a lack of concentration, disrespect for authority, the rejection of reasoning, physical violence, threat, theft, graffiti, vandalism and verbal abuse (Tiwani, 2010).

6.2.2 Dominating grades in substance abuse

According to the findings the grades which are dominating in substance abuse are grades 10 and grade 11 and in all the three substances of abuse in King Cetshwayo district. The reason for this could be that learners in these grades are in the adolescent stage and that they are not receiving as much attention as grade 12 who are expected to write an external examination.

6.2.3 Family structure

Findings revealed that the family structure plays a significant role in substance abuse. There is evidence that learners who live with mothers only (30%) and those who live with mothers and fathers (26%) are dominating the abuse of substances in King Cetshwayo district. It was not surprising to get such result with those who stayed with mothers only because mothers usually do not have control over boy children. One parent admitted at an interview that;

 "If you are a female, children become more powerful than you.

Most of these children are brought up by single mothers" (MVN 102).

With regard to those who live with their mother and father, the findings were contrary to the expectations since parents are supposed to be taking their responsibility in taking care of their children by providing needs and nurturing them. Findings have provided evidence that parent-child relationship is lacking, there is child abuse of all kinds and parents have given up on their children, which ultimately leads to substance abuse. Children are deprived of the positive parental attachment, caring, support; monitoring and values which explain adolescent's attitudes and behaviours as stated by Mayberry, Espelage, and Koenig (2009).

6.2.4 Gender versus usage

Findings show that 85% of the respondents in this study were males, 14% were females and 1% other. This suggests that boys are free as opposed to girls. Boys are allowed to drink at home as it is considered normal for a boy to drink but not a girl because drinking is taken as a sign of manhood. Drinking by young people of South Africa is a cause for concern because of a high level of alcohol intake. Research shows that drinking was controlled and there were guidelines as to when to drink, how to drink, why one should drink and who should drink (Setlalentoa et al., 2010).

According to the South African Medical Journal, South Africa (SA) is a hard drinking country and according to a World Health Organization (WHO) report released in 2011, this is among the highest per capita consumption rates in the world, and it continues to rise. Parents especially mothers are stricter with girls than with boys, hence drinking for girls is lower than for boys. According to the findings, 71% of the

males smoke dagga and 10% of the females smoke dagga. This means that boys and girls King Cetshwayo district smoke dagga.

6.2.5 Substance versus location

According to the findings the majority of the learners (44%) who abuse substances live in the rural areas 28% from the urban and 28% from the semi-urban. It could be that learners who live in the rural areas have more access to substances as opposed to those living in the other arears, because of availability of substances and that makes them more vulnerable than learners from other arears. The abuse of substances in rural areas could also point to low levels of learner engagement with limited entertainment opportunities available to them. Drugs are often the way of escaping reality by uninvolved and disengaged rural learners. Availability is defined as the set of physical, social, and economic circumstances surrounding the ease or difficulty of getting drugs especially when it comes to their costs and the amount of effort which is needed to get them (Smart, 1977). In view of this, one can conclude that rural learners abuse substance more than those living in both urban and semi-urban arears.

6.2.6 Frequency of intake versus age.

The findings show that 61% of the learners abuse substance every day. A large number of them are in the ranges of 16 to 21 years. This means that a large number of high school learners in King Cetshwayo district are addicted from substance abuse.

6.2.7 Substance usage versus time period

Findings reveal that the majority of learners who have abused substance for the longest time are those who range between 16 and 21 years. These learners have been abusing substance for more than six years. Since these learners are addicted, they are problem behaviours in the school since misbehaviour or problem behaviour includes a lack of concentration, disrespect for authority, the rejection of reasoning, physical violence, threat, theft, graffiti, vandalism and verbal abuse (Tiwani, 2010).

6.2.8 Types of common substances

According to the findings there are three types of substances which are of primary abuse in high schools of King Cetshwayo district. These are cigarette at 83% alcohol at 64% and dagga at 27%. This is not consistent with what Jolly (2017) of the Zululand Observer newspaper claims, that dagga has replaced alcohol as the most common primary drug of dependence, and indicates that 50% of 'service users' are under the age of 21 (Jolly, 2017). This is consistent with the findings of the South African Medical Council's Alcohol and Drug Abuse Unit in Puljević et al. (2014) which revealed that 66% of high school learners have used alcohol. The same study reported that male students in Cape Town high schools account for more than one third of the total and half of the Durban male students engage in binge- drinking (Puljević & Learmonth, 2014).

6.2.9 Substance usage and influence

What has been revealed by the findings is that 77% of the learners are influenced by friends or peers and 25% of them in king Cetshwayo high schools are influenced by the home background. Parents also agreed that their children are influenced by friends or peers. There are very few who have other influences. This is consistent with the Bio-psychosocial theory which asserts that the family and community, especially the school and peer pressure are very important in determining whether an adolescent will be involved in drug abusing behaviour or not (Norman et al. 1993).

6.2.10 Sources of substances in the school environment

The findings indicate that the majority of learners 41% get their supply of substances from the tuck shops and 33% of them get theirs from the merchants who walk around the streets, bus and taxi ranks selling the drugs. A few of them get it from other sources. This means tuck shops are not meant only for groceries but substances as well. If substances are available in the tuck shops in the community, they are also likely to be available in the school tuck shops because they are not managed by schools but they are outsourced. The street vendors or merchants are likely to be young people who are hired to sell the substances just like it happened in Inchanga around Durban where a group of 'Amaphara' were given a hiding after telling their boss that they wanted to quit selling woonga for him (Isolezwe, 2017).

6.3 INTERPRETATION

6.3.1 Causal factors as seen by learners

The findings reveal that most of the learners (40%) take substances to fight stress and others (30%) take substances for enjoyment. The minority take it for other reasons. It can be concluded that most of the learners in King Cetshwayo high schools are stressed. This is consistent with the Bio-psychosocial theory (BPS) which asserts that adolescents involve themselves in drug and other substances with an aim of trying to cope with stressful and problematic situations (Norman et al. 1993). (Weybright et al., 2014)) again asserts that when children fail to live up to their parent's expectations, they resort to substance abuse.

6.3.2 Findings from learner responses

The findings from the learners indicated that they were aware of all the things which made them to be involved in substance abuse. They mentioned how they were influenced by peers and the availability of substances in various forms such as in muffins. They were also concerned about the lack of parent-child relationship which caused them stress and stigmatisation from educators and relatives. They were concerned that their parents and community were not role models to them as children since they did all the bad things in front of them. They also, like parents and educators admitted that ubuntu had been lost among the African people. They felt that parents and educators should teach them about substances. That is consistent with the Cognitive Inoculation Theory whose idea is that an adolescent can be trained or "inoculated" and be provided with life skills which will enable him or her not to succumb to peer or family pressures and start being involved in drug abuse (Norman et al.1993). That again is consistent with The Information only model whose assumption was that young people abused drugs owing to ignorance of the dangers and the negative results of substance abuse and therefore they had to be taught in class about substance abuse (ibid.) The awareness and the learners' expression of their concerns were indicative that they needed assistance and support from the stakeholders such as parents, educators and other interested parties.

63.3 Findings from parents and educators' responses

The findings from the parents' responses revealed that parents admitted that stress of various kinds that emanated from the home environment was a cause for substance abuse. They were also aware of the influences such as peers, which played a role in their children's lives. They were also aware that they had the responsibility of providing their children with needs and practise appropriate parenting styles. They again know that fathers should be closer to boy children and mothers to girl children. Research has indicated that the attachment to the father who is against drugs is strong; it would serve as a preventative measure to fortify attachments further to the same role models and peers and the opposite could also be true (Snell et al., 2014). Again research shows that families are the bedrock of society and that healthy families are one of the many ways people can build healthier communities (Rich in (Motlhale, 2017). In spite of all their awareness and knowledge of the above circumstances which lend their children to substance abuse they failed to implement them.

The conclusion is that parents must implement or do what is right for their children. Parents showed dissatisfaction with the children's rights. They claimed that their children had too many rights and they found it difficult to punish them because they feared the might of the law which had led them to abdicate their duties as parents.

With regards to educators, the findings showed that the majority of them understood what substances were even though a few could not understand it from the Afrocentric perspective. They were also able to identify learning areas which were related to substance abuse except a few who showed little knowledge. The majority of the educators could give some wrongs that had taken place among the Africans, such as the end to institutions which helped with the upbringing of the young people and only 5% could not see the wrongs. In terms of strategies to deal with substance abuse, the findings were that only 5% had strategies in place and the rest had no strategies. It implied that educators did not give the issue of substance abuse the seriousness it deserved. Only 40% of the all the educators (100%) were able to

share their experiences on the effect of substance abuse. In spite of that they did not do enough to deal with those experiences.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter gives the overall impressions about this study and it also provides limitations and recommendations. As part of knowledge production the researcher has also refined and consolidated his own ideas of the Afrocentric model of understanding substance abuse. The model is presented as part of the recommendations to deal with the current challenges of substance abuse in both urban and rural schools in King Cetshwayo district.

7.2 CONCLUDING REMARKS

Age is significant and it matters for all the people, particularly the adolescents and young adults and without intervention, problems are likely to continue, and possibly get worse, (Hlongwane, 2017). This study shows that there is a link between drug usage and the age of learners. The challenging period among adolescents is between 11 to 21 years. If the family structure is weak the problems are likely to continue and get complicated with age, (ibid). While intervention works, it needs the involvement of all the stakeholders who are concerned with the development of the child. Sometimes parents give up on their children and expect educators to take over their parenting responsibilities. On the other hand educators expect parental involvement to be able to help their children instead of parents abdicating their responsibilities. A survey conducted in 2007 revealed that 51% of the parents felt that they were sufficiently involved in their children's school life, (Peters, 2008).

7.3 LIMITATIONS OF THE STUDY

The study provides ample evidence to suggest that there are serious problems in the treatment and management of substance abuse among learners. Problems were also identified in the overseeing function of parents and teachers who look after the learners. The weakness in this study is that it further provides more theory in the area with little or no psychotherapeutic intervention to clients, that is, the learners,

parents and teachers. All three groups of clients cried for help. Some parents did not take it as their responsibility to assist and support their children in fighting against substance abuse. Instead they left it to the schools to look after their children and help them to fight against substance abuse. Some of the parents who were contacted through the phone could not be found since their cellular phones were off. Some parents who were contacted refused to participate in the study. Among other limitations of the study was that learners from child-headed families could not be represented while others were represented by their parents in the study. Some learners had dropped out and could not be part of the study.

7.4   RECOMMENDATIONS

It is suggested that future studies should focus on the treatment and support of all clients as causes are better understood through this study and other related studies. As part of the researcher's commitment it is intended that the researcher should go back and do various interventions involving multidisciplinary teams to assist all those who were affected. This study indicates that all the stakeholders involved in the development of a child have a very big role to play to overcome the scourge of substance abuse. The stakeholder representatives inclusive of the government, the schools, the non-governmental organisations, the community and its leaders and parents will be invited for their different roles. The government is involved in the policy formulation, the schools are involved in the curriculum development, and the non-governmental organisations are involved in supporting and treatment of the affected children. The community and its leaders have an influence on the behaviour and discipline of the children. Besides, the community bears the consequences of the behaviour of the substance abusing children.

The findings revealed that parents and families were frustrated by their children who no longer listened to and respected them and they claimed that children had been given more rights hence they could not discipline them. On the other hand children claimed that at home there was no parent-child relationship. In those cases the recommendation would be for parents to revive their relationship with children instead of abdicating their responsibility. They should teach their children about

substance abuse and be role models to their children. Parents should educate their children about African values and morals before they even go to school. Parents must be empowered on how to adapt to the new way of life that gave children more rights.

It is recommended that schools should realign the curriculum so that it is in line with the Afrocentric norms and values. According to Adebajo, Mbeki urged Africans to adapt democracy to fit their own specific conditions without compromising its principles of representation and accountability. He further challenged them to discover a sense of their own self-confidence (Adebajo, 2016). The researcher concurs with this idea since it could make the curriculum more Afrocentric. Schools should be provided with school counsellors who should now and again visit their cluster schools for substance abuse monitoring. They should not be invited to schools but should have a schedule for each visit to a school. At the same time it is recommended that educators should be empowered with more skills on how to deal with substance abusing learners so that they refrain from stigmatising and name calling of learners as the findings have indicated. Educators should also be skilled on how to be change agents of moral regeneration with Afrocentric norms and values to be emulated by learners. This is consistent with the Cognitive Inoculation Theory which asserts that an adolescent can be trained or "inoculated" and be provided with life skills which will enable him or her not to succumb to peer or family pressures and start being involved in drug abuse. It is again consistent with the Social Inoculation Theory which asserts that some programmes based on this, encourage public commitments from students, such as an announcements in class or at a school assembly of their beliefs and behaviour concerning drug abuse (Norman et al.1993). It is again recommended that schools should manage the tuck shops in the school premises instead of outsourcing them, to avoid the selling of space muffins, space eggs, and space cakes. It emerged from the findings that schools do not do enough to prevent substance abuse since educators were not clear as to the strategies to be employed to fight substance abuse. It is therefore recommended that schools design clear policies and strategies on how to deal with substance abuse among learners.

With regards to the taverns shebeens and other informal establishments which, according to research, have proliferated throughout the country, even in the proximity of the schools, the education department in collaboration with the government is challenged to take drastic steps against them if the issue of substance abuse is to be eradicated. The government is again challenged that strict measures are taken on boarder control to avoid easy access to substances through drug trafficking. The existing policy on *Prevention of and Treatment for Substance Abuse Act* 70 of 2008, promulgated on 01 April 2013 which covers new challenges regarding the prevention of drug abuse and addresses gaps which existed in the Act of 1992 still seems to have some gaps. It is said that its aims are to provide a comprehensive national response for the combating of substance abuse; to provide mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and re-integration programmes. Unfortunately, it seems that it does not work when one looks at the influx of drugs into the country.

One of the objectives of the study was to develop an Afrocentric model which can assist in the understanding of substance abuse. After realising, through the findings of the study, that there was a dire need for all the stakeholders involved in child development to be empowered for them to be able to deal with the scourge of substance abuse, the researcher came up with the model called an **Afrocentric Model of understanding substance abuse.** The following is the model which has been designed by the researcher and it provides a picture of how the various stakeholders should participate to ensure that the scourge of substance abuse is dealt with.

7.5 THE RESEARCHER'S PROPOSAL OF AN AFROCENTRIC MODEL OF UNDERSTANDING SUBSTANCE ABUSE

State of well-being / fully functioning child

UBUNTU

Community

Home/family values

(Family norms and values)

Community

COMMUNITY

Child

COMMUNITY

School (Intellectual development)

Church/African belief system /religion (Conscience development)

Community

Ill- health

(Substance abuse/ any other risk behaviour
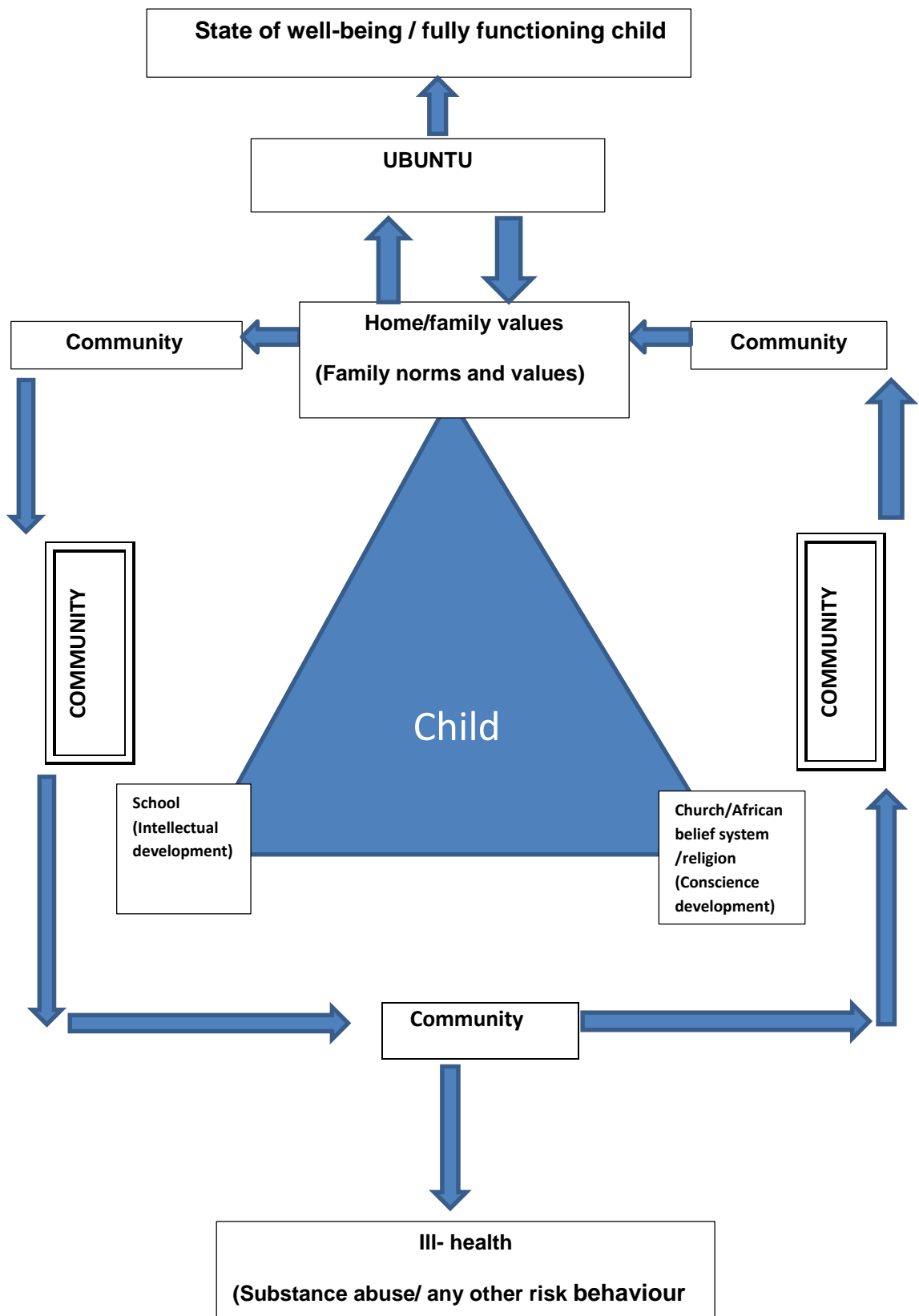
According to this model there are three pillars which are responsible for child development, and these are: the home, the school and the church or African belief system or religion. At the centre of the three pillars is the child who is the main focus. The home/family teaches the child family norms and values and ubuntu is part of the Afrocentric values. Ubuntu, among other things, involves self-respect and respect for others, sharing, helping, unity or oneness and altruism as it has been stated earlier in the study.

The school is responsible for the intellectual development of the child. The church/African beliefs/religion takes care of the conscience development of the child. The main aim of the three pillars is to ensure that the child is later on in his/her life lives a well-balanced and responsible life and is able to adapt to the world and live harmoniously with other people. Parents (and or family) in particular are instrumental in setting the process in motion. In an extended family setting the entire family or community plays an important a role in helping and supporting the child.

If the child has been well brought up and has been successfully influenced by the three pillars, he/she ends up in a state of well-being or as a fully functioning child as indicated by the arrow pointing up in the model presented. If the opposite has happened, the child ends up at an ill health stage where he/she gets involved in substance abuse or any risk behaviour in which he/she will show no sign of ubuntu. Whatever happens to the child takes place within the community as it is reflected in the model.

The government as a stakeholder in the development of a child is responsible for the formulation of the laws and policies. These laws and policies are cascaded to the communities and the families in various forms. Among other things, the laws and policies are aimed at assisting in fighting against substance abuse like the prevention of drug influx into the country as it has been stated in the study. The laws and policies should be based on Afrocentric principles norms, morals and value system.

The school as one of the stakeholders in the child development process is the formal setting which is responsible for the intellectual /mental, emotional and physical development of the child. The school continues from where the home has started in

terms of educating the child on morals and values. In other words, the school becomes a second home. Educators are supposed to act *in loco parentis* and lead, guide and direct learners to a bright future. They should have the skills on how to deal with learners who are involved in substance abuse instead of stigmatising them. The curriculum which they offer should be based on Afrocentric norms, values and morals so that it is relevant for the African child.

The church or African belief system or religion is another important pillar which is responsible for the spiritual development of the child. Before the Western kind of religion was transported to Africa, Africans had their own religion and their way of bringing up their children. They believed in *UMvelinqangi* (God) who, they believed, could not be reached directly but through the ancestors as it has been explained earlier on in the study.

Caregivers came about when biological parents of children died and children had to be taken care of by other members of the family such as uncles, aunts, grandmothers or any other relative. These caregivers had to take care of the children of the dead parents as though they were their own children. Children were brought up according to the family values, norms, morals and Ubuntu. They were taught moral values such as honesty, loyalty, respect, self-discipline, patience, kindness, gratitude, courtesy, forgiveness and personal responsibility. As a result children could not feel that they had lost their parents and could not go astray since they developed strong personalities.

There were various types of family structures. The extended family includes parents' children and near relations such as grandfathers, grandmothers, grandchildren, uncles, aunts, cousins and half brothers and sisters. The responsibility of the extended family was to unite the family, take care of the children of the dead members of the family and also to ensure that they contributed with the moral upbringing of children. The children of the deceased parents relied on the extended family members and they knew that they would get any kind of support from them.

The eldest in the family whether male or female becomes the head of the family and decides on all the matters of the family and everyone else respects or obeys her or his instructions. The head of the family becomes the custodian of social values, norms, cultural and traditional customs. Another type of a family is the nuclear family. This is the family which consists of the husband, wife and children. This type of family was not common in the traditional African family system. It has recently become common especially in the urban areas. This is characterised by an intense and deep social interaction and closeness. In this type of family, its members get more and easy attention. There is no rigidity when it comes to culture. Family members cooperate easily when it comes to economic matters since both parents are usually working. Children get attention from both biological parents.

Children from the nuclear family are likely to be egocentric and are unlikely to be able to share with others. Even though it is difficult to go back to extended family system, the researcher, however, strongly believes that there is still a need for the reinforcement of relationships among families and to revive the spirit of Ubuntu in action so as to avoid having a situation where children of the relatives and neighbours would have no one to care for them.

Single parenting is another type of family. A single parent family is the one with children under 18 years of age who are living with a mother who has never married, divorced, being separated or widowed. It could also be a man, even though it is not common for a man not to have a wife or to have been divorced and not having been married again. Even though being a single parent has advantages like being the only authority and giving your children undivided attention, there are also disadvantages. Some of the disadvantages for a female include being the only figure head in the family comprising boys and girls, which may make the boy child long for a father figure and if one is male then the girl child may long for a mother figure if you are a man. Sometimes a boy child may rebel against a female parent which could be a challenge for her, especially during adolescence, if he gets involved in substance abuse with peers. That makes it difficult for a female parent to alone have control over the boy child, something which would have been managed if the extended family was still in place.

Child headed family as another type of family structure which occurs when a child takes up charge of a household, in terms of decision-making and responsibility to provide for the physical, social and emotional needs of other children living with him/her, regardless of age. Child headed families have recently emerged very strongly because of the scourge of HIV/Aids as it was highlighted earlier on in this study. Studies have shown that child headed families exist in the nine provinces of South Africa (Pillay, 2016). Literature has revealed several challenges faced by a child from a child headed household such as, increased responsibility of a nurse and care for sick family members (Evans and Becker 2009; Skovdal *et al.* 2009); the difficulty of dealing with the stigma of family members being sick or dead due to HIV/AIDS (Campbell *et al.* 2012); the lack of grief support (Pillay 2012); shortage of resources (Seckinelgin 2007); increased risk of starvation and malnutrition (Madhavan and Townsend 2007); increased school absenteeism and withdrawal (Cluver et al. 2012); poor school performance (Guo, Li and Sherr 2012); inadequate access to medical care (Skovdal and Daniel 2012) and the sexual exploitation of girls (Pillay 2012) as quoted in Pillay,2016). Unfortunately they left out the challenge which is likely to be faced with regard to substance abuse, since such children have a high risk of being influenced by peers.

Pillay goes on to mention the following important point:

> the challenges experienced by children in CHH clearly reflect
>
> their social disempowerment and devastating experiences of
>
> poverty, which are further exacerbated by the lack of adequate
>
> social support from their families and communities, Pillay (2016).

This statement indirectly emphasises the need for the reinforcement of family ties so that such children do not face these challenges, at the same time so that there would be no 'Amapara to which reference was made earlier in the study.

The community has a major role to play in the development of a child. The community has to play the role of neighbourliness to all the children whether they have parents or not. It is un-African for any parent not to warn, give advice, direct or

impose sanctions when noticing any child doing something that could be construed as mischievous or behaving in an unacceptable manner. According to the African culture your child is my child and my child is your child, and it takes a village to raise a child. The community again has to be role models to the children in the vicinity so that their behaviour can be emulated by the children. In that way even children who might not have seen good behaviour will be able to emulate it from the members of the community. It is the community again which has to ensure that cultural and societal values and norms are displayed so that children will follow them. The community has to show compassion, support and Ubuntu to those children who are without parents. In the community there are also traditional leaders and councillors who have to ensure that every member of the community lives according to the cultural norms and traditional customs. If community members fail to abide by the community rules and policies, the traditional leaders have to impose acceptable sanctions to the transgressors. Those rules apply even to the children without parents and in that way they learn to live according to the accepted societal norms.

This model was influenced by Asante's ideas of Afrocentrism where he referred to Afrocentrism as a political and educational movement stressing African cultural values and the achievements of African civilizations, aimed at increasing confidence, identity, and unity among African-Americans and others of African descent. It was again influenced by Mbigi's ideas in Mabovula when he spoke of morality which involves trust and credibility (Mabovula, 2011).

This model is based on the idea that if people who are concerned with the development of a child can be revived with African morals and values and be empowered with the necessary skills of dealing with substance abusing children, they can be in a better position to fight substance abuse. For the empowerment process to succeed, Africans and South Africans in particular, must admit that they were deceived by the colonisers who made Africans believe that everything that belonged to the colonisers was good and all which belonged to Africans was evil. As a consequence, thereof, what belonged to Africans was thrown away, like African morals and values as it has been highlighted above, and what belonged to

colonisers was welcomed. This is consistent with Arowolo (2010) who asserts that; 'traditional African cultural practices paved the way for foreign way of doing things as Africans became fully 'westernised'. Western culture now is regarded as frontline civilisation. African ways of doing things have become primitive, archaic and regrettably unacceptable in public domain'. He goes on to say that; "Civilisation was just another concept of domination: imposition of incoming new culture over traditional cultural values". Today Africans have lost their identity and they are lost because they are ashamed of their own traditional cultures in pursuit of foreign cultures. In whatever they do, they want to be like Westerners and believe that the aforementioned is synonymous with civilisation. If the democratic dispensation had been contextualised by incorporating what was Afrocentric instead of adopting what was Eurocentric in its entirety, the African values would still be maintained and cherished by Africans who are the custodians thereof, even stronger than before since Africans now govern themselves. Asante in Mkabela says; "We are essentially insane, that is, living an absurdity from which we will never be able to free our minds until we return to the source (Mkabela, 2005). The researcher concurs strongly with Mkabela and Arowolo and others who are concerned that Africa was robbed of all cultural and traditional values. Unless Africa and particularly South Africa returns to its sanity, regain its identity, restore its respect and dignity and return to moral regeneration and Ubuntu without making it a talk show, through the empowerment of the families and the communities, the youth of South Africa and Africa can be saved from all social ills such as substance abuse and everything that results from it.

7.6. AREAS TO BE EXPLORED FOR FURTHER RESEARCH

This study focused on the lost African values and morals, their significance the educators' experiences with learners involved in substance abuse and the causes for substance abuse. Since this study dealt with learners who were receiving treatment, the researcher recommends that future research should focus on:

- Psychotherapeutic intervention by trained professionals,
- Learners' experiences of the treatment received from the counselling centres and

- The incorporation of Afrocentric models into the school curriculum.

7.7 CONCLUSION

It was clear from the findings that the government, learners, parents, and the community as well the schools have a critical role to play for the scourge of substance abuse to be overcome. Of major importance is for the government of the day to ensure that security is tight in the country as well as on the borders of South Africa, otherwise it might be difficult to implement any strategy to fight substance abuse under weak border control and the conditions of high unemployment rate.

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8. APPENDICES

Appendix A: Biographical information and Questionnaire for learners

Thank you for taking time to participate in this survey. You have been selected to complete the questionnaire as one of the learners at your school. This questionnaire is designed to determine your family background.

There are no right or wrong answers. This survey is confidential. You will not be individually identified in any information or reports produced from this data. Participation is **voluntary** and you are free to **withdraw** at any point. You are also free to choose **not to answer** questions that you are not comfortable with.

We appreciate you taking the time, because we feel that learners are our future and we have the responsibility to assist where ever possible.

If you have any queries send them to nzamaM@unizulu.ac.za or Telephone 035-9026255 University of Zululand.

For some of the questions you just need to fill a box (or boxes) to indicate your response. Other questions ask you the extent to which you agree with a particular statement.

A. Demographical information

A.1 Age (in years)

1	13-15		3	19-21	
2	16-18		4	22 and above	

A.2 Grade

	Grade 8		2	Grade 9		3	Grade 10		4	Grade11		5	Grade 12	

A.3 Family (whom of the following do you stay with?) choose from the list below.

1	Mother and father		4	Guardian	
2	Father only		5	Grandparents	
3	Mother only		6	Child headed family	
7	Other (specify)				

A.4 Gender

Male		Female		Other	

A.5 Place of residence

1	Urban		2	Semi urban		3	Rural	

B. Type of drug used

Tick the drug (s) you are using.

	1	2
B.1 cigarette	Yes	no
B.2 Alcohol		
B.3 Glue		
B.4 Woonga		
B.5 Dagga		
B.6 Cocaine		
B.7 Mandrax		
B.8 Ecstasy		
B.9 Other (specify)		

C. What influenced you to use drugs? Choose from the given list.

			1	2
1	friends		Yes	No
2	media			
3	Home background			
4	Other (specify)			

C.5 How often do you use drugs?

1. Every day	
2. Once a week	
3. Once a month	
4. Whenever I feel like	
5. Other (specify)	

C.6 How long have you been using drugs?

1	1 year		2	Two yeas		3	Three years		4	Four years		5	Five years		6	Six years & more	

C.7 Where do you get your drug? (Choose from the following options)

1. Merchant	
2. Friends	
3.Tuck shops	
4. Home	
5.Tarvern	

C.8 Why do you use drugs? (Choose from the following options)

1. For friendship	
2. To fight stress	
3. To be high	
4. For enjoyment	
5. Sport performance	

THANK YOU-----------------------------THANK YOU---------------------------THANK YOU

Appendix B: **Interview guide for use by Educators**

1. What do you understand about substance abuse from the Afrocentric perspective?

2. How do the learning areas assist in ensuring that learners are not involved in substance abuse?

3. What do you think has gone wrong with the Africans that have led to the abuse of drugs by learners?

4. What strategies do you use to highlight the dangers of drug abuse?

5. Of what significance do you think are the African values and morals in the teaching and learning process?

6. What is your experience of the learners who abuse substance in your school?

Appendix C: **THE FOCUS GROUP DISCUSSION GUIDE FOR THE USE WITH LEARNER**

Introduction:

Thank you all for coming to this discussion meeting. My name is **Muzi Nzama** and I work as a lecturer in the faculty of education at the University of Zululand. I am doing research on substance abuse by learners.

The interview will be tape-recorded, this will be done so that the information collected will be transcribed and analysed. I would therefore ask you to give me a permission to record it. The whole process will take the maximum of **ONE** hour. Could you all please think of the pseudonym for yourselves that we could use for the purposes of this focus group. Then, please write your pseudonym on the label and stick the label on your chest. We should all use the pseudonyms when referring to each other throughout the discussion (even when you know the person's name. Also when I call upon each of you to speak, I will use your pseudonym, in order to facilitate the transcription process.

Please feel free to express your opinions openly and honestly. The researcher will treat all information collected from this discussion confidentially. Under no circumstances will individual responses be identified by name in formal or informal meetings or documents.

We will begin our discussion by talking generally about what you know regarding substance abuse in schools. From your own perspective and practical experience, what does substance abuse mean?

Theme 1: Substance abuse in schools

PROBES:

1. What do you know about substance abuse in schools?

I would like us to now discuss and share views on students' involvement in substance abuse.

Theme 2: learners' involvement in substance abuse

PROBES:

1. What do you think your families have lost, that makes you, the learners, get involved in drugs?

2. What circumstances at home and school make you as learners, get involve in substance abuse?

3. How does the community influence you as a learner to be involved in substance abuse?

   What do you think has gone wrong with Africans that has led you to use/abuse substances?

4. Do you think there are circumstances at school which make you get involved in substance abuse?

We have discussed quite a number of issues today relating to learner substance abuse. In your opinion, what do you think must be done at home, school and community to prevent learners from abusing drugs?

Theme 3: what has to be done to prevent learners from abusing drugs?

PROBES:

1. As Africans what do you think your parents should do to help learners not to abuse drugs?

2. What do you think the community should do to help you not to abuse drugs?

3. What do you think schools should do to prevent learners from using drugs?

4. What do you think teachers specifically, should do to help prevent you from abusing drugs?

_____

CLOSURE: THANK YOU VERY MUCH FOR PARTICIPATING!

Appendix **D: Letter to school requesting permission.**

<div align="right">

Office T11-019

Faculty of Education

University of Zululand

KwaDlangezwa campus

25/04/2017

</div>

The Principal

Lizwi High school

Sir/ Madam

I would like to ask for a permission to conduct a research with your learners and educators at your school. The name of your school has been given to me by SANCA Zululand. The topic of my research is: "**An Afrocentric model of understanding substance use/abuse among school learners in King Cetshwayo District."**

A permission to conduct research in King Cetshwayo schools has been granted by the head office and is enclosed herewith.

Thanking you in anticipation

M.V.Nzama (Mr)

Appendix E: **Letter of permission from school**

LIZWI HIGH SCHOOL

P.O. BOX 2589, Richardsbay, 3900
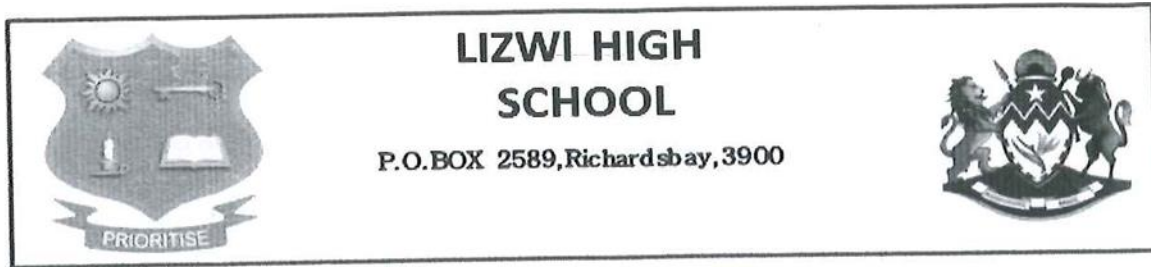
17 May 2017

Dear Mr Nzama

RE: PERMISSION TO CONDUCT RESEARCH – " An Afrocentric model of understanding substance abuse among school learners in uThungulu District"

The above mentioned school hereby grants you permission to conduct research in our school with our learners.

The permission is granted with an understanding that none of the learners who become part of your research and participate in the research will come to any harm, be exploited or their information and details be used without written consent from their parents.

The school offers to co-operate with you in your research and we look forward to working with you.

Yours Faithfully

Miss O.p Ntombela (Principal)

LIZWI HIGH SCHOOL
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TEL 07   20 · 6594
17 MAY 2017
PRINCIPAL:
EMAIL: lizwihighschool@gmail.com

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\Appendix F: Letter to conduct research from the head office

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma	Tel: 033 392 1041	Ref.:2/4/8/1003

Mr MV Nzama
PO Box 1352
Esikhawini
3887

Dear Mr Nzama

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"AN AFROCENTRIC MODEL OF UNDERSTANDING SUBSTANCE ABUSE AMONG SCHOOL LEARNERS IN UTHUNGULU DISTRICT",** in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 November 2016 to 26 April 2018.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UThungulu District

Dr. EV Nzama
Head of Department: Education
Date: 09 November 2016

...Championing Quality Education - Creating and Securing a Brighter Futu

Focus group interview: by Learners

1. What do you know about substance abuse in schools?

Respondent 7 : What I know about substance abuse is that vandalises schools; it may damage the school . Proper schools become like a yizo yizo school.

Respondent: Substance abuse is a major problem in school because learners skip school and go to smoke drugs like dagga.

Respondent: It is problematic in the initial stage. You don't have time for classes. When a friend approaches or invites you to go and smoke dagga, you can skip classes the whole day.

Respondent: What I know is that learners / users come to class with an unpleasant smell and this disturbs other learners. He does not focus in class and does whatever comes to mind.

Respondent : The problem is that smoking is not right. Sometimes my friends will invite me to smoke and afterwards I can't focus during class. You can't grasp anything once you have smoked. You forget what you have learnt.

2. What has been lost in the families or Africans that has contributed to substance use/abuse

Respondent: When you have a disagreement with a parent, he/she may give up on you and say do whatever pleases you – because you are disrespectful and end up abusing substance.

Respondent: Parents should discuss issues with us, and then it is up to you to listen to him.

Respondent: Sometimes the relationships of our parents influence us. For example, when your mother involves herself in a relationship with another man when your father passes on. They get married and the new father brings his own children into the family. Now you feel like you are isolated or discriminated against because you are not his biological child. Then you decide to distress by engaging in drug abuse. I expect him to treat all of us equally as her children without discrimination. Stress caused me to be involved and friends comfort you and you feel that they love you.

Respondent: Parents do not give themselves time to speak to us when we are involved in s/a. they fight us because they are afraid that people will start talking about their children who are taking s/a

Respondent: respect get lost the moment you start smoking and you do not even listen. You go to friends in the Ghetto who welcome you. A ghetto is a meeting place. I do not blame parents.

Respondent: it depends. There are people who come from well-to –do families but they are involved in s/a.

What is lost is parental love. Parent should show love because if you don't get it

Respondent: Connection between parent and children is lost. When a parent gives up on you ,you go to those who will support you and start smoking

Commented [MN1]: VANDALISM: Result

Commented [MN2]: Disturbance

Commented [MN3]: Result of S/A

Commented [MN4]: TRUANCY

Commented [MVN5]: Lack of focus

Commented [MN6]: PEER pressure

Commented [MN7]: TRUANCY

Commented [MN8]: DISTURBANCE

Commented [MN9]: LACK OF FOCUS

Commented [MN10]: Regret

Commented [MN11]: Peer pressure

Commented [MN12]: LACK OF FOCUS

Commented [MN13]: FORGETTING

Commented [MN14]: ABDICATION OF PARENTAL RESPONSIBILITY

Commented [MN15]: Abdication of responsibility

Commented [MN16]: COMMUNICATION

Commented [MN17]: Parent- Relationship

Commented [MN18]: Parent child-relationship

Commented [MN19]: Coping mechanism

Commented [MN20]: Coping mechanism

Commented [MN21]: COMMUNICATION

Commented [MN22]: STIGMATISATION

Commented [MN23]: Lost value

Commented [MN24]: Peer influence/ GHETTO LIFE

Commented [MN25]: Admission of blame

Commented [MN26]: Admission of blame

Commented [MN27]: Parent-child relationship

Commented [MN28]: PARENT -CHILD RELATIONSHIP / PEER INFLUENCE

Commented [MN29]: ABDICATION OF PARENTAL RESPONSIBILITY

Commented [MVN30]: Peer influence

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Respondent: what is lost is discipline 'cause parent don't sit with their chn to say what is wrong and right.

Respondent: parents also drink more and they do not have time for their chn. 'caus some parents are also involved in s/a.

Respondent; a parent who is involved in s/a cannot tell the chn. What is wrong and right cause he has no self- respect.

Respondent: When you stay at home and have experienced many things out the connection between you and parents get lost.

3. How does the community influence you to use s/a?

Respondent: the comm. Judges you cause of your weaknesses.

Respondent: The comm. Sells s/a and they also smoke instead of fighting s/a by reporting those who sell s/a.

4. As Africans what do parent have to do to help to prevent you from using drugs

Respondent: Parents should listen to us first instead of beating us for no apparent reason

Respondent: When I walk next to where S/A is sold they just beat you.

5. What should the comm. Do to prevent you from using drugs?

Respondent: People who are renting from other countries should not be allowed to rent unless we know that they are here for jobs. Renting houses should be reduced.

Respondent: the community should stop smoking in front of us and for instance when I am in the sports field and my uncle comes and asks me if I am okay. He says 'come let us have two quarts of beers.

Respondent: The comm. should have sports to keep us busy.

Respondent: The comm. Can help me by avoiding sending us to the canteens to get cigarette, and drugs because when I grow up I also like to have a taste of what they have been taking. When I grow up and at the adolescent stage they judge me and I end up taking dagga and rumours should stop cause they cause conflict between my mother and me cause when I ask something from her she will not trust me and tell me that I want to buy s/a.

Respondent: The comm. should help by fighting those who sell s/a in the comm. Since get close to them after realising that everything becomes easy when we are with them.

6. What role does the school have to play to?

Respondent: They should increase the number of security so that when you come through the gate they can search all the bags to find out what you have got to prevent us from bringing s/a into the

Commented [MVN31]: Ill-discipline	
Commented [MVN32]: Communication	
Commented [MVN33]: Behaviour Model ling	
Commented [MVN34]: Parent-child relationship	
Commented [MVN35]: Behaviour Model ling	
Commented [MVN36]: Behaviour Model ling	
Commented [MVN37]: Lost value	
Commented [MVN38]: Parent-child relationship	
Commented [MVN39]: Stigmatisation	
Commented [MVN40]: Behaviour Modelling	
Commented [MVN41]: Aggression	
Commented [MVN42]: Parent-child relationship	
Commented [MVN43]: Shifting the blame	
Commented [MVN44]: Prejudice	
Commented [MVN45]: Shifting the blame	
Commented [MVN46]: Shifting the blame	
Commented [MVN47]: Behaviour Modelling	
Commented [MVN48]: Shifting the blame	
Commented [MVN49]: Behaviour modelling	
Commented [MVN50]: Caring	
Commented [MVN51]: Behaviour modelling	
Commented [MVN52]: Behaviour modelling	
Commented [MVN53]: Stigmatisation	
Commented [MVN54]: Aggressive behaviour	
Commented [MVN55]: Aggressive behaviour	
Commented [MN56]: Aggressive behaviour	
Commented [MN57]: School Security	

school. There should be only one entrance to be used instead of "opotsho or iskhala "which is used by learners who want to go and smoke whenever they want to satisfy their caving.

Commented [MN58]: School security

Respondent: Teachers should help learners who are involved in s/a by educating them on the dangers of s/a.

Commented [MN59]: Learner empowerment

Respondent: Do you see Meneer, when we come through the gate and come to class, when I have not taken the drug all of you bore me when I look at you because I feel that there is something short.

Commented [MN60]: Reason for s/a

Respondent: the school can help by forming a team that will keep us busy instead of focusing on s/a.

Commented [MN61]: Intervention

Respondent: the teachers can help us by having a class maybe on Friday where they can educate us about s/a.

Commented [MN62]: Learner empowerment

Respondent: What the school can do, that can help learners to stop bringing s/a into the school is to have the scanner if they can afford it to scan everyone who comes through the gate to ensure that no s/a is brought into the school. That will ensure that no learner get a chance to smoke inside the school premises and that no learner gets s/a in the premises. If he/she wants to take a s/a, he/she should get outside not inside the school.

Commented [MN63]: School Security

Respondent: Some teachers stigmatise you when they know that you are taking s/a instead of helping you to stop taking s/a.

Commented [MN64]: Stigmatisation

Commented [MN65]: Learner empowerment

Respondent: It is wrong for a teacher to go round telling other learners that you are so rude because you are taking s/a. it is better for the teacher to talk to you privately, otherwise you will be angry and abuse substance even more.

Commented [MN66]: Stigmatisation

Commented [MN67]: Communication

Commented [MN68]: Aggressive behaviour

Respondent: Some of the teachers drink with us and that kind of a teacher is not a good example to you and he does not wish you anything good as a learner.

Commented [MN69]: Role model

Commented [MN70]: Lack of motivation

Respondent: When a teacher has seen you smoke a loose cigarette next to the robots, whenever he /she comes to class and address you as "You, who was smoking at the robots."

Commented [MN71]: Prejudice

Commented [MN72]: Stigmatisation

Respondent: What I know about s/a is that learners at school use different types of s/a inside the school premises. That is what I understand about s/a.

Commented [MN73]: Admission of guilt

What makes you use s/a?

(VVI) Respondent: Is when a learner sells different substances like space muffins. A space muffin is a cake, when they bake it they put dagga inside. We do not call any cake "space muffin' but we say it is a "space muffin cause there is a drug in it. There is no other drug which is put in there except Dagga. All other are smoked but its only dagga that can be put into the cake to be eaten. Space cake is made with dough which has been mixed with water that was used to cook or dagga is mixed with dough to make a cake. There are also a space eggs. When you make a space egg, you grind it thoroughly, put it in the egg and fry it with an egg. You make a choice of either a space muffin or a space egg but what is more popular is a "space muffin "because a space egg quickly gets cold. It is called "space " so that other people will not know what you are talking about and besides that, when you have taken a space muffin or space egg you become 'high' like you are in the space.

Commented [MN74]: Reason for S/A

Commented [MN75]: Types of substances

Commented [MN76]: Types of substances

Commented [MN77]: Types of substances

Commented [MN78]: Popular substance

Commented [MN79]: Reason for substance taking

Respondent: It happens that someone close to you at home passes on and you become stressed. To try and do away with stress you decide to engage in s/a. when you want to do away with it become difficult and you continue.

Respondent: if you get a lot of pocket money from home and your friends are involved in s/a and they cannot afford the substances they use you help them get the stuff they use which is very expensive since we use various types. At the end you also use substances.

Respondent: When your parents keep fighting all the time, like when your father abuses your mother. They end up not focusing on you as their child and you will then realise that they do not focus on me and therefore you start doing what you like.

Respondent: Sometimes if you do not get what you want from your parents you end up abusing substance.

Respondent: When you are always beaten for nothing at home you turn to substance abuse because you want to release stress. That happens when you live with your step father or step mother.

What do you think has been lost in the family?

(VVI) Respondent: Ubuntu and respect gets lost when someone fails to get what he/she wants. One gets angry and end up fighting others, like amaphara. Amaphara are those who take whoonga. It comes from the word 'parasite.'

(VVI) Respondent: We know that using substances is wrong. When you use them you do not have ubuntu because if you cannot get them you can do anything to get them. You do not have ubuntu because you even steal from your own family. You are not a role model in the family and the family loses respect for you.

How does Community contribute?

Respondent: There are merchant's in the community who sell all types of substances. If there are no merchants in the community we cannot be involved in s/a.

Respondent: The community seems not to care about s/a because if they care they would be phoning 10111 and contact the police. Maybe the merchants are bribing the community not to phone the police. Maybe the merchants are connected to the police because you find that he is arrested today and tomorrow you see him walking around.

Respondent: The community should support us and provide us with sporting activities so that we do not involve ourselves in s/a. When a child buys substance from the shop and smoke in front of an adult, he/she can say that this is not my mother or father but that is wrong because as an old person he/she is your mother or father and that old person should warn that child even though he/she is not your biological parent, he/she is forced to do that.

Respondent: What I can say is that even that merchant who sells substances is also a parent who knows what is right and wrong. Why does he/she sell substances to us because as a parent you cannot sell those substances to your own child. That means you destroy that child because he/she is not yours.

Commented [MN112]: Lost value (morals)

Commented [MN113]: Lost value (moral)

Commented [MN114]: Altruism

What should parents do to prevent s/a

Respondent: They should teach us about drugs and provide us with the necessary sporting activities.

Commented [MN115]: Empowerment

Commented [MN116]: Alternative

Respondent: Parents should ensure that they know our whereabouts, who is with us and what we are doing.

Commented [MN117]: Caring

Respondent: When a parent realises that the child is involved in s/a, he/she should not chase the child away but should support the child and take him/her to the rehab instead of calling him/her names and addressing him/her as a 'para'.

Commented [MN118]: Caring

Commented [MN119]: Stigmatisation/name calling

What should the school do?

Respondent: One other thing which worries us about teachers and parents is that they forget that the mind should be relaxed and think straight. Parents and teachers teach us excessively and forget about sports. Sometimes some of us study too much and the mind gets saturated. We sometimes need free time for us to be involved in sports. Some of our parents keep us indoor and tell us 'here are the books and nothing else and they forget that the mind also needs to relax.

Commented [MN120]: Frustration

Commented [MN121]: Alternative

Commented [MN122]: Alternative

Commented [MN123]: Parenting style

Commented [MN124]: Admission of guilt

Respondent: The child does the wrong things many times because he/she is a child. The child should not be expelled from school because he/she has done something wrong but he/she must now and again be warned and advised until he/she is old enough. The school should provide sporting activities and reduces prizes on what is sold at the tuck-shop so that we will be able to buy, otherwise we shall buy substances instead of something edible.

Commented [MN125]: Guidance

Commented [MN126]: Alternative

Commented [MN127]: Alternative

Respondent: There should be enough teachers to look around monitoring us inside the school premises just like they do at this school.

Commented [MN128]: Learner-teacher relationship

Respondent: I don't agree that there should be more teachers but I think that there should be more sporting activities which will keep us busy so we do not concentrate on s/a.

Commented [MN129]: Alternative

Respondent: Teachers should teach and stop calling learners names like 'hey you fool! Because those names make me angry and may make me retaliate.

Commented [MN130]: Stigmatisation/Name calling

Commented [MN131]: Frustration

Respondent: Teachers should avoid calling us names in front of other learners simply because we are involved in s/a, that does not make happy. Those who do that are supposed to be supporting and advising us that we should stop s/a.

Commented [MN132]: Stigmatisation/Name calling

Commented [MN133]: Caring

Commented [MN134]: Guidance

Respondent: Being a teacher does not only mean teaching books but it also means teaching about what is wrong and what is right.

Commented [MN135]: Values & morals

S/A

Respondent: What I can say is that nowadays learners use drugs and teachers find it difficult to control them in class.

> **Commented [MN136]:** Empowerment

Respondent: What I can say is that when you are high you cannot hear or understand anything in class the only thing you do is to be troublesome.

> **Commented [MN137]:** Disturbance

Family

Respondent: Sometimes it's not that something has happened at home but it's just friends who influence you to do it and that you also do not know what you want in life.

> **Commented [MN138]:** Peer influence
> **Commented [MN139]:** Lack of vision

Respondent: It could be that parents do things negligently, like smoking in front of children we as boys want to do things done by our fathers so that we can also become men tomorrow. It happens sometimes that the relationship between your parents is not good and you end up taking drugs so as not to focus on what is happening between them.

> **Commented [MN140]:** Behaviour modelling
> **Commented [MN141]:** Role modelling
> **Commented [MN142]:** Father-mother relationship
> **Commented [MN143]:** Alternative

Respondent: Parents hide things from us, they do not tell us about life and they do not tell anything about substance abuse we find out on our own. There is no relationship between us and parents.

> **Commented [MN144]:** Empowerment
> **Commented [MN145]:** Experimentation
> **Commented [MN146]:** Parent-child relationship

Community

Respondent: What happens in the comm is that the old people like uncles call you and say come and drink or smoke and you enjoy it. Next time you remember what your uncle gave you and you decide to do it on your own. They do not see anything wrong because whenever they meet you, they tell to come and drink or smoke. They have lost love for children since they cannot give this to their children.

> **Commented [MN147]:** Behaviour modelling

> **Commented [MN148]:** Altruism

Respondent: The comm is dirty since we get all these bad things from them. They have lost respect I can say that the comm within which you grow up determines your life like people who grow up at the ghetto. There are few people who grow up at the ghetto that are right. A ghetto is a corrupt place. There you grow up with people who have conscience. As you grow you look up to a person who has a lot of money followed by a lot of girls and taking drugs and you also wish to be like him.

> **Commented [MN149]:** Lost value

> **Commented [MN150]:** Role model
> **Commented [MN151]:** Lost value/moral
> **Commented [MN152]:** Role model
> **Commented [MN153]:** Role model

School

Respondent: If there is someone famous in the school and have a lot of followers you also like to be part of that group by doing what they do.

> **Commented [MN154]:** Peer pressure

Respondent: If you have a friend who is smoking you also end up smoking.

> **Commented [MN155]:** Peer pressure

Respondent: We look up to our teachers who smoke in front of us and we also think it is the right thing to do.

> **Commented [MN156]:** Role models

Respondent: Teachers fall in love with learners and they buy alcohol or drugs for them.

> **Commented [MN157]:** Lost respect/morals

Respondent: Parents should give proper guidance to children and make them aware of the side effects since it said knowledge is power. I think that if we knew where this was leading to, we would not be where we are today.

Respondent: Sometimes a parent does not know that you are involved in s/a. I do not know what is to be done but I think as soon as the parent becomes aware he/she should try to help you either by sending you to the rehab or to people who will give you counselling and advise you. The parent should also limit you when giving you money and also monitor you when you come back to see if you are normal or your eyes are red or you are high or drunk. He/she must be concerned about you.

Community

Respondent: The comm should expose all those who sell drugs whoonga instead of being quiet because they know where all these substances are sold. They do not even go to the police. In fact the comm should now wake up and form forums and communicate with the police because the nation or the youth is destroyed.

School

Respondent: The school should check learners when they come to school. Parents are not able to deal with their children because of their rights which have come with democracy. Parents have challenges with regards to preventing s/a.

S/A

Respondent: What I know is that learners come to sell substances in school and they stay in the toilets and take them.

Respondent: S/a is taken as a habit in school because some learners cannot concentrate on their school work without having used drugs. Others fight in school because of drugs.

Respondent: School learners dodge classes while they are continuing because of drugs when a learner is forced to come back from outside he/she fights the teacher.

Family contribution

Respondent: I stay at home they drink in front of us and our sisters who drink call us names because we do not drink and sometimes they say' take a sip and don't let mother see you.' After that you get used to it and when you don't get it at home you go out there and get it.

Respondent: If a father smokes dagga he sends us to buy it and we know now everything that he uses when he smokes dagga. That affects us as children. Once you start taking drugs you feel like you have more power over your parents. Some parents do not say anything to us and others loose hope and give up on us. You can smoke as heavily as you like a parent would say I have given up he/she can do whatever he/she likes. "Yes we need money when going to school but we should now be given lunch box instead of money since we abuse it on substance.

What has been lost at home

Respondent: Self- respect and ubuntu has been lost on parents. Sometimes a father abuses a mother and you decide that you should go out and look for something that will make me dizzy, so that when I come back I shall only eat and sleep instead of always watching this fight.

Community contribution

Respondent: in the comm when there is a party they invite you and the comm again sells alcohol to you even if you are under age instead of warning you. They even tell us that we should not buy when there are people; they sell it to us privately. They even tell us where we can get certain things like drugs.

Respondent: Our uncles have a bad influence on us because if you do not have pocket money, they give either whoonga or dagga for you to 'push' at school so that you get some money and take it to him and he gives you some money and at the end he gives you substances instead of money. You ultimately do not go to school and become his/her merchant.

Respondent: if for instance a boy has been observed by the police that he sells substances, he lives it with his mother who pretends to be selling vetkoek. When someone wants to buy he/she will ask for vetkoek and be given dagga.

Respondent: When an uncle is a jailbird he teaches you the prison language and after that he says there is nothing for free you have to pay by selling him the stuff. He teaches you this language so that you also get recognised by the other guys.

School contribution

Respondent: When I am at school I have friends who use substances. They tell me that if I want to be with them I should drink or smoke instead of making myself better. Because I feel that I shall be lonely, I decide to join them.

Respondent: It happens that as a learner you have some abnormality like a big head, you end up being teased and being called names by other learners and I feel offended. When I speak to someone who takes substances about it, he/she tells me to take a substance. After that whenever they tease you at school, you will have power to retaliate after taking a drug.

Respondent: At school if you are not gifted teachers call you names and decide that in order to ignore the teacher I should take something that will help me ignore him/her.

Respondent: Male teachers fall in love with us as female learners. When they find us with alcohol they do not take up the matter with the principal and drink freely. We drink together with the teachers.

Respondent: When we have been drinking with the teacher over the weekend, that particular teacher cannot take up my case with the management at school or punish me since I can report that we were drinking together over the weekend.

Respondent: We feel that we have the right to drink or smoke because no one tells us not to do it.

Prevention measures

Parents

Respondent: Parents should not give us money. When I want something they should go with me to buy what I want. When I want to eat out they should go with me. They should not give me so much money that I end up with a lot of unnecessary change.

Respondent: If parents want to have a braai with friends where they will be drinking, they should buy us as children some cool drink and we should not be part of their braai.

Respondent: Respondent: our parents should allow us to participate in sporting activities in the community.

Respondent: Parents should not fight in front of us as children. They must respect one another.

Respondent: Parents scold us too much and we end up looking like fools. Instead they should sit down with us and tell us about the reality of what is happening in life like saying that out there you will find merchant who will sell you substances which will affect you. Our parents are afraid of us. Maybe they are afraid of us because they feel that if they warn us about the realities of life, they will indirectly be telling us to do that.

Respondent: Parents should not be harsh on us, but instead they should support us and relationship should be good between us.

Community

Respondent: The council and izinduna should form a forum so that they deal with those drug dealers such as whoonga and dagga

Respondent: Members of the comm. should treat us as their children and warn us when we do something wrong instead of reporting us to parents.

Respondent: The community should try and find out if someone found with substances is it for sale or not. If yes that person should put into jail.

Respondent: I recommend that years for the youth to be allowed to buy substances should be extended to 23 instead of 18 because the 23 year old is mature enough to be able to take calculated and responsible decisions.

School

Respondent: Every school should have a security at the gate to search every learner's bag since substances are carried in school bags. The security should move about especially during break because the merchants bring substance during the break.

Respondent: I would say that schools should be fenced with concrete and there should be more security guards, 3 or 4. One to be at the gate and others patrolling around the school.

Respondent: If those who abuse drugs have been identified in the school, they should be supported and be sent to the rehab.

Respondent: Teachers should avoid embarrassing those who abuse drugs in front of other learners such as in the assembly and calling them names.

Respondent: A teacher who asks a question in class and fail to get an answer should avoid telling learners that he/she does not care , after all he/she is getting his/her salary at the end of the month. This does not motivate the learner, instead the learner will be demotivated and decide to drop out of school and be involved in s/a.

S/A

Respondent: I think it is when you use something excessively. Like cigarette, alcohol and dagga

Respondent: I can say that it is somebody who uses substance of any kind

Respondent:

Family contribution.

Respondent: we come from different families. Some of us stay with grandmothers, grandfathers and stepmothers and fathers with and you find that the person you stay with is not a good role model to you.

Respondent: It happens sometimes that you stay alone without parents and you do not have anything to do and find yourself doing drugs

Respondent: It happens that the home is loose, there are no rules and there is someone doing drugs and because of that you also end up doing drugs as well

Respondent: What makes us do drugs is that we do not want to listen to our parents when they tell us what we must do, but instead we listen to our friends who influence us to use/abuse substance and end up not listening to what a parent says

Respondent: Some times when there are functions at our homes you are told to bring sorghum beer, before you give it to people you are forced to drink or take a sip which called (ukukhipha umuthi) ie show that the beer is not harmful, they can drink it. As you always do that you get used to it and end up drinking habitually.

Respondent: when I have done a minor mistake at home they fail to advise me and invite neighbours to come and advise me. I tell them that I do not like what they are doing because they are not my parents. The next thing is to go to friends. When I get there we start doing drugs.

Community.

Respondent: Most of the time it is our neighbours who sell us substances. You find that the neighbour sells five and ten (five is a five rand bag of dagga and ten is ten rand bag of dagga)there is also twenty is a bag of twenty rand and twenty rand bag is called a "poki."in the comm you find everyone smoking in the street and sometimes there are smoking places called ghettos inside the home premises, these are houses meant for smoking and the neighbours know about it.

Respondent: Sometimes neighbours do warn us but we do not listen to them.

School.

Respondent: It happens that when you come to school you get new friends who do drugs and you want to be part of them so you also do drugs

Respondent: Sometimes when you are with your friends who do drugs they praise a particular substance and you get attracted to it and end up joining the in doing it.

Respondent : Sometimes when you are in class with your friends who do drugs, you see them laughing after taking substances,{ because they laugh a lot after doing drugs}.you then tell the others about and they say you will also enjoy it if you try, and you try it and enjoy what they are doing.

Respondent : It happens that here at school you have friends who do substances and you do not do it. They tell you that "uyalahla" you cannot go with them if you do not do drugs and because you want to go with them, you start doing drugs like them.

Respondent : Most of the time those who do drugs here at school have a lot of friends, and because you also want to have more friends, you start doing drugs like them.

Respondent: Smoking here at school is taken as a trend. When you see that the number of smokers increases you also join them because if you do not smoke you look like a fool to them

Prevention

School.

Respondent: The learner should be advised on the effects of substance use/abuse and be told that there companies out there which do not employ substance users/abusers because when they check him/her they will find that he/she suffers from a lot of diseases and be encouraged that he/ she as a learner can steal change and do well at school.

Respondent: The school should invite people who have been involved in substance use/abuse to address learners because we are likely to listen to someone who have been there.

Home

Respondent: What I think should be done is to teach parents not to smoke in front of us because when they do that we as children think what they are doing is the right thing because they do it publicly in front of everyone.

Community.

Respondent: The drug dealer must be burnt because police arrest him/her and after two months he/she is back. The best thing is to burn him/her.

Respondent: One other thing that is missing at home parental love. For instance I do not live with my mother, she lives far away from me and I live with my grandmother who is working and come late from work. So, most of the time I stay alone. My mother took the younger siblings with her to stay in the township thinking that I am old enough to stay alone but I am not that old to stay alone.

PARENTS INTERVIEW TRANSCRIPT

1. Respondent 1

Ques 1: What do you understand by substance abuse from Afrocentric perspective?

Respondent: It is something bad, destroying the future of children even though they do not see. I do not know how I can explain it because even children who not have problems at home use it. Even when listening to the radio I hear that children use it because of some problems like when one of the parents die, has been abused they use it to forget what has happened, but others use it even when they come from the well to do families and you end up not knowing the cause.

<div style="color:gray">Commented [MVN1]: Death frustration (cause)</div>
<div style="color:gray">Commented [MVN2]: Abuse (cause)</div>
<div style="color:gray">Commented [MVN3]: No reason</div>

Ques 2 : What makes your child use/abuse substance?

Respondent: When I spoke to my children as someone who is affected since I have two children who are involved. One was moved from me to the other school where he started doing what he liked. When I spoke to the other one he said that "your sickness worried me a lot and it led to the loss of your job and we did not have anything here at home and when I thought how difficult it is to lose a father and I saw that I had come to the end of my future. One other reason is peer influence. He first does it for fun at the end he gets used to it and enjoys it.

<div style="color:gray">Commented [MVN4]: Cause of sub/use</div>
<div style="color:gray">Commented [MVN5]: Peer pressure</div>
<div style="color:gray">Commented [MVN6]: Reason for sub/use</div>

Ques 3 : What step do you take after realising that your child abuses substance?

Respondent: I once spoke to the teachers who gave me a letter and a phone number. I would be happy if my child can go to a place where he can get help, but because I am apparent who got sick in 2015 and lost the job I ended up leaving them alone in the township and went to stay with my mother at home and I was not the parent who looked after her children. After that my children lived the way they liked in my absence. The one who looked after them was not as strict as I was.

<div style="color:gray">Commented [MVN7]: Cause of sub/use</div>
<div style="color:gray">Commented [MVN8]: Cause of s/u</div>

Ques 4 : What do you think, you as parent, should do to prevent your child from abusing drugs?

Respondent: I think we should tell our children about the dangers before they start using substance and say what happens when you have started using s/a. The problem with us is that we talk to chn when they are already involved. For others it is difficult to withdraw but others get assisted. This is like warning and adolescent girl at a stage where you tell her that now you are getting to a stage where you will come across this and that which can destroy your life and future. As parents we do talk and we have to meet and support our chn. We as parents should try and locate the source and people who are responsible and report to the police.

<div style="color:gray">Commented [MVN9]: Empowerment</div>
<div style="color:gray">Commented [MVN10]: Admission of guilt</div>
<div style="color:gray">Commented [MVN11]: Parental Support</div>
<div style="color:gray">Commented [MVN12]: Parental responsibility</div>

Ques 5: What do you think has been lost (if any) in the families and community that might have caused your children to engage in substance abuse?

Respondent: There is something wrong with us as a nation and as the community cause you will realise that we are the cause of all what is happening. You find that we sell substance to the chn. It comes from us as parents without being aware that we destroy the nation.

<div style="color:gray">Commented [MVN13]: Admission of guilt</div>

Ques 6 : What model can be used to understand and manage substance abuse from the African perspective?

Respondent: Is to find out where these drugs come from. It can help us to find the people who supply this to our chn.

Respondent: 2

1- What I can say is that s/a is not right especially when we talk about a school child since he/she is disturbed. He does not focus on school work since, when he/she is addicted he/she has to get it now and again and ends up out of control and even dropout of school and even at home he starts stealing.

2- Peer influence at school, he starts it as something easy to withdraw from but he gets stuck to it and you can do anything even take him/her to SANCA, to help and support him/her but it cannot work if he/she does not decide to quit. I do not think someone can just take a decision now to go and take drugs but I think it is friends who influence him/her. It is bad friends who do that since no parent can send his/her child to use drugs. It could be a pressure from home eg when he/she is abused at home and join people who are thought to be important to him/her and of help to him/her.

3- **Respondent:** Take him/her where they can get help and where they are taught what is it that they can do to quit even though it is not something that can happen overnight. Some are taken to the rehab but they fail because they do it for parents not for them. They spend a lot of time at the rehab without stopping because they are not prepared to quit. No parent wants his/her child to use substance. Parents warn children but they insist.

4. We do not stay with chn, they stay at school and we do not know what they do there. The community knows who sells drugs and they must shut down those places where drugs are found. They do not only get them in town but they also get drugs here in the vicinity .Even in the area here there are houses used for smoking drugs and I was told by a child here and I once fetched my young boy from there. I saw those houses that day. They are houses built solely for smoking at a specific time.

5. What has gone wrong is that children have rights and when you talk to him/her, he talks to you any how and they do not listen to you as an adult. At school they cause problem and when you say they should stay at home they say it is their right to learn. When we were young we used to get a hiding but today you cannot beat a child because you will be jailed. You end up not knowing what went wrong since you cannot say children are not taught at home how to behave. When children do not have parents they do as they wish.

5. Places where drugs are found should be destroyed.

Respondent 3

1. They disturb the brain when you talk to the child he does not listen

2. Children do not want to stay indoors; they stay on the road with friends and do anything when you warn them they do not listen

3. With me where we stay we are not rich and we are not poor. The government said children should not be punished. When you beat or discipline the child, he/she tells you that he/she will take you to the social workers. The children I have here do not listen at all. They leave at eight for school.

Commented [MVN14]: Parental responsibility

Commented [MVN15]: Effect of s/u
Commented [MVN16]: Effect of s/u
Commented [MVN17]: Effect of s/u
Commented [MVN18]: Effect of s/u
Commented [MVN19]: Peer influence
Commented [MVN20]: Parental Support

Commented [MVN21]: Peer influence
Commented [MVN22]: Defence mechanism
Commented [MVN23]: Reason for s/u
Commented [MVN24]: Alternatives

Commented [MVN25]: Parental support
Commented [MVN26]: Lack of child commitment

Commented [MVN27]: Defence
Commented [MVN28]: Parental responsibility
Commented [MVN29]: Reason for s/u
Commented [MVN30]: Parental responsibility
Commented [MVN31]: Sources of s/u

Commented [MVN32]: Sources of s/u
Commented [MVN33]: Sources of s/u
Commented [MVN34]: Democratic influence
Commented [MVN35]: Loss of respect
Commented [MVN36]: Democratic influence
Commented [MVN37]: Democratic influence

Commented [MVN38]: Reason for s/u

Commented [MVN39]: Intervention

Commented [MVN40]: Effect of s/u
Commented [MVN41]: Lack of respect
Commented [MVN42]: Peer influence
Commented [MVN43]: Loss of respect

Commented [MVN44]: Democratic influence
Commented [MVN45]: Democratic influence
Commented [MVN46]: Democratic influence

4. I do not know because our children do not listen, when you ask him/her he says I do not do it ask so and so. He says that because so and so will defend him.

5. I do not know because we do not have a school which is a jail and there is no hole where we can burry our children. They wonder around and they do not listen, I do not know what to say.

There is something wrong with our government who gave rights to our children. Even if something is wrong they do not say it is wrong. Sometimes when you try to warn the child he/she tells you that he/she will take you to jail and tell you that this is my time I was not there during your time. During my time I knew that a parent was a parent, and when I was told not to do something, I did not do it. Our children do not care about all that. We as the community also contribute because when see a child do something wrong we say nothing. Even when you warn someone else's child his/her parent turns around and say ,"he/she looks at my child but his/her child does this and that."

6. I do not know but if I could have money, I could build something as big as the hall where I can keep all these children because if they are not kept, they go out and smoke again.

Respondent: 4

1. When I think about s/a I think about cigarette.

2. It is my cousin's child. In my view since he spends most of his time at school with friends he notices friends involved in smoking as a style and he also ends up smoking. At home the oldest person is me; we are almost of the same age. When he looks at me he sees his equal and when I warn him he just looks at me and says nothing and he does not listen. He goes away and he comes back with a smell of what he smoked. Even though I think it is friends who influence him but what I know is that they do not force him. For him smoking is a style, if he does not smoke he is out of style. In the community most of the young boys are smokers, there are very few who do not smoke.

3. What you can do is to communicate with the child. We communicate with the boy here and he promises to change. We tell him that what he is doing is for him not for someone else. He leaves for school in the morning but when you go pass the school you find him outside the gate and tell you that he found the gate closed. You cannot do anything with this boy here, even his uncle is now tired. He says he has done everything, and he cannot do anything now. We did not go to the social worker but we have a psychologist at this home. We asked her to speak to him. She sat with him and spoke to him to no avail. Maybe it is because she is also young. She asked him what he wanted and what he wanted to do in life and he pretended to be listening. After that he went to school only two days.

4. I do not know what to do because we cannot lock them in the house, it is just to talk to them and tell them about the dangers involved in taking drugs.

5. What is wrong is those people who sell drugs to the young people.

6. Substances should not be sold at all, whether to young people or old people.

Respondent: 5

1. Substances have troubled me because as I talk to you my child has not gone to school. I am a house wife and they say they found him smoking at school with a group of boys in the toilets and it was something I had also observed that when he comes home he stays with smoking boys. When I ask him if he smokes he denies it but when he has been away he comes home and sleep. When he comes back from school, he removes his uniform and goes to friends. When you forbid him to go, he goes away forcefully. When he comes back he gets into his room and sleep. He does not watch TV, he does nothing. He does not look at his books. The problem is that the community sell these drugs to children. They smoke in neighbour's houses sometimes with the neighbour's son who does not work or attend school. They lock themselves in the neighbour's house and the neighbour does not even bother to ask them what they are doing in the closed house.

2. I do not know the reason for drug use but I think friends are the cause of drug use. Yes he does not have a father but he does not sleep on an empty stomach. I see no reason except peer influence because if you mix with friends who take drugs, you also end up doing drugs.

Sometimes a child grows up in the family where substances are used/abused and as he observes those people who do drugs, he also ends up doing drugs because the child always wants to experiment things. It sometimes happens that the child does not get fair treatment at home, e.g. my child is born outside marriage and sometimes my brothers scold him and call him names as a result the child realises that he is happy with his friends. At home he is not happy and I sometimes wish that I had means because I would build my own house and move away from my family and bring my child up on my own in a different environment because on your own you are able to give your child the love he deserves. Sometimes a pressure or ill-treatment forces a child to avoid his home. I usually ask; "Why do you not stay at home because there is a TV and your half-sisters here"? Even though I know that there are no boys. He started going out with the hunting boys who are older than he is and some those boys do drugs. Obviously when those people do drugs in your presence and say try this, when you say I do not do it, they will say try it you will be right, you end up trying it, and that is how you start. You cannot see that he smokes, I only hear from other people that he smokes. He is so quiet. I noticed a change in his actions. He was not fond of washing himself and suddenly whenever he came home he told the young kids to bring him his towels so that he could wash himself. I realised that he washed himself so that I could not feel the smell of the drugs he used. Whenever he has been away he washes himself.

3. Because of being poor one finds it hard to deal with this, but the school said there is a form which I have to fill in so that he can go to the rehab to get counselling. I also try to remind him that the future he is destroying is not mine but his. When I send you to school I am helping you. When I am dead you will remember me if you do not do as I advise you. You would not like your child to grow up the way you grew up for instance I am not educated, I usually tell them that my mother did not take me to school and I had to work as a nanny. I want all my children to be educated.

4. If you are a female children become more powerful than you. Most of these children are brought up by single mothers. Even if you can tell him to choose friends he cannot do it. I do not know how to protect him. Maybe if we could have a place where all the drug taking children can be placed and be taught by those who have used drugs before. Maybe this can help them when they are told about the dangers of drugs. These people do not have money, they start stealing from people who

Commented [MVN77]: Effect of s/u
Commented [MVN78]: Effect of s/u Truancy
Commented [MVN79]: Peer influence
Commented [MVN80]: Effect of s/u
Commented [MVN81]: Peer influence
Commented [MVN82]: Lack of respect
Commented [MVN83]: Effect of s/u
Commented [MVN84]: Reason for s/u
Commented [MVN85]: Sources of s/u
Commented [MVN86]: Peer influence
Commented [MVN87]: Sources of s/u
Commented [MVN88]: Parental involvement
Commented [MVN89]: Peer influence
Commented [MVN90]: Family structure
Commented [MVN91]: Peer influence
Commented [MVN92]: Role modelling
Commented [MVN93]: Reason for s/u
Commented [MVN94]: Reason for s/u
Commented [MVN95]: Alternatives
Commented [MVN96]: Reason for s/u
Commented [MVN97]: Family relationship
Commented [MVN98]: Role modelling
Commented [MVN99]: Effect of s/u
Commented [MVN100]: School involvement
Commented [MVN101]: Parental involvement
Commented [MVN102]: Family structure
Commented [MVN103]: Intervention

between you and your child's friends because they do come to visit your child. That will help you to quickly find out if there is something wrong that your child does out there.

5. If you ask me that question, I do not know what to say because I also ask myself as to what has gone wrong with us as Africans; I do not have an answer to that question. I do not know whether to say it is the change of life style or freedom/democracy. I can say that the change in the life today has made things hard or difficult eg when you grow your child the way you think is right and the way you were brought up, you are told that it is wrong and it is child abuse. You find that there are limits in the way you rear your child and you are told that you are abusive. The parent ends up having no say in the life of his/her child. It happens that he goes to the social workers and tell them that the parent is abusing me by doing this and that and you find yourself being summoned to answer questions about your child. We cannot exclude the influence of the community on the child. Say e.g. a parent grows his/her children in a way he/she believes that will make them responsible citizens, and when they go out, a member or some members of the community tell your children that the your father teaches or grows you up is a wrong way, your parent is taking your freedom away. The parent on the other hand is trying to show the children the right way and to prevent his/her children from mixing with bad influence. The community contributes in changing the life of a child. We do have members of the community who are good role models and those who are bad role models.

6. That can be difficult because as black people we have different beliefs. To give an example, in the house we have a television that shows a naked person. When I complain about it, someone else can say that there is nothing wrong with that, the person should appear this way for the listeners to appreciate her music in case she is a singer. That is what I mean when I say we see and believe things differently. It is difficult to decide on the model.

Respondent: 7

1. What comes to my mind when you talk about substance use/abuse are things like alcohol, and drugs. When I talk about drugs I refer to insangu, cocaine and the latest invented drug called whoonga. All these things are drugs including cigarette.

2. I think it is because children do not have activities to keep them busy. They do not have things to do for I believe that everyone has a talent. E.g. could be the talents like singing, playing soccer, and acting on a stage. All these are talents which people have but because these talents are not encouraged and used children find themselves wasting time on drugs. They are not born using drugs but they learn them the hard way, for instance when a person starts smoking he/she coughs a lot yet because the people around him/her encourage him/her to go on, he/she continues until he/she is addicted. Some of the things I shall talk about are from my experience. I finished my matric in 2000. I did not pass my matric well to go to the university. At that time I did not have anyone to advise me on how to go about to be able to go on with life, neither did I have any job to do. I stayed at home in 2001 and fortunately there were other boys who had finished matric before me who started gospel music group in which I and other friends, with whom I finished matric in 2000, started singing. We showed our talents in this choir unfortunately, we were in the rural areas where we did not get any support that would help us to record our music. Ultimately our choir failed. After that I went to another place where I found two boys who had just immigrated into South Africa. Because they did not understand Isizulu, they had to go to the primary school even

though they were too old for that grade. Because of that they lost interest in the school and dropped out. When they were staying at home they did not have anything to do and they decided to smoke dagga to keep themselves busy. After that, they started to think about what to do next. They started stealing. They planned as to where they would commit burglaries. They even planned where they would rob people at night. I witnessed all of that because I was involved in the smoking of dagga with them as my friends, since I was not doing anything that year. I have to say that these people found me stranded even though I had my matric but I had nobody to advise me how to go about to go on with positive life. The community does have an influence because you sometimes find that children have old teachers in the community who teach them this behaviour. There are those who teach children about jail life and because those people are popular and are regarded as "amajita" who according to them are "clever" people who are "stylish" to be role modelled. They even teach boys about jail life and language spoken there. I do not have a solution to some of the things which are done but I can say that they are to destroy the black nation because there is no future in everything that is done.

Comment [MVN146]: Reason for s/u
Comment [MVN147]: Effect of s/u
Comment [MVN148]: Peer influence
Comment [MVN149]: Lack of role model
Comment [MVN150]: Role modelling
Comment [MVN151]: Types of role models
Comment [MVN152]: Effect of s/u

3. In that I want to say that I would like you to know that we have different beliefs and what I shall say here is my point of view. I have to say that previously drugs were not used the way they are used nowadays. My belief is that nowadays there are evil spirits which lead people to do bad things and because of that I believe that that those people should be brought closer to the church. I believe that the first thing to do is to fight the evil spirits which make the person do what he/she does not like to do. A person not haunted by these spirits cannot keep doing something he does not like to do. I believe that religion can intervene in cases like those. We can also take the child to the social workers who can help with counselling even though sometimes after counselling the person goes back to drugs again. There are people who got help by going to church, that is why I emphasise the intervention of the church.

Comment [MVN153]: Intervention
Comment [MVN154]: Intervention
Comment [MVN155]: Intervention

4. That question is not easy but I shall try to answer from my own perspective. We cannot give a solution now and also say where we went wrong because there has to be change because of time. Our government for instance does not develop our nation the way we would like our children to grow. There are laws passed which are contrary to our ways of life as black people of Africa. There are things which have been brought to us which are contrary to the way we are brought up. When we look back and now you will see that we have the rights which are constructive and destructive at the same time. The issue of corporal punishment is something about which I always argue because it used to make a child vigilant and know that he/she is being guided by parents and that there is someone more is powerful and senior than he/she is. The abolition of corporal punishment made them free and not fearful of doing something bad. I am saying this because I am one of those people who were brought up through corporal punishment and it made me who I am today. To give an example, when I was still at school, I was afraid of a stick and therefore for me to avoid it I had to do my homework.

Comment [MVN156]: Democratic influence
Comment [MVN157]: Democratic influence

5. I think we need to look at our type of child rearing and I think that the boy should be close to his father and the girl should be close to her mother. Another example is that of my Afrikaans teacher who used corporal punishment too much. If you got 60% in his subject you had failed it. You were supposed to get 72% and above to avoid punishment. Because I was afraid of the stick I made sure that I passed his subject by listening in class, doing what he wanted and I passed his subject. In that way there was no conflict between us.

Comment [MVN158]: Parental responsibility

234

6. We are the nation of respect which makes us people. The word Ubuntu cannot exist without respect, without love. In other words relationship/oneness, sharing. What destroys Ubuntu is hunger, when one has something; he/she becomes arrogant, when in fact his/her success should be the success of everyone.

Commented [MVN159]: Loss of African value

Commented [MVN160]: Loss of African values

Respondent: 8

1. There are different types of drugs and they make you do wrong things in life. They change your mind. Alcohol is one of the drugs. Sometimes a person who drinks is better than the one who does not drink because he is not as kind as the one who drinks.

Commented [MVN161]: Effect of s/u

2. Sometimes the child sees his/her friends do it and sometimes he/she is abused at home.

Commented [MVN162]: Peer influence

Commented [MVN163]: Reason for s/u

3. I do not know because sometimes when a parent takes an action the child decides to go away from home. One boy who is doing drugs decided to go and live in the street because his parent scolded him.

Commented [MVN164]: Effect of s/u

Commented [MVN165]: Effect of s/u

4. No answer

5. At home we are not right. A child does not get what he/she wants for instance here at home we are not working and the boys like to wear good clothes but they cannot get them.

Commented [MVN166]: Reason for s/u

6. Communicate with the child to find the cause.

Commented [MVN167]: Communication

Respondent: 9

1. Alcohol, drugs pills and cigarette and dagga. When they have taken the drugs they go and commit burglaries and even if they go to kill they start by smoking so as to be brave to do it.

Commented [MVN168]: Types of substances

Commented [MVN169]: Effect of s/u

2. Parenting style that is lose, peer influence, or adult who use/abuse drugs. I cannot say it is hunger because drugs cannot make you full. There are others who do drugs because of problems, maybe there are conflicts at home or he/she does not do well at school. I forgot to mention that foreigners contribute a lot to drug usage because most of them come with them. They easily cross the boarders and we hear that drugs are caught every day in the airports. Some come from overseas and others come from the African countries. Besides that children like to learn something new, they are also influenced by peers. One other thing was to give children more rights maybe the government saw it fit to do it. It makes difficult for you to punish your child the way you feel because he/she will put you in jail. Even teachers are not allowed to punish the child whereas formally you could punish your child and the teacher could punish before he/she could even call the parent. The issue of rights helps in one way but to children it's a problem. The schools are a disaster, not only the high schools also the primary schools.

Commented [MVN170]: Family structure

Commented [MVN171]: Peer influence

Commented [MVN172]: Role modelling

Commented [MVN173]: Reason for s/u

Commented [MVN174]: Reason for s/u

Commented [MVN175]: Reason for s/u

Commented [MVN176]: Effect of globalisation

Commented [MVN177]: Reason for s/a

Commented [MVN178]: Peer influence

Commented [MVN179]: Democratic influence

Commented [MVN180]: Effect of democratic influence

Commented [MVN181]: Effect of democratic influence

Commented [MVN182]: Effect of democratic influence

Commented [MVN183]: Intervention

Commented [MVN184]: Effect of democratic influence

Commented [MVN185]: Intervention

3. I think the first step is to communicate with the child. It is unfortunate that you no more can punish the child corporally; previously this was dealt with, by using a stick. If communication does not succeed, the child has to be referred to the experts for counselling like SANCA to help. The parent has to play his/her role first. Is to try. Parents should look after their children at all times and take the child to church. If possible get people with expertise to assist with counselling. Maybe the minister of religion can also help. I do not know whether we should pray because prayer helps.

Commented [MVN186]: Parental involvement

Commented [MVN187]: Intervention

Commented [MVN188]: Intervention

4. Each racial group has its own way of rearing its children. If we as Zulus can go back to the way of rearing boys where they are trained on how to behave as boys. Girls to be looked after by Amaqhikiza.

    > **Commented [MVN189]:** Loss of Traditional values
    > **Commented [MVN190]:** Loss of Traditional values

5. n/a

6. n/a

Respondent:10

1. lack of respect and thuggery.

    > **Commented [MVN191]:** Loss of respect

2. Friends who use/abuse drugs, In the community there are places where children drink and do drugs.

    > **Commented [MVN192]:** Peer influence
    > **Commented [MVN193]:** Reason for s/u

3. Contact the counselling and treatment centres to assist. Monitor the actions of the child.

    > **Commented [MVN194]:** Intervention
    > **Commented [MVN195]:** Parental involvement

4. Give the child his/her needs to prevent him/her from going to look for it from outside from other people.

    > **Commented [MVN196]:** Parental responsibility
    > **Commented [MVN197]:** Parental involvement

5. n/a

6. n/a

Respondent:11

1. I am a grandmother of a child. About s/a I know that once involved the child get into thuggery not deliberately but forced by addiction because what I know is that they do it even if they do not want to. Once he is in he/she cannot easily withdraw from it. Once the child is in it his/her future is doomed since the brain has been damaged.

    > **Commented [MVN198]:** Family structure
    > **Commented [MVN199]:** Effect of s/u
    > **Commented [MVN200]:** Effect of s/u
    > **Commented [MVN201]:** Effect of s/u
    > **Commented [MVN202]:** Effect of s/u

2. When I look at it, it's not because they are poor but it is because there is a friend who is in it and is introduced by him/her. The child cannot do drugs without somebody who has introduced him/her. He/ she gets into it without knowledge. I might not have enough information to answer your question. As people who are religious who grew up with the word of God we did everything to groom him with the word of God. I cannot say that he does drugs because of poverty because we can make ends meet and we pray every night and talk to them about the word of God, we do not know how they get to it. There is no problem with our relationship it is good. The community within which we live has problems for instance, if your neighbour has a tavern where everything is sold and a lot of vulgar language is used the child witness all this and I do not know what they think about this. They fail even to study. I once tried to contact one of the officials of the education department and said it could be better to close the tavern at list at ten o'clock at night so that children can have an opportunity of studying. Children cannot study under these conditions; even I as an adult find it difficult to work under such conditions because when you come from work tired you need to rest but you cannot do that. We told the owner that we are not saying that the tavern must be closed because it is his job, but we wanted to give an opportunity to learners to do their job. We as neighbours have even signed a petition and have spoken to the officials but all was in

    > **Commented [MVN203]:** Reason for s/u
    > **Commented [MVN204]:** Peer influence
    > **Commented [MVN205]:** Cause for s/u
    > **Commented [MVN206]:** Intervention
    > **Commented [MVN207]:** Reason for s/u
    > **Commented [MVN208]:** Intervention
    > **Commented [MVN209]:** Parent-child relationship
    > **Commented [MVN210]:** Source of s/u
    > **Commented [MVN211]:** Community influence
    > **Commented [MVN212]:** Effect of s/u
    > **Commented [MVN213]:** Intervention
    > **Commented [MVN214]:** Community influence
    > **Commented [MVN215]:** Altruism
    > **Commented [MVN216]:** Parental involvement

vain. The challenge we are facing is that when we report the cases we end up being enemies. Our community is corrupt and children are born within these conditions. Children end up stealing property and cell phones. When you call the police, they promise to come but they do not come. You sometimes wish to leave your place and go to town but we cannot afford to stay there. They disguise with tuck shops, and tuck shops do not close and they sell all types of drugs in those tuck shops

Commented [MVN217]: Parents' challenges

Commented [MVN218]: Community influence

Commented [MVN219]: Effect of s/u

Commented [MVN220]: Lack of police intervention

Commented [MVN221]: Frustration

Commented [MVN222]: Sources of s/u

3. I think there is something wrong right at the top maybe you will understand what I mean.

Commented [MVN223]: Democratic influence

4. N/A

5. N/A

6. N/A

Respondent:12

1. It is something that disturbs a person's mind so that it does not function well. When it has been taken the person can do anything bad because his/her brain does not operate well. It is something that is dangerous.

Commented [MVN224]: Effect of s/u

Commented [MVN225]: Effect of s/u

2. It is difficult to say exactly what it is because our children like bad things. They want to do things without any sound reason. You can do everything for the child and even if he/she comes from a home with both parents who provide everything for him/her but can still listen to friends who influence him/her to do drugs because they will tell him/her how good it is to do it. He/she will not listen to what the parent has said. They want to learn through experience. They do not do drugs because they have single parents or they are poor. If they are poor or they do not get their needs, the question is, where do they get money for drugs? I do not think that there is any influence either from the family or the community. The home is there to provide the needs of a child. If he/she does not get the needs, he/she should try some means to get it. There is no influence from either from home or government but they do drugs because they want to because a person leaves a home which has everything. Even if the home is struggling, that does not mean that he/she must leave the home. When they do all this, they know that it will not help them. They do drugs because they look up to the celebrities and artists who do drugs to fight shyness or maybe there are other challenges such as being in conflict with the family who do not like some things that they do. Our children do drugs and at the end they commit suicide being angry because you said they should wash the dishes. They say they are being abused when they do that and we are not even allowed to corporally punish them. We grew up being beaten because the stick did not kill anyone. We cannot do that now because it is now a crime. Doing drugs seems to be a right these days. It happens that the family do drugs and it has become a norm. A child can take it as something good when he/she sees family members doing it. I think it cannot be the community that supply drugs to a child but it could be one person. The community tries to stop drug supply but it does not work because some people use force criminal ways to stop it and ultimately police intervene. Most of the parents would not like their children to do drugs except those who also do drugs. There is a saying; that a crab once asked its young" How do you walk? Please walk straight!" The young one replied by saying; How can I walk straight? Can't you see that I am walking like you"? When a parent does drugs he thinks that he/she has the right to do it because he/she is old. There are things that we

Commented [MVN226]: Reason for s/u

Commented [MVN227]: Reason for s/u

Commented [MVN228]: Peer influence

Commented [MVN229]: Lack of respect

Commented [MVN230]: Reason for s/u

Commented [MVN231]: Reason for s/u

Commented [MVN232]: Defence of family and communit

Commented [MVN233]: Reason for s/u

Commented [MVN234]: Reason for s/u

Commented [MVN235]: Reason for s/u

Commented [MVN236]: Reason for s/u

Commented [MVN237]: Effect of s/u

Commented [MVN238]: Reason for s/u

Commented [MVN239]: Effect of democratic influence

Commented [MVN240]: Adjustment

Commented [MVN241]: Effect of democratic influence

Commented [MVN242]: Democratic influence

Commented [MVN243]: Behaviour modelling

Commented [MVN244]: Intervention

Commented [MVN245]: Role modelling

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think are good when they are bad for children. The child who is given too much money abuses it on bad things. When a child fights his/her mother, I am also affected as a neighbour.

3. We love them too much to discipline them even when he/she has done something wrong. When we grew up we were beaten. Now that the stick is not used, you think twice whether to call the police or not because you do not know if sending the child to jail will help him/her. At the same time you know that sending him/her to jail will disadvantage him/her since finger prints will remain there and disadvantage him/her in the future. That also is a problem because even when he has repented he will find it difficult to get a job since his name will have been dented. If he had been punished he would have been saved. Another thing is that in jail they do not feel punished because they are treated well, eat well and there is no punishment. I really do not know how this problem can be solved because I have been praying before the child went to jail; therefore you cannot tell me that I should pray.

4. We know that there are places where these drugs are sold. I think what needs to be done is to destroy all of them, even though there are challenges about that. The challenge is that when the community has destroyed those places they will be targeted and be killed one by one. A list of all the people who participated is made, thereafter they will all be shot even though they try to put things right. The community should report so that police can intervene. Maybe if unknown police can assist in destroying the drug centres with the help of the community.

5. I cannot say that its time which has changed because time is managed by people. It is people who have changed and things done by people like the food we eat, the things we use and the development of knowledge, that when you mix this and that I get this. **When they mix these things they are tested in their bodies. When we grew up we used to smoke benzene instead of using it for cleaning. We did that because we wanted to see what was going to happen. When we grew up sorghum beer was only drunk by men for enjoyment and women were not drinking, but now young people over do things that were there before. (VVI)**

6. **I have no solution to this. Our children are so clever that you cannot tell them. When you say something, they end up telling you what to do and they do not listen to you as an adult. (VVI)**

Respondent: 13

1. Whenever I see children smoking cigarette and whoonga I feel so bad. For me if it were possible all these children would be taken away and be hidden away from drugs because a person who does drugs ends up being a criminal.

2. I think it is friends who influence one another. All the children in my neighbourhood do drugs. When you try to advise the child on dangerous things and say look, there is no father here but only mother and sister. The child turns around and say "Listen I was not there in your youth days, this time, let me enjoy my time." When you beat the child you go to jail. The child does drugs because of the influence of people older than he/she is or peers who dropped out of school. They regard the older friends as their parents since they do not listen to you as their parent.

3. I can go to the social workers. I can also go to school and ask them to assist me or take him/he to SANCA for counselling.

Commented [MVN246]: Reason for s/u
Commented [MVN247]: Effect for s/u
Commented [MVN248]: Reason for s/u
Commented [MVN249]: Democratic influence
Commented [MVN250]: Parental sympathy
Commented [MVN251]: Altruism
Commented [MVN252]: Altruism
Commented [MVN253]: Democratic influence
Commented [MVN254]: Intervention
Commented [MVN255]: Intervention
Commented [MVN256]: Effect of s/u
Commented [MVN257]: Effect of s/u
Commented [MVN258]: Intervention
Commented [MVN259]: Intervention
Commented [MVN260]: Effect of s/u
Commented [MVN261]: Reason for s/u
Commented [MVN262]: Traditional values
Commented [MVN263]: Effect of s/u
Commented [MVN264]: Lack of respect
Commented [MVN265]: Parental sympathy
Commented [MVN266]: Frustration
Commented [MVN267]: Effect of s/u
Commented [MVN268]: Peer influence
Commented [MVN269]: Parental involvement
Commented [MVN270]: Family structure
Commented [MVN271]: Loss of respect
Commented [MVN272]: Democratic influence
Commented [MVN273]: Role modelling
Commented [MVN274]: Peer influence
Commented [MVN275]: Role modelling
Commented [MVN276]: Intervention
Commented [MVN277]: Intervention

4. It is difficult to say because even if we can call them to a meeting and warn them about drugs, they cannot do that and they can say why my mother warns me when others are doing it.

5. The problem is the people who sell the drugs. When you go to the police to report the police do nothing about it. Otherwise they say direct us to that place, and they do not come. You come across a young child whom you know and he robs you. The police do not care. They do something when they want to do it.

6. I think what I can do is to organise parents and talk to them, and let them talk about what is to be done about this matter. May be we can agree to call them so as to address them about drugs. May be we can agree not to talk to them in fear that they might take out knives and kill us. These children are instructed by people older than they are.

Respondent: 14

1. A drug is something bad like a disease which eats a person up damages the brain and his thinking. If done by a child it becomes so bad that if you are a parent to that child you become so devastated that you see that child as something useless and you even thing of killing him. In my case I have done everything and I have failed, I do not know what to do.

2. If I can start at home, it counts whether that home has both parents or not, because the presence of both parents make that home a stable environment. If the child does not get parental love, I am not talking about money, but about parental love alone, where somebody will care about you and ask where you are going and where you have been. In the community, if the neighbour sells drugs and everybody in the street doing drugs and drinking, the child, since he thinks like a child, will start asking himself why he is not doing like everybody else around here, and then start doing drugs as well. Even at school the same thing happens when you see your friends doing something and you get influenced. The child is also influenced by friends at school.

3. I do not want to talk for other people, but I want to talk about what I have done. I have spoken, advised, beaten and have done almost everything and failed. That is why I have decided to ask for the intervention of the rehab. The rehab is my last hope God willing.

4. There is too much freedom and even at home the parent is very careful of how he/she talks, it is different from what used to happen. Old people send children to buy dagga and children start asking themselves; what does uncle do with this and later they understand and start experimenting with it.

5. The com. itself should deal with this because they know where drugs are sold who destroy the nation and therefore they should deal with neighbours who are responsible for this. If we can get to the bottom of this and deal with the responsible dealer and let him tell us where his supplier is and go and deal with the supplier as well. It would be no use to deal with the users like "amaphara" and those who use whoonga and leave the supplier.

Respondent: 15

1. Substance is everything which involves alcohol and drugs in my understanding.

Commented [MVN278]: Reason for s/u

Commented [MVN279]: Reason for s/u

Commented [MVN280]:

Commented [MVN281]: Lack of police intervention

Commented [MVN282]: Lack of police intervention

Commented [MVN283]: Effect of s/u

Commented [MVN284]: Intervention

Commented [MVN285]: Community involvement

Commented [MVN286]: Effect of s/u

Commented [MVN287]: Role modelling

Commented [MVN288]: Effect of s/u

Commented [MVN289]: Frustration

Commented [MVN290]: Effect of s/u

Commented [MVN291]: Family structure

Commented [MVN292]: Family structure

Commented [MVN293]: Lack of parental love

Commented [MVN294]: Parental care

Commented [MVN295]: Community influence

Commented [MVN296]: Behaviour modelling

Commented [MVN297]: Peer influence

Commented [MVN298]: Parental involvement

Commented [MVN299]: Intervention

Commented [MVN300]: Frustration

Commented [MVN301]: Democratic influence

Commented [MVN302]: Loss of values

Commented [MVN303]: Behaviour modelling

Commented [MVN304]: Community influence

Commented [MVN305]: Community intervention

Commented [MVN306]: Types of substances

2. If I can start at home, I can say there are no norms and values which guide the children. Sometimes there is a single parent without both parents. There is a loophole if for instance a boy lives with a mother. If as a mother I am not speaking with my son, the child decides to go out and get advice there because as a woman I cannot support him. If you ask me if that only happens to us or to other racial groups, I can only talk about what happens to us as blacks because I do not know what happens to other racial groups. Say for instance, at home alcohol is sold, the child will think that it is the right thing and the right way of life and end up drinking and smoking whoonga, tablets etc. In the community I think it could be peer pressure in the surroundings when they walk in the streets they talk about smoking cigarette and before you know it, it is drugs etc. We have also heard that there are adults who use children to sell drugs for them and the child gets exposure in that way.

> **Commented [MVN307]:** Loss of African norms and value
> **Commented [MVN308]:** Family structure
> **Commented [MVN309]:** Lack of parent-child relationshi
> **Commented [MVN310]:** Parent-child relationship
> **Commented [MVN311]:** Family influence
> **Commented [MVN312]:** Family influence
> **Commented [MVN313]:** Peer influence
> **Commented [MVN314]:** Reason for s/u

3. Even though it is difficult, it is important to sit down with the child and try to establish as to why he uses drugs, is there any pressure. That is what is difficult to do and I am one of those who fail even to create those opportunities. You just feel that you have to use a stick instead, which is wrong because that makes the child get worse. It is important to talk so that you give a child an opportunity to say what makes him/her to be involved in drugs and also to allow him/her to say what it is you can do together to solve the problem.

> **Commented [MVN315]:** Communication
> **Commented [MVN316]:** Admission of guilt
> **Commented [MVN317]:** Reason for s/u
> **Commented [MVN318]:** Communication

4. That is a very difficult question since I have always been asking myself as to what should be done to prevent it. I really do not know because even if you provide the child with everything, at the end of the day he/she gets out of hand to do drugs. I think it should be education, education, education, creating opportunities to talk to them etc.

> **Commented [MVN319]:** Reason for s/u
> **Commented [MVN320]:** Empowerment

5. I do not know what went wrong, but I can say that there is no support which we used to get when we grew up. My child was your child and the neighbour was at liberty to correct that unacceptable behaviour and I would not have a problem as a parent of that child. Now it is not happening. I also do not bother to warn my neighbour's child in case he/she does something wrong and am afraid to involve myself. Ubuntu has disappeared which is something that unites us as the black people. We now keep ourselves in our own cubicles and mind our own affairs or business and I do not care what is happening with my neighbour.

> **Commented [MVN321]:** Lack of support
> **Commented [MVN322]:** Loss of ubuntu
> **Commented [MVN323]:** Loss of ubuntu
> **Commented [MVN324]:** Loss of ubuntu
> **Commented [MVN325]:** Loss of ubuntu

6. That's a difficult one. I would say that we need to look at creating activities that can keep them engaged, things that will keep them entertained and have fun and not allow them to be lose and at the same time get an opportunity of communicating with them.

> **Commented [MVN326]:** Intervention
> **Commented [MVN327]:** Communication

Respondent: 16

1. What I know about substance is that it is bad and is something that destroys the brain. I have heard children saying that dagga is multi-purpose. I ask them because I know about dagga that it was smoked by old people and it was called "igudu." Igudu was dagga that was smoked using a pipe. The smoke of dagga had to go through a container with water and the smoke had to be inhaled via the container. In that way it had to be inhaled through water and was not any danger since only the smoke came through. That was alright because it was done by old people as opposed to what goes on now where you have all sorts of things like whoonga which I do not even know.

> **Commented [MVN328]:** Effect of s/u
> **Commented [MVN329]:** Traditional value
> **Commented [MVN330]:** Type of substance
> **Commented [MVN331]:** Type of substance
> **Commented [MVN332]:** Effect of traditional substance
> **Commented [MVN333]:** Traditional values

2. Yes, that is a good question. It happens that a child loses a parent through death and does not get love from home and find him/herself being abused. The child will get bad friends who will influence him/her. There is a lot that is going on in the community and they talk about many bad things and bad friends. There are places where alcohol and drugs are sold. They do not care because they are only interested in money. It is better for such a child either to go to church or to be involved in activities such as gymnastics. Failing which that child gets involved in alcohol since the mind rests if you are drunk. Sometimes he/she does this hoping to do away with stress not knowing that he/she is destroying him/herself.

3. I think what needs to be done among other things is to give support to the substance users in the form of welfare intervention and churches. As for me I do have a child that is involved in alcohol and teachers were able to intervene and took him to SANCA and I noticed the difference thereafter. What I think can help is to create opportunities for prayers in schools and also talk shows as well as activities such stage plays for good and bad behaviours.

4. What used to happen was that we used to go to church and besides that young boys and girls had advisers like those who go for "Umhlanga." We were advised when we got to different stages of development, which is not happening now. The elders used to advise us on how to behave when we were in love relationship. They told us what to do and what not to do. There were no orphans because girls were advised how to behave. These orphans are caused by these new diseases. When a married son died in the family, the old women of the family would come together and approach the widower that she has to choose one of the sons in the family that would take care of her and the children. Whatever the chosen husband did for his children and his wife he would also do for his brother's children and the mother.

5. N/A

6. Children should be told to go to church and also be educated about drugs and their dangers.

Respondent: 17

1. N/A

2. The child's mother died and was left with his father who told him that he had other children. He did not treat this child as his own and like the rest of his children. What I know is that even the mother of those children died. I used to tell him to go and spend some time with his family, and when he came back I could see that there was something wrong with him. His father does not care about him and I have said to him that he should no more visit his family because when he comes back, he is a problem. His father once said that he has his own children, and I do not know what that meant. Maybe that is what got him involved in drugs. When he goes to ask for money from his father he does not get it while the other children get it when they ask for it. I realised that there is a problem with him. He stayed with me when he was three years and now he does not listen to me.

3. He goes to school with friends and I do not know what they are talking about on their way, but I have heard that his friends also do drugs. He lives for school very early and comes back very late. I was thinking of phoning his teacher to find out if he does come to school.

Commented [MVN334]: Reason for s/u
Commented [MVN335]: Reason for s/u
Commented [MVN336]: Reason for s/u
Commented [MVN337]: Peer influence
Commented [MVN338]: Community influence
Commented [MVN339]: Effect of s/u
Commented [MVN340]: Alternative/Intervention
Commented [MVN341]: Alternative/Intervention
Commented [MVN342]: Alternatives
Commented [MVN343]: Reason for s/u
Commented [MVN344]: Effect of s/u
Commented [MVN345]: Interventions
Commented [MVN346]: School Intervention
Commented [MVN347]: Spiritual intervention
Commented [MVN348]: Intervention
Commented [MVN349]: Intervention
Commented [MVN350]: Spiritual intervention
Commented [MVN351]: Traditional empowerment (advisers)
Commented [MVN352]: Traditional empowerment
Commented [MVN353]: Traditional advice on love relationship (Empowerment)
Commented [MVN354]: Effect of a lack of traditional advice (Empowerment)
Commented [MVN355]: Causes of orphans
Commented [MVN356]: Loss of traditional values
Commented [MVN357]: Loss of traditional values
Commented [MVN358]: Spiritual empowerment
Commented [MVN359]: Educational empowerment

Commented [MN360]: Family structure
Commented [MN361]: Lack of parental love
Commented [MN362]: Reason for s/u
Commented [MN363]: Reason for s/u
Commented [MN364]: Reason for s/u
Commented [MN365]: Reason for s/u
Commented [MN366]: Loss of respect
Commented [MN367]: Peer influence

4. N/A

5. He listens and sometimes he is stubborn.

6. N/A

Respondent: 18

1. N/A

2. The community sells drugs and when I give him money for school, he uses it for drugs.

3. I have to ensure that he gets counselling and support, I should give him what he needs and that I do not pay school fees for nothing. I am happy to hear that there are people who are also as worried as we are and who are willing to give help.

4. If the child is involved in the sporting activity it is difficult for him to be involved in drugs. When he comes back from school he will first wash his uniform and take his soccer boots and go out and play. One cannot guarantee that the child will go to play. What needs to be done is to get advisers like you who will be with them to teach them about substance abuse and its dangers. But if he does not have anything to do he is likely to join friends who do drugs. If his friends are robbers, he will also do it. If a friend comes to school with a R1000-00 from robbery, when he only gets R5-00 from home, he definitely joins him in robbery to get more money. Today's children do not respect their parents. When they get to the adolescent stage, they think they are old enough to listen to their parents.

5. What is important is to communicate with children. When I look at my son today I wish I had created the chances of communicating with him. Last month he came to me to say that he does not drink anymore and I was very happy about it and wished I had communicated with him earlier. I realised that he is now mentally matured and I said to myself he is now a man. I also smoked dagga and quit and I drink alcohol but only as a social drinker. My son says it could be better if he could quit cigarette and smoke dagga because he cannot sleep without it, but he has no problem with dagga.

6. I think that what needs to be done is for us to fight those who sell these drugs to our children and destroy them because we know them.

Respondent: 19

1. N/A

2. It becomes difficult if the home is single parented. This is because we as females are meant to be communicating with girls. If you force yourself on the boys, they threaten you with death and no one would like to lose his/her life. Another thing is to have friends who are not school going. Some parents do not want to accept their children's situations, and that makes it difficult for the community to cooperate. The child can model the behaviour of a person who is ill-disciplined and living a lose life. The community should cooperate with parents and accept their children's situation. We have places where the leaders have control.

3. We have to ask him/her but unfortunately you might not have proof. There are signs, it's just that you said you are conducting research otherwise you know and I know because you could not get my number if my son was not involved. To tell you the truth, I shall say that my son once came to me and asked for some money because he wanted to go for counselling. I asked him if what he said was true and he said yes. He came back and said nothing when I expected him to say something. I saw a number of boys entering his house and I chased them all away saying that I do not want anybody in his house. He told me that he had quit saying that he would never trouble me. As I have said to you that a female is not strong for a boy child. My son is not a talkative boy you cannot see whether he is happy or sad. When he is dances, you know that he is happy. I do not know what to say, I have no answer to that question. I can tell you that their father passed away in 2005 and I wanted all of them to attend school. Some did but he is troubling me when he nearly died in my stomach when he was six months. Now when he does things like these, I do not know if I am the one to die first, I do not know. Even if you can come to my house you can see a lot of warning pictures on my fridge which are aimed at warning them about substance abuse.

Commented [MN396]: Child Commitment

Commented [MN397]: Family structure

Commented [MN398]: Frustration

4. I do not know because we educate them and give them money like workers so that they get what they want when they get to school. When you phoned me I was at the shop and I had to walk through the sugar cane carrying the five rand so that they get something when they are at school. I do not know what to say, if he was back from school I would ask you to talk to him, unfortunately they come back late at four.

Commented [MN399]: Parental responsibility

Commented [MN400]: Parental Care and support

5. The problem is with the people who sell drugs to children when they do not take them. If the government can take drastic steps to severely punish those who sell drugs there would not be something like this.

Commented [MN401]: Source of substance

Commented [MN402]: Intervention

6. N/A

Respondent: 20

1. N/A

2. I actually do not have a boy child and is the first time I stay with a boy. What I can say is that they do not want to listen. At school there are different learners who come from different family backgrounds and some of them come from families where parents use drugs and the child finds it easy to use them. In some families they sell them and they are cheap. Children get them cheap and supply them to other children at school. This is what I have found about children who do drugs. Children have bad friends, when you tell them something; they do not listen to you but to their friends who tell them the opposite of what you tell them. They sometimes tell him that he/she will be bright if he/she takes drugs and he/she does it not knowing that he/she is destroying his/ her future.

Commented [MN403]: Family structure

Commented [MN404]: Loss of respect

Commented [MN405]: Behaviour modelling

Commented [MN406]: Family influence

Commented [MN407]: Source of substances

Commented [MN408]: Peer influence

Commented [MN409]: Peer influence

Commented [MN410]: Effect of s/u

3. You have to sit down with the child and advise him/her. If you fail you have to go to school and ask them to help you. It is sometimes difficult for you as a parent because the child starts stealing at home with an aim of getting money to buy drugs. Sometimes when you have put a phone they steal it and sell it for R20-00 to get money for drugs. When you as a parent have a plan for the

Commented [MN411]: Communication

Commented [MN412]: School intervention

Commented [MN413]: Effect of s/u

Commented [MN414]: Effect of s/u

child, it is painful when the child does not succeed, even if that child is not yours. Doing drugs lead the child jail which is very painful to you as a parent.

4. If children can be collected and be taught about the dangers of drugs and be shown videos of the effects of drugs. I think this can help since we as parents suffer a lot especially in schools. There are parents who give their children a lot of money and other children are not given the money but they steal it from home. Those who have a lot of money find it easy to persuade those who have no money. For me it would be better if the children from grade 1 up to grade 12 can get food supply from school so that parents cannot give them money. Parents give them money thinking that they will buy food like the other children only to find that they buy drugs. I have an example of what happened. There was a child who was a friend to my child at school, who was given money at home and instead of buying something to eat he and my child decided to buy some beers and brought them secretly to school. That parent came to apologise to me for that. It was then that I learnt that you can avoid giving your child money, but a child can say; "Even if he/she cannot give me money, I do not care because I shall get it from my friend." The problem is that they are very rude when they have smoked. When you talk to them they look at you so badly that if they can get a weapon, they can even kill you. It is very painful for a parent because the child wakes you up at ten at night to open the door for him. You do not know if there are people who are with him for bad intentions or not. For me who is staying with young children, it is very frightening and dangerous. If you tell him the rule not to come at ten, the following day he will come at eleven, because he knows that you will end up opening the door. It is very difficult. He decided to go to SANCA on his own, I was with him and he was speaking for himself when we were there. He tried to quit but failed because of friends. They fetch him before going to school so that they go to Gomora before going to school.

5. There is a lot that is wrong especially in the community, not in the family as such. In the community that's where everything is wrong because there are people who sell these drugs. There are also families that are well to do which give money to their children. Even the government does not care about what destroys the children. Nothing is done to those who sell drugs. If I report through the phone that so and so sells the drugs, they will say you must provide evidence. They will not make a follow up so as to find out if that is true or not. They do not do enough to help parents.

6. If children can be assisted with sports and be supported there to ensure that children have something to keep them busy. It was better before because they were competing and there were tokens to be won like track-suites. It is still better with girls even though they are also involved.

IMAGES AND PICTORIAL CONSEQUENCES OF ABUSING SUBSTANCES

Nyaope "bluetooth" addicts in Soshanguve exchange blood through a syringe to share the high because it's cost-effective. Picture: Facebook

The client alleges to have been assaulted by members of the CPF. Photo: Supplied

Corlia Kruger

The actress was arrested for possession of R4.6 million worth of crystal meth.
technically known as methamphetamine.

PHOTO: SARS

Customs officials found 15 bags of crystal meth at the OR Tambo International Airport. PHOTO: Supplied

2017-02-18 22:11

Lizeka Tandwa, News24

iStock - Type of drug in the market

Isabelle Coetzee, News24

(File, iStock)

Limpopo police make R40K nyaope bust
(https://www.google.com/search?q=%27Bluetooth%27+drug+craze+sweeps+townsh
ips+Crime+%26+Courts+%2F+1+February+2017%2C+3%3A17pm&ie=utf-8&oe=utf-
8#q=Limpopo+police+make+R40K+nyaope+bust+2017-02-19+17:06+

2017-02-19 17:06

Monica Laganparsad, News24

The nyaope found by police (Photo from Limpopo police)

2017-02-18 11:40
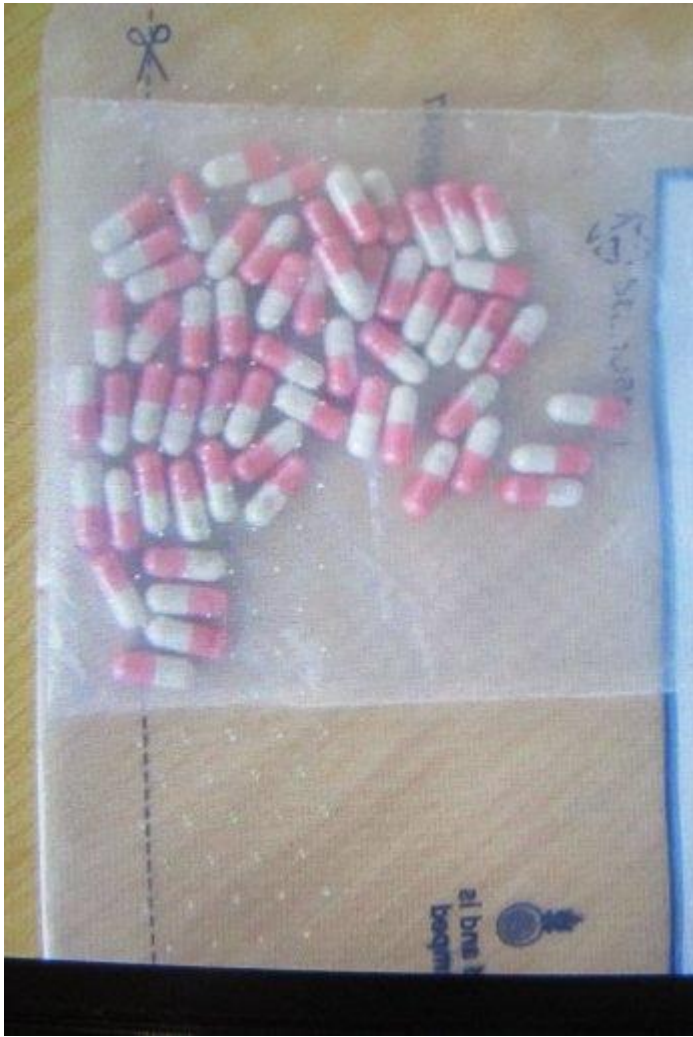
Thulani Gqirana, News24

iStock

KZN parents beware: Dealers targeting your matric children with drug 'specials'

July 4, 2013   **Drug dealer**

March 3, 2017

Port Shepstone POP members found the man in possession of 75 heroin capsules

and a substantial amount of cash.