EXPLORING THE LEVEL OF KNOWLEDGE AND ATTITUDES OF TEENAGERS TOWARDS SUBSTANCE ABUSE IN AN INFORMAL SETTLEMENT

BY

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DECLARATION

I declare that "**Exploring the level of knowledge and attitudes of teenagers towards substance abuse in an informal settlement**" is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

……. **……**

Signature (Emmah Simango) **Date**

ABSTRACT

Substance abuse is a pervasive problem across the world. The most commonly abused substances include tobacco, alcohol and dagga. In teenagers, research has found out that substance abuse is often linked to multiple factors such as scholastic problems, mental and health problems, risky sexual behaviour, accidents, crime and violence. The present study aimed to explore the level of knowledge and attitudes of teenagers towards substance abuse in an informal settlement. The target population were teenage girls and boys between the ages of 13 and 19. A mixed method approach was employed in this study. A self-administered questionnaire was designed and used to collect data. This questionnaire contained both closed and open ended questions. The Statistical Package for Social Sciences (SPSS) was used to analyse the data. Findings show that teenagers have adequate knowledge and appropriate attitudes towards substance abuse. However, the results also indicate that the provision of information on substance abuse remains important in shaping attitudes of young people. Interventions such as awareness campaigns, focus group discussions, education and developmental programmes that contribute to knowledge on the impact of and ways to control substance abuse are recommended.

KEY TERMS

Abuse; attitudes; drugs; informal settlement; knowledge; substance/ drug abuse; teenagers

DEDICATION

I dedicate this work to my children (Blessing and Shalom) who always support and give me strength in completing my studies; my late mother who saw the value of education to be successful. To my father who always believes in me.

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-retroviral drugs
CDA	Central Drug Authority
GDP	Gross Domestic Product
HIV	Human Immune Virus
NDA	National Drug Advisory
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
PSUD	Psychoactive Substance Use Disorder
SANAB	South African Narcotics Bureau
SANCADS	South African National Council on Alcoholism and Drug Studies
SAPS	South African Police Services
STDs	Sexually Transmitted Diseases
UN	United Nations
UNDP	United Nations Development Programme
UNDCP	United Nations International Drug Control Program

WHO World Health Organization

DEFINITION OF TERMS

Attitude	manner, disposition, feeling or position with regard to a person or thing
Child	a young human being under the age of eighteen
Curbing	reduce or restrict
Knowledge	acquaintance with understanding of a science, art, or technique
Pandemic	an epidemic that is geographically widespread; occurring throughout a region or even throughout the world
Substance/drug abuse	a pattern of harmful use of any substance for mood-altering purposes
Informal settlement	areas where groups of housing units have been constructed on land that the occupants have no legal claim to, or occupy illegally
Teenager	is a child between the ages of thirteen and nineteen

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CHAPTER 1

INTRODUCTION

This chapter presents the background and purpose of the present research. The chapter also presents the problem statement, research objectives and research questions. The limitations and delimitations of the study are also discussed in this chapter.

The understanding of the terms substance abuser(s) and user(s) has no much difference in their meaning. Both substance user(s) and abuser(s) take illegal or unprescribed drug(s), or they inappropriately use other drug(s) or alcohol resulting in addiction. The major difference is that the abusers take an excessive use of the illegal substance(s) (Jackson, 2005). The available literature on substance abuse in South Africa tends to focus on adolescent substance abuse and incidents (Parry, 2004). A considerable amount of literature on substance abuse has documented the negative consequences of substance abuse, extensively highlighting how drug abuse ruins the lives of young people (Jackson, 2005). According to Visser and Routledge (2007), research conducted by the World Health Organization (WHO) in South Africa indicates that substance abuse among adolescents significantly contributes to the health and social problems that South Africa faces. In addition, studies also show that there has been a progressive increase in the use and abuse of substances during the past decade worldwide (Schonfeldt, 2007). This is also supported by the studies

of several authors which have reported an increase also in substance abuse among teenagers in South Africa (Moodley, Matjila, & Moosa, 2012; Morejele, Parry, & Brook, 2009; Ramlagan, Peltzer, & Matseke, 2011; Visser, & Routledge, 2007).

According to the South African Police Services (SAPS), since 2004 60% of crimes committed nationally were related to substance abuse. In the Western Cape alone, the figures for substance abuse related crimes were close to 80% (Beyever, 2009). Furthermore, Beyever (2009) notes that since the disbandment of the South African Narcotics Bureau (SANAB) in 2004 (a dedicated drug-fighting unit within the SAPS), drug-related crimes have increased by 30%. Drug arrests have risen from 300 in 2006 to 1500 in 2011 in Cape Town alone (Bayever, 2009). The data released by the United Nations World Drug Report highlights South Africa as one of the drug capitals of the World (WHO, 2010). The report notes that the abuse of alcohol and usage of dagga has contributed to the country being one of the top ten narcotics and alcohol abusers in the World (WHO, 2010). Based on national surveys of the last decade, current abuse of cannabis among adolescents increased from (2% to 9%), cocaine/crack with (0.3%), mandrax / sedatives (0.3%), drugs/ amphetamine-type stimulants (0.2%), opiates (0.1%) and hallucinogens (0.1%) (Peltzer, Ramlagan, Johnson, & Phaswana-Mafuya, 2010).

1.2 Background

Substance abuse is a worldwide phenomenon which occurs in almost every country. The specific substances abused vary from country to country and among the most commonly abused substances are dagga, tobacco, alcohol, cannabis, opiates and cocaine. In Africa, Algeria has been reported to have the highest rates of substance abuse of 71% and South Africa the second with 68% among the population of 15 years and upwards (WHO, 2010). Today the prevalence of substance abuse in Palestine has risen from 10% to 13.3% among adolescents of whom 96.1% were using various forms of tobacco and 3.8% were taking alcohol (Tehran, 2009). In Palestine, the current use of substances among teenager has increased as compared to other countries with the same nature of the problem (Peltzer *et al*.,2010).

Since 1994, there have been changes in the political, economic and social structures which have contributed to the easier trafficking of drugs within South Africa and therefore making the country more vulnerable to substances abuse (Peltzer *et al.*, 2010). After the apartheid, South Africa experienced major economic, social and political changes due to links and trade with the rest of the world (Parry, 2005). The lack of tight control of entrance of drugs from other countries has caused the increase of drug use within the South African cities resulting in violence, road accidents and contraction of diseases such as HIV and AIDS (Heerdn, Grimsrud, Seedat, Meyer, Williams & Stein, 2009). Poverty, unemployment, lack of recreational facilities, easy

access to illegal substances have been recognised as contributing to increased substance abuse among young people (Ramlagan *et al.*, 2010).

Adolescence is a period in life characterised by significant changes. Biological, psychological changes and social learning changes occur at an astonishing rate (Reininger, Evans, Griffins, Valois, Vincent, Parra-Meding, Taylor, & Zullig, 2003). The teen years are times of exploring new ideas, fast learning and for risk taking (Jayousi, 2003). Adolescents exhibit an excessive drive in their pursuit of new and novel sensation and stimulation. This is because adolescence is a period of curiosity, experiencing, and seeking for personal identity (Reininger *et al*., 2003). Transition from childhood to adolescence is a delicate period and in many cases the initiating of drug abuse occurs during this period (Tehran, 2009). It is also the time when teenagers are particularly impressionable and vulnerable to many environmental factors that positively or negatively influence their future health behaviours (Tehran, 2009). At the same time, teenagers tend to develop an increased sense of concern with their own appearances and abilities – described as adolescent "egocentrism"; these two conditions make teenagers especially more vulnerable to the influence of peer groups (Jayousi, 2003). Thus, teenagers have an increased vulnerability to substance abuse because research shows that peers play an important role in initiating others into drugs, providing drugs and also shaping their attitudes towards drug use and abuse. Therefore, Giancola and Tarter, (1999) state that "adolescents with a PSUD (Psychoactive Substance Use Disorder) are an important population to study because they have an earlier age of onset and more erratic consumption patterns than

individuals with and adult-onset version these disorders" (p. 203). Studies have reported that the period of greatest risk for cigarette use is 13-16 years whereas between the ages of 17-19 initiating the use of alcohol and smoking marijuana is most prevalent (Jayousi, 2003).

Vulnerability of teenagers towards substance abuse may also stem from the fact that teenagers often accept dares to discover and try the unknown including smoking, alcohol and other drug (Flisher, Ziervogel, Chalton, & Robertson, 1999). They have no experience and their decision making ability is limited in control over their impulses (Jayousi, 2003). Teenagers have been reported as deemed to be at higher risk of substance abuse because of the environment they are living in (Tehran, 2009). They also present with more severe clinical manifestation of substance abuse symptoms and more comorbid psychopathology than adults (Parry, 1998). Factors that appear to be linked with teenagers' drug related problems include school failure, low interest in school and adult achievement, rebelliousness and alienation, early antisocial behaviour, easy and frequent lying, lack of empathy for other's feelings, insensitivity to punishment and early use of alcohol and other drugs (Tehran, 2009).

1.3 Motivation

At least 10% of South Africa's population lives in urban informal settlements (UN, 2009). According to the United Nations (2009), the living conditions within these

settlements are typically poor with teenagers facing a range of basic livelihood challenges including unemployment, drug use, violence and sexual risk behaviours.

The current study is situated within an informal settlement called Plasticview. The community of Plasticview is characterised by poor socio-economic conditions which include unemployment, poverty, reliance on government grants/ old –age pension and limited opportunities for teenagers. The ages of people who live in the informal settlement ranges from 0 to 50 years. Most of the teenagers from this community mentioned that they drop out of school before completing matric (Grade 12) and that some of their parents are unemployed, with some working as domestic workers in the suburbs of Pretoria. The family structures vary from nuclear families, single parent families, child-headed and extended families. This has shown that the teenagers in Plasticview Informal Settlement are from poverty-stricken homes. The enlivenments in which these teenagers live render them vulnerable to substance abuse. These conditions provide significant pressure on teenagers, which could lead them into substance abuse.

The current study has both theoretical and practical contributions to the field of psychology. The social learning theory's contributions lie in the fact that the researcher's study will help to expand on the level of knowledge of teenagers and their attitudes towards substance abuse in the community. Furthermore, the study maybe a resource for policy that will enable them to understand the extent that

teenagers are knowledgeable on substance abuse and attitudes that they hold towards substance abuse. This may come in hand in the development and implementation of programme or campaigns aimed assisting teenagers to effectively deal with the issues pertaining to all forms of substance abuse at home and in the community. The findings and recommendations of this study may also assist the community of Plasticview to become aware of the level of knowledge and attitudes of teenagers towards substance abuse. Therefore, this study aims to highlight areas of concern in terms of the level of knowledge and attitudes of teenagers towards substance abuse in informal settlements and information obtained by this study could be used effectively to deal with the issue of substance abuse in communities.

Research has shown that the level of knowledge and similarly attitudes that teenagers hold towards substance abuse has an effect on the levels of abuse itself. For example, research by Moodley *et al*. (2012) indicates that there is high prevalence rate of substance abuse among school going children and that school based interventions must start at primary level in countering the level of knowledge and attitudes of pupils towards substance abuse. The current research therefore focuses on the level of knowledge of the teenagers on what constitutes substance abuse and their attitudes towards the issue. Teenagers' knowledge of substance abuse is a significant concern to young people, parents, society, guardians as well as professionals in the health sector and the government in general. Therefore, this study seeks to explore the level of knowledge and attitudes of teenagers in Plasticview informal settlement towards substance abuse.

1.4 Problem Statement

Human development has been adversely affected by rapid urbanisation and the accompanying unplanned settlements (Jackson, 2005). Poverty in many instances triggers teenagers to engage in abusive activities at schools and in communities for self-satisfaction (Jackson, 2005). Unemployment exacerbated by high levels of rural urban migration has multiplied the number of teenagers abusing drugs among other factors (Schonfeldt, 2007). Teenagers' attitudes are also affected by substance abuse due to homelessness, lack of security and decent shelter, and lack of parental or adult care and guidance (NIDA, 2012). Some of the reasons that contribute to substance abuse are lack of adequate knowledge about the harmful effects of the substances, inappropriate attitudes towards drugs and addiction, peer pressure, satisfying the curiosity, low level of self-confidence, inability in maintaining interpersonal communications and reducing stress (Maithya, 2009).

Encouraging correct knowledge and positive attitudes towards substance abuse is a good step towards dealing with substance abuse. When it comes to substance abuse, correct information is a crucial in bringing about behavioural change among teenagers in schools, home and society at large (Parry, 1998). Therefore, exploring the level of knowledge and attitudes of teenagers towards substance abuse can be regarded as critical to helping people understand the consequences of abusing drugs. Although teenage substance abuse is related to individual behaviour and attitudes, the phenomenon is embedded in socio-cultural contexts that strongly influence its

character and manifestation (Jackson, 2005). Substance use or abuse is governed in large part by the social rules, norms, customs and traditions acquired though an individual's cultural and ethnic contextual experiences (National Institute on Alcohol Abuse and Alcoholism, 2005). Contexts that influence behaviour include the immediate family, peers, extended families and the communities (Tehran, 2009). The impact of the influences of such contexts should not be ignored as they can lead to misguided judgments about the appropriateness and inappropriateness of substance use. Hence therefore, there is a danger that teenagers will develop a belief in the stereotype of teenage substance abuse and that this inaccurate stereotype may lead an individual to conclude that substance abuse is normative among teenagers (NIAAA, 2005).

1.5 Purpose of the study

Due to increasing migrations as a result of economic hardships and wars in some African countries, there has been an escalation of informal settlements and drugs have found their way into many South African cities (WHO, 2010). Thus cities like Pretoria and Johannesburg are seen by many outside South Africa or even South Africans as prosperous and wealthy cities in Africa. However, when people come to these cities they are disappointed when their hopes and aspirations are not fulfilled. If hopes are not met people find themselves in the informal settlements surrounding these cities (NIDA, 2012). These settlements accommodate a number of people from all over the places who would have come to these cities in the hope of a "better life".

These people are forced to move to informal settlements with their families because of the inability to get proper accommodation, circumstances such as these have been found to contribute to teenagers' substance abuse (NIDA, 2012). To counter the problem of substance abuse in informal settlements, the current research aims to explore the level of knowledge and attitudes of the teenagers towards substance abuse as it manifests in Plasticview informal settlement.

1.6 Research objectives

The current study is intended to highlight the level of knowledge and attitudes towards substance abuse by teenagers of Plasticview informal settlement, Pretoria.

The research specific objectives are as follows:

- To explore teenagers' knowledge of substance abuse;
- To explore teenagers' attitudes towards substance abuse;
- To explore teenagers' source of information about substance abuse;
- To explore teenagers' perceptions regarding the harmfulness and tolerance of substance abuse; and
- To explore teenagers' general experiences of substance abuse.

1.7 Research Questions

1. What is the level of knowledge of substance abuse among teenagers in Plasticview informal settlement?
2. How do teenagers acquire their knowledge of substance abuse?
3. What are teenagers' attitudes towards substance abuse?
4. Are the teenagers exposed to the impact of substance abuse in their community?
5. How much importance do teenagers attach to the reduction of substance abuse in their community?

1.8 Overview of the dissertation

Chapter One presented the background and purpose of the current study. It also presented the problem statement, research objectives, research questions, limitations and delimitations of the study. Chapter Two presents a literature review and discusses the theoretical foundation of the study in relation to knowledge and attitudes towards substance abuse. Chapter Three covers the methodology used in this study and finally, Chapter Five presents the findings of the study, thereafter the findings are discussed in relation to the theoretical perspective of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review of the study. The theoretical foundation of the study is also discussed in relation to substance abuse.

The first section of this chapter provides definitions of substance abuse from different perspectives. This is followed by a discussion of substance abuse from a global perspective. Thereafter, substance abuse is discussed from a South African context, with specific focus on the knowledge and attitudes of teenagers regarding substance abuse; commonly abused substances; the causes of substance abuse; and the effects of substance abuse in relation to the study. Finally, the theoretical framework of the study is discussed.

2.2 Definition of substance abuse

Substance abuse can be defined as a pattern of harmful use of any substance for mood-altering purposes (Buddy, 2011). Furthermore, Buddy argues that substance abuse is "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purpose other than those for which they are indicated or in a manner or in quantities other than directed" (2011, p. 2). According to the World Health Organization (WHO) (1992), substance abuse refers to the use of drugs and alcohol continually even with the knowledge that usage of these substances may cause

several debilitating problems and may eventually lead to some form of addiction (p. 17). In its National Drug Master Plan of 1999 and 2006, the South African Department of Health has widened the definition of Substance abuse to "encompass both misuse and abuse of legal substances such as nicotine, alcohol, over-the-counter drugs, prescribed drugs; alcohol related concoctions, indigenous plants, solvents, inhalants, as well as usage of illicit substances" (Schonfeldt, 2007, p. 10).

Generally, when people speak about substance abuse, they are referring to the excess use of illegal drugs. Most professionals in the field of substance abuse prevention argue that any use of legal or illegal drugs which results in altering mood, thought processes, or behaviour is, by definition, substance abuse (The Child Aid Society, 2012). These substances can be illegal because they are potentially addictive, cause severe negative health effects, or they can be legal substances which can cause psychological dependence (WHO, 2010). In addition, a study conducted by the National Institute on Drug Abuse (NIDA) reports that substance or drug users can become psychologically dependent; and therefore addicted (National Institute on Drug Abuse, 2008). There is a broad range of substances that can be abused in society today. Several substances are being abused for their mood-altering effects, and these may not be prescribed drugs such as inhalants and solvents (Buddy, 2011). However, there are other drugs that are being abused which have no mood-altering or intoxicating properties, such as anabolic steroids (Parry, 1998). It has been reported that most people who abuse substances exhibit deficits in their executive cognitive functioning (Giancola, 1995). Executive cognitive functioning is involved in the regulation of goal-directed behaviour and includes abilities such as

intentional control, strategic goal planning, organisation, and cognitive flexibility (Addington, 1996).

2.2.1 Definition of teenager

A teenager is a person who is between 13 and 19 years and this period marks the transition from childhood to adulthood. These are typically at secondary school, in the early years of university or doing a post study and training. During this stage of changing from child to young adult, there is physical and mental development and teenagers tend to seek independence and experiment with youth risk behaviours (Jackson, 2005).

2.3 Global perspective on substance abuse

Globally, the use and abuse of substances among teenagers have been said to be on the rise and attitudes towards it has become even more relaxed (NIDA, 2012). An estimate of 2.5 million deaths a year from heart and liver disease, road accidents, suicides, and cancer, accounting for 3.8% of all deaths has been reported to be linked or caused by substance use and abuse (WHO, 2010). The data also support previous studies that reported that an increase in the use of drugs has reflected and contributed to international tensions (UNDCP, 2005).

Alcohol and tobacco are among the top abused substances causing preventable deaths in United States (National Institute on Alcohol Abuse and Alcoholism, 2007).

Moreover, alcohol and tobacco substances are often used together. Substances such as alcohol, cocaine, marijuana, nicotine and inhalants are harmful to human beings' health, and lead to an increased risk of injuries, violence, depression, liver and heart diseases (Visser *et al*., 2007).

Most teenagers today live in danger of abusing drugs, both in Africa and worldwide (Jackson, 2005). Tehran (2009) states that "30.2% of high school students have experienced smoking, alcohol drinking, addictive or stimulant drugs at least once, and 13.8% of them have taken one of these substances regularly" (p. 39). Teenagers are led to substance abuse when they are confronted with situations such as physical and emotional wounding resulting from abandonment, a lack of parental love, guidance, protection, broken trust and commercial sexual exploitation (Kilbourn, 2006). Substance abuse among teenagers can be dealt with through high levels of school education, family connectedness, a stable relationship with parents or guardians, and strong religious beliefs (Tehran, 2009). Community-based programmes on substance abuse interventions play a major role in teenagers' knowledge and attitudes regarding substance abuse (Jackson, 2005).

According to a UNDCP (1995) report, "fast-paced social, economic and technological changes present a challenge to the stability and influence of the family" (p. 10) The report states that "the family is often viewed as the basic source of strength, providing nurturance and support for its individual members, as well as ensuring stability and generational continuity for the community and culture" (UNDCP, 1995, p. 10). It has

been reported that most teenagers who lack support from their families are vulnerable to engaging in harmful behaviours such as destructive drug and alcohol use (UNDCP, 1995).

Rapid social, economic and technological changes under certain circumstances may impact the attitudes of teenagers towards substance abuse and reduce their sense of belonging to other people, groups, and places (UNDCP, 1995). Stable relationships, the environment, and expectations are powerful forces in helping teenagers manage their lives towards the use and knowledge of substances (Tehran, 2009). In today's societies, the classic problem of balancing discipline and control of teenagers with nurturing support, to encourage their exploration, understanding of the world, and self-realisation may be complicated by substance abuse problems, as well as a wide range of other conditions (WHO, 2010). There are many unfortunate incidents which cause children as young as 10 years to use and abuse drugs. The vast majority of these children have been abused and abandoned by their own families (Jackson, 2005)). Other reasons which may cause teenage substance abuse include extreme poverty, death of the parents, and armed conflict (which may cause many teenagers to flee their homes) (Hutchison & Blakely, 2003).

Poverty also contributes to substance abuse among teenagers which may lead them to engage in irresponsible and sometimes violent behaviours (Bengs, 2009). Research conducted by the National Institute on Drug Abuse (2008), has found that "teenage substance use develops following trauma exposure" (p. 2). Teenagers sometimes develop

substance abuse problems in attempting to manage the distress associated with the effects of trauma and traumatic stress symptoms caused by loss of parents or guardians (Tehran, 2009). In other circumstances, conflicts within the families contributes to population movement, forcing teenagers to flee from their homes and settle in informal settlements, hence exposing them to substance use and abuse in order for them to reduce stress and forget their problems (WHO, 2010).

2.4 Substance abuse in South Africa

According to Ellis, Stein, Meintjes and Thomas (2012), substance abuse is "an enormous social problem in South Africa, as elsewhere" (p. 3). In the South African context, alcohol and drug abuse have proved to have devastating consequences in society which may aggravate poverty, crime and contribute to child abuse and gender violence (Adnam, 2012). Historically, South Africa has not had very reliable systems in place to facilitate the collection of data relating to substance abuse (South African National Council on Alcoholism and Drug Studies (SANCADS), 2007). Parry (1998) states that "to date, much of the available information has come from ad hoc cross-sectional research studies, often conducted in a single location and from information on police arrests and seizures" (p. 8). He goes on saying that these studies have been "supplemented by occasional national surveys" (Parry, 1998, p. 8). Obtaining information on substance abuse is greatly influenced by factors such as the availability of resources and the particular policies and initiatives in place (SANCADS, 2007).

An estimate of 746 000 teenagers on substance abuse has been reported from the nine provinces in South Africa (WHO/UNDP, 1998). These reports were dedicated to review the information on substance abuse researches fostering the development of professionals addressing substance abuse to vulnerable communities (NIDA, 2011). These reports also focused on substance abuse among teenagers which has become a strong evidence to strengthen the need for this research since most of these studies were done using a single approach. As a result, this current study intended to use a mixed research approach and also to explore the level of knowledge and attitudes teenagers has on substance abuse.

Research undertaken by the Central Drug Authority (CDA) (2012) indicates that the rate of substance abuse in South Africa is double the global average and that the country ranks within the top 10 countries in the world in alcohol consumption worldwide. Alcohol, tobacco, and cannabis are the substances that are most commonly used (Ellis *et al.*, 2012). It is also estimated that substance abuse costs the South Africa's economy approximately R1 billion every year, which amounts to 1% of the country's gross domestic product (GDP) (WHO, 2010). According to research, a high prevalence of substance abuse has been linked to future unemployment, dropping out of school, poverty and peer pressure (WHO, 2010). Young adults who were substance abusers in their teenagehood are the hardest hit by unemployment, as South Africa is faced with higher rates of unemployment than any middle-income country, with four out of 10 South Africans unemployed (*Sunday Times*, 2011). Substance abuse results in long-term body and mind damage in teenagers.

A recent report titled "Alcohol, drug use in South Africa" indicates that the prevalence of substance abuse in South Africa is twice the global average, and that the Western Cape reportedly has the highest prevalence of alcohol and drug use (*The Citizen*, 2013). Forty percent of South Africa's population lives in extreme poverty, and research has indicated that this has led to an increase in the number of teenagers that have become victims of substance abuse (South Coast Recovery Centre, 2010). Research findings have shown that the incidence of pre-teenage substance abuse in some parts of South Africa has become a significant problem, with teenagers contracting HIV and AIDS and girls falling pregnant as a result of the abuse of substances (South Coast Recovery Centre, 2010). Teenagers' joblessness and its associated poverty have been acknowledged to be the major contributor to substance abuse (UNDCP, 2012). Many teenagers in South Africa's do not have jobs, and there is little chance of finding employment, which leads to poverty. Inevitably, these cause teenagers to abuse substances as a way of escaping the misery and depression that result from poverty and rising unemployment (*The Citizen*, 2013). Teenagers become addicted to alcohol or drugs as a means of coping with their circumstances.

Better parenting and access to recreational facilities are some of the ideas that have been identified to combat the knowledge of substance abuse and shaping their attitudes (Ellis *et al*., 2012). According to Moodley *et al*. (2012), teenagers in South Africa are more vulnerable to drug and alcohol abuse than other sectors of the population. Prevention efforts to treat affected generation have been developed, and they include in-school talks and lessons, increased research, and awareness programmes.

2.5 Theoretical framework

In order to explore the level of knowledge and attitudes of teenagers towards substance abuse and the factors that are most significant to substance abuse, one needs to understand the various existing aetiology on substance abuse. The current study employs the use of the social learning theory in order to understand the phenomenon under study. This theory is deemed appropriate for this study as it seem to capture important aspects central to the current study (such as family, environment, culture and social structures) and attempt to explain them. Moreover, social learning has been identified as playing an important role in the knowledge and attitudes of teenagers regarding substance abuse (Craig, 2003).

Social Learning theory

Social learning has been considered as the means by which societies transmit their acquired cultural capital and also as the study of human mind (Jackson, 2005). As we speak of social learning nowadays, we speak of representation of knowledge and attitudes and specific structures of the mind. Conversely, social learning can be regarded as the potential solution of knowledge and attitudes of an individual (Bandura, 1976). The social learning theory states that behaviour is moulded by rewards and punishment or reinforcement (Craig, 2003). This theory explains that the environment, social groups and social interactions play an important role in substance use and abuse. Bandura asserts that "individuals, especially children, learn aggressive responses from observing others, either personally or through the media and environment" (Isom, 1998, p. 2). Bandura believes that individuals do not actually inherit knowledge or attitudes, but that they learn

them from others. Bandura (1976, pp. 206-208) argues that "an individual's knowledge of a particular thing or behaviour is influenced by the reinforcement of family members, the media, and the environment". These are constitutional (based on mechanisms that are present during socialisation and vary from one person to another), and environmental (that are inborn factors in conjunction with environmental factors generate drug using behaviour). Research has shown that the genetic make-up of individuals predisposed them towards drug use and abuse (Stoolmiller & Blenchman, 2005). However, some teenagers continue to be involved in substance abuse, in order to receive social attention from the community. These teenagers are also prone to lack of knowledge because there is no one to educate them on the danger of substance use and abuse and there is also lack of support from the dysfunctional community.

In this present study, the research takes into consideration the above-mentioned theory as it best suits the understanding of the level of knowledge of the phenomenon as the level of knowledge and attitudes of substance abuse differs from age to age. This is so because the above-mentioned theory operates in all domains of knowledge and attitudes. In the view of the social learning theory, an individual can only function well if properly reinforced. For example, a teenager can only know the impact of substance abuse when he or she gains enough knowledge of it. Thus, the goal of the current study is to explore the level of knowledge and attitudes of teenagers towards substance abuse.

2.6 Knowledge and attitudes regarding substance abuse

Substance abuse has been regarded as a socio-economic challenge and an important public health problem for most communities in South Africa (Casale & Posel, 2006). Teenagers' attitudes towards a variety of issues surrounding substance abuse form the basis of the current study. The term "attitude" is defined as the belief that attitudes represent a psychological state or feeling which predisposes the individual to react or respond in a positive or negative manner towards the object, situation, or individual under consideration (Maithya, 2009). It was discovered that teenagers who associate with peers engaging in substance abuse will have a positive attitude towards substance abuse and will be more likely to engage in the same behaviour their entire life (WHO, 2010). This is so because most teenagers acquire their knowledge of substances from their peers and those peers shape their attitudes towards substance use. Research on the determinants of drug abuse among high school students has reported that the earlier the onset of drug or substance abuse causes the greater involvement and the greater frequency of drug use by teenagers (Tehran, 2009).

A review of previous studies on teenagers' perceptions and attitudes towards substance abuse issues, both worldwide and in South Africa, has helped to clarify the nature of the study of knowledge and attitudes of teenagers towards substance abuse (NIDA, 2010). Prevention, education, enforcement of drug laws, and parental /or guardian care are key to combating substance abuse in informal settlements. The spread of substance abuse in any community is determined by the knowledge and attitudes regarding its use by members of the community (Maithya, 2009). While knowledge of substance abuse could

lead to a positive view of community-based substance abuse prevention programmes, it also helps to guard teenagers against having unrealistic expectations when using drugs, alcohol, or other substances (Stoolmiller & Blenchman, 2005).

Substance abuse may be a cause or a more serious factor in the commission of an offence, by either injuring an individual's ability to respond appropriately to difficult situations or by causing an individual to be more vulnerable to victimisation (Maithya, 2009). In this study, knowledge of substance abuse does not only provide health benefits, but also seeks to reduce the risk for future delinquent and criminal behaviour among teenagers. During the teenage years, environmental influences and many lifestyles are related to the inclination towards substance abuse (Martins, Ghandour & Chilcoat, 2007). On the other hand, schools, communities, family, and friend relationships are among the environmental factors that mostly influence teenage substance abuse (Craig, 2003). Data have shown that teenagers are at greater risk of substance abuse in a community where there is a tolerant attitude towards substance use (WHO, 2010). In their understanding, teenagers think that their peers are there to approve their substance use and they substantially consider substance use as normal (WHO, 2010). Research has found that family members of substance abusers are at increased risk for substance abuse, as teenagers may think that use of substances is acceptable (NIDA, 2011). The exposure of teenagers from family members or peers who use substances may cause them to do the same. Past memories and experiences of child abuse may also cause teenagers to abuse substances, because of stress due to memories of the incident.

Most teenagers who live in informal settlements are particularly at risk of developing substance abuse disorders because of their vulnerability to different types of drugs and the accessibility of these substances (Parry, 2004). Moreover, the ability of teenagers to purchase substances for themselves in spite of laws that prohibit such sales has increased, thus causing greater chances of teenagers using and abusing substance (Craig, 2003). In some cases, teenagers can steal alcohol or drugs from their parents' liquor supplies or from shops, and they can also access these from friends and from parties, or from strangers that sell them on the street. Several studies have indicated that parental attitudes and habits regarding substance use influence teenagers to engage in the same behaviour (NIDA, 2011). For example, if the parents have a positive attitude towards substance use, the teenagers will use substances, and if they have a negative attitude, teenagers will not be easily exposed to substance abuse. For this reason, exploring the level of knowledge and attitudes of teenagers towards substance abuse may help to tailor strategies on the preventive and initiative programmes.

Education is the principal means of preventing substance abuse (Hutchison and Blakely, 2003). In addition to educational institutions, other settings (such as focus group discussions and the media) are important, because of the contributions they make to learning and socialisation. The media may be used in many different types of campaigns and programmes. Qualitative audience research and focus groups have been used as a means of obtaining a better understanding of the common underlying causes of substance abuse in teenagers (WHO, 2010).

2.7 Types of substances commonly abused

2.7.1 Alcohol

Alcohol refers to drinks such as spirits, beer and wine containing ethyl alcohol (Jackson, 2005). It is made from the fermentation of yeast, sugars, and starches and the substance formed cause drunkenness, change in consciousness, moods and emotions (Craig, 2003). Most teenagers in the United States abuse alcohol (NIAAA, 2012). Nearly 8% of adults in the United States have also been reported to be having some problem with alcohol use (Bogin, 2009). People of all ages are at risk of alcohol abuse, but children and adolescents are especially at great risk in today's societies and their level of knowledge of substance abuse is not sufficient. Mostly, alcohol abuse is due to interconnected factors such as the social environment, the upbringing and emotional health and it creates many negative consequences among teenagers (Jackson, 2005). For example, many teenagers drink and drive causing accidents or deaths. Teenagers' alcohol abuse also plays a role in other types of injuries as well as contributing to higher incidence of unwanted or unplanned sex. According to the World Health Organization, nearly 10 million teenagers between the ages of 12 to 20 consume alcohol every day; hence alcohol consumption among teenagers is still at an alarming level worldwide (WHO, 2012). The rate of alcohol consumption increases every day, and current data show that in the past decade it has increased rapidly (National Institute on Alcohol Abuse and Alcoholism, 2011).

South Africa has been reported to have one of the highest per capita alcohol consumption rates in the world, with over 30% of the population struggling with an alcohol problem or

on the verge of having one (Creamer, 2012). Moreover, alcohol-related harm is a major public health concern in South Africa with statistics showing that alcohol affects 17.5 million South Africans, and it is the main cause of road accident deaths and injuries in the country (NIDA, 2011). According to Creamer (2012, p. 1), "in 2009, the World Health Organization's Status Report on Road Safety in Countries of the WHO African Region reported that 60% of road traffic deaths in South Africa involve alcohol, while the South African Medical Research Council suggests that alcohol is a factor in 50% of all road accidents". Most teenagers of today start to use alcohol or other drugs when they are at high school due to peer pressure. Alarmingly, reports state that teenagers' everyday use of alcohol has increased by a statistically significant 0.7% from 2000 to 2001 (NIDA, 2003). This has made alcohol to remain as a widely and prevalently used drug by teenagers. However, even moderate alcohol consumption has been said to the long-term risk of increasing of heart conditions, liver diseases, and cancers, and frequent consumption of large amounts can lead to dependence (NIDA, 2011). Research has shown that alcohol abuse continues to be the greatest contributor to the increasing HIV infection rate in South Africa (Parry, 2005). Alcohol is also known of its negative effects of depressing the central nervous system and is absorbed from the stomach and small intestine into the bloodstream and this affects every organ in the drinker's body, and mostly dangerous to pregnant woman (NIDA, 2011).

2.7.2 Cocaine

Almost 2 million people in the United States have been reported that they use cocaine in their lives (Craig, 2003). Data have shown that about 600,000 teenagers in America try

cocaine for the first time every year, and 1.7 million Americans use cocaine every month (NIDA, 2003). The average age for first-time cocaine use in America was 15 years in 2003 and cocaine has been reported to be available in most American metropolitan areas, and data from the Drug Abuse Warning Network (DAWN) reported that the number of cocaine-related deaths was high in 2002 and most cocaine users in the United States are African American teenagers (NIDA, 2002).

Review from the previous research has indicated that cocaine use has increased by 20% in the year 2009, and 250,000 South Africans have consumed cocaine worth R1.4 million since 2008 (United Nations, 2011). Most people smuggle cocaine is into South Africa in any way possible, for example, through trafficking, exported goods and drug dealers. Most people become seriously addictive once they start to use cocaine and it is snorted, injected, or smoked (NIDA, 2010). Furthermore, reports have shown that the use of cocaine in South Africa has increased, since it is easy to manufacture and it yields huge profits for the manufacturers (Craig, 2003). Crack is cocaine hydrochloride powder that has been processed to form a rock crystal, which is then usually smoked. It is usually used by many teenagers so that they can feel energetic and increase body temperature. The great risks of those who use cocaine include heart attacks, respiratory failure, strokes, seizures, abdominal pain, and nausea and in some rare cases, sudden death can occur on the first use of cocaine, or unexpectedly afterwards (NIDA, 2010).

2.7.3 Heroin

Heroin is a drug which comes from morphine and can be easily be addictive (NIDA, 2010). It usually appears as a white or brown powder or as a black sticky substance. Many teenagers living on the street use heroin to cope with the stress of life and those at home start to use heroin as a result of peer pressure (WHO, 2012). Data on drug use has reported that heroin is the most commonly used opiate, with an estimated 12-14 million users worldwide (NIDA, 2010). It has been reported to be mostly used by 14 to 15 year-old high school students and those who live in the streets (Craig, 2003). According to the National Survey on Drug Use and Health (NSDUH), "teenagers have reasonably easy access to heroin". The World Health Organization (2012) states that "29.7 percent of 12th graders say that it is easy to obtain" (p. 3).

Death due to heroin use has increased in selected cities in South Africa, and NIDA reports that heroin users seem to be increasing, especially among those under the age of 26 (Craig, 2003). The number of teenagers using heroin in South Africa has doubled since it is now marketed in townships, and prices have dropped making it far more affordable to teenagers and low-income groups (United Nations, 2009). Users can inject, snort, or smoke it and the effects of heroin include a surge of euphoria and clouded thinking, followed by alternately wakeful and drowsy states. It also depresses the part of the brain that controls breathing and users who inject the drug are at great risk of infectious diseases, such as HIV and AIDS and hepatitis.

2.7.4 Cannabis/marijuana/ dagga

Marijuana is the most commonly used illegal drug in the world, and more than 1 million teenagers in the United States have tried it (NIDA, 2011). According to Koen, Jonathan and Niehaus (2009, p. 8), "worldwide, cannabis/marijuana is the widely used illicit substance, and it has been identified as a correlate in schizophrenia samples for poorer symptomatic and functional outcomes in many international studies". In America, arrests are made mostly on teenagers from the age of 15 years and older have been reported to be using marijuana and have tested positive for marijuana (Craig, 2003). Teenagers have shown a positive perception that marijuana is not dangerous and the use of cannabis has increased sharply in the United States and it is the most widely used illicit drug (WHO, 2012). Marijuana use starts at the age of 12 in most American cities and among teenagers is thought to be more widespread than alcohol use (Patton, 2002).

The use of cannabis is more popular among teenagers in South Africa (Moodley *et al.*, 2012). The drug is readily available in this country, even to school-age learners. Research has shown that marijuana use in South Africa has grown, from 19% in 2008 to 27% in 2012, and with about 1.5 million teenagers using it nationwide (NIDA, 2012). In addition, data show that one in every 10 teenagers has admitted to using marijuana and to smoking it 20 or more times a month and most teenagers use marijuana as a means of escaping the misery and depression that result from poverty and rising unemployment, which impact on family, friends, and the community as a whole (United Nations, 2009). Marijuana use has also been reported to have a negative effect on brain development, result in higher dropout and expulsion rates from school and can also cause euphoria,

distorted perception, memory impairment, difficulty thinking and solving problems (Craig, 2003).

2.7.5 Anabolic steroids

The abuse of steroids is prevalent worldwide since use of these substances is no longer restricted to bodybuilders and professional sportsmen. Steroids are readily available in stores and even via the Internet, making it easy for school-going teenagers to have access to them (NIDA, 2010). Most teenagers worldwide use steroids to increase protein in the cells, especially in muscles and they can be taken orally or injected and data show that steroids are commonly abused by athletes in order to build muscle and enhance performance (Craig, 2003).

In South Africa, data have shown that the use of anabolic steroids is significantly higher as teenagers can easily access them from gymnasium friends and school friends (Mohasoa, 2010). It was reported that there is more pressure to abuse steroids among teenage boys than there is among teenage girls, as most boys will be competing to do well in sports and to build muscles (Craig, 2003). Consequently, people who abuse anabolic steroids are said to be at great danger of serious health problems and some of which are irreversible (WHO, 2012). The negative effects of steroid abuse include liver damage, jaundice, fluid retention, high blood pressure, and increases in cholesterol level, and those who inject the drug are at risk of infectious diseases such as HIV and AIDS and hepatitis (NIDA, 2002).

2.7.6 Tobacco

Worldwide report reviewed that one in every five teenagers smokes tobacco (United Nations, 2009). Consumption of tobacco has increased globally, with nearly 80% of the world's 1 billion smokers living in low- and middle-income countries and that every year tobacco kills 6 million people globally (WHO, 2012).

According to the Cancer Association of South Africa, most people die annually of tobacco smoking-related illnesses in South Africa and reports have shown that 2.5 million workdays are lost in South Africa due to absenteeism caused by tobacco-related illness (United Nations, 2009). Cigarettes formed of dried leaves from nicotiana plants have been the drug used by the greatest number of teenagers worldwide (Craig, 2003). Nicotine is also one of the most heavily used addictive drugs and the leads to disease, disability, and death (WHO, 2012). According to the NIDA annual youth survey, it was reported that most teenagers start to use cigarettes at the age of 14 years, and among teenagers, 3.3% smoke a pack of cigarettes a day which can cause lung cancer, emphysema and bronchial disorders (Craig, 2003). In pregnant women, smoking has a higher risk of miscarriage or low birth weight babies and second-hand smoking can cause lung cancer in adults and greatly increases the risk of respiratory illnesses in children (NIDA, 2011).

2.7.7 Inhalants

According to a US survey, 600,000 teenagers between the ages of 13 to 17 use inhalants (Craig, 2003). In 2007, inhalants were the most frequently abused substance by

teenagers, mostly street children who sniff glue or solvents (NIDA, 2010). Research has reported that most teenagers who use and abuse inhalants in South Africa live on the streets and those who come from lower socio-economic groups (Moodley *et al*., 2012). Inhalants are accessible by teenagers, since they are cheap and can be purchased legally and teenagers intentionally inhale for the chemicals' mind-altering effects (WHO, 2012). The substances inhaled are often common household products that contain volatile solvents, aerosols, or gases and when inhaled, the vapours have an effect on one's mood, thinking, and feelings (Craig, 2003). Inhalants effects are irreversible, and they include hearing loss, limb spasms, central nervous system or brain damage, and bone marrow damage (NIDA, 2010). When sniffed in high concentrations, it may result in death from heart failure or suffocation (inhalants displace oxygen in the lungs) (WHO, 2012).

7.7.8 Nyaope/ whoonga

Nyaope also known as whoonga is a cocktail made up of antiretroviral drugs (ARVs) with other addictive drugs such as dagga and heroine (Thomas & Velaphi, 2014). Since 2010, the drug has allegedly come into widespread use in South Africa especially in teenagers (Heerden et al, 2009). According to Thomas and Velaphi, the drug has been reported to be highly dangerous and destructive to the nation at large (2014). Most teenagers or people use nyaope/whoonga for relaxation which results in stomach pains, muscle crump and feeling ill.

2.8 Causes of substance abuse

Various factors have been put forward as contributing to substance use and abuse. In the case of alcohol and drug use, likely contributing factors include the environment, peer pressure and communal drinking among teenagers, as well as the availability of drugs (Banyard, 2002). In most disadvantaged communities, ignorance, the falling price of certain kinds of alcohol products (such as malt beer and brandy) relative to the consumer price index, chemical dependence on alcohol, poor social conditions and boredom, a lack of social control to deal with those who misuse substances, and social attitudes in general have been linked to increased substance abuse (Parry, 1998). With regard to the availability and accessibility of drugs and alcohol in the country, there are currently almost 23,000 licensed liquor outlets and an estimated 150,000 to 200,000 unlicensed liquor outlets and this has caused teenagers to be more vulnerable to substance abuse in South Africa (Parry, 1998). Research has shown that school-going youth find it easy to purchase alcohol and drugs from supermarkets, bottle stores, bars, and shebeens because some of them are given excessive pocket money (Parry, 2005).

Parry (1998, p. 10) asserts that "the most common reasons reported for drug use include habit, to alter mood states, to improve health, to cope with personal, social or interpersonal situations or for enjoyment". Additional factors supporting the increase in illicit drug use in South Africa are likely to include poverty, instability due to illegal migration, family breakdown, and an increase in the number of single-parent households (WHO, 2010). The increased availability of substances in South Africa, such as dagga, cocaine and heroin, as a result of increased drug trafficking due to increases in tourism,

trade links, and political migration to South Africa contribute greatly to substance abuse (Roche-Silva, de Miranda, and Erasmus, 1996).

2.8.1 Migration

Casale and Posel (2006) define migration as "the movement of individuals over space and the change of an individual's place of residence" (p. 2). International migration to South Africa has increased exponentially in recent years (Morejele *et al*., 2009). Teenagers from neighbouring countries (such as Zimbabwe, Botswana, Mozambique, and Lesotho) who have crossed the border in great numbers to come to South Africa are facing the challenge of finding proper homes and better jobs, and they end up being vulnerable to substance abuse (UNDCP, 2012). Migration may be involuntary, where individuals or households are forced to move permanently and it implies a permanent change of residence or it may be temporary, in that migrants retain membership in their household (or country) of origin to which they expect to return at some point in the future (Casale & Posel, 2006). Refugees entering into South Africa in large numbers due to wars in other African countries have also led to an increase in unemployment and a shortage of accommodation in the urban areas (Casale & Posel, 2006).

In South Africa, understanding migration, why it occurs, and its implications is particularly important. Moreover, migration is on the increase in South Africa and in the world because poverty is the main driver of population movement (UN, 2009). South Africa, as one of the developing countries in Africa, has found itself with many migrants from other African countries and the rest of the world (Morejele *et al*., 2009). The

stagnant rural economy contributes much of South Africa's high rate of emigration (Parry, 2005). For example, many people force themselves to leave the rural areas and go live in the cities in search of a better life to satisfy their needs. As a result of this rural-urban migration, South Africa faces the phenomenon of urban population growth, resulting in many people living in informal settlements (Casale & Posel, 2006). This has worsened the rate of urban unemployment and leads to unsustainable livelihoods in the cities, making it difficult for the government of South Africa to create jobs fast enough to meet the needs of these migrants.

Most teenagers and young adults migrate to urban areas or other countries because of exposure to stressful life events, social difficulties, and a reduction in social networks and support, with a clear potential for deviant behaviours and family problems (Casale & Posel, 2006). This makes teenagers more vulnerable to substance abuse because of stress, reduced social support, less personal control over the decision to move, reduced contact with close family or friends after moving, and the stress of adapting to a new environment (Jirapramukpital, Prince & Harpham, 2008).

2.8.2 Poverty, unemployment and instability

Worldwide, substance abuse is clearly more prominent in areas with high concentrations of underprivileged groups, low educational attainment, disrupted family life, and overcrowding (Jackson, 2005). In addition, research has shown that developing countries often have more complex problems of substance abuse because of their socio-economic status (Banyard, 2002). The availability of substances and experimentation in such

environments may be at a high level, since pressure by peers to take drugs is often substantially stronger when drugs are freely available (UNDCP, 2012). The environment of poverty in which substance abuse operates serves to encourage further abuse, crime, extra-legal activity, and unemployment, which makes it increasingly difficult for teenagers to find a place in an environment outside that of substance abuse (Jackson, 2005). The United Nations has highlighted the increased rate of substance abuse across the world in its Report on Children and Substance Abuse of 2006 (UN, 2006). This report was compiled to increase public awareness of substance abuse among children and for society to take responsibility for the well-being of teenagers.

Teenagers and children constitute 50% of South Africa's population (Casale & Posel, 2006). Unemployment is one of the factor that drive teenagers into substance abuse. Research has attributed that abuse of drugs and substances by teenagers to poverty and lack of employment (Jackson, 2005). Lack of employment permits teenagers to participate in substance abuse as well as sexual risk behaviours due to the influence of substances.

The environment to which teenagers are exposed plays a major role in the formation and development of their future life (Ordenez, 2011). For example, parents that are unable to pay school fees reluctantly withdraw their children from school, leaving them with nothing to do and making them vulnerable to substance abuse. Substance abuse is indeed created by the environment in which teenagers grow up and these traumatically unstable or inconsistent environments leaves developing teenagers with a lack of security and

control from their guardians, causing them to end up abusing substances (Banyard, 2002), for example, trauma after loss of either or both parents or their loved ones, and losing their inheritance to relatives can cause teenagers to abuse substances in order to manage stress and depression. Some of the unexpected social upheavals or crises challenge teenagers' traditional belief systems, thus leaving a sense of loss of purpose and feeling of belonging and among these may cause an attempt to escape from reality and the demands and obligations of society (Casale & Posel, 2006).

Poverty and housing insecurity in South Africa and the world at large is often the reason why teenagers start to abuse substances, due to homelessness and depression (Ellis *et al*., 2012). People living in poverty sometimes turn to substance abuse for relief from anxiety and the stress associated with economic insecurity (Ordenez, 2011). Thus, teenagers suffering from economic hardships feel that they have little to lose if they get involved in drugs, whether they themselves or their families are affected. In South Africa, poverty has also contributed to family instability and separation, leading to homeless teenagers engaging in substance abuse and violence (Parry, 1998). Teenagers on substance abuse often fall behind in their educational achievement and have impaired cognitive ability (Ordenez, 2011).

2.8.3 Peer pressure and the availability of substances

National Institute on Drug Abuse defines peer group as a group of people of roughly the same age and statuses who spend time together (NIDA 2011). Furthermore, peer influence has been found to be among the strongest predictors of substance abuse among

teenagers worldwide, hence the peer network, the school, the family environment are important determinants of adolescent knowledge and attitudes regarding substance abuse (Craig, 2003). The reality is that worldwide, substance abuse affects everyone, whether directly or indirectly.

Research has shown that substance abuse is an increasing problem among teenagers in today's societies (Liddle, & Rowe, 2006). Recent reports on the rise of substance abuse in South Africa has reported that it is caused by peers, where teenagers are caught up in social situations and then pressured to engage in substance use (Parry, 1998). Most substance abuse begins in the teenage years and these years are most crucial in the maturation process (Casale & Posel, 2006). During this period, teenagers are faced with the difficult tasks of discovering their self-identity, clarifying their sexual roles, asserting independence, learning to cope with authority figures, and searching for goals that will give their lives meaning (Craig, 2003). Peer pressure also represents social influences that affect teenagers, and it can have a positive or a negative effect, depending on the person's social group (NIDA, 2011). Many teenage boys are extremely competitive and will try to outperform one another at every possible opportunity. As a result, they might try using substances just to fit in with social norms, even if the person has no intention of using drugs and just to be considered "cool" by their friends.

In many cities in South Africa, substances are readily available, which makes teenagers curious and vulnerable, and there is peer pressure to experiment and the prospect to escape from conflicts (Morejele *et al*., 2009). Thus, teenagers use substances as a result

of a combination of factors, such as peer pressure, curiosity, and availability of the substances. Drugs are also widely available in today's communities and there is a great variety. Since substances are readily accessible, a natural interest in them may develop in most teenagers. Peer pressure to engage in substance abuse is more likely to occur in dysfunctional families (single-parent or stepparent families) (UNDCP, 2012). Therefore, these peers will initiate each other into substance use, model drug-using behaviours, and shape attitudes towards drug use. Thus, teenagers abuse substances in order to fit in or be accepted by their peers, and they then continue onto addiction. Once teenagers begin to abuse substances, it becomes more difficult to resist peer pressure.

2.9 The effects of substance abuse

Substance abuse is a worldwide phenomenon, and it occurs in almost every country. According to the WHO (2010), more than 2.5 million deaths caused by substance abuse have been reported, and worldwide the most abused substances are cannabis, opiates, and cocaine. It has been reported that approximately 30% of suicides in United States has have been related to substance abuse and most road accidents that have occurred have been as a result of the influence of substances such as alcohol or marijuana (Liddle *et al*., 2006). Substance abuse has profound health, social and economic consequences on society. It can have both primary and secondary effects. The nature of these effects depends on the substance itself and on the amount of the substance that is consumed (Craig, 2003). For example, a low intake of alcohol produces an immediate state of relaxation, but a higher intake can cause intoxication, and an extremely high intake can result in coma (NIDA, 2003). However, these effects of substance abuse do not affect

the individuals that take the drugs, but also their families, friends, government resources, businesses, the community, and society at large (Morejele *et al*., 2009). The exact effect of substance abuse will also depend on the particular substance used, the amount that is taken, the method in which it is taken, and the particular individual's reaction (Mohasoa, 2010).

South Africa is one of the countries in which substance abuse has been reported to be increasing at an alarming rate (WHO, 2010). Most victims of substance abuse in South Africa are teenagers, and statistics have shown that the incidence of pre-teenage addiction in some parts of the country has become a significant problem (Mahosoa, 2009). "The drug problem in South Africa remains very serious with drug usage being twice the world norm in most cases - this is only the tip of the iceberg" (Bayever, 2009, Introduction, para. 1). Research has reported that the socio-economic consequences of substance abuse cost the country R130 billion per year (Central Drug Authority, 2012). Thus, substance abuse is extremely harmful and causes problems in the everyday lives of teenagers, families, schools, and society at large.

2.9.1 Health problems

The impact of substance abuse on human health varies, depending on the particular substance being abused. An estimated 22 million teenagers worldwide has been reported to be struggling with a drug or alcohol abuse problem (WHO, 2010). However, although progress is being made in reducing substance abuse rates in the United States, the use of mind- and behaviour-altering substances continues to take a major toll on the health of

individuals, families, and communities nationwide (Medical Research Council, 2009). Worldwide, health problems due to substance abuse impact on teenagers' lives and productive employment, diminish their quality of life, and may threaten their survival (WHO, 2010).

In South Africa, substance abuse persists despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states subsequent to periods of heavy substance use, or drug-related impairment of cognitive functioning ((Morejele *et al*., 2009). According to the Drug Advisory Board, substance abuse has been reported to be contributing to a number of negative health outcomes and public health problems, such as cardiovascular conditions, sexually transmitted diseases (STDs), HIV and AIDS, pregnancy complications, and child abuse (Drug Advisory Board, 2006). Most importantly, this study has endeavoured to explore whether users of substances are actually aware of the health implications of substance abuse to their lives hence this study wants to go deeper into exploring the level of knowledge and attitudes towards substance abuse.

2.9.2 Psychological effects

People who abuse drugs and alcohol are prone to experience various psychological side effects, such as depression, paranoia, and anxiety (NIAAA, 2009). Most teenagers worldwide use drugs or alcohol with friends or family, so that they can feel more sociable, or "part of the group", making the effects of substance abuse more pleasurable. However, once substance abuse becomes full-blown addiction, the individual may begin

to start drinking or using drugs alone, and they may find that their abuse sessions are more damaging to their mood than helpful (NIDA, 2003).

Research has shown that depression or anxiety causes an individual to increase their substance abuse dosage in order to cope with their problematic situations (WHO, 2012). According to Setlalantoa (2009, p. 26), "the findings of the research undertaken by the Medical Research Council show that one in every four people who has committed suicide in South Africa were over the blood alcohol limit of 0.05g/100ml". In addition, substance abuse is said to cause teenagers to become more temperamental when they are under the influence of drugs or alcohol, and they begin to neglect their hobbies and interests that were once important to them in order to continue with and create time for their bad habits (NIDA, 2003). Thus, substance abuse changes the way teenagers think, feel, and act.

2.9.3 Crime and violence

Research has shown that most of the crimes committed are due to the psychopharmacological effects of substances ingested by the perpetrator, such as alcohol, certain stimulants, and hallucinogens (National Drug Advisory, 2006). Moreover, the harm associated with substance abuse, particularly among teenagers, is an area of growing concern worldwide and presents a major challenge to parents and guardians. It has been reported that teenagers who use substances are more likely to experience multiple violent acts and are likely to be involved in criminal activities as well (Casale &

Posel, 2006). As a consequence, substance abuse encourages crime and violence, by disrupting normal brain function.

Research done by UNDCP has shown that substance abuse in South Africa has fuelled crime and violence committed by teenagers (UNDCP, 2012). Teenagers from all parts of the country have increased access to powerful substances, resulting in more addiction and more crime and violence (Mahosoa, 2009). Substances are available at many places where teenagers gather, leading to abuse and irresponsible behaviour, and even more troubling is the rise in substance abuse among pre-teens (Central Drug Authority, 2012). This national crisis is especially devastating to South Africa's teenagers, who are limiting their futures. The South African Police Service (SAPS) has reported that 60% of crimes committed in South Africa are related to substance abuse (Ellis *et al*., 2012). Preventing substance abuse-related violence requires an understanding of the characteristics of violent incidents to effectively target interventions and to understand the nature of crime and violence among teenagers requires knowledge of teenagers' environmental and biological backgrounds (WHO, 2010). Essential concerns need to be understood when developing effective strategies to prevent substance-related violence and crime and other problems associated with it (NIAAA, 2009).

2.9.4 Accidents and injury

Worldwide, deaths from injuries have been reported to number approximately 5.2 million every year (WHO, 2007). Road traffic accidents and injuries are predominantly caused by the influence of substances. Teenagers under the influence of substances are at high

risk of being injured and even killed, in road accidents and fights (WHO, 2010). In some instances, substance abuse can cause death, both to the person causing the incident and to those at the scene of the accident, due to poor judgement, perception and reaction times (NIAAA, 2009). Furthermore, teenagers who are under the influence of substances do not consider the consequences of their actions and behaviours on others, which can place other people at risk of being involved in an accident.

Substance abuse is an increasing threat to South Africa as it causes death to people and an enemy to the economy of the nation (Mahosoa, 2009). Moreover, injury is one of many adverse consequences of substance abuse and is often the result of occupational, vehicular or domestic accidents which is caused by impairments in reaction time, reasoning, coordination, judgement, and memory as a result of substance abuse (WHO, 2010). Such situations can be serious and potentially harmful, not only to the individual who is under the influence, but also to those around them, and innocent bystanders.

2.9.5 Risky sexual behaviour and scholastic problems

Teenagers on substance abuse often take risks that endanger their health and the health of others and make them vulnerable to contract HIV and AIDS (WHO, 2010). For example, most teenagers who are unemployed are likely to be vulnerable to substance abuse and its consequences (Jackson, 2005). These include engaging in unprotected sex, sexual violence, and having multiple sexual partners, which is associated with unplanned pregnancies and the contracting of sexually transmitted infections (STIs), including HIV (Morejele *et al*., 2009). This is because teenagers who are under the influence of

substances have compromised safer sex negotiation skills, thereby increasing their already-present vulnerability to engage in risky sexual behaviours (WHO, 2010). Substance abuse and sexual activity are a common and potentially lethal combination (Henry, 2002). In addition, research reported that the activities that aid in the transmission of HIV and AIDS may interact directly and/or indirectly with substance use or abuse (Zablotska, Gray, Serwadda, Nalugoda, Kigozi, Sewankambo, Lutalo, Wabwire-Mangen & Wawer M. 2006).

Substance abuse can also lead to dropping out of school and low academic aspirations among teenagers. Furthermore, it also contributes to poor performance at school, which often accompanies school failure among teenagers, since they will have a negative attitude towards educational achievement (Mahosoa, 2009). According to Jackson (2005), teenagers who are under the influence of substances are said to battle with emotional problems and are not able to learn as well as to devote their full attention to their education. In addition to the cognitive impact of drug and alcohol use and emotional distress, these behaviours result in increased absenteeism, which also has an impact on teenagers' academic success (Bogenschneider, 2012).

2.10 Summary

The chapter presented literature on substance abuse as well as the theoretical foundation of the study. The chapter also discussed knowledge and attitudes of teenagers towards substance abuse. Chapter Three will presents the research methodology that was employed in this study.

CHAPTER 3

RESEARCH METHOD

3.1 Introduction

This chapter describes the methodology that was used in this study. The researcher made use of a mixed method approach. First, the research approach will be discussed followed by the research design. Second, data collection methods used in the study will be discussed, followed by the questionnaire design and the population and sampling techniques. Lastly, data analysis employed in this study will be presented.

3.2 Research Approach

The current study used a mixed methods approach. A mixed methods approach was utilised because of its credibility which allows examining the same phenomenon in different ways and increases the validity of the findings (Bryman, 2008). In addition, Borkan (2004) defines mixed-methods approach research as "those studies or lines of inquiry that integrate one or more qualitative and quantitative techniques for data collection and/or analysis" (p. 4). Therefore, the use of a mixed-methods approach enabled the researcher to obtain more comprehensive answers to research questions, going beyond the limitations of a single approach (Spratt, Walker & Robinson, 2004). For the purposes of this study, a mixed-methods approach was also deemed appropriate, as it allows the researcher to address issues of bias, and it also allows the researcher to obtain convergence or corroboration of findings, as well as to eliminate

or reduce the number of alternative explanations for conclusions (Bryman, 2008). The use of mixed methods also promotes confidence of the researcher and greater understanding of the research results (Leedy, 1985).

According to previous research, using a mixed-methods approach provides various advantages, for example, it clarifies divergent aspects of the phenomenon (Bell & Bryman, 2007). By its nature, qualitative research, with its broader focus, is often more appropriate when researchers are searching for patterns, while quantitative research is more appropriate when researchers have narrowed their focus to one or a few patterns that they want to test (Leedy, 1985). In quantitative research, the researcher has a systematic empirical investigation of quantitative properties, phenomena and on the objective of the research (Bell & Bryman, 2007). Most importantly, the use of mixed data methods enabled the researcher to have greater potential to explore the research problem. Studies have also shown the potential of the mixed-methods approach in theory building; especially when both qualitative and quantitative approaches are used (Blumberg & Donald, 2005). Therefore, the researcher in the present study decided to maximise the knowledge yield of the proposed study by combining both qualitative and quantitative data-collection techniques. Both qualitative and quantitative research approaches can be descriptive research techniques, and they enable the researcher to describe the occurrence of variables, the underlying dimensions in a set of variables, and the relationship between or among variables (Makore-Rukuni, 2001).

With regard to quantitative aspects of this study, a descriptive research design was employed, using a self-administered questionnaire to collect data. The descriptive method used enabled the researcher to collect data ranging from knowledge about various drugs that are abused, to attitudes about drug usage (Leedy, 1985). The survey relies on individuals' self-report of their knowledge and attitudes towards substance abuse. Through the descriptive survey, the researcher explores the research questions in a realistic setting and makes decisions after collecting quantitative data.

The qualitative aspect in this study produced intensive, authentic descriptive accounts of the knowledge and attitudes of teenagers regarding substance abuse. Previous research has indicated that qualitative approach crosscuts disciplines, fields and subject matter (Bell & Bryman, 2007). It is also an appropriate research strategy when dealing with communities, organisations and families (Leedy, 1985).

One of the strength of a descriptive survey is that it is more economical when collecting data from a sizeable population and it gives the researcher full control over the research process (Saunders, Thornhill & Lewis, 2000). The use of a descriptive survey in this study is deemed appropriate; as it enabled the assessment of the characteristics of a large number of people; and it is a viable strategy to measure people's level of knowledge and their attitudes. The current study focused on boys and girls aged 13 to 19 living in an informal settlement.

3.3 Data collection

The cornerstone in conducting useful research is gathering valid information (Baker, 2001). The basis for ensuring that reliable information is obtained in research studies is to design and administer research instruments that contain the kind of information from which the researcher can draw valid conclusions (Leedy, 1985). Moreover, the choice of data-collection instrument should therefore be guided by the nature of the research questions, the research design, the objectives of the research, the time available, and the funds available (Young, 2005). The current study utilised a questionnaire that was developed by the researcher. The questionnaire consisted of both open-ended closed questions.

Pilot study

A pilot study was carried out on teenagers (15 teenagers) from the Plasticview informal settlement, to test the logistics and gather information prior to the actual study, in order to improve the quality and efficiency of the questionnaire. This also helped the researcher to correct, eliminate, and clarify some of the questions on the questionnaire after the pilot study. The collected questionnaires were checked to identify and eliminate errors by the respondents. The responses from the respondents were sorted according to sub-problems. This was done on a small scale, in preparation for the main study. The researcher ensured that the 15 teenagers who took part in the pilot study did not take part in the main study as this would contaminate their responses to the study.

3.4 The research instrument

3.4.1 The questionnaire

A questionnaire is a research instrument consisting of a list of written questions for the purpose of gathering information from participants (Saunders *et al*., 2000). As stated above, the questionnaire used in the study was developed by the researcher with the use of existing questionnaires that has been shown to be valid and reliable. To ensure that the questionnaire was valid and reliable, a pilot study allowing the researcher to conduct a preliminary analysis before committing to a full-blown study was used. This was done to test the feasibility of the instrument to the study. The use of a questionnaire was considered appropriate for this study as it also reduces the costs and time that could have been incurred if an interview guide was to be used on the study sample of 75 teenagers. The questionnaire also enabled the researcher to conduct a research with large numbers of people quickly as it is easy to create code and interpret (Saunders *et al*., 2000). Use of a questionnaire also enabled respondents to give more information free from the pressure that is often generated by the presence of the researcher in an interview or during observation. The questionnaire in this study consisted of seven sections. Section A solicited biographical data from the respondent relating to age, gender, and academic and tertiary qualifications. Section B to H contained questions enquiring about the teenagers' knowledge about substance abuse, their attitudes regarding it, and their opinions of what constitutes substance abuse. The questionnaire contained both open-ended questions and closed questions, which enabled the researcher to obtain a wide range of information.

The open-ended questions allowed respondents to write their own answers independently, while the closed questions solicited responses which could be easily classified and quantified. The advantages of open-ended questions are that they allow for more freedom in responding, they are easier to compose, and they permit follow-up by the researcher. However, questionnaires are known to have a poor response rate if they contain ambiguous questions (Saunders *et al*., 2000). Thus, research on the questionnaire conducted by Eiselen, Uys and Potgieter (2005) found that response rates tend to be low when the questionnaire is too long or is difficult to complete. Poor results can also be obtained when the subject matter is not interesting to respondents (Leedy, 1985). In this study, a pilot study on the questionnaire was conducted with teenagers from the Plasticview informal settlement in order to identify items that could be perceived as ambiguous, as well as items that could be perceived as soliciting socially desirable responses. Before the questionnaire was administered to the respondents, consent from parents and/or guardians was obtained, as well as informed consent from the respondents themselves. This was followed by the assurance that the data collected was to be treated as confidential and serve the purpose of the study. Therefore, the motives and intentions of the study were clearly explained.

3.4.2 Interview

Qualitative data does not present itself in numerical form but rather descriptive and it appears mostly in conversational or narrative form and the information provides explanation in words rather in numeric (Leedy, 1985). In this study, the qualitative

interviews were used for qualitative data collection. The researcher conducted the interviews on few questions on the general topics that the researcher wanted to explore. Interviews were conducted with few participants (6 teenagers) in order to help the researcher elicit verbal response from the male and female participants and also to obtain in-depth information and understanding of substance abuse among teenager

3.4.3 Validity and Reliability of the research instrument

Validity

In developing the research instrument, the researcher considered the validity, reliability, and objectivity of the information to be discovered by the instrument. Generally, validity is defined as the ability of a research instrument to measure what it is supposed to measure (Baker, 2001). Fraenkel and Wallen (1996:116) view this definition as old-fashioned; instead they argue that the more accurate definition of validity revolves around the "defensibility of the inferences researchers make from the data collected through the use of the instrument". The validity of the research instrument was obtained when the researcher did a pilot study to ensure that the research questions were testing the level knowledge and attitudes of teenagers towards substance abuse not only the knowledge and attitude in general. In other words, the researcher needs an instrument that will permit to draw warranted or valid conclusions about the level knowledge and attitudes of teenagers towards substance

abuse so all the questions covering these were included. There were many types of validity that were incurred when doing this research.

Criterion validity

Criterion validity refers to the extent to which the measure estimates the relationship of scores on a test to a specific criterion (Makore-Rukuni, 2001). According to Terre Blanche, Durrheim and Painter (2006), criterion validity is defined as "the degree to which a measure is related to some other standard or criterion that is known to indicate the construct accurately" (p. 147). In the current study, the researcher developed the questionnaire as a useful indicator of the level of knowledge and attitudes of the teenagers in Plasticview towards substance abuse. The questionnaire questions were developed to ensure that the effectiveness of the instrument was reached by making it provides up-to-date information on substance abuse in the community. The questions were also constructed in the way that they are accurate to the study and this helped to make sure that the questionnaire does not contain unnecessary questions which might complicate the study through the pilot testing.

Content validity

Content validity refers to how well a test measures what it is intended to measure (Fraenkel & Wallen, 1996). The content validity also referes the extent to which a measure adequately represents all facets of a concept (Bryman, 2008). It is also important in research methodology for the test of knowledge (Terre Blanche *et al*., 2006). In the current research, content validity of the instrument was determined by

expert judgement, as instrument was scrutinised by the supervisors of the study to assess the appropriateness of the content of the questions and to determine which questions needed to be amended, so as to achieve the objectives of the study. To ensure that content validity was reached, the questions were designed in such a way that the responses were to reflect the respondents' knowledge and attitudes towards substance abuse. The supervisors determined whether the items on the questionnaire adequately represented all the areas that needed to be addressed through the pilot testing of the instrument. Therefore, the questionnaire was appropriate for the population under study and it was comprehensive enough to collect the information on the knowledge and attitudes of teenagers towards substance abuse and to achieve the goals of the study.

Predictive validity

Predictive validity refers to the extent to which the measure allows the researcher to predict the future events that are related to the construct (Terre Blanche *et al*., 2006). However, the predictive validity of this instrument is not known.

Reliability

Makore-Rukuni (2001) defines reliability as "the consistency of a measure". A test is considered reliable if we get the same result repeatedly (p. 109). Reliability was also defined as "the extent to which the instrument yields the same results on repeated trials" (Terre Blanche *et al*., 2006, p. 152). To establish the reliability of the research instrument, the questionnaire was pilot-tested. The researcher used the test-retest

reliability method to determine how appropriate the instrument was. Reliability of the instrument was established using a pilot test by collecting data from the pilot group of fifteen teenagers. The questionnaire was found reliable after the researcher thoroughly checked all the errors on the questionnaire.

Objectivity

According to Fraenkel and Wallen (1996, p. 118), objectivity refers to the absence of subjectivity. In this research, the researcher tried to eliminate as much subjectivity as possible. Data collected through the mixed research methods (qualitative and quantitative methods) was predominantly objective, and this was obtained through the use of a structured questionnaire. Objectivity ensures a high degree of reliable results.

3.5 Population

A population is defined as the universe of units with common characteristics from which a sample is to be selected (Cooper & Schindler, 2006). In research, a target population is the entire group of people or objects that comprise the items of interest to which the researcher wishes to generalise the study findings (Bell & Bryman, 2007). In this study, the targeted respondents were teenage boys and girls between 13 to 19 years at Plasticview informal settlement. It was a heterogeneous population of about 200 teenagers. The sample in this study was heterogeneous, as it consisted of boys and girls between the ages of 13 and 19 with divergent experiences.

3.6 Sampling

The purpose of a sample is to approximate the measurement of the whole population well enough, within acceptable limits (Cooper & Schindler, 2006). A sample is designed to show the style, quality and nature of the whole population from a small part (Bell & Bryman, 2007). There are two ways of choosing a sample, probability sampling ensures that the probability of each case being selected from the population is known and is usually equal to all cases (Saunders *et al*., 2000). Conversely, the non-probability sampling ensures that the probability of each case being selected from the total population is unknown and cannot answer questions that require statistical inferences about the population's characteristics. The major difference between the two methods is that probability sampling allows reliability of the sample results of the population understudy while non-probability sampling, assessment of reliability is not possible regardless of how careful the researcher is on selecting elements of the sample. However, the researcher should strive to make sure that the sample is representative of the population under study and that the outcome of the research can be depended on.

According to Bell and Bryman (2007), a sampling design is a fundamental part of data collection for scientifically based decision making, when selecting our subset of the population. The researcher employed convenience sampling in this study. Convenience sampling is defined as a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher (Young, 2005).

This sampling design was used in this study to ensure that the data were sufficient to draw the conclusions needed from the subsequent population. An example of convenience sampling is using teenage volunteers as subjects for the research. Hence the sample was a representative group drawn from the accessible population. The researcher used the convenience sample to select the sample sizes of 35 females and 40 males, since there were more teenage boys in the population than there are teenage girls. The obvious advantage of using this method is that it is easy, fast and cheap to use, but that advantage is greatly off set by the presence of bias. To overcome this, the researcher made a complete understanding of all the statistical techniques planned for use on the survey's raw data before creating the questions. Therefore, the total sample size was 75 people.

In order to understand the phenomenon mentioned above, the present study focuses on girls and boys between the ages of 13 and 19 from Plasticview informal settlement East of Pretoria. The researcher selected teenagers from Plasticview informal settlement as research respondents due to various factors which include the presence of high unemployment, as well as poor and dysfunctional families. Many of these teenagers in Plasticview Informal Settlement are street beggars and vendors. Therefore, the circumstances in these teenagers live may render them more vulnerable to substance abuse.

3.7 Qualitative data analysis technique

A qualitative research technique aims to obtain an in-depth opinion from participants and it is based on the methods which are humanistic (Leedy, 1985). With the use of the social learning theory, qualitative data analysis technique enables the researcher to further and deepen the understanding of the phenomenon and a great flexibility in data collection and data analysis process. The researcher used thematic analysis technique. Thematic analysis is defined a method for identifying, analysing and reporting themes within data, such that it organise, describes data set in detail and interprets various aspects of the research topic (Boyatzis, 1998; Braun & Clarke, 2006). According to Braun and Clarke (2006), " a theme captures something important about the data in relation to the research questions and represents some level of patterned response or meaning with the data set" (p. 82). Themes and subthemes were extracted based on the responses of the respondent and were discussed in relation to the research question. Qualitative data deriving from interviews or questionnaires typically take the form of a large corpus of unstructured textual material (Bell & Bryman, 2007). They are not straightforward to analyse. One of the main difficulties with qualitative research is that it rapidly generates a large, cumbersome database, because of its reliance on prose, in the form of such media as field notes, interview transcripts, and documents (Cooper & Schindler, 2006).

3.8 Quantitative data analysis technique

The quantitative data collected from the respondents was analysed using the software package SPSS (Statistical Package for Social Scientists). Together with simple graphics analysis, they form the basis of virtually every quantitative analysis of data. The data from the questionnaire were scrutinised, summarised, and analysed using tables, bar graphs, and pie charts. Thus, the researcher used the descriptive analysis with the quantitative data, as this presentation method is easier to handle, and data were meaningfully and clearly represented. Percentages of categorised data were calculated, and discussions follow each presentation. Therefore, the purpose of using quantitative methods in this study was to describe, explore, and predict the phenomenon of teenagers' knowledge and attitudes regarding substance abuse.

3.9 Research ethics

Before commencement of the study, the researcher felt that it would be important to inform and obtain permission to carry out the research from leaders in the community. The leaders of a community are the gatekeepers to the community and their support for the research project would, to some extent, influence the success of the project. The permission to carry out the research in Plasticview informal settlement was obtained from the leader of the community, who signed the letter of permission. Gatekeepers are important when doing community-based research because they provide informative debriefing for the respondents (Shaw, Brady & Davey, 2011). The respondents were informed of the purpose of the research,

namely, for academic purposes. This helped to put the respondents at ease. The respondents were also informed that they would not receive any monetary benefits from the study, but that their participation in the study would provide both indirect and direct benefits to them and the community.

The researcher took research ethics into consideration. Informed consent was sought from the respondents' parents or guardians, as well as from the teenagers themselves, before conducting the research. The participants' right to privacy was considered by the researcher. The respondents were required not to put their names or any identifying mark on the completed questionnaire. Thus, confidentiality of the data is key when exploring ethical issues affecting research, as this alone can determine whether participants get harmed physically or psychologically. When carrying out research to create new knowledge, it is important that the dignity and welfare of participants is maintained (Makore-Rukuni, 2001). Moreover, ethics are concerned with attempting to formulate principles and rules for behaviour and, as a result, many ideas and theories have been proposed as to what are considered ethical issues, and which of these can sometimes be disregarded in order to produce useful research (Haralambos & Holborn, 1990). For this study, all the respondents were informed that the reason for the study was for academic purposes. Participants were assured that they could withdraw from the study at any time they wished, without having to suffer any consequences.

3.10 Summary

This chapter presented the methodology used in this study. The chapter discussed the research approach used, the data-collection techniques, the questionnaire, validity and reliability of the research instrument. The sampling design of the study is discussed followed by data analysis procedures. Finally ethical considerations are discussed. Chapter Four presents the findings of the study.

CHAPTER FOUR

RESULTS OF THE STUDY

4.1 Introduction

The previous chapter discussed the methodology used in this study. In this chapter, the results and findings of the study are presented starting with the concise background information of participants, followed by themes that have emerged on analysis of research questions. The findings are based on the results of the survey carried out on teenagers in an informal settlement, that is, Plasticview. The research aimed to explore the level of knowledge and the attitudes of the teenagers regarding what they understand as constituting substance abuse. The research results are presented in section 4.2 to highlight the level of knowledge and attitudes of substance abuse of teenagers among teenagers in Plasticview informal settlement and finally section 4.3 gives the conclusion of the chapter.

4.2 Research results

This section presents the findings of the study.

4.2.1 Socio-demographic data

A total of 75 teenagers participated in the study. All the respondents who took part in the study responded to all the items in the survey, and there was no missing data. There were 55% (40) males and 45% (35) females. All the respondents indicated their age. Figure 4.1. shows the variation in terms of age.

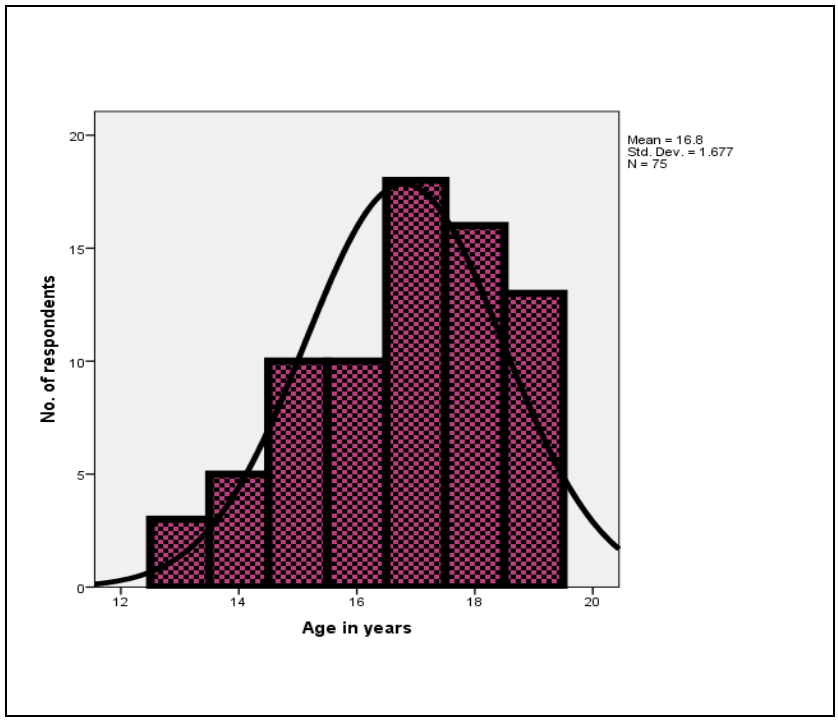

Figure 4.1: Histogram showing the variation of respondents by age

The minimum and maximum ages were 13 and 19 years respectively. The mean age was 16.8 years. The age groups were grouped into three categories shown in Table 4.1.

Table 4.1: Age (N = 75)

Age	Frequency	%	Rank
15 years and below	18	24.0%	3
16 - 17 years	28	37.3%	2

18 - 19 years	29	38.7%	1
	75	**100.0%**	

Majority of the respondents were older than 15 years old. Most of the respondents were between the ages of 16 to 19 as shown in the table above.

Educational qualification

The respondents were mostly black comprising 82.7% (62) of the sample whilst 17.3% (13) were coloured. In terms of educational qualifications, majority had completed grade 10 and below as indicated in Table 4.2.

Table 4.2: Educational qualification (N = 75)

Educational qualification	Frequency	%	Rank
Grade 10 and below	47	62.7%	1
Grade 11	19	25.7%	2
Grade 12	7	9.5%	3
Certificate	2	2.7%	4

75	**100.00%**	

There were only 19 (25.7) respondents who indicated that they completed Grade 11 and only two respondents indicated that they have achieved a short professional course certificate level (such as till operating and security guard course) in their life. The results also indicated that only seven respondents had attained grade 12 (Matric level).

4.2.2 Knowledge and Attitudes

4.2.2.1 Teenagers' knowledge of substance abuse

In terms of the question on the respondents understanding of substance abuse, there were 72 valid responses as indicated in Table 4.3.

Table 4.3: Understanding of what the term substance abuse means (N=72) – Multiple response question.

Meaning of Substance abuse	Frequency	100% of Cases	Rank
Taking alcohol and dagga	26	36.1%	1

Illegal drugs teenagers take to make them happy	15	20.8%	2
The use of harmful drugs	11	15.3%	3
Use of drugs that are not allowed by law	6	8.3%	4
The use of dangerous drugs	5	6.9%	5
Taking drugs every time	5	6.9%	6
Abusing drugs	2	2.8%	7
Taking drugs teenagers end up doing bad things/risky behaviours	2	2.8%	8
Total Responses	**72**		

The results (Table 4.3) indicate that respondents' understanding of substance abuse mainly related to the use of alcohol and dagga (36.1%), illegal drugs teenagers take to make them happy (20.8%) and use of harmful drugs (15.3%). The results also indicates that the understanding of the term substance abuse varies from one respondent to another to what substance and drug abuse means from their backgrounds as indicated in the table above.

4.2.2.2 Perceptions on the level of knowledge of substance abuse

In terms of rating their knowledge about substance abuse in the community, there were 74 valid responses from the respondents. The ratings in Table 4.4 were obtained.

Table 4.4: Perceptions on the level of knowledge of substance abuse (N = 74)

Age	Frequency	100%	Rank
Excellent	5	6.8%	1
Good	10	13.5%	2
Average	27	36.5%	3
Poor	20	27.0%	4
Very poor	12	16.2%	5
Total	**74**	**100.0%**	

When asked, how they rate their knowledge about substance abuse in the community, the results (Table 4.4) indicated that only 20.3% were among the excellent and good level of knowledge towards substance abuse. These findings indicated that the average knowledge has the highest rate of 36.5% followed by poor with 27% as shown in the table above.

The respondents' perception on the level of knowledge on substance abuse is shown diagrammatically in Figure 4.2.

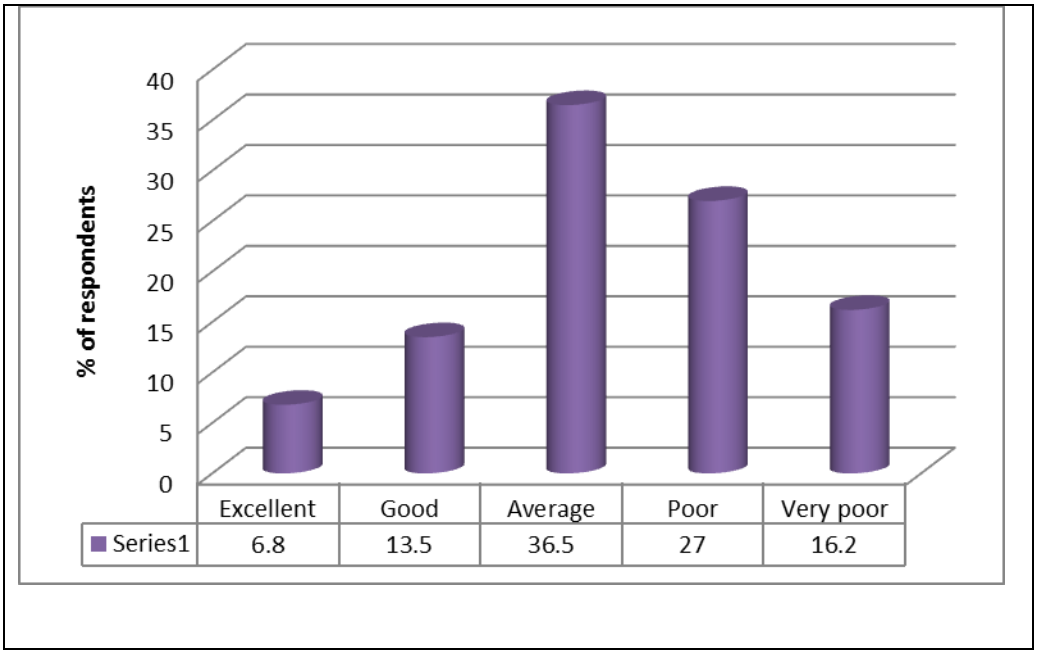

Figure 4.2: Bar chart showing perception on the level of knowledge on substance abuse

The results shows that close to 45% indicated that their level of knowledge on substance abuse was poor and very poor.

4.2.2.3 Teenagers' opinions about the reasons for substance abuse

In terms of the question relating to why teenagers abuse drugs in their community, all the respondents gave their opinions. The major reason given was peer pressure (45.3%) as indicated in Table 4.5. This was a multiple response question.

Table 4.5: Teenagers' opinions about the reasons for abuse (N= 75) – Multiple response question

Reasons	Frequency	100% of Cases	Rank
Peer pressure	34	45.3%	1
To reduce stress and forget about problems	29	38.7%	2
Lack of role models at home	29	38.7%	2
Breakdown of families	18	24.0%	4
Influence from media	7	9.3%	5
Conflict with parents and friends	1	1.3%	6
Too much money	1	1.3%	6
Lack of education	1	1.3%	6
Total Responses	**120**		

According to the results obtained, the main reasons indicated as contributing to teenagers abusing drugs are peer pressure, to reduce stress and forget problems, lack of role models at home and breakdown of families.

4.2.2.4 Teenagers' attitudes towards substance abuse

The respondents were asked to give their level of agreement with regard to teenagers' attitudes towards substance abuse. There were 10 items and the information is shown in Table 4.6.

Table 4.6: Aspects on teenagers' attitudes towards substance abuse

Statement	Level of Agreement					Sample Size	Rank
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree		
Teenagers who abuse substances are prone to physical violence in the home, school and community	40.5% (30)	51.4% (38)	5.4% (4)	1.4% (1)	1.4% (1)	74	1
I feel, given proper knowledge, I can help provide information that deal with the	47.3% (35)	40.5% (30)	10.8% (8)	-	1.4% (1)	74	2

substance abuse in the community							
I think teenagers who abuse substance are criminals rather than victims	37.3% (28)	48.0% (36)	9.3% (7)	5.3% (4)	-	75	3
Most teenagers who abuse substances exaggerate their troubles to get sympathy	22.7% (17)	50.7% (38)	10.7% (8)	10.7% (8)	5.3% (4)	75	4
No matter what measures are taken by the authorities substance abuse will continue to be prevalent in informal settlements	20.0% (15)	42.7% (32)	24.0% (18)	10.7% (8)	2.7% (2)	75	5
I was exposed to the concept of substance abuse through peer	21.3% (16)	38.7% (29)	29.3% (22)	8.0% (6)	2.7% (2)	75	6

pressure							
I have participated in substance abuse	8.1% (6)	16.2% (12)	36.5% (27)	20.3% (15)	18.9% (14)	74	7
Teenagers who end up with substance abuse problems have only themselves to blame	8.1% (6)	9.5% (7)	45.9% (34)	24.3% (18)	12.2% (9)	74	8
Occasional use of illegal substances is not dangerous	6.7% (5)	8.0% (6)	9.3% (7)	54.7% (41)	21.3% (16)	75	9
Substances being abused are not really a problem to teenagers in informal settlements	-	2.7% (2)	9.5% (7)	59.5% (44)	28.4% (21)	74	10

Table 4.6 shows the responses on teenagers' attitudes towards substance abuse. The majority of the respondents indicated their levels of agreement (strongly agree and agree) of more than 50% response as follows:

- Teenagers who abuse substances are prone to physical violence in the home, school and community (91.9%).
- I feel, given proper knowledge, I can help provide information that deal with the substance abuse in the community (85.3%).
- Most teenagers who abuse substances exaggerate their troubles to get sympathy from other people (73.3%).
- No matter what measures are taken by the authorities substance abuse will continue to be prevalent in informal settlements (62.7%).
- I was exposed to the concept of substance abuse through peer pressure (60.0%)

All the other aspects on attitudes of teenagers towards substance abuse had agreement (strongly agree and agree) levels below 50%. The respondents strongly disagreed (54.7%) with the statement that occasional use of illegal drugs is not dangerous or harmful and that substances being abused are not really a problem to teenagers in informal settlements (59.5%) as indicated on the results above.

4.2.2.5 Indicators of change in behaviour when taking drugs

The respondents were asked to give the indicators change of behaviour resulting from drug use. The responses are shown in table 4.7.

Table 4.7: Indicators of change in behaviour when taking drugs (N= 67) – Multiple response question

Reason	Frequency	100% of Cases	Rank
They become criminals and physical violence	20	29.9%	1
Violent	17	25.4%	2
Fighting with other people	8	11.9%	3
Commit crime	7	10.4%	4
Become sick	3	4.5%	5
It stimulates a person	3	4.5%	6
Robberies and house breaks	3	4.5%	7
They get addicted to drugs	2	3.0%	8
No longer have any shame	2	3.0%	9
Poor memory and poor judgement	1	1.5%	10
Contracting HIV and AIDS	1	1.5%	11

Dysfunctional families and relationships	1	1.5%	12
Total Responses	**68**		

According to the findings, majority of (72 of the respondents indicated that taking drugs does result in changes of behaviour, whilst 3 did not agreed. Those who indicated that it changes behaviour gave their reasons as shown in Table 4.7. Most of the respondents (55.3%) indicated that drug uptake results in teenagers being involved in crime and violence.

4.2.3 Teenagers' source of information about substance abuse

The respondents were asked to give the sources of information they use in order to obtain knowledge on substance abuse. The responses are shown in table 4.8.

Table 4.8: Ways teenagers access information on substance abuse (N= 75) – Multiple response question

Way	Frequency	100% of Cases	Rank
Media (TV, radio, newspapers and magazines)	51	68.0%	1

Peer education	31	41.3%	2
Education curriculum	6	8.0%	3
Awareness campaigns	5	6.7%	4
Rehabilitation centre	1	1.3%	5
Total Responses	**94**		

In terms of how teenagers access information on substance abuse, the results indicated that 68% of teenagers obtained information from the media (TV, radio, newspapers and magazines) as indicated in Table 4.8 above. The other ways by which teenagers access information on substance abuse are peer education (41.3%), education curriculum (8%) and awareness campaigns (6.7%). From the table above, the results indicate that teenagers gained their knowledge of substance abuse mainly from the media and peer education.

4.2.4 Teenagers' perceptions and opinions

4.2.4.1 Perceptions regarding factors that influence in contributing to substance abuse in the community

The respondents were asked to give the level of influence on factors that contribute to substance abuse in the community. There were 5 items and the information is shown in Table 4.9.

Table 4.9: Factors that influence in contributing to substance abuse in the community

Factor	Level of influence					Rank
	Extremely influential	Influential	Moderate influential	Slightly influential	Not at all	
Lack of employment	61.3% (46)	5.3% (4)	1.3% (1)	-	32.0 % (23)	1
The environment	38.7% (29)	46.7% (35)	6.7% (5)	2.7% (2)	5.3% (4)	2
Availability of drugs	25.3% (19)	6.7% (5)	8.0% (6)	5.3% (4)	54.7 % (41)	3
Child-headed families	14.7% (11)	8.0% (6)	5.3% (4)	2.7% (2)	69.3 % (52)	4
Poverty	13.3% (10)	4.0% (3)	5.3% (4)	-	77.3 %	5

					(58)	
Lack of Knowledge	_	_	_	1.3% (1)	_	6

According to the findings, lack of employment had the highest level of influence (61.3%). The issue of "the environment" was close to 50% with an influential level of 46.7.0%. The respondents mentioned "the environment" referring to the informal settlement in which they live. Apart from the environment and unemployment, all the other aspects (availability of drugs, poverty, and child-headed families) had high levels of influence and influential levels below 50%. One respondent mentioned that lack of knowledge can be a slightly influential factor.

4.2.4.2 Teenagers' opinion on problems resulting from substance abuse

The respondents were asked to indicate their opinions about the potential problems that may result from substance abuse. All the teenagers responded to the question and multiple responses were obtained. This information is shown in Table 4.10

Table 4.10: Problems resulting from substance abuse (N= 75) – Multiple response question

Problems	Frequency	100% of Cases	Rank
Crime	55	73.3%	1
Violence	32	42.7%	2
School drop outs	24	32.0%	3
Family conflicts	12	16.0%	4
Community conflicts	5	6.7%	5
Robbery and house breaks	5	6.7%	6
Cultural erosion	1	1.3%	7
Total Responses	**134**		

The majority of the respondents indicated that some of the problems that resulted from substance abuse include crime (73.3%) followed by violence (42.7%) and dropping out of school (32.0%). Crime had the highest percentage score among the problems resulting from substance abuse as compared to other responses.

4.2.5 Effects of substance abuse as perceived by teenagers

4.2.5.1 Health effects resulting from substance abuse

In terms of health effects, contracting HIV/AIDS (50.7%) was noted to be one of the major health effects resulting from substance abuse by teenagers as indicated in Table 4.11.

Table 4.11: Health effects resulting from substance abuse (N= 75) – Multiple response question

Health effect	Frequency	100% of Cases	Rank
Contracting HIV/AIDS	38	50.7%	1
Mentally affected	37	49.3%	2
Lack of sleep	7	9.3%	3
Physical weakness	5	6.7%	4
Lack of appetite	2	2.7%	5
Cancerous diseases	24	32.0%	6
Total Responses	**113**		

The results indicated that in terms of health, the teenagers become mentally ill, and cancerous as a result of substance abuse. Some respondents indicated that substance abuse results in being physically weak, sleepless nights and lack of appetite.

4.2.5.2 Social effects resulting from substance abuse

Table 4.12 shows the social effects of substance abuse among teenagers.

Table 4.12: Social effects resulting from substance abuse (N= 75) – Multiple response question

Social effect	Frequency	100% of Cases	Rank
Isolation from others friends or family	33	45.2%	1
Dysfunctional families and relationships	30	41.1%	2
Poor social skills and association with peer group	22	30.1%	3
Total Responses	**85**		

According to the results obtained, isolation from other friends or family (45.2%) has been indicated as the main social effect resulting from substance abuse among teenagers. The

other social effects with percentage response close to 30% and above were dysfunctional families and relationships (41.1%) and poor social skills and association with peer groups (30.1%).

4.2.5.3 Economic effects resulting from substance abuse

There were 75 valid responses who indicated the economic effects of substance abuse on teenagers. This was a multiple response item. The information is shown in Table 4.13.

Table 4.13: Economic effects resulting from substance abuse (N= 75) – Multiple response question

Economic effect	Frequency	100% of Cases	Rank
Financial problems	43	46.7%	1
Poor academic performance due to absenteeism from school or college	39	42.4%	2
Total Responses	**82**		

Close to 45 of the respondents indicated that financial problems were one of the economic effects contributing to substance abuse by teenagers as shown in Table 4.8 above.

4.2.5.4 Psychological effects resulting from substance abuse

Table 4.14 shows the psychological effects resulting from substance abuse as indicated by respondents**.**

Table 4.14: Psychological effects resulting from substance abuse (N= 75) – Multiple response question

Psychological effect	Frequency	100% of Cases	Rank
Participate in risky behaviours	55	73.3%	1
Poor memory and poor judgment	14	18.7%	2
Critical to decision making	13	17.3%	3
Altered perception	7	9.3%	4
Distorted vision or hearing	4	5.3%	5
Run away from home	2	2.7%	6
Total Responses	**95**		

In terms of psychological effect, 55 respondents indicated that participation in risky behaviours is the main effect of substance abuse as shown in Table 4.14 above.

According to the findings (Table 4.14), close to 15 indicated poor memory and poor judgment or critical to decision making as other psychological effects resulting from substance abuse, other responses were ranked below 10%.

4.2.5.5 Peer pressure contributing factors to substance abuse

The respondents were asked to give peer pressure contributing factors to substance abuse. The responses are shown in Table 4.15.

Table 4.15: Peer pressure contributing factors to substance abuse (N= 75) – Multiple response question.

Effect	Frequency	100% of Cases	Rank
Provide drugs	36	48.0%	1
Initiate peers into drugs	30	40.0%	2
Model drugs using behaviours	11	14.7%	3
Shape attitudes about drugs	10	13.3%	4
Total Responses	**87**		

Table 4.15 shows the results of peer pressure as a contributing factor to substance abuse. The main contributors of peer pressure regarding substance abuse as understood by the respondents were provision of drugs and initiation of peers by others into drugs.

4.2.6 Types of Drugs

4.2.6.1 Commonly abused drugs

The respondents were asked to indicate the drugs commonly available in their community. There were 12 drugs indicated as shown in Table 4.16.

Table 4.16: Level of availability of drug (N-75) - Multiple responses

Drug	**Level of availability (100%)**					**Rank**
	Readily available	**Available**	**Neutral**	**Less available**	**Not available**	
Alcohol	61.3% (67)	5.3% (8)	-	1.3% (1)	1.3% (1)	1
Tobacco	76.0% (57)	8.0% (6)	1.3% (1)	-	14.7% (11)	2

Dagga/marijuana	57.3% (43)	20.0% (15)	2.7% (2)	2.7% (2)	17.3% (13)	3
Nyaope/ Whoonga	25.3% (19)	20.0% (15)	8.0% (6)	9.3% (7)	37.3% (28)	4
Glue	18.7% (14)	8.0% (6)	12.0% (9)	-	61.3% (46)	5
Cocaine	5.3% (4)	6.7% (5)	2.7% (2)	1.3% (1)	84.0% (63)	6
Esctasy	2.7% (2)	5.3% (4)	4.0% (3)	1.3% (1)	86.7% (65)	7
Heroine	2.7% (2)	4.0% (3)	6.7% (5)	1.3% (1)	85.3% (64)	8
Crack	1.3% (1)	5.3% (4)	5.3% (4)	1.3% (1)	86.7% (65)	9
Tik	-	5.3% (4)	9.3% (7)	4.0% (3)	81.3% (61)	10

Cannabis	-	5.3% (4)	9.3% (7)	5.3% (4)	80.0% (60)	11
Methamphetamine	1.3% (1)	4.0% (3)	5.3% (4)	2.7% (2)	86.7% (65)	12

According to the results (Table 4.16), the drugs with high levels of availability more than 50% were alcohol (97.3%), tobacco (84.0%) and dagga/marijuana (77.3%). The drug "nyaope" has an availability level close to 50% (45.3%) and the other drugs were below 45% or close to half.

4.2.6.2 Teenagers' level of drug consumption

Table 4.17 shows the level of teenagers' consumption of drugs**.**

Table 4.17: Level of teenagers' consumption of drug (N- 75) - Multiple responses

Drug	**Level of consumption (100%)**					**Rank**
	Every time	**Frequently**	**Occasionally**	**Rarely**	**Never**	

Alcohol	92.0% (69)	2.7% (2)	4.0% (3)	1.3% (1)	-	1
Tobacco	73.3% (55)	5.3% (4)	2.7% (2)	1.3% (1)	17.3% (13)	2
Dagga/ marijuana	40.0% (30)	28.0% (21)	12.0% (9)	1.3% (1)	18.7% (14)	3
Nyaope / whoonga	22.7% (17)	25.3% (19)	6.7% (5)	8.0% (6)	37.3% (28)	4
Glue	20.0% (15)	9.3% (7)	6.7% (5)	4.0% (3)	60.0% (45)	5
Cocaine	4.0% (3)	10.7% (8)	1.3% (1)	1.3% (1)	82.7% (62)	6
Crack	1.3% (1)	6.7% (5)	5.3% (4)	2.7% (2)	84.0% (63)	7
Heroine	2.7%	6.7%	4.0%	4.0%	82.7%	8

	(2)	(5)	(3)	(3)	(62)	
Esctasy	2.7% (2)	4.0% (3)	5.3% (4)	4.0% (3)	84.0% (63)	9
Tik	-	5.3% (4)	6.7% (5)	4.0% (3)	84.0% (63)	10
Methampheta mine	1.3% (1)	4.0% (3)	5.3% (4)	2.7% (2)	86.7% (65)	11
Cannabis	-	4.0% (3)	8.0% (6)	2.7% (2)	85.3% (64)	12

According to the findings on the level of teenagers' consumption of drugs and alcohol, the results (Table 4.17) indicated that alcohol, tobacco and dagga/ marijuana had the highest level of consumption among teenagers. The drug nyaope / whoonga had a level of consumption close to 50% (48.0%) other drugs such as, cannabis, methamphetamine, tik and ecstasy were below the level of consumption of 10%.

4.2.6.3 Most dangerous drugs

Table 4.18 shows the most dangerous drugs abused by teenagers indicated by respondents**.**

Table 4.18: Most dangerous drugs (N= 74) – Multiple response question.

Reason	Frequency	100% of Cases	Rank
Nyaope/ whoonga	45	60.8%	1
Dagga/marijuana	33	42%	2
Glue	5	8.3%	3
Alcohol	5	6.9%	4
Cocaine	4	6.9%	5
Tik	4	2.8%	6
Tobacco	3	2.8%	7
Total Responses	**99**		

The results (Table 4.18) show that Nyaope/ whoonga have been indicated as the most dangerous drug by the majority of the respondents (60.8%). According to the results,

dagga/marijuana (42%) was indicated as the second most dangerous drug by teenagers. The other drugs were ranked below 10% by the respondents.

4.2.7 Community experiences resulting from substance abuse

4.2.7.1 Community problems

In terms of community problems, about 80% (60 respondents) indicated violence as one of the most problems community is experiencing due to drug abuse. The information is shown in Table 4.19.

Table 4.19: Problems the community is perceived to be experiencing due to drug abuse (N= 75) – Multiple response question

Problem	Frequency	100% of Cases	Rank
Violence	60	80.0%	1
House breaks and robberies	49	65.3%	2
Rape cases	20	26.7%	3
Murders	16	21.3%	4
Total Responses	**145**		

According to the results, the major problems being experienced in the community are violence (80%) and house breaks and robberies (65.3%). The least perceived problem experienced by the community was murders (21.3%) as shown in the table above.

4.2.7.2 Problems community authorities encounter when dealing with drug abuse in the community

On the issues relating to teenagers problems resulting from substance abuse as encountered by community authorities when dealing with drug abuse in the community, there were 75 valid responses as indicated in Table 4.20.

Table 4.20: Problems community authorities encounter when dealing with drug abuse in the community (N = 75) – Multiple response question

Problem	Frequency	100% of Cases	Rank
Easy availability of drugs to teenagers	36	48.0%	1
Some parents take drugs	19	25.3%	2
Lack of adequate knowledge on drugs abuse	19	25.3%	2
The community does not discourage drugs	18	24.0%	4

taking among teenagers			
Parents or guardians do not support the authorities	11	14.7%	5
Some parents provide drugs to the teenagers	5	6.7%	6
Total Responses	**108**		

According to the findings, close to 50% indicated that the community authorities face challenges in controlling substance abuse due to the easily availability of drugs to teenagers. Other problems encountered by the community authorities indicated include (above 20%) some of the community parents take drugs (25.3%); lack of adequate knowledge on drug abuse (25.3%) and the community does not discourage drugs taking among teenagers (24%). Disturbingly, the availability of drugs has been indicated as the highest contributor to problems faced by the community authorities. The least problem indicated by the respondents was that some parents provide drugs to the teenagers with 6.7% as indicated in Table 4.20.

4.2.7.3 Reasons why substance abuse is out of control in the community

About 70.7% (53) of the respondents indicated that drugs availability to teenagers at anytime and anywhere is one of the reasons substance abuse is out of control in the community. Table 4.21 indicates the reasons.

Table 4.21: Reasons why substance abuse is out of control in the community (N= 75) – Multiple response question

Reason	Frequency	100% of Cases	Rank
Drugs are available to teenagers anytime anywhere	53	70.7%	1
There is less support from the police, government and other authorities on substance abuse issues	24	26.7%	2
There are no strict measures to stop teenagers from abusing drugs	20	32.0%	3
Drugs are cheap	7	9.3%	4
The community tolerates drugs sellers into the community	7	9.3%	4
Total Responses	**111**		

Apart from the availability of drugs to teenagers, the results on Table 4.20 above shows that close to 30% of the respondents indicated that there were no strict measures to stop teenagers from abusing drugs or that there was less support from the police, government and other authorities on substance abuse issues.

4.2.8 Programmes and ways to curb substance abuse

4.2.8.1 Community Programmes

About 97.3% (73) of respondents indicated that their community does not carry out programmes that involve the community in sensitising the society about issues of substance abuse. Only 2.7% (2) indicated that the programmes available while only one person indicated that they were educational programmes from other community members.

4.2.8.2 Reasons why programmes are not available

For those who indicated that the programmes were not available in their community, they gave the following reasons in Table 4.22.

Table 4.22: Reasons why programmes are not available

Reason	Frequency	100%	Rank
There are no organisation to help the community	20	66.7%	1
Lack of funds	3	10.0%	2
No donors to start the programmes	2	13.4%	3

Lack of support from authorities	2	6.7%	4
No facilities	1	3.3%	5
Total	**30**	**100.00%**	

According to the findings (Table 4.22), majority of the respondents (66.7%) indicated that there were no organisations to help the community. Some of the respondents indicated that there were no donors to start the programmes in the community (13.4%) and that there is lack of support from the authorities (6.7%) such as the government and the ministries.

4.2.8.3 Substance abuse cases within the community

About 93.3% (70) indicated that they had come across serious cases of substance abuse in the community. In terms of where it happened, there were 69 valid responses. The majority of the respondents, in this case, 81.2% (56) indicated that it was in the community while 18.8% (13) indicated that it was the home. Thus, the ratio of occurrence of home to community is almost 1 to 4. Most of the respondents did not act on it as evidenced by only 11.4% (8) indicating that they did something when they discovered there was substance abuse in your community. The few who did something, six of them managed to indicate that they reported to friends, some to the police and other to their community leaders.

4.2.8.4 Level of awareness

The level of awareness of teenagers on the organisations that deal with issues of substance abuse within the community is very low. Only 19.7% (14) indicated that there were aware of such organisations whilst 81.3% (61) were not aware. Out of the 14 who were aware of such organisations, 13 responded to the question on whether the community communicated with the organisations on the issues of substance abuse. Only 23.1% (3) of the respondents acknowledged that there was communication.

4.2.8.5 Reasons why respondents are not aware of such organisations

In terms of why respondent do not know of such organizations, the following reasons in Table 4.23 were given.

Table 4.23: Reasons why respondents are not aware of such organizations

Reason	Frequency	100%	Rank
No organisation available to the community	21	72.4%	1
No one trained to do the job	2	6.9%	2
There is no organisation that is willing to help	2	6.9%	3

People are not interested in these organisations	2	6.9%	4
May be they do not have funds	1	3.4%	5
We are not aware of organisation that assist on substance abuse	1	3.4%	6
Total	**29**	**100.00%**	

According to the results (Table 4.23 above), majority of the respondents (72.4%) indicated that there were no organisations available in the community. In terms of whether community have reporting procedures for reporting drug abuse cases, there were 74 valid responses. Only 13.5% (10) acknowledged that their community had reporting procedures while 86.5% (64) indicated that they did not have any reporting procedures in place. Those who indicated that they had such procedures, they stated that there were procedures in place to report to police, social workers and community leaders.

4.2.8.6 Ways to curb substance abuse

In terms of ways to empower teenagers to curb substance abuse in schools, homes and community, there were 74 valid responses. Table 4.24 shows the suggestions made. Some respondents gave more than one response.

Table 4.24: Ways to curb substance abuse (N= 74) – Multiple response question

Way	Frequency	100% of Cases	Rank
Educational programmes	47	62.7%	1
Awareness campaigns in schools	10	13.3%	2
The community should not tolerate drugs sellers into the community	5	6.7%	3
Must have educators who teach teenagers about the dangers of drugs	5	6.7%	4
Must have educators who teach teenagers about the dangers of drugs	4	5.3%	5
To do income generating projects like brick moulding	3	4.0%	6
Teenagers must access information on substance abuse through the media (tv, focus group discussions, radio, newspapers and magazines)	3	4.0%	7
Government and authorities can help provide information that deals with	1	1.3%	8

substance abuse in the community			
Parents must not allow drugs at home	1	1.3%	9
Provide study materials on drugs abuse	1	1.3%	10
Total Responses	**80**		

According to the findings (Table 4.24), the majority of the respondents, 62.7% (47) indicated that they needed educational programmes. Close to 15% also mentioned awareness campaigns in schools. In addition to educational institutions, other settings (such as focus group discussions and the media) were also indicated as important on the contributions they make on learning, socialisation and prevention of substance abuse.

4.2.9 The psychological thought and feeling towards substance abuse

The respondents were asked to indicate the thoughts and feelings they had about teenagers abusing substances and their life style. There were 63 who responded to the question. The information is shown in Table 4.25.

Table 4.25: Thoughts and feelings about teenager substance abuse (N= 63) – Multiple response question

Aspect	**Frequency**	**100% of**	**Rank**

	Cases		
They are criminals and bad teenagers for the community	26	41.3%	1
Using drugs destroys teenager's life	14	22.2%	2
Educational programmes that will help them to stop	9	14.3%	3
They need support in order for them to change	7	11.1%	4
It is very dangerous and they are mentally affected They are criminals and bad teenagers for the community	2	3.2%	5
They should go to rehabilitation centres	2	3.2%	6
Most teenagers end up having HIV	1	1.6%	7
They are violent	1	1.6%	8
Teenagers will have dysfunctional future	1	1.6%	9
They will become violent and useless to the community	1	1.6%	10
Total Responses	64		

The result shows that (Table 4.24), major aspects given were that they are criminals and bad teenagers for the community (41.3%) and that using drugs destroy teenagers' live.

4.2.10 Recommendations on improving knowledge and attitudes of teenagers towards substance abuse

In terms of recommendations on improving knowledge and attitudes of teenager towards substance abuse, they were 74 valid responses. Table 4.26 shows the information.

Table 4.26: Recommendations on improving knowledge and attitudes of teenagers towards substance abuse (N= 74) – Multiple response question

Recommendation	Frequency	% of Cases	Rank
To educate us on substance abuse	26	35.1%	1
Community should be knowledgeable about the dangers of using drugs	20	27.0%	2
Awareness campaigns	12	16.2%	3
More education on drugs	11	14.9%	4

Police must arrest sellers and users of drugs	4	5.4%	5
Police must arrest and discourage drug taking among teenagers	3	4.1%	6
Organizations should assist on substance abuse and give information to teenagers	3	4.1%	7
Door to door advice	1	1.4%	8
Social workers must always come to our community and teach us	1	1.4%	9
Total Responses	**84**		

According to the results (Table 4.26 above), the major recommendations given were to educate people on substance abuse (35.1%); community should be knowledgeable about the dangers of drugs (27.0%); they should be awareness programmes (16.2%) and they need to be more education on drugs (14.9%).

4.3 Summary

This chapter presented the findings of the study. Data from the mixed methods approach from the respondents was analysed using frequencies and percentages. The analysis of data was done using the Statistical Package for Social Sciences (SPSS). Chapter Five

presents the summary, discussions, conclusion and recommendations for the proposed intervention programmes on the level of knowledge and attitudes of teenagers towards substance abuse in informal settlements based on the findings in Chapter Four of the study.

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The focus of this study was to explore the level of knowledge and attitudes of teenagers towards substance abuse in an informal settlement. The previous chapter presented the findings of the study. Chapter 5 will provide a discussion of the findings on the study in relation to the theoretical foundation of this study. Finally, a conclusion will be provided followed by limitations and recommendations of the study.

Overview of the study

The main objective of this study was to explore the level of knowledge and attitudes of teenagers towards substance abuse in an informal settlement. The sub-objectives were as follows:

- To explore teenagers' knowledge of substance abuse;
- To explore teenagers' attitudes towards substance abuse;
- To explore teenagers' source of information about substance abuse;
- To explore teenagers' perceptions regarding the harmfulness and tolerance of substance abuse;

- To explore teenagers' knowledge regarding types of drugs and their impact; and
- To explore teenagers' general experiences of substance abuse.

The literature review (Chapter 2) shows that substance abuse is widespread among teenagers. Many teenagers have a high consumption of drugs in many countries. The factors associated with substance abuse are many and varied; these include lack of employment, poverty, family breakdowns and the environment. Some teenagers also abuse drugs because of peer pressure, availability of drugs within their communities and inability to cope with their problems. In some cases, teenagers using drugs drop out of school because of failure to cope academically due to absenteeism from school or college lectures.

Research has indicated that many teenagers think that illicit substance use and abuse is part of the landscape of their teenage years (WHO, 2010). Drug use among teenagers is very risky as it leads to negative consequences in families, community and school relationships among the life areas influenced by substance abuse. These relationships become distant aggressive, thus leading to uncontrollable behaviours of the teens.

5.2 Discussion of Findings

5.2.1 Teenagers' knowledge of substance abuse

Results on teenagers' knowledge of substance abuse reviewed that most teenagers from Plasticview informal settlement have good knowledge of substance abuse and also of the types of drugs that are being abused. This is clearly shown in Table 4.3 of Chapter 4 (results chapter) that 96% (72 respondents) of the respondents were able to define what the term substance abuse mean. This is also supported by the social learning theory which postulates that the principles of knowledge and attitudes are from social learning and they will still be in the mind (Craig, 2003).

As data showed, most teenagers from the community have good knowledge of the types of drugs that are being abused (Table 4.11) as indicated by more than 50% of the respondents on the knowledge of the types of drugs that are being abused within the community. This is supported by research done by WHO which reported that the level of knowledge of teenagers towards substance abuse has been increasing from year to year due to the changes in technology and research literature (WHO, 2010). They further mentioned that teenagers have knowledge of the types of the drugs they mostly abuse and that both the perpetrators and the non-perpetrators are aware of the dangers and the consequences resulting from substance use and abuse as information can being accessed everywhere (WHO, 2010).

5.2.2 Teenagers' attitudes towards substance abuse

From the findings of the study, data indicate that teenagers who are prone to physical violence in their homes, schools and community tend to resort to drug abuse. In support of the above statement, the social learning theory pointed out that conscious awareness plays an important role on the attitudes that human possess (Bandura, 1976). This is clearly shown where 91.9% of the responses agreed that teenagers are prone to physical violence in homes, schools and communities in the results chapter Table 4.6. National Institute on Drug Abuse also concurs with the above statement when it states that, teenagers' negative attitudes towards substance abuse shape their behaviours leading to the participation in drug use and its consequences (NIDA, 2011). Moreover, favourable parental or guardian attitudes towards teenagers' alcohol and drug use and parental alcoholism or drug use has also been indicated as some of the factors that contribute to teenage substance abuse. This is supported by the study's theory (chapter 2, theoretical framework) which postulates that family participation on the teenagers' attitudes towards substance abuse is of great importance in the sense that the family can easily identify the teenager's negative attitudes and how to show their support on the matter (Craig, 2003). In spite of the negative attitudes the teenagers might have, the socialisation plays an important role in the shaping of their cognitive processes by modifying their behaviours.

Majority (98.6%) of the respondents positively indicated that given proper knowledge towards substance abuse can help them to provide information that deal with the substance abuse to the community. This is supported by the literature reviewed in this

study which indicated that the physical mechanisms in an individual encourages not to engage or influences them either to experiment with drugs or to abuse them (Bandura, 1977). The social learning theory also explains that due to insufficient knowledge of teenagers towards substance abuse, their attitudes are somewhat negative towards the use and abuse of drugs (Craig, 2003). This showed that teenagers' attitudes towards substance abuse are disturbing. However, changing attitudes of teenagers towards substance abuse requires them to be empowered with the best knowledge they can get on the effects or dangers of substance abuse towards themselves, family, community and the nation at large. Moreover, personal knowledge on those who are already on substance abuse should be provided so as to remove the negativity that influences them in continuing on drug abuse. Craig (2003), states that family plays an important role in shaping teenagers' attitudes towards substance abuse.

5.2.3 Teenagers' source of information about substance abuse

From the research findings, it was evident that many (68% in Table 4.8 results chapter) respondents were aware of the sources of information on substance abuse. This has also proven that the social learning is a cliché behind almost every explanation in social life of an individual (Craig, 2003). This is also supported by the outcome in the results chapter that the respondents mainly obtain the information on substance abuse through the media such as the television, radio, magazines, newspapers and moreover from the peer education groups within the community. This is supported by the literature of the studies (chapter 2) which reviewed that the

media and focus group discussions are important because of the contributions they make to learning and socialisation on substance abuse and that they may be used in many different types of campaigns and programmes (Hutchison and Blakely, 2003; WHO, 2010). Besides getting the information from the media, respondents reflected that they also obtained the information on substance abuse from the education curriculum, awareness campaigns and from the rehabilitation centres. From the above statement, the findings show that the teenagers have many options that equip them with the knowledge of substance abuse hence teaches them to shapes their attitudes towards it.

As far as knowledge of substance abuse is concerned, literature indicates that peer education and awareness campaigns plays an important role when it comes to the source of information on how to equip teenagers with the best knowledge towards substance abuse. This is also supported by the results of the study which indicated that peer education and awareness campaigns (48%, Table 4.8) plays a great part in informing the teenagers on the dangers of substances abuse and its consequences. Hence the social learning theory postulates that substance abuse is caused by uncaring families (Craig, 2003). For example, single parent and child-headed families may provide poor role models because of family conflicts; as a consequence, there will be insufficient parental supervision, monitoring and communication between parent and teenagers. Apart from the above factor, inconsistent and excessive discipline also drives teenagers into substance abuse because of emotional stress and lack of control.

5.2.4 Teenagers' perception regarding the potential causes, harmfulness and tolerance of substance abuse

Peer pressure

Findings in this study reflect that most teenagers (84% of the responses, results chapter Table 4.5) abuse substances because of peer pressure, family breakdown and lack of role models. Peer pressure has also been indicated in the findings of this study as the drive of teenagers to experiment on substances as the prospect to escape from conflicts and worries. According to Craig (2003), in the social learning theory, peer influence has been found to be among the strongest predictors of substance abuse among teenagers worldwide. In addition, reports have indicated that in South Africa, substance abuse is on the rise because of peer pressure, where teenagers put pressure on others to engage into substance use (Parry, 1998). This comes to an extent that teenagers use substances in order to reduce stress and forget their problem (NIDA, 2011). However, according to Stooolmiller and Blenchman (2005), lack of education on substance abuse leads to negative view of substance abuse prevention among teenagers. Therefore, teenagers need help on the best knowledge they can get towards substance use and abuse, so as to guard them against having unrealistic expectations when using substances. It is best for the parents or family to provide appropriate information on substance abuse to teenagers, particularly those that pertain to the possibility of experimenting with and using drugs.

The environment and availability of drugs

According to the literature of the study, the environment has been reported to be one of the major factors fuelling teenagers into substance abuse (Mahosoa, 2009). Research has shown that the social makeup of an individual predisposes them towards drug use and abuse (Stolmiller & Blenchman, 2005). As data showed in this study, teenagers involved in substance use or abuse are more likely to participate in risky behaviours, crime and violence such as unprotected sex contracting HIV and AIDS, unwanted pregnancies, fighting and rape.

As the environment and social interaction play an important role in modelling teenagers towards substance abuse, education from those groups on the dangers and effects of drug or substance abuse keeps teenagers to be well informed becomes crucial. Thus these interactions may enable teenagers to be open to their families, friends and the community on substance use and abuse discussions and how harmful it is to their lives. This is supported by literature of the study which indicated that during the teenage years (13 to 19), environmental influences and many lifestyles are related to the inclination towards substance abuse (Martins *et al*., 2007). Therefore, according to the findings of the study, 32 (43%) of the respondents indicated that their knowledge towards substance abuse within the community is poor. This is also supported by research by the WHO, that lack of knowledge on substance abuse makes them to take risks that endanger their health and the health of others and make them vulnerable to contract HIV and AIDS (WHO, 2010). The proliferation of drugs

in the communities is also disturbing. The results of the study have shown that drugs are easily accessible to teenagers and this makes them to use drugs at any given time. This is supported by literature which states that, in many cities in South Africa, substances are readily available which makes teenagers curious and vulnerable to experiment in the prospect to escape from conflicts or worries (Morejele *et al*., 2009).

Unemployment and Poverty

Poor socialisation and integration into society result in individuals having poor stability in life (Craig, 2003). Jackson (2005) has indicated that one of the major factors that cause teenage substance abuse is poverty. The findings indicated that 61% of the respondents indicated that poverty due to unemployed parents or guardians drives teenagers into substance abuse (Table 4.9). Some literature also indicated that poverty and the environment increases the rate of substance abuse among teenagers in order for them to reduce stress and to forget all their worries (Martins *et al*., 2007). The above statement also comes into tally with the results of the study which indicated that 52% of respondents indicated that poverty and the environment also influence teenagers into substance abuse (Table 4.9). This also resonates with the literature that drug abuse is costing South Africa R20-billion a year and this cause a bigger threat to the country's future economy than the HIV and AIDS pandemic (WHO, 2010). In addition, this has also come into agreement with research by NIDA (2011) that substance abuse drive teenagers to be temperamental such that they begin to neglect their bodies and interests

that were once important to them in order to continue with and create time for their bad habits.

5.2.5 Impact/ effects of substance abuse

According to the findings in this study, substance abuse to a large extent is directly related to the increase in crime and violence and that a number of abusers, especially teenagers have been identified to be involved in armed robberies and house burglaries. Research also indicates that the impact of substance abuse has caused harm to the individual, families and the nation at large (WHO, 2010). Mostly, substance abuse can have adverse repercussions physically, socially, psychologically and economically (United Nations, 2009). The physical part of it caused harm to the human body ether mentally or by contracting HIV and AIDS. According to the literature, teenagers who use substances are more likely to experience multiple violent acts and are likely to be involved in criminal activities as well (Casale & Posel, 2006). Moreover, substance abuse encourages crime and violence, by disrupting normal brain function. Findings in this study also indicates that substance abuse lead teenagers into contracting HIV and AIDS. These findings are supported by the World Health Organization research which indicates that substance abuse has also been linked to be the drive in contraction of HIV and AIDS due to behaviour problems which leads teenagers engaging in unprotected sex with several partners (WHO, 2010).

Findings in this study indicated that most of the crimes committed are due to the change in behaviour (psychopharmacological effects) resulting from substances abuse. Socially, substance abuse causes family and relationship conflicts and dysfunctional families resulting in lack of role models and poor social skills such as change in friendship and decrease in interest of personal appearance or interaction. According to literature, substance abuse has cost South Africa's economy approximately R20 billion every year, which amounts to 20% of the country's gross domestic product (GDP) (WHO, 2010). Research has also indicated that a high prevalence of substance abuse has been linked to future unemployment, dropping out of school, poverty, job replacement, and peer pressure (WHO, 2010).

5.2.6 Types of drugs

Availability of drugs

According to Morejele *et al*. (2009), the proliferation of substances in many cities in South Africa has made teenagers more curious and vulnerable. The research findings have indicated that alcohol, tobacco, "nyaope" and dagga are the mostly available substances abused by teenagers within the community. This has been indicated to be resulting from lack of control and no strict measures by the community leader on the use and availability of these substances within the community by teenagers. Therefore, the community leaders with the help of the government and the policy should put strict measures on the availability of drugs to teenagers; hence it is also essential for the parents

or guardians to be involved in the teenagers substance abuse problem solving and to provide appropriate guide and knowledge of its harmfulness to their life.

Commonly abused drugs

The research findings have indicated that among all other substances, alcohol, tobacco, nyaope/ whoonga and dagga are most commonly abused substances by teenagers within the community. The level of teenagers' consumption of drugs and alcohol indicates that alcohol (98.7%), tobacco (78.7) and dagga/ marijuana (68.0%) had the highest level of consumption among teenagers in Plasticview (Table 4.16). This is consistent with previous research findings which reported that South Africa has one of the highest per capita alcohol consumption rates in the world, with over 30% of the population struggling with an alcohol problem or on the verge of having one (Creamer, 2012). The current findings are also consistent with findings by United Nations worldwide report which revealed that alcohol, tobacco and dagga are the most common drugs used by teenagers because of easy access (United Nations, 2009). "Nyaope" has been indicated as among the most dangerous drugs, which is a cocktail of heroin and anti-HIV drugs and it is also known as "whoonga" in some cities of South Africa.

Literature on substance abuse in South Africa indicates that "whoonga" as the most commonly abused drug by teenagers who are facing high unemployment and poverty. Previous research has reported that methamphetamine is among one of the most dangerous abused drug by teenagers; however, the finding of this current study indicates that methamphetamine is the least used drug in Plasticview.

5.2.7 Experiences of substance abuse, Programmes and ways to curb substance abuse

Substance abuse causes many problems at homes, school and within the community. The findings in this study indicate that the most experiences resulting from substance abuse experienced by communities are violence, house burglaries and robberies. Literature has indicated that, in South Africa, substance abuse has fuelled crime and violence committed by teenagers (UNDCP, 2012). According to National Drug Advisory (2006), research has shown that most of the crimes committed are due to the psychopharmacological effects of substances ingested by the perpetrator, such as alcohol, certain stimulants, and hallucinogens. This is also consistent with research that teenagers using drugs are prone to commit crimes such as house burglaries and robberies, rape, murder and violence. These problems cause harm on teenagers and stress on family, friends, relatives and the community as a whole. (Mohasoa, 2010). Furthermore, findings of this study also indicate that substance abuse also causes failure in teenagers to fulfil major responsibilities at homes, schools and in the community such as school drop outs, poor academic performance and respects for others.

The finding of this study indicates that the majority (97.3%) of the respondents indicated that the community does not carry out programmes that involve the community in sensitizing the society about issues of substance abuse. These findings could perceive that nothing is being done in informing the community on substance abuse. Therefore, there is need for the presence of multiple educational and protective programmes within the

community, so as to lessen the problems caused by substance abuse to the teenagers and the community as well. These might be in form of peer group education, awareness campaigns, parental and community supportive relationship and involvement on substance abuse. These programmes however may diminish the influence of strong positive attitudes of teenagers' substance abuse from peers and family members who abuse substances as all major reasons were pointing to the fact that the people are in need of education on substance abuse. Thus social learning is to a great extend important on the level of knowledge and attitudes of teenagers towards substance abuse.

5.3 Conclusion

The study has shown that substance abuse is a threat to the nation, especially to teenagers. Therefore, knowledge of substance abuse among teenagers and the community in general should be upgraded and also to shape the attitudes as to bring down substance abuse related consequences at all levels. The literature and the research findings have shown that teenagers have knowledge towards substance abuse. This is supported by the research results which report that most of the teenagers are aware of the substances that are commonly abused and their effects (health, social, economic and psychological). Such findings reflect that there is need for the teenagers to put into action the knowledge they have in shaping their attitudes towards substance abuse. As substance abuse is costing South Africa's economy billions every year, this shows that the phenomenon is a reality among teenagers in South Africa and change can only be attained if all parties (teenagers, families, and

communities) obtain the best knowledge and change from negative to positive attitudes towards substance abuse.

The findings also indicate that the respondents are willing to initiate intervention programmes such as preventive education, awareness campaigns and support groups towards substance abuse in the community. It is encouraging that teenagers are appealing for professionals to educate them more on the subject of substance abuse.

5.4 Limitations of the study

Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following:

- The major constraint in this research was time factor since the respondents were mostly available during the weekends. Because of limited access to respondents, the researcher was unable to do a larger study since most of them were preoccupied with errands such as street vending and begging during the week. To overcome this, the researcher distributed the questionnaires to the respondents during the weekends, which was most convenient time to all of them.

- More exploration is needed on the level of knowledge and attitudes towards substance abuse from the all age groups including the community leaders. This is because the current respondents under study seem to be

knowledgeable in other aspects of substance abuse but their knowledge is not put into action within the community.

- Further study should use qualitative data gathering techniques such as interviews and observations, as the current study used only questionnaires. Using these approaches will help to explore more on the level of attitudes and behaviour of those who are already on substance use and abuse.

5.5 Recommendations

The findings of this study highlighted a few issues that should be attended to in order to address the level of knowledge and attitudes towards substance abuse among teenagers. As research has found, it is recommended that:

- By exploring the level of knowledge and attitudes of teenagers towards substance abuse, there is need for providing them with necessary information and shape their attitudes so as for them to cope effectively with the issues of substance abuse. In addition, intervention programmes should be designed to provide the best information on substance abuse among those who already abuse them and to those who are prone to abuse substances.

- The research has found out that the environment is a strong setting for substance abuse. The government and other ministries (such as Ministry of Health, Education and the Police) should be involved in providing appropriate programmes at all levels in all communities (for example, education,

awareness campaigns and arrest) in order to reduce the risk of harm arising from substance abuse for those using drugs and preventing those who are not yet involved with drugs.

- The study also determined that one of the major reasons for substance abuse among teenagers is the proliferation of drugs within the community. It is recommended that the community (family) with the support of the government initiatives should help the teenagers to prevent substance abuse by equipping them with the best knowledge about the dangers of using drugs and how to resist the temptation to engage in them. Moreover, community leaders should regularly invite substance abuse professionals to teach teenagers about substance abuse and provide more information on substance abuse consequences.

- The research findings have clearly shown that lack of employment is driving teenagers into substance abuse as they are idling and have no means of income. Therefore, there is need for creation of employment (from the government and other ministries) for these young ones for motivational purposes to stop the use of drugs and loitering in the community. This will also improve their level of knowledge towards substance abuse as they will be interacting with other people and professionals at workplaces.

- Educational initiatives on substances abuse should start at primary level (from 9 years onwards) so as to increase the level of knowledge and awareness of the effects of substance abuse and also aiming at changing the attitudes which

influence teenagers' behaviours as well as building their social and personal skills. Early initiation into substance abuse education can also play a great role in reduction of drug use among teenagers.

- The educational curriculum should also seek to provide information on the consequences of substance abuse at an early stage and also teach how to counter pressures leading to substance abuse such as family breakdowns and poverty, and more importantly attempt to motivate teenagers to resist drug use. This can be done through intervention of focus groups discussions, role plays and brainstorming within the families and communities.

- As the findings showed that there are no organisations or institutions helping with substance abuse issues in the community, prevention programmes need to be implemented so as to help the community to overcome challenges pertaining to substance use and abuse. To ensure viable of the programmes, there is need for continuation provision of professional staff and programme materials to help teenagers and the community at large.

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APPENDIX 1

QUESTIONNAIRE SURVEY: TEENAGERS FROM PLASTICVIEW INFORMAL SETTLEMENT

RESEARCH PROJECT: *EXPLORING THE LEVEL OF KNOWLEDGE AND ATTITUDES OF TEENAGERS TOWARDS SUBSTANCE ABUSE IN AN INFORMAL SETTLEMENT.*

Instructions:

Please answer all the questions as honestly as possible. The information collected for this study will be used for academic purposes for this research. It will assist the researcher to make findings and propose recommendations to the level of knowledge and attitudes towards substance abuse. You do not need to identify yourself and the information provided will be treated with a lot of confidentiality. Where required please indicate your answer with a cross (X) in the appropriate box or write a response in the space provided, using a black or a blue ballpoint pen. For the open-ended questions, please write your responses clearly and legibly in the space provided. If there is not sufficient space for your response please number a blank sheet of paper with the question number and continue writing your response on the extra piece of paper.

SECTION A: (Demographic details)

Indicate your choice by marking the appropriate selected blank block with an "X".

The following questions are **for statistical purposes only**.

Q1. Gender:

Male	1	
Female	2	

Q2. What is your age?

Q3. Race:

Black	1	
Coloured	2	
White	3	
Indian	4	
Other	5	

Q4. Educational qualification:

Grade 10 and below	1	
Grade 11	2	
Grade 12	3	
Certificate	4	
Other	5	

Indicate your choice by marking the appropriate selected blank block with an "X" or write brief answers. Please note that the word substance includes all drugs and alcohol abused

SECTION B: Knowledge and attitudes

Teenagers' Knowledge towards substance abuse

Q5. What do you understand by the term substance abuse?

_____
_____
_____

Q6**.** In your own opinion, how do you rate your knowledge about substance abuse in your community?

Excellent	1	
Good	2	
Average	3	
Poor	4	
Very poor	5	

Q7. In your own opinion, why do teenagers in your community abuse drugs? **(*You can tick one or two answers only*)**

Peer pressure	1	
Breakdown of families	2	
To reduce stress and forget about problems	3	
Conflict with parents and friends	4	
Too much money	5	

Influence from media	6	
Lack of role models at home	7	
Other specify……	8	

Teenagers' Attitudes towards substance abuse

Indicate putting an X whether by you Strongly Agree (1), Agree (2), Neither Agree nor Disagree (3), Disagree (4), Strongly Disagree (5) to the following questions.

Teenagers' Attitudes	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
Q8. I think teenagers who abuse substances are criminals rather than victims.	1	2	3	4	5
Q9. No matter what measures are taken by the authorities, substance abuse will continue to be prevalent in informal settlements.	1	2	3	4	5
Q10. Occasional use of illegal substances is not dangerous.	1	2	3	4	5
Q11. Substances being abused are not really a problem to teenagers in					

informal settlements.	1	2	3	4	5
Q12. Teenagers who end up with substance abuse problems have only themselves to blame.	1	2	3	4	5
Q13. Most teenagers who abuse substances exaggerate their troubles to get sympathy.	1	2	3	4	5
Q14. I was exposed to the concept of substance abuse through peer pressure.	1	2	3	4	5
Q15. Teenagers who abuse substances are prone to physical violence in the home, school and community.	1	2	3	4	5
Q16. I have participated in substance abuse.	1	2	3	4	5
Q17. I feel, given proper knowledge, I can help provide information that deal with the substance abuse in the community	1	2	3	4	5

Q18a). Does taking drugs result in any changes in behaviour?

Yes	1	
No	2	

b)If yes, in what way?

_____

_____

SECTION C: Teenagers' source of information about substance abuse

Q19. How do teenagers access information on substance abuse?

Peer education	1	
Media (tv, radio, newspapers and magazines)	2	
Awareness campaigns	3	
Education curriculum	4	
Rehabilitation centers	5	
Other specify……	6	

SECTION D: Teenagers' perception and opinions

Q20. How do you rate the level of influence of the following factors in contributing to substance abuse in your community?

	Extremely influential	**Influential**	**Moderate Influential**	**Slightly influential**	**Not at all**
a) Lack of employment	1	2	3	4	5

b) Child-headed families	1	2	3	4	5
c) Availability of Drugs	1	2	3	4	5
d) Poverty	1	2	3	4	5
e) The environment	1	2	3	4	5
Other specify…… …… ……	1	2	3	4	5

Q21. In your own opinion, what is the problems result from substance abuse? **(*You can tick one or two answers only*)**

Family conflicts	1	
Crime	2	
Violence	3	
Community conflicts	4	
School drop outs	5	
Other specify……	6	

SECTION E: Effects of substance abuse (*You can tick one or two answers only*)

Q22. What are the health effect results from substance abuse among teenager?

Mentally affected	1	
Lack of sleep	2	

Lack of appetite	3	
Physical weakness	4	
Contracting HIV/AIDS	5	
Cancerous diseases	6	
Other specify……	7	

Q23). What are the social effect results from substance abuse among teenagers?

Isolation from others friends or family	1	
Dysfunctional families and relationships	2	
Poor social skills and association with peer group	3	
Other specify……	4	

Q24). What are the economic effect results from substance abuse?

Financial problems	1	
Poor academic performance due to absenteeism from school or college	2	
Dysfunctional families and relationships	3	
Other specify……	4	

Q25. What are the psychological effects of substance abuse?

Critical to decision making	1	
Poor memory and poor judgment	2	
Distorted vision or hearing	3	
Participate in risky behaviours	4	
Altered perceptions	5	
Other specify……	6	

Q26. How does peer pressure contribute to substance abuse in your community?

Provide drugs	1	
Shape attitudes about drugs	2	
Model drug using behaviours	3	
Initiate peers into drugs	4	
Other specify……	5	

Section F: Types of Drugs

Commonly abused drugs (*You can tick four only*)

Q27. How to you rate the level of availability of the following drugs in your community?

	Readily Available	**Available**	**Neutral**	**Less Available**	**Not Available**

a) Alcohol	1	2	3	4	5
b) Cocaine	1	2	3	4	5
c) dagga/ marijuana/ cannabis	1	2	3	4	5
d) Heroine	1	2	3	4	5
e) Nyaope/ Whoonga	1	2	3	4	5
f) Glue	1	2	3	4	5
g) tobacco	1	2	3	4	5
h) Tik	1	2	3	4	5
i) Ecstasy	1	2	3	4	5
j) Crack	1	2	3	4	5
k) Methamphetamine	1	2	3	4	5
l) Other specify…….	1	2	3	4	5

Q28. What is the level of teenagers' consumption of the following drugs?

	Every time	**Frequently**	**Occasionally**	**Rarely**	**Never**
a) Alcohol	1	2	3	4	5
b) Cocaine	1	2	3	4	5
c) dagga/ marijuana	1	2	3	4	5
d) Heroine	1	2	3	4	5
e) Nyaope/Whoonga	1	2	3	4	5

f) Glue	1	2	3	4	5
g) tobacco	1	2	3	4	5
h) Tik	1	2	3	4	5
i) Cannabis	1	2	3	4	5
j) Ecstasy	1	2	3	4	5
k) Crack	1	2	3	4	5
l) Methamphetamine	1	2	3	4	5
m) Other specify…… …….	1	2	3	4	5

Q29. What do you consider the most dangerous drugs available to teenagers today? **(Name only two)**

_____

_____

Section G: Community experiences resulting from teenagers' substance abuse (*You can tick one or two answers only*)

Q30. What kind of problems has the community experienced due to drug abuse by teenagers?

Violence	1	
House breaks and Robberies	2	
Rape cases	3	
Murders	4	
Other specify……	5	

Q31. What problems do community authorities encounter when dealing with drug abuse by teenagers in the community?

Some parents take drugs	1	
Lack of adequate knowledge on drug abuse	2	
Parents or guardians do not support the authorities	3	
Some parents provide drugs to the teenagers	4	
The community does not discourage drug taking among teenagers	5	
Easy availability of drugs to teenagers	6	
Other specify……	7	

Q32. Substance abuse is out of control in this community because

Drugs are available to teenagers anytime anywhere	1	
Drugs are cheap	2	
There are no strict measures to stop teenagers from abusing drugs	3	
The community tolerates drug sellers into the community	4	
There is less support from the police, government and other authorities on substance abuse issues	5	
Other specify……	6	

Section H: Programmes and ways to curb teenagers' substance abuse (Give brief answers to the following questions.)

Q33a). Does your community carry out programmes that involve the community in sensitizing the society about issues of substance abuse?

Yes	1	
No	2	

b) If yes, what kind of programme(s)

_____

_____

c) If no, why not?

_____

_____

Q34a). Have you ever come across serious cases of substance abuse since you joined this community?

Yes	1	
No	2	

b) Where did it happen?

Home	1	
Community	2	

c) Did you do something about when you discovered that there was substance abuse in your community?

Yes	1	
No	2	

d) If yes, How?

_____

_____

Q35a). Are you aware of organizations that assist on substance abuse?

Yes	1	
No	2	

b) If yes, does your community communicate with the organization in the issues of substance abuse?

Yes	1	
No	2	

c) If yes, identify two organizations

_____

_____

d) If no, why not?

_____

Q36a). Does your community have any reporting procedures for reporting drug abuse cases?

Yes	1	
No	2	

b) If yes, state them.

_____

_____

Q37. State one way in which the community can empower teenagers to help curb substance abuse issues in school, homes and communities.

_____
_____

Q38. What thoughts and feelings do you have about teenagers abusing substances and their life style?

_____
_____

Q39**.** What recommendations do you suggest for improving the knowledge and attitudes of teenagers towards substance abuse?

_____
_____
_____

THE END

Thank you for your co-operation!!!

APPENDIX 2

INFORMED CONSENT FORM

I hereby acknowledge and fully understand the reason or purpose of this research study and I voluntarily authorize my child/ myself to participate on this research study by providing information in answering the questionnaire.

I understand that participating in this research study is not a condition, and I am free to withdraw it any time I wish to.

I understand the foregoing and accept responsibility associated with my involvement in this research study.

Parent/Participant……Date……Researcher……

APPENDIX 3

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

RE: PERMISSION TO CARRY OF A RESEARCH IN PLASTICVIEW INFORMAL SETTLEMENT

I kindly seek your permission to carry out a research study in your squatter camp and to administer my questionnaires on my research on "**Exploring the level of Knowledge and Attitudes of Teenagers towards Substance Abuse in an informal settlement".**

I am a Master of Psychology student at the University of South Africa (UNISA) and being required to carry out a research for the fulfilment of the degree.

May you please put your signature below for your permission to carry out this research study.

Thank you

Informal settlement leader's signature……Date……..

The Researcher's signature.....…….Date……..