

During the interviews the researcher made use of some interview techniques as suggested by De Vos et al. (2005:288-289) to ensure the smooth running of the interviews. The following techniques were utilized:

Ask clear and brief questions. –The researcher asked brief questions which were very clear and in simple and understandable English since most of the participants were not comfortable with using English during the interviews.

Ask single questions- One question at a time was asked to avoid confusing the participants and also served in acquiring thick data.

Key questions were repeated throughout the interview in order to focus on the study- This was done to ensure that detailed information was obtained which could answer the research question.

Allow for pauses in the conversation- Silence was allowed to give participant an opportunity to think about what they wanted to include.

Concluding interviews with general questions- Participants were asked if they needed to add anything that they felt might be of importance.

Don't switch the recorder on and off- The researcher kept the recorder on all the time so that no information given by the participants would be missed and a backup recorder was always available in case the other one did not function well.

Be alert- The researcher was always alert in the sense that when the battery for the recorder was getting low there were always available back up batteries.

3.9 PREPARATION OF PARTICIPANTS

Face-to-face meetings were held before the actual data collection with some of the key informants and school principals to prepare them and ask their permission if they would be interested in participating in the study. With regards to school children, their teachers are the ones who helped in preparing them for the interviews. Parents were informed by the social worker at RIET Family Guidance Centre about the interview beforehand; all the parents that were interviewed for this research were accessed through RIET Family Guidance Centre.

However, it was difficult getting hold of the parents as some of them go to work and some were not willing to participate as they were reported to be shy and were not comfortable in speaking English. It was also shared by the social worker that some parents deny that their children are substance abusers and that they themselves were abusing substances.

Telephonic conversation was also used to remind participants about the scheduled interviews a week before the actual data collection. The numerous aspects of the research and participation were carefully explained to all participants. The participant's consent to being interviewed was also obtained through signing consent forms and this served as a further measure to build trust with the researcher. The members were granted an opportunity to get clarity for things that they did not understand at any stage of the interview. The researcher also explained the consequences of the study with the participants as well as the dissemination of findings. In addition, the researcher informed them that it is their right to choose to participate or withdraw from the study at any time. In the next segment the researcher will discuss how field notes were utilized throughout the study.

Field notes, according to De Vos et al., (2005) should include empirical observations and interpretation although the observations and interpretations should be kept separate. The researcher was well aware of her own thoughts and feelings throughout the interviews and made use of a reflective journal after every interview. The researcher wrote down her emotions, expectations and prejudices so that this could be later referred to in the findings.

The interviewing settings were agreed upon beforehand between the researcher and the participants. The researcher gave a brief introduction of the study via email, telephone and face-to-face appointments with various participants and confirmed a suitable date, time and venue with the participants. All the interviews were done in March 2013 and upon meeting with participants more detailed information was given to them regarding the research study and the voluntary agreement procedures were approved by participants.

In the next section the researcher will discuss how the data gathered from the research was analysed.

3.10 DATA ANALYSIS

The data analysis method utilized in this research study is qualitative thematic analysis and it is defined by Holloway (1997) as the process whereby the researcher has a thorough exploration of the collected data and classifies it into various subjects and forms, trying to understand the data gathered. To achieve a complete data analysis the researcher adopted (Creswell's (2009) eight general stages of qualitative data analysis which is explained in the next segment.

- After interviews were done the researcher read through and tried to understand all the transcripts. Ideas were written down as they appeared in my mind.
- The researcher selected one interview at a time and tried to understand what it was about and write down any ideas that came up as the reading progressed.
- After analyzing the transcriptions of all participants a list of all the themes were recorded and combined according to the subjects that are comparable and which came up in all transcriptions.
- The themes were grounded in the main topics, distinctive topics and leftovers.
- In this stage the researcher had to code the data using acronyms, underlining topics using colourful markings and scripting the codes next to the applicable title.
- Expressive words for the identified topics were identified at this stage and they were placed into different classifications. Afterwards the topics were put together according to the ones that related to one class and the researcher drew a line to show the relationships.
- In this stage the researcher had to choose the ultimate acronym for each group and do an initial analysis. Thus for example social factors were coded as *soc*.
- In this stage information was assembled and put together based on similar themes being placed in the same group and followed by the initial analysis and this is when the data was divided into main themes and subthemes.
- Finally existing data was recorded.

3.11 ETHICAL CONSIDERATIONS

Williams et al., 1995: 30 in De Vos et al. (2005) state that in “social sciences ethical issues are pervasive and complex since data should not be obtained at the expense of human beings”.

Therefore approval was granted to the researcher before any research or interviews commenced. Approval to carry out the proposed research was acquired from the University of the Western Cape's Department of Research Development, participants from Grabouw High School, De Rust Futura Academy and Imiyezo High School, parents/ guardians of minors participating in the research and lastly permission was obtained from the organizations that took part in the research such as at REIT Family Guidance Centre, Family Life Resource Centre and Grabouw Child Welfare. Most of all, the researcher followed the Social Work code of ethics and applied the principles of non-judgmental and non-discriminatory attitudes towards the participants as well as their right to self-determination. In addition ethical issues such as informed consent, confidentiality and debriefing were considered throughout the research (De Vos et al., 2007, Kerlinger & Lee, 2000). *Please see addendum B and C for a sample of the consent form used in the study.*

3.11.1 Informed consent

One of the conditions of the consent letters provided to the participants before participating in the research was that, "participating in the study was unpaid; they had freedom to decline to participate or withdraw after the study had begun and formalization of the consent in writing" (Terre Blanche et al., 2006:72). Participants were thoroughly educated about the research and they were allowed to decide not to participate at any time they felt uncomfortable with the research study. Neuman 2003 in De Vos et al., (2005) stipulates that nobody should ever be forced to take part in a research project because participation must always be voluntary. Informed consent was acquired from school principals for the students to participate in the focus groups, consent forms were also issues to the youth to agree in taking part in the research.

3.11.2 Confidentiality

In order to maintain the participants' identity and dignity, they were assured that the information would be only used by the researcher and only for study purposes (Babbie and Mouton, 2008). Participants were also assured that their identification information would be removed after coding and pseudo names would be assigned to them (Kerlinger and Lee, 2000; Liamputtong and

Ezzy, 2005 and Patton, 2001). Assurance on the privacy of all recordings was given to the participants this was done to prevent prejudiced answers during interviews (De Vos et al., 2005).

3.11.3 Debriefing

The researcher clarified the aim of the study and process in advance, and information on the times and meeting places for the interviews were also given. The main aim of debriefing beforehand was to try and clarify any misunderstandings that participants might have had about the research (De Vos et al., 2007). Debriefing sessions after the study were also offered so that participants would be able to work through their experiences and address negative consequences of their participation in the study (De Vos et al., 2007, Kerlinger and Lee, 2000).

3.12 METHOD OF DATA VERIFICATION

By definition data verification is the method of verifying that the information that was gathered is truthful (Kirch, 2008). The researcher will comment on the validity of the data for data verification and comment on how it was achieved (D’Cruz and Jones, 2004). Creswell (2009) went on to say that verification, from the perspective of qualitative research, is a technique that occurs all the way through the data gathering, examination and report writing of a study and presenting principles as carried out by the researcher and various researchers at the end of the study.

3.12.1 Trustworthiness

In order to evaluate the trustworthiness of qualitative research Guba’s model for assessing the worth of such studies was utilized. The researcher will focus on the four basic concepts described by the model as, “(1) truth value, (2) applicability, (3) consistency and (4) neutrality” (Krefting, 1991). In achieving *truth value* the researcher ensured that only the original data given by participants was used. The researcher assembled field notes immediately after the interviews, as during the interviews only brief notes were taken. This was most effective in trying to capture information that was collected from group interviews. The researcher referred to the original literature review during data collection, to ensure that relevant information was collected. During the analysis of the collected data, literature was integrated into themes and sub-themes to

authenticate the findings. Data from other sources, for example, other research studies conducted previously, was used to corroborate and elaborate upon the research study and its applicability was confirmed by the supervisor and peers who are experts in the substance abuse field. The researcher summarized and reflected on the meaning of the data to check whether the researcher understood the participants' responses. In order to determine whether the findings of this study can be confirmed by other studies, a research report was compiled. All interviews were recorded; transcripts and analyzed data were recorded in the form of a report for future reference.

Applicability was obtained when the research findings fitted into context of the study situation and had some degree of similarity.

Consistency was achieved through producing the same study using the same participants in a comparable context and still producing the same findings (Guba as cited in Krefting, 1991).

Neutrality refers to the degree to which the study procedures and outcomes are not prejudiced (Krefting, 1991). This was achieved by making sure that the data obtained from the participants remained free of bias and perspective. The researcher was able to substantiate the data by ensuring that truth value and applicability were achieved (Guba as cited in Krefting, 1991).

Schwandt (2007:189) states that *member checking* or *member validation* “is a sociological term for soliciting feedback from respondents on the researcher’s findings and is often perceived as an important method for verifying findings and ensures that they met the criterion of confirmability”. At the end of the study the researcher went back into the community of Grabouw to present the findings to the research participants and this is supported by (Schwandt, 2007) member validation theory whereby the researcher confirmed that the research participants agreed with the presented findings. The researcher also acquired extra data on the area of study and also corrected errors in the researcher’s understanding of the data (Murphy & Dingwall, 2003). This process enabled the community to reflect on and clarify the data. The data was presented to a small group of people who had participated in the study. They clarified some of the concepts which came from the research e.g. what “pap sak” and “button” mean and confirmed that they are in agreement with the data.

3.13 SELF-REFLEXIVITY

Malterud (2011) described reflexivity as an approach of looking analytically at the background of information production, mainly through the influence of the researcher throughout every stage of the research progression. The researcher did not allow her personal opinions to affect the study; therefore interviews were conducted in a professional and ethical manner as the researcher was non-judgmental, tolerant and respected the respondents' self-worth and dignity. All the interviews were done at a convenient place for the respondents and also in an environment that was conducive. Respondents were not coerced into giving information they were not comfortable with. As a researcher who only speaks English and who was conducting research in an Afrikaans and Xhosa dominated community, I found myself in situations where participants were not willing to carry on with the interview because they were not comfortable speaking English. The researcher had to look for an interpreter to intervene in such situations and it helped throughout the data collection phase. This research improved the researcher's communication skills and patience as things did not always go according to plan. Overall, through this study, the researcher learned how to work in a diverse area and discovered that substance abuse is not caused by a single reason but that there are eclectic elements which contribute to it.

In the next segment the researcher will give a summary of chapter 3.

3.14 CHAPTER SUMMARY

To sum up this chapter of methodology the researcher has showed competence in how methodology was applied to the whole research, as it presented the reader with a description of the application of the research process that aimed to discover the reasons for substance abuse among the youth in Grabouw. The qualitative approach of this study allowed the researcher to gain an in-depth awareness of the topic being studied. The explorative, descriptive and contextual strategy was utilized within this approach of the research study. This chapter further presented the research question as well as the methodology used. Population and sampling methods, data collection methods, data analysis as well as verification of data, were discussed. The chapter also provided ethical considerations related to the implementation of this study and these were discussed. The reader was informed with regards to the informed consent gained from

participants and how confidentiality was maintained as well as how information was managed. The next chapter will look at the research findings and give detailed information on the themes and subthemes that developed during the gathering of information. Literature control will also support the research findings.



CHAPTER 4: RESEARCH FINDINGS

4.1 INTRODUCTION TO RESEARCH FINDINGS

Creswell (2009) explained that data analysis makes a thorough enlightenment of the information and creates explanations of the collective significance of the data. On the other hand (Schwandt 2007:6 in De Vos, Strydom, Fouche' and Delpont, 2011) supports the latter statement saying that data analysis is, “the process of bringing order, structure and meaning to the mass of collected data”. Thorne (2000) describes the main purpose of data analysis as, “inspecting, cleaning, transforming and modelling data with the objective of highlighting useful information”. This chapter therefore will focus on the analysis and discussion of the research findings of the study on the reasons for substance abuse amongst the youth in Grabouw, Western Cape. In order to acquire the data a qualitative research approach was employed by means of an explorative, descriptive and contextual strategy of inquiry. Data was gathered through the use of semi-structured individual interviews and focus groups discussions.

The data analysis method utilized in this research study is qualitative thematic analysis and it is defined by (Holloway, 1997) as the examination in which the researcher classifies themes and patterns in interviews through listening to recorded interviews and interpreting the transcriptions. The identified themes presented the findings of the study and will be supported by the participants' quotations from the transcribed interviews. Neuman (2006:181) states that, “this presentation of direct quotations is found to be common to the qualitative research process and will clearly illustrate the themes described”. Furthermore, trustworthiness and credibility will be established by literature control and supports that part of triangulation by obtaining data from different sources (Yegidis and Weinbach, 1996:218).

4.2 BIOGRAPHICAL DETAILS OF RESEARCH PARTICIPANTS

The following is a table which presents the participants who were involved in the in-depth interviews. The sample comprised the youth who are directly or indirectly involved with substance abuse, parents of substance abusers, and key informants who work directly with the youth in Grabouw. The definition of youth in this research started from 14 years old and above.

Table 2: Demographics of the youth in the focus groups

School name	Grade	Total students in the class	No.of focus groups formed	Age group	Males	Females
Imiyezo High	12A	42	5	17-20 yrs.	23	19
Imiyezo High	9c	53	9	14-19 yrs.	26	27
Grabouw High	10B	42	5	14-18yrs.	21	12
De Rust Futura Academy	8-10	6	1	15-17yrs.	6	0

The above table shows biographical details representing participants who took part in the focus group interviews. The table shows that the participants were all high school students from three different schools namely Imiyezo High School, Grabouw High School and De Rust Futura Academy. The children were both boys and girls aged between 14 years and 20.

Table 3: Demographics of key informants

Pseudonyms	Occupation	Gender
Lyn	Social worker at Grabouw Child Welfare	Female
Shanice	Auxiliary social worker at Grabouw Child Welfare	Female
Candice	Social worker at Riet	Female
Robin	Private family therapist (Lay counsellor)	Male
Irvine	Religious minister	Male

Richard	Youth coordinator at the local government (Municipality)	Male
Kate	Student social worker at Riet, comes from a German University	Female
Yvonne	Student social worker at Riet, comes from a German University	Female
John	Pharmacist at the local clinic	Male
Ramiz	Pharmacist assistant	
Xholisani	General worker at the clinic	

Table 3 shows the demographic details of the key informants in the study- these are people who directly work with the youth in the community of Grabouw. This sample was acquired through snowball sampling. The table shows that some staff members from Grabouw Clinic were used as key informants because they work hand in hand with RIET Family Guidance Centre. Their role is to do drug testing and prescribe certain medication if there is a need for the substance abuse patients and refer them back to RIET Family Guidance Centre for counselling. RIET Family Guidance Centre is the main organization which deals with the youth who abuse substances.

Table 4: Parents whose children are involved in substance abuse

Pseudo names of parents	Pseudo names and age of the children	Type of substance used by the children
Mrs Jansen	Kelvin 20 years	Tik, alcohol, buttons
Mrs Sibozo	Siyabulela 17 years	Tik, buttons, Ganga
Mrs Fortune	James 18 years	Dagga

Mrs Britow	Chris 18 years	Dagga
Mrs Jones	Taqmeeda 19 years	Tik, alcohol
Mrs Abrahams	Malvin 26 years	Tik

The table above shows the sample of parents who participated in the research study and whose children are involved in substance abuse. The children are clients at Riet. Whilst their children are in treatment, the parents also attend a support group to provide them with services and knowledge that will benefit them in the recovery process of their children. This part focused on the details of the research participants and the choice of substances of abuse in the community of Grabouw. The following section of this chapter will present two main themes that developed from the data analysis process. The themes were further established through consultation and discussion with the supervisor and peers who are involved in the research field.

TABLE 5: THEMES AND SUBTHEMES OF THE MAIN FINDINGS OF THE STUDY

Themes	Subthemes
1.Contextual reasons for substance abuse among the youth in Grabouw	1.1 The role of the family in substance abuse -(a) uninvolved parents -(b) family members using drugs and alcohol -(c) Exposure to some form of abuse within the family system -(d) poverty within the family 1.2 Peer pressure

	<ul style="list-style-type: none"> 1.3 Boredom 1.4 Low religious involvement 1.5 Experimenting 1.6 Negative role models 1.7 Unemployment 1.8 Dop System 1.9 Availability and affordability
<p>2. Psychological reasons for substance abuse among the youth in Grabouw.</p>	<ul style="list-style-type: none"> 2.1 Self-esteem. 2.2 Relieving stress 2.3 Sexual stimulation 2.4 Motivation to do unlawful activities 2.5 Boosting performance in sporting activities

4.3 THEME 1. CONTEXTUAL REASONS FOR SUBSTANCE ABUSE AMONG THE YOUTH IN GRABOUW

Regarding the ecological approach to intervention Hepworth, Rooney and Larsen (2008) maintain that it is important to note that the environment and immediate settings actively shape the outcome of an individual’s life. Parry (2010) suggested that drug abuse may to a certain extent be caused by genetics and one’s environment, this idea assumes that factors within the home and family environment can lead to substance or drug abuse. Grabouw being a rural area, characterized in some areas by extreme poverty, poor living conditions, and unemployment, also yielded high rates of substance abuse issues about which the community is concerned. After the

data collection of the reasons for substance abuse amongst the youth in Grabouw, it was found that the family plays a major role in influencing substance abuse in this area because of the neglect of children by their families, it leads to all forms of abuse and generally the parents are not a part in their youngsters' lives. Other themes that emerged under the contextual reasons for substance abuse among the youth in Grabouw are peer pressure, experimenting, lack of recreational facilities, extreme poverty, low religious involvement and gang related rules. These subthemes will be discussed in the next section of subthemes.

4.3.1 Subtheme 1.1 The role of the family in substance abuse

Bearing in mind that the definition of youth in South Africa covers the ages between 14 to 35 year olds, and adolescence is a period of transition between childhood and adulthood, “ it can therefore be seen as a development bridge between being a child and becoming an adult” (Louw and Louw, 2007:278). Adolescence is considered by Carr (2006) to take place between the ages of thirteen to twenty years, and it is “characterized by profound biological, psychological and social developmental change” (Sadock and Sadock, 2003:35). Newman, Harrison, Dashiff and Davies (2008) further add that during this fragile period in an individual's life, at-risk adolescent behaviour is often impacted on noticeably by the relationship that exists between the adolescents and their parents. Furthermore, McKinney, Donnelly and Renk (2008) emphasize that the way in which adolescents identify with their parents and bond with them has a significant effect on their later outcome and risk for the development of unhealthy behaviour and lifestyles. The family at this stage plays a big part in shaping and protecting the life of their children, in this research most of the youth interviewed are aged between 14 and 21 years old and this age group fall under the category of the youth (McKinney, Donnelly and Renk, 2008). The children were reported to come from families who are uninvolved in their lives; and family members use/abuse substances. The youth also reported exposure to domestic violence (verbal and physical abuse), not being accepted by family members and poverty conditions.

1.1(a) Uninvolved parents

The private family therapist who took part in this research argued that parents are not involved in their children's lives like they are supposed to be and without the parent's full involvement in the

children's lives; they are more prone to anti-social behaviour. The participants further explained the following with regards to parental involvement:

.....the whole problem stands in the home, often enough we have parents who come and complain to us that they have a problem child. We do not necessarily believe in problem children, I believe that the problem is the parent who gave birth to a problem child. This is what we have found in our community we have fathers and mothers but we do not have enough parents. Parenting is a skill because you have a child it does not mean you are a parent, it only makes you a mother or a father depending on your gender but at the end of it all you need to take responsibility for that child, you have to raise up that child in a particular way so that when he/she is at a particular stage of their life, he/she has enough in their life bag to take them through the whole journey of life. Just for argument's sake if you take substance abuse, when a child does encounter an event where he has to experiment with drugs, we as parents we have to teach them, even if they experiment they will have the ability to say I have tried this but this is not good and let me stop it.

The following narratives are the responses from two parents and they portray how neglect and absence of a parent in the child's life can cause one to be involved in substance abuse as follows:

My son told me that he started using drugs because his father neglected him as he grew up and he was left to live with his grandmother and the father was never there.

She blamed her drinking on me not being there for her all the time and the fact that her grandmother never bothered to ask her how she was feeling or why she was drinking and using drugs.

In a focus group conducted at De Rust Futura Academy a 15 year old boy in the group supported the fact that lack of parental involvement contributes to substance abuse and this is evident in the next paragraph.

Also because our parents are never home, they are always busy at the farm, so we do what we want and because we do not have a father in our family, we do what we want because mum does not have total control over us.

Shaffer, 2009, Verhangen, 2005, Bukakto & Daehler, (2011) held that uninvolved parents are described as having little demands, do not act quickly on their children's needs and do not frequently talk together. Even though these parents fulfil the adolescent's simple necessities, they are in general disconnected from their adolescent's life and in serious situations they may even abandon their reasonability to meet the needs of their children (Shaffer, 2009, Verhangen, 2005, Bukakto & Daehler, 2011). This kind of nurturing impacts the child negatively as they tend to have low self-esteem and tend to lack self-control, making them more prone to be affected by peer pressure and experimentation with drugs in a bid to boost their confidence (Shaffer, 2009).

(b) Family members using drugs and alcohol

With regards to family influence on substance abuse various participants confirmed that the reason why some of the youth are involved in substance abuse is because they were brought up in homes where the parents/family members or other siblings are using drugs. As mentioned in the following narratives by the social worker at RIET Family Guidance Centre:

.....they can't handle stress and pressure from their homes, and they come from homes where the mother is using tik and the father is using again, in about 30 % of the cases the mother and father are using drugs and the child sees nothing wrong with using as well.

Because of their parents who use drugs as well and also problems that we see at home it makes us want to use drugs and makes us forget about everything.

Two youths at Imiyezo High School also confirmed that they started using drugs because other family members are also using as narrated below:

Our parents drink too much to the extent that they do not take care of us as children so the best option is to join them and do what they are doing.

One of the children who is not a substance abuser but has friends who use drugs at Derustfut School said the following about why his friends are involved in substance abuse.

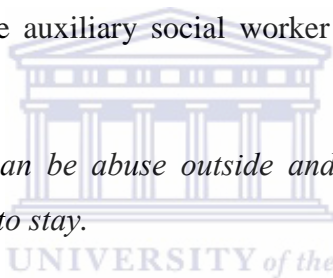
.... use drugs because their parents do the same so they don't see it as wrong, it's their way of life.

In relation to this, Arnett (2001:410) writes that adolescents are more inclined to use illicit substances when one or more of their family members have a tolerant or lenient attitude towards substance use or use it themselves. Butcher et al., (2004) found that there is a very high risk for youth who were raised by families who are alcoholics for developing alcohol difficulties as well as they have an innate inclination to drink.

1.1 (c) Exposure to some form of abuse within the family system.

Physical and emotional abuse within the family system was an aspect which was emphasized in the narratives given by the youth and the key informants. De Genova and Rice (2002:440) refer to family violence as any harsh, boisterous, physical force or aggression or verbal abuse by one family member towards another. Different research participants stated that the reasons why they started using substances was because of the fact that they have been exposed to incidences of domestic violence as stated by the auxiliary social worker from Child Welfare who said the following:

.....it can be violence, it can be abuse outside and inside the home and that person doesn't really have a place to stay.



One of the youths narrated how he started to be involved in substance abuse after being a witness of domestic violence as stated below:

.....before my eyes like truly my father killed my mother. After that I was not happy in my life and in this world so I did use ganja like I told you I don't like the word dagga because it is ugly. That thing makes you friendly with other people, it just puts a smile on your face and makes you enjoy the day.

I use drugs because my parents use drugs as well and also problems that we see at home such as when my father is abusing my mother beating her and shouting at her all the time it makes us want to use drugs and make us forget about everything

Parents fighting, they drink too much to the extent that they do not take care of us as children so the best option is to join them and do what they are doing.

One of the parents also said the following:

I have been living in an abusive relationship with my husband , he is an alcoholic and when he comes home most of the times, he shouts at me and the children for no reason and when I try to make him stop he physically attacks me in front of the children. This has been affecting my son and he said to me one day, “Mommy I would rather be high on drugs every day of my life so that I will not have to see the pain you are getting from what dad is doing to you”. So I think for him taking drugs is a way of him dealing with our bad circumstances.

Research done by Dube, Anda, Felitti, Chapman and Williamson and Giles (2001) illustrates that mistreated children at the hands of their families or society have a high probability of being involved in substance abuse in their lives. All forms of mistreatment of children are therefore regarded as possible influences for illicit drug use (Moran, Vuchinich and Hall, 2004). In a study done in the United States of America at a public school on substance abuse it was found that students who have been abused sexually and physically have a higher rate of using drugs than the ones who were not abused. They did this as a way of dealing with their traumatic incidences (Perkins and Jones, 2004).

1.1 (d) Poverty within the family systems as an influence on substance abuse

Due to financial struggles many families in Grabouw and around South Africa are living in extreme poverty conditions and this has impacted on the lives of the children born in these families. Participants in this study expressed how they became exposed to substance abuse due to poverty in their families. The following is a response from a Social Auxiliary worker from Child Welfare:

.....almost 80% of the people who live in the shacks they do not have jobs, so they ended up stealing and committing all sorts of crime to sustain their drug habit.

.... poverty also plays a role here, parents cannot provide and the stuff that the child needs or want so they abuse, because they are vulnerable and the people who see that the child is in need they take advantage of that, and they tell them that this is the easy way for

you to make pocket money, buy yourself a cool drink or a blackberry phone. So at the end of the day they end up making pocket money or end up getting addicted with the drugs because they usually end up taking drugs as well.

One of the children at Grabouw High School narrated the following:

Stressful situations such as not having enough to eat, too many family responsibilities is what makes us youth use drugs. You know, just to be able to forget poverty for a while.

Robert (2003) supports the above mentioned narratives stating that living in extremely poor situations has a major impact on families as they will be faced with too much pressure and the parents will not be able to nurture their children in a conducive setting which would encourage a positive and supportive attitude. For that reason children from these kinds of families have a higher risk of using illicit drugs in their life, particularly if this is coupled with absent parents or parents who abuse substances themselves. Furthermore, Shewan and Dalgarno (2005) mentioned that people who do not live in poverty situations experience less problems in their lives on average than disadvantaged individuals. Therefore those who live in poverty areas have a higher likelihood of being exposed to drugs as such areas may have customs and beliefs that accept illegal drugs (Shewan and Dalgarno, 2005).

4.3.2 Subtheme 1.2 Peer group influences on substance abuse

Gwinnell and Adamec (2006: 195), define peer pressure as, “influence from individuals that a person regards as equal to perform acts that the individual might not choose to do on her /his own”. Peer pressure, with the need to feel part of a certain group of friends, was pointed out by almost all the participants as one of the reasons why they started using drugs or alcohol. Some of the youth will see themselves as part of a gang, and as part of the gang related rules their peers/gang members will force them into drug taking habits for their initiation into the gang. The need to belong to a gang shows their need for affection and acceptance.

This is indicated in the following extracts from the children:

...we always want to impress our friends so we do whatever what they do, that is how I started using drugs because all my friends were using it and it looked very cool.

I use button (a mixture of over the counter pills and any other drug such as cocaine or dagga) and tik and I get it from my brothers and their friends.

I started using drugs because I saw my friends using and that's when I started practising as well

.....you know there is always a friend who is going to give you something but once you get addicted there is no one to fix you up.

Peer pressure, friends, as she said everybody in your environment is using so maybe it is even harder not to use, when everyone around you is using.

When you get yourself involved with the wrong crowd they can make you do something stupid like maybe make you kill someone or make you steal, so for you to get courage and motivation to do this you have to take drugs.

John the pharmacist from Grabouw Clinic said that:

Wanting to have a sense of belonging, so in order to join the so-called cool kids in the community one has to experiment with certain drugs and later become an addict.

The social worker from Riet supported the above mentioned statements about peer pressure saying that:

With the youth most of the times when it comes to gang related rules when one joins the group, you will have to do what the rest of the members do, like taking a certain drug.

One of the parents in the study reported that one of the reasons her son started using drugs was because of the influence from his friends as stated below:

The need to be like the popular children.....during exam time because him and his friends wanted last minute reading they influenced each other to take drugs to ease the pressure and make everything easy.

.....problem is that in the area we live people of his own age are using drugs so maybe peer pressure is the major cause of his drug taking behaviour.

Individuals are affected by the behaviour of their peers. If most of their friends are drinking, smoking or use substances, they will often wish to drink or smoke. Hoberg (2001:253) points out those adolescents “constantly seek reassurance and acceptance by peers”. Genius (2003) states that the fear of being rejected often influences decisions and choices regarding engaging in certain activities. He further states that adolescents often believe that they will earn the respect of their friends and be viewed more favourably if they follow what is being perceived as a social norm, as in the case of substance use. This need for companionship, belonging, acceptance and approval becomes of greatest importance, particularly if you did not receive this at home.

According to Brook *et al.*, (2006:26-34), “peer substance use is one of the major and well recognized predictors of adolescent substance use and the influence of the peer group is exerted via modelling and social reinforcement of nonconforming behaviour”. Research states that substance abuse by friends encourages others to use drugs and also influences their choice of friends (Brook *et al.*, 2006:26-34).

4.1.3 Subtheme 1.3 Boredom as a reason for substance abuse/use in Grabouw

The youth development officer from Theewaterskloof and some of the youth in Grabouw confirmed that lack of recreational activities and facilities pave the way for the youth to be involved in substance abuse as they find themselves with nothing to do after school and work hours as reflected in the following statement by the social worker at RIET Family Guidance Centre:

One thing that I have seen there is not enough activity in Grabouw such as recreational facilities to keep our youths live and active I think these are all things that play a part in substance abuse amongst the youth.

.....nothing to do so no job, no school, in fact for some people there is no school, no job in particular that is when they start taking the substances.

The youth coordinator at the Municipality narrated the following:

I see lack of recreational facilities as major obstacles, in this area we have a large farming community and you know that nothing happens on the farm that's why we have teenage pregnancy.

Some people are unemployed or even discriminated against, so they find drugs as a solution to be occupied all the time and stop thinking about their problems.

The above statements were supported by Minister of Sport and Recreation Mr. Fikile Mbalula who stated that, “there is currently a lack of adequate chances for positive social interaction, uneven distribution of resources, a high rate of unemployment, a high rate of crime and other social ills” (Mbalula, 2012). Sporting activities are regarded as a vital source of encouragement of healthy living among the youth as it teaches helpful standards, good socialising abilities with people from their own community and can bring out a positive change in an individual’s life (Mbalula, 2012). One of the best outcomes of sports and recreational activities in a community is low crime rates and less cases of substance abuse (Mbalula, 2012). Mbalula (2012) gave an example of ideal entertaining activities in a community like music, art, hiking and dance classes.

4.3.4 Subtheme 1.4 Low religious involvement

Low religious involvement is an aspect mentioned by one of the key informants and him being a religious minister, he felt that low religious involvement among the youth is the reason for substance abuse. This is mentioned in the following narratives:

There is a vacuum in the human person, in each one of us and that can only be filled by Jesus Christ because God created us humans for him, to worship him and to serve him and to honour him, if you have not made a decision to do this then there is a vacuum and you will be looking for something to satisfy it. And to have a replacement for what God has created us for that is why people go to substance abuse, so that is the main reason.

A youth in the focus group with the grade 10 group mentioned the following about religion and its impact on substance use among the youth.

The reason why some youth I know started using alcohol was actually through their church, there is a certain alcohol that is taken during the Holy Communion, they call it

Umuthendelo, people love the taste and they end up wanting to experiment with much stronger alcohol and become addicted.

One of the difficulties that our youths are faced with it is lack of identity that all stems from how one was raised, religion, morals and values are the issues that make the child easy to align or embrace wrong things or anything that makes you feel special.

Research suggests that having a form of spiritual association encourages one to live a righteous life with the fear of being punished by the gods when rules are broken (Welch, Tittle and Grasmick, 2006). People who are dedicated to a certain religion are more obedient to authority therefore they are most likely to abide by recommended medical measures that favour moderate drinking behaviours and to obey formal laws and regulations that discourage risky drinking practices and related activities (Welch, et al., 2006).

Religion guides individuals to be able to control themselves and resisting the temptation to commit crimes. Therefore this is connected with less alcohol use in those individuals who are attached to and/ or involved in a certain religion (Terrence, et al., 2008). It is important to be able to control oneself because research has suggested very good self-regulatory abilities are linked with the reduced possibility of heavy drinking (Neal and Carey, 2007). McCullough and Willoughby (2008) conducted a study on, the “systematic review of the existing empirical evidence” and the results showed that religious people have more self-control than those who are not religious, and they went on to say self-control may facilitate the influence of religion on substance abuse among the youth.

Koenig (2001) alluded that spiritual participation is related to mental health benefits such as courage, feeling important and belonging and a means of support. This spiritual well-being may support healthier drinking habits therefore reducing harmful actions such as self-medication, and feeling useless which usually inhibits the determination to live a healthy way of living.

4.1.5 Subtheme 1.5 Experimenting with alcohol and drugs as a reason for substance abuse

Experimenting with alcohol and drugs as a reason for substance abuse has been identified as one of the reasons why most youth are involved in substance abuse. Two parents who participated in the research said the following about their children:

He told me that it started as an experiment with the other kids at school and without noticing he was already hooked on drugs. He said he had to do it because all the boys that he was friends with were already using the Tik.

One of the parents said that:

She said that it started as just wanting to know how it will feel like to be high

The following responses came from the focus group discussions with the youth:

You will get curious and want to use it as well, with Tik you only want to use it and then you can get addicted to it. So it will be harder for them to stop or even go to rehab because everyone else is using it.

....I saw my friends using and that's when I started practising as well.

.....the issue of experimenting because children as young as eight years old are starting to use.

Being exposed to drugs in our communities makes it look like it is a good thing to do drugs. This leads to people to want to experiment and they will become addicts.

Arnett (2001:403) indicates that the predominant need to experiment and “see what it is like” and the influence of peers in this regard are also widely recognized as major contributing factors to drug abuse. Erwee (2006) notes that friends mean the world to adolescents and the more time an adolescent spends with peers who drink, smoke or use drugs, the greater the possibility that they will also experiment. Louw et al., (2010), asserts that the adolescence stage is a period where individuals are eager to try out new things and that is when substance abuse is high. In this study the researcher identified that one of the reason youth substance abuse is that they wanted to see how it feels after using drugs, and these results were confirmed by previous studies done by Donald et al., 2007 and Parrott et al., (2004) who said that substance abuse is also a learned

behaviour. Adolescents pick up their substance abuse habits from their society and they view it as something that would make them happy and can take away their life problems (Donald et al., 2007 and Parrott et al., 2004). As social learning theory suggests, these youths learn their drug and alcohol taking actions from both the society and the households in which they live (Burger, 2008; Carson et al., 2000; Rice and Dolgin, 2008).

4.1.6 Subtheme 1.6 Role models using substances

Modelling by older siblings, parents and peers is highly associated with drug abuse among the youth. Drugs are furthermore advertised by the media, which positively generate a market with pictures of drug use as a useful answer to all physical illnesses and a way out for various problems. With regards to negative role models some participants across all focus groups expressed themselves as follows:

Being exposed to drugs in our communities makes it look like it is a good thing to do drugs.

Yes my brother uses Ganga and my father uses button. I watch them using and that is how I learnt to do it as well.

One of the parents also said the following about bad role models in the community influencing their children to take drugs:

Our house is directly opposite a guy who sells tik and I am sure he introduced it to him because how can he be friends with a 35 year old man, I believe that he is a bad role model to our children in the community

Gwinnell and Adamec (2006: 236) explain that some adolescents may be modelling their own parents who use substances, as some of the participants responded below:

Because of their parents who use drugs as well and also problems that we see at home it makes us want to use drugs and make us forget about everything.

Parents fighting, they drink too much to the extent that they do not take care of us as children so the best option is to join them and do what they are doing.

Some people use drugs because their parents do the same so they don't see it as wrong; it's their way of life.

They are brought up in houses where parents are using, brothers and sisters are using, so it's easier to get into it because everyone is using.

The other reasons is that they get the wrong examples like they see it from their parents, neighbours using smoking and drinking and using drugs and that is a bad example because what you see it also goes into your mind and what you hear. They get into this wrong environment they are in it is easier for them to get on the wrong route.

Alcohol is portrayed as necessary to lead a “good life” (McWhirter, McWhirter, McWhirter and McWhirter 2004:119) as one of the male youths explained as follows:

The media has an influence on the substance abuse amongst the youth; most people want to be picture perfect like the models shown on TV so they decide to use drugs to lose weight leading to addiction.

Parents who are alcohol and/ or illicit drug users have a higher chance of raising children who will later follow their pattern of drug and alcohol use (Kirisci, Vanyukov and Tarter, 2005). Research has proven the fact that most children who smoke were brought up by parents who smoke as well (Rice and Dolgin, 2008). Children who are anti-social and have family with a criminal background have a higher possibility of using drugs than those whose families do not have such a history (McKee, Fjeld, Karioja, 2003). In social learning theory substance abuse can be perceived as a coping mechanism in reaction to difficult problems however the negative effect of substance use is that the user might become addicted and cause severe damage as well (Stevens and Smith, 2009). Recent research shows that the human brain does not fully develop until an individual's mid-twenties. The pre-frontal cortex will be the last part to grow which is basically responsible for decision making; this shows the reason why risky actions are common among adolescents and young adults (Winters and Arria, 2011).

Fields (2001) further discusses at-risk factors that contribute to the development of alcohol and drug dependency. The longer the family denies that they are faced with alcohol and drug

problems, the more vulnerable the family members become. Absence of parental management of children due to the parent's heavy drinking and drug dependence, "make children in that family four to eight times more likely to develop problems with alcohol and drugs" (Fields, 2001:39). This is in most cases due to the lack of parental supervision.

4.1.7 Subtheme 1.8 Unemployment

One of the key informants who worked directly with the youth in Grabouw under the municipality of Theewaterskloof narrated that unemployment among the youth who have completed school and the school drop outs is a major cause for substance abuse in the district as stated below:

Unemployment is a major obstacle in Grabouw there is nothing to do for the youth in this community, some youths feel hopeless and it seems as if there is no one to cultivate the hope within these youths teaching them new skills. We are trying to send our youth to study further by offering them bursaries from the municipality and we hope this will make a difference to the unemployment issues in this community. Not having anything to do that's when they start experimenting with drugs just to keep themselves occupied but in the long run they will get addicted.

Stats SA (2011) reported a 25 % unemployment rate among the youth between the ages of 14 to 35 in Grabouw. The World Drug Report (2012) confirms that unemployment is one of the key socio-economic drivers for substance use and drug trafficking. Looking at the large numbers of people who are jobless in many countries, especially looking at the youth, it will be hard for these people to be employable because of substance use/ abuse as they turn to drugs after being discouraged and because of disappointment in not securing a job (World Drug Report, 2012). Thabethe (2012) reported that alcohol misuse costs R9 billion a year and the cost to the job industry causes poor productivity, absenteeism, interpersonal conflict and damage to property. Most people from disadvantaged backgrounds have a high probability of substance use. Data from the United States for, example shows that individuals who earn high salaries have lower rates of substance use than those individuals who earn low salaries (World Report on Drugs, 2012).

4.1.8 Subtheme 1.7 Dop system

In order to have spending money some youths, both school going and the ones out of school, work in part time jobs on the farms. One youth noted that in Grabouw some farmers are still paying their workers wine instead of money and this has contributed to the high substance abuse in Grabouw among the youth as reflected in the statement below:

Grabouw is full of farm workers and what they do on the farms is that they are given wine as payments they get in their hands from the bosses. So you will end up having a situation where the workers are being addicted to alcohol because it is cheap and also the fact that you can get it on credit.

London (2000) writes that the use of the “dop” system, which is the use of alcohol as wages for farm workers and which was implemented during the early colonial settlement years, can still be found in rural farmlands. It has been well documented that it is still currently being implemented in certain rural areas. One of the results found by London (2000) is that alcohol consumption amongst farm workers remains high on farms where the “dop” system is, or was implemented.

4.1.9 Subtheme 1.9 Availability and affordability

Substance abuse can begin in one’s life simply because; the drugs and alcohol are easily available. Despite the regulations which prohibit alcohol to be sold to under age children, drugs and alcohol seems to be easily available and affordable for everyone. The following narratives show how available and affordable substances of abuse are in the community of Grabouw:

Some of the youth in Grabouw abuse drugs and alcohol simply because it’s easily available and affordable.

Our bottle store here which is very up market they cater for everyone they got alcohol from R5 a bottle up to R200 a bottle.

My friends and I have our own secret garden where we grow the plant; we usually don’t spend a lot of money for buying drugs. With alcohol I sometimes have seasonal jobs at the farm, so we usually get access to wine and it’s sold for a very cheap price.

Drugs are everywhere, in school, in almost every corner of their neighborhoods one just has to know who to talk to.

They can be accessed from a common kitchen, so over the years tik is sold in the communities and the drug smuggler will buy the pure tik and they will go home add some detergents such as window cleaner, Handy Andy and battery acid they add it and it is sold on the streets and it's readily available to everyone.

Tjo it is so easily available these days and I think it's not a problem to get them and as far as I know you can even get them on the school premises, in the neighborhoods they stay they are drug dealers that they can purchase it from.

Tik, alcohol I think the youngsters are putting a lot into it, also tik because it is very cheap, and easily available for R20 you can get a fix.

NSDUH (2012) indicates that one of the main factors which explain substance use is how accessible it is and how people view the effects from the use of drugs on the user and the environment. There is an increase in the number of youth who do not have jobs in South Africa, especially in the poor areas and this has also increased alcoholism as liquor can be bought without any restrictions on individuals of all ages in mostly unlicensed bottle stores, shebeens and bars (NSDH, 2012 and Prinsloo, Ladiko and Nesar, 2005). Liquor is not allowed to be sold to individuals under the age of 18 years and this is prohibited by the law of this country, however the youth in this country always find a way to act against the law as most liquor stores care more about their financial gains than the law (Smith and Foxcroft, 2009).

In the next segment the researcher is going to discuss the psychological reasons for substance abuse among the youth in Grabouw.

4.2 THEME 2- PSYCHOLOGICAL REASONS FOR SUBSTANCE ABUSE AMONG THE YOUTH IN GRABOUW

Various psychological problems affecting an individual such as self-esteem issues, the need to belong and to be accepted, nervousness, and wanting to act like grown-ups can be the root causes of substance abuse (Carson et al., 2000, Visser and Routledge, 2007; Rice and Dolgin, 2007).

4.2.1 Subtheme 2.1 Lack of self-esteem

In this research most of the youth in Grabouw revealed that they have low self-esteem and in order to feel better about themselves substance abuse has been their solution as revealed in the following narratives:

I use Ganga because it will make me laugh and smile at school even when I know in my heart that I am sad.

I started using drugs to get a false sense of self-esteem, here at school you will find out that there are people with low self-esteem and they cannot seem to improve no matter what kind of help they get, we turn to drugs because we become more active and will be able to do things that we never did before.

Some start using drugs as a way of improving their low self-esteem especially when they are shy to perform in public places like in schools, and acting, or singing in concerts. Because some of the people take public performance as their career, they will continue using and become addicted.

With my son these days now that he has been living with bipolar, he uses drugs when he feels very low and unimportant, but as a mother I try my best to discourage him from that.

Dagga makes you friendly with other people; it just put a smile to your face and makes you enjoy the day.

Self-esteem is described as when an individual feel good about them and see themselves as valuable (Louw and Louw, 2007). Rosenberg (1986) in Louw and Louw, 2007) identified different aspects of self-esteem, the baseline self-esteem and barometric self-esteem. The baseline self-esteem is the long lasting feeling of value and happiness that a person has. A person with high baseline self-esteem is always confident about themselves but they might have feelings of hopelessness themselves once in a while (Rosenburg 1986 in Louw and Louw, 2007). Individuals with low baseline self-esteem, “usually have poor opinions of themselves even though they have days when things go right” (Rosenburg 1986 in Louw and Louw, 2007; 316).

Barometric self-esteem is “the fluctuating sense of worth and wellbeing people have as they respond to different thoughts, experiences and interactions in the course of the day” (Rosenburg 1986 in Louw and Louw, 2007; 317). Adolescence seems to be a time when variations in barometric self-esteem are especially intense - feelings of misery, excitement, disappointment, joy and sadness may fluctuate within a few hours, depending on who they are with and what their expectations are. Adults also experience barometric self-esteem but not with the same intensity as adolescence (Rosenburg 1986 in Louw and Louw, 2007; 317). The study by Botes, (2012) also indicates that the youth used drugs to feel better about themselves. Chemical substances have been proved to have a function in facilitating relief from internal discomfort by heightening the euphoric experience as it became clear in the next subtheme.

4.2.2 Subtheme 2.2 Substance abuse as a way of removing stress in one’s life

In the following narratives various participants showed that they were involved in substance abuse in order to relieve stressful situations in their lives as indicated below:

I used drugs to be brave when getting into stressful situations like writing exams or when the principal calls me to his office when I do know that I was wrong.

In relationships, especially in love relationships, in the event that there are problems in the relationship, people turn to drugs so that they can forget about their problems. But well it is a short term solution; they then keep on taking the drug to the extent that they become addicted

The social auxiliary worker at Child Welfare supported the above statement by saying:

See most of them are emotionally unstable and they cannot handle stress and pressure from their homes and they come from homes where mother and father are using drugs. So it’s the anger, pressure at home and they see the easiest way out of their problems as using drugs. Dagga is mostly used by our youth to feel better and forget about their stressful situations.

With the clients that I have seen some of them have built up stress or events that happened in their past and the things that they cannot cope with, because they did not

have resources and did not know how to reach out, they instead abused drugs as a way of relieving stress

A parent shared the following:

My son uses drugs mostly when he is feeling stressed.

One of the grade 10 children at Imiyezo High School made the following statement illustrating the complexity and multifaceted reason for substance abuse:

The reason why I started using drugs is because of stressful situations in my life like not having enough to eat and having too many family responsibilities as a child. For some people they use drugs because they have a long day at school or at work and when they come from school they will come to stressful families who shout or even abuse them so it will be difficult to sleep, so one would drug themselves or drink lots of beer and you will sleep like a baby and forget all your problems.

When there is a death of a loved one, someone being abused by their partner or even job loss, people use drugs to forget their situations.

Other scholars also support what the research participants said, as they report that young people usually use illicit drugs as a way of avoiding different stressors in their lives and just create a sense of happiness in their lives (Zastrow, 2004). More so, some of the reasons for substance abuse is to manage stressful situations, to normalize painful conditions and for pleasure (Rice, 1992). NIDA (2006) states that traumatic events can also intensely influence the abuse of alcohol or other drugs as trauma is a main contributor to the start and continuation of alcohol or other drug abuse. Children exposed to traumatic events in their lives have a high chance of being involved in substance abuse (NIDA, 2006). Williams (2009) described post-traumatic stress disorder (PTSD) as a condition caused by nervousness that occurs after one had experienced a disturbing occasion such as a car accident, death or a serious threat from someone. Research has shown that there is a connection between PTSD and substance abuse as it has been reported that substance abuse started after being exposed to traumatic events in some people (NIDA, 2006).

The following subtheme will discuss sexual stimulation as a reason for substance abuse.

4.2.3 Subtheme 2.3 Sexual stimulation and euphoria as a reason for substance abuse

According to research done by Botes (2012) on the functions of chemical substances on an individual's sexual behaviour, the researcher found that chemical substances enabled participants to act out sexual fantasies; they also noted that substance abuse could enhance sexual experiences and further enhance a euphoric experience. In this study the researcher found that some youth are involved in substance abuse because they want to increase their sexual stimulation and also the need to enjoy the after effects of substance abuse like euphoria. This is evident in the following narratives:

The reason why some of us started using drugs was because of the need to have sexual stimulation.

Some responded that they started to use drugs to have a feeling of euphoria which is defined as a state of intense happiness and excitement (Oxford Dictionary, 2012). Chemical substances “directly affect the human central nervous” system and result, amongst various other effects, in a “euphoric state of awareness” (Rosdahl and Kowalski, 2008:1505, Van Eeden, 200:9). Chemical substances have the ability to change the brain's structure and its performance, “drugs modulate the activity of brain chemicals, each of which intersects with many others” (Van Eeden, 2000:1314). This was expressed in the following narratives:

After my father killed my mother in front of me, I was not happy in my life and in this world. I used Ganga and that thing made me friendly with other people and put a smile on my face and made me enjoy the day.

I use Ganga because it makes me laugh and smile at school, even when I know in my heart that I am sad.

It makes me funny and laugh and all my friends will love me.

One of the parents reported that her daughter said that:

Drugs made her feel happy and she felt like all her problems were going away.

Nace (in Erlank, 2002:61) states that substance use is “associated with the experiences of relief, relaxation, escape, euphoria and sedation” - the changes from the effect are a further motivation for future substance use. The chemical substance user can escape negative emotional effects and create positive experiences.

4.2.4 Subtheme 2.4: Motivation to do unlawful activities.

The youth in the focus groups revealed that the youth in Grabouw use drugs as a motivation to do unlawful activities such as robbery, rape and even committing murder. This is supported in the following narrative:

Some girls use drugs so that when they go to the bar to do prostitution and stripping they will not be shy and drugs do magic in hiding the fear within people’s hearts.

When you get yourself involved with the wrong crowd they can make you do something stupid like maybe make you kill someone or make you steal, so for you to get courage and motivation to do this you have to take drugs.

The above narrative is further supported by the collective research results published by the World Drug Report (2012) which states that there are various ways in which substance abuse is directly associated with the fact that drug users turn to crime for them to sustain their drug taking habits. In general, there are higher levels of drug use among criminals as compared to the rest of the population. In addition most of the criminals will be under the influence of illicit drugs whilst committing the crimes (World Drug Report, 2012). In addition crime is also related to drug trading and the money that they get from trading the drugs is used to fund more criminal activities like illegal armed gangs. Usually when gangs are formed it means there is more violence in the communities (World Drug Report, 2012).

4.2.5 Subtheme 2.5 Boosting performance in sporting activities

Stromness (2002) states that athletes all over the world have been boosting their performance by misusing drugs and some of the drugs they use for this purpose are stimulants, anabolic-androgenic steroids and other performance enhancing drugs. Stromness (2002) went on to say

that most youth use performance improvement drugs because they are very eager to be champions and gain popularity, get rich or even study on scholarships.

This is evident in the following narratives from the youth coordinator at the municipality:

Some of the school going youth started abusing drugs because they wanted to perform extra well in sporting activities such as rugby and athletics.

Drugs are mostly used during sporting season in schools as a way of enhancing physical abilities like running fast and enduring the pain in difficult sports such as rugby.

Mottram (2010) supports the above claims that drugs are used as a way of enhancing performance in sporting activities. The positive effects as mentioned by the author are that drugs such as amphetamine based-stimulants raise attentiveness and motor coordination and decrease exhaustion (Mottram, 2010). Other drugs are also known for helping athletes who compete in weight events to shed excess water weight before a competition. However these drugs have been reported to have side effects such as physical and psychological addictions that will undesirably affect an athlete's performance and profession (Mottram, 2010). The drugs used by these athletes have their side effects such as developing addictions, heart problems, and restlessness and convulsions (Mottram, 2010).

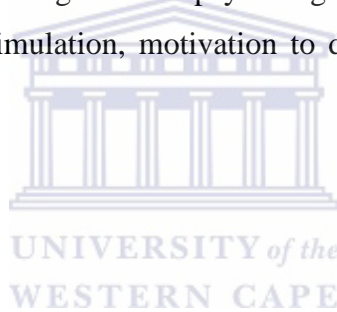
The mostly used substances in Grabouw will be illustrated in the next segment.

4.4 THE MAINLY USED SUBSTANCES AMONG THE YOUTH IN GRABOUW

This segment shows the results of the mainly used substances among the youth in Grabouw, these results were confirmed by the youth, parents and key informants. Some of the reasons for the drug choice are mainly accessibility and affordability. The youth report that they obtain these drugs from friends, drug dealers, and parents who also use and some grow the drugs in their backyards. The mainly used substances among the youth in Grabouw were indicated as dagga, cocaine, mandrax, alcohol, buttons (a chemical substance mixed with prescribed medication), nicotine, tik, pap suck (it is a cheap wine sold in cheap packages) and slimming tablets.

4.5 CHAPTER SUMMARY

This research has allowed the researcher to gain a better understanding of the reasons for substance abuse among the youth in Grabouw. The results showed that there are a number of factors which contributed to the reasons for substance abuse among the youth such as ecological factors and psychological factors. The data was gathered through semi structured interviews and focus groups and the data was later analyzed using thematic data analysis. Two main themes were identified as the main reasons for substance abuse among the youth in Grabouw - these are contextual reasons and psychological reasons for substance abuse. Within contextual reasons, subthemes were also identified - these are family factors which influence the youth to engage in substance abuse, peer pressure, lack of recreational facilities, low religious involvement, experimenting, negative role models, the “dop” system, unemployment and availability and affordability. The subthemes that emerged under psychological reasons are factors such as self-esteem, relieving stress, sexual stimulation, motivation to do unlawful activities and boosting performance in sporting activities.



CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter will provide a summary of the findings that surfaced from the research study, conclusions and recommendations. In general the goal for this research was to explore the reasons for substance abuse among the youth in Grabouw.

This research was done through a qualitative approach and a combination of semi-structured interviews and focus groups were conducted to get the thick data from the participants. The data was thematically analyzed using Creswell's (2009) eight generic step process of qualitative data analysis. This chapter will therefore give a summary of the findings, limitations and conclusions that emerged from the study.

The goal of the study was to explore the reasons for substance abuse among the youth in Grabouw, Western Cape Province and the researcher was able to achieve this goal as reflected by the two main themes that came out of the study namely contextual and psychological reasons for substance abuse among the youth.

5.2 SUMMARY AND CONCLUSIONS ARISING FROM THE RESEARCH FINDINGS

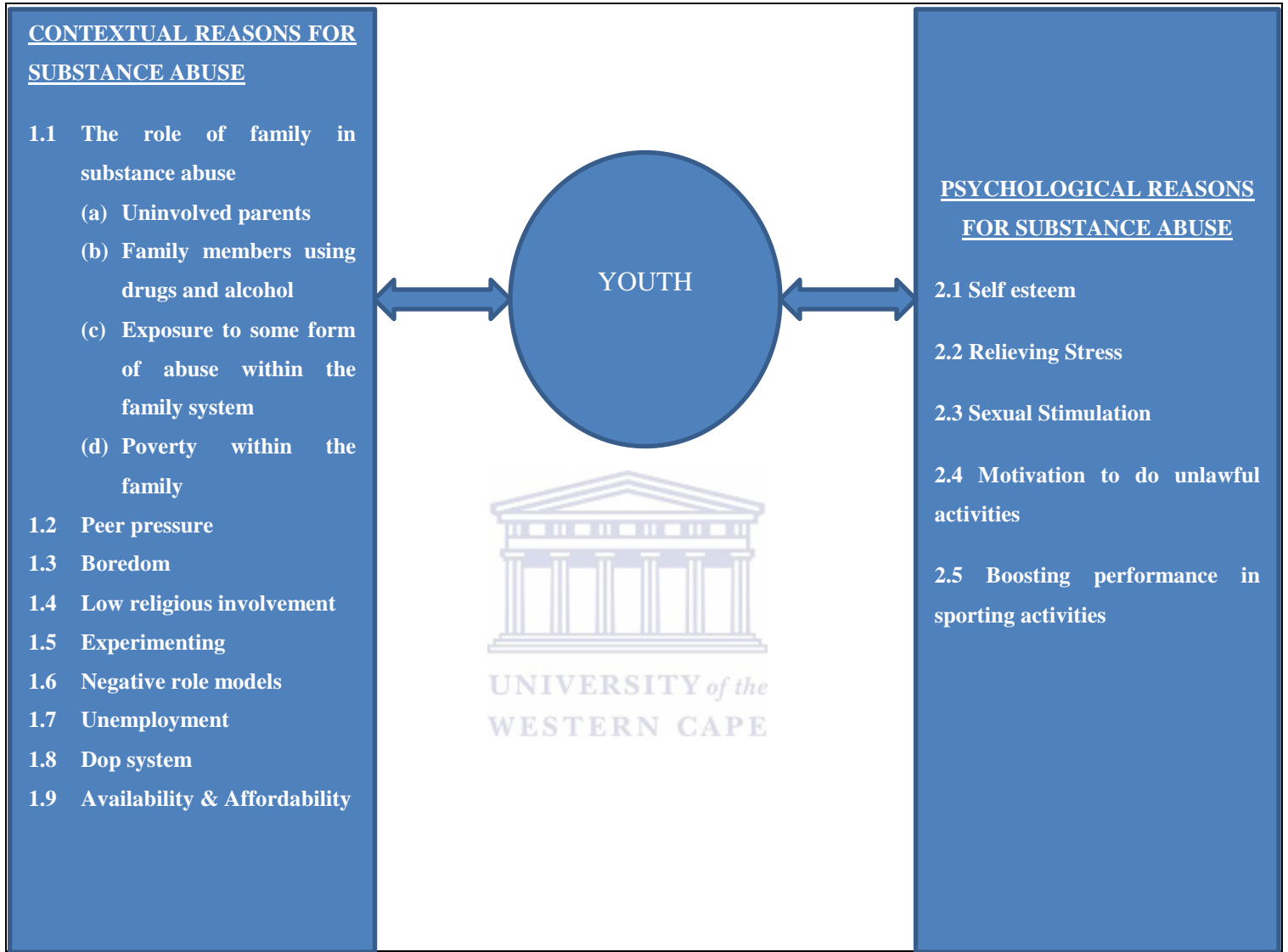
The main findings of the study will be summarized in relation to major themes that were explored as shown in the next paragraphs. Two major themes were identified after the researcher collected data from key informants who work directly with the youth in Grabouw, the youth and the parents whose children are involved in substance abuse. The two identified themes all related to the research question posed that was to explore the reasons for substance abuse among the youth in Grabouw, Western Cape Province, South Africa.

The identified themes are as follows:

Theme 1: Contextual reasons for substance abuse among the youth in Grabouw

Theme 2: Psychological reasons for substance abuse among the youth in Grabouw

Diagram 3: Summary of research findings



The above diagram illustrates the integrated findings of the research study for the reasons of substance abuse among the youth in Grabouw. The research findings were grounded in the ecological theory which states that there are no single characteristics of an individual which exist in isolation, but that the complete individual characteristics progress their importance and expression through transactions with their surroundings (Gitterman and Germain, 1981 in Green, 2010). The diagram also portrays that substance abuse is a complex thing and therefore it should

not be looked at from a single point of view as the reasons for substance abuse have been proven by this research study to be very eclectic. A full summary of the main findings will be discussed below.

Theme 1.Contextual reasons for substance abuse among the youth in Grabouw

The findings of the investigation showed that the environment in which the youth are living, that is mainly the family environment, was seen to be the major contributing factor to the reasons for substance abuse among the youth in Grabouw. Within the contextual reasons for substance abuse as a major theme, several subthemes were identified such as family factors, peer pressure, lack of recreational facilities, low religious involvement, experimentation and negative role models. Participants were in agreement that family play a major contributing factor in substance abuse - this is mostly because of the neglect of the children, all forms of abuse and parents being uninvolved in the children's lives. Basically, family members were perceived as negative role models by most participants as some youths reported that staying under the same roof with parents and older siblings who use drugs makes them identify with such behaviours. A parent and various stakeholders and the youth themselves agreed that peer pressure is also a cause of substance abuse among the youth in Grabouw and that they are initiated into substance use when they are at high school level. They articulated that boys and girls in the community agree to use drugs when their friends offer it to them so as to maintain friendships, to look cool, fear of rejection and a sense of belonging.

Lack of recreational facilities in Grabouw has been revealed as a reason why the youth would turn to substance abuse. It has been said that simply because there are no activities to be involved with in the area, the youth would enjoy themselves while drinking at small parties and even at home. A religious minister in this research pointed out that low religious involvement makes the youth of Grabouw more prone to substance abuse as they lack the guidance that the teaching of God gives with regards to keeping our bodies clean as the body is referred to as the temple of God. Participants also expressed that most of the youth started using drugs and alcohol as a way of experimenting and later got addicted. Participants also agreed that negative role models in the community are also part of the cause of the reasons for substance abuse amongst the youth. Drugs are furthermore reinforced by the media, which successfully creates an industry which

portrays drug use as a useful remedy for all bodily complaints and solutions for various complications.

Participants agreed that the “dop system” is still practised by some of the farmers around Grabouw and this had made most youth dependent on alcohol. Farm workers are being given wine instead of money and the farmers do not even consider the ages of the people to whom they give wine and this has put the youth at risk for alcohol abuse. In Grabouw, being a small farming area, most people depend on seasonal jobs on the farms and when it is off season, it means there are no activities for the youth. The participants, especially the key informants, expressed that unemployed youth use drugs and alcohol for recreational purposes as they do not have anything to do. Substance abuse can begin in one’s life simply because the drugs and alcohol are easily available. Despite the rules and regulations which prohibit alcohol from being sold to under age children, drugs and alcohol seem to be easily available and affordable for everyone. Participants agreed that alcohol is cheap and easily available to people of all ages, and drugs such as Ganga are grown in people’s backyards. The parents are also seen as also responsible for youth substance abuse as they use drugs/alcohol in front of their children and at times offer them drugs.

In the next section the researcher will give a summary of the psychological reasons for substance abuse among the youth in Grabouw.

Theme 2 Psychological reasons for substance abuse among the youth in Grabouw

Sub themes that emerged from the psychological reasons for substance abuse are self-esteem, relieving stress, sexual stimulation, and motivation to do unlawful activities and boosting performance in sporting activities.

Most participants were in agreement that low self-esteem is a major psychological reason for substance abuse. This can be also linked to an inadequate relationship with their families and parenting practices. In order to have high esteem, most youths have turned to drugs and alcohol and this is because they want to avoid rejection from the popular children at school and in the community and they want to perform without fear and be able to stand up for themselves. Participants also agreed that the youth come from stressful environments with abuse, poverty, uninvolved parents or they come from a child headed family and these factors had made the

youth turn to drugs and alcohol to relieve their stress. They also verbalized that another reason for using drugs and alcohol is for sexual stimulation and euphoria. Participants were also in agreement that the youth use drug and alcohol as a motivation for doing criminal activities such as robbery, rape and even murder. Lastly, in this segment of psychological reasons for substance abuse, participants were in agreement that the youth use drugs as a way of boosting their performance in sporting activities.

In the next paragraph the researcher will give a summary of the research objectives and how they were achieved.

5.3 RESEARCH GOALS AND OBJECTIVES

The goal of the study was to explore the reasons for substance abuse among the youth in Grabouw, Western Cape Province, in order to meet this goal the researcher had to follow the following set objectives:

- To explore the parents' perspectives on the reasons for substance abuse among their children and other youth in Grabouw
- To explore the reasons for substance abuse with the youth who abuse substances.
- To explore the reasons for substance abuse with the youth who do not use and those who do use substances.
- To conduct one-on-one interviews with the parents discussing the reasons for substance abuse amongst the youth in Grabouw

The researcher was competent enough to achieve the above mentioned goals through implementing accomplishing the following process:

- In-depth one-on-one semi structured interviews were conducted with the stakeholders, parents and some of the youth, with the aim to explore the reasons for substance abuse amongst the youth in Grabouw.

- Focus groups were conducted with the youth who do not use and the ones who use substances of abuse to acquire their perspective on the reasons for substance abuse among the youth in Grabouw.
- The data acquired from the focus groups and one-one-one interviews with participants was transcribed and the data was sorted and analyzed following the eight steps of qualitative data analysis constructed by Tesch (in Creswell, 2009).
- From the acquired data the researcher was able to describe the reasons for substance abuse amongst the youth in Grabouw.
- The researcher then interpreted and analyzed the researched findings, identified main and subthemes and conducted a literature control in order to confirm the data.
- Conclusions and recommendations were made. The recommendations were aimed at informing the helping professionals such as social workers and key people who work directly with the youth such as teachers, nurses, school principals, police officers and community leaders just to mention a few about the reasons for substance abuse amongst the youth. This was with the aim of involving such people in finding ways to stop and prevent substance abuse issues from escalating in the community of Grabouw.

The above objectives were aimed at discovering the reasons for substance abuse among the youth in Grabouw. The discovery was intended to be made in the narratives reported by research participants who abuse drugs and the ones who do not, key informants who have been directly involved with the youth who abuse drugs and the parents of the youth who abuse drugs. The research question of this proposal was a clear review into the phenomenon that was examined and analyzed and by drawing conclusions, yielded useful new information.

5.4 RECOMMENDATIONS TO THE HELPING PROFESSION AND TO POLICY DEVELOPERS

The following recommendations can be made from the findings.

- It is worth noting that awareness and prevention programme should be focused more on the parents. This gives parents responsibility as parents and enhances their parenting skills. In a way this opens communication lines between a parent and a child and ultimately enhances relationships. Parents are therefore encouraged to take part in all steps of programme on awareness and prevention, so that they can be aware of the symptoms of substance use among their children and why they use substances in the first place.
- There should also be a study on the intergenerational drinking patterns or self-esteem of the parents with a purpose of building their own self esteem.
- In order to prevent the use of chemical substances among the youth, prevention programme should be implemented from an early age, that is from primary school level and these programme would change those who are already involved in drugs to use less and maybe stop in future.
- Drugs and alcohol are being sold and used on school premises. The Department of Education, in conjunction with the schools, should put in place searching teams at school gate and do random checks at schools to prevent drug and alcohol use hence building a safe and drug restricted school.
- Prevention programme, counselling and focus groups for the substance user and those who do not use must be held regularly so that the target population would not lose focus. This came after the researcher realized that in the Grabouw area only the ‘Riet Family Guidance Centre’ is one of the major organizations dealing with substance abuse in the area and they have one group counselling session per month. This seems not to be effective as the clients go back into the community and relapse.
- A national mentoring programme should be implemented whereby young adults are recruited and trained to be positive role models for the youth in their communities. This will focus on some of the challenges that the youth are facing, such as substance abuse. The mentors could

be some people that the youth look up to like university graduates, famous sports players, celebrities and even political idols.

- Alcohol has been seen as the drug of choice for the youth in Grabouw and in the Western Cape in general. The government should put in place ambassadors who will constantly remind the shop owners about the age limit for selling alcohol in South Africa.
- Investigations must be done in the farming areas of Grabouw, as the “dop” system seems to be practised by some farmers. Action should be put in place as these farmers are contributing to the rise of alcohol abuse in Grabouw.
- An eclectic approach to community intervention programme should be implemented, educating the families and the wider community about the misconceptions that people might have about the benefits of drugs and alcohol such as being stress relievers and not knowing that they will be doing harm to their bodies. The community will be educated about better ways to deal with their problems.
- Low self-esteem was identified and agreed upon by most participants in the research as a major cause for substance abuse among the youth. School based programmes should put more attention on educating the students about the importance of self-esteem, positive self-concept and identity. This will help the youth to resist peer pressure and to know who they are.
- The Municipality of Theewaterskloof, the Department of Education should ensure that recreational facilities are developed and equipped with activities that will draw the children and the youth from the streets. It is also good for social cohesion in the community.
- The Department of Social Development in collaboration with the Department of Education should make career development programme more accessible to all social workers and equip them with substance abuse intervention skills at it was clear from some social workers that they lack experience in this subject. A permanent social worker or a psychologist should always be available at schools as the principal of Grabouw High School reported that in the whole district there is only one social worker and he/she might visit the school once a year or never. The students will only learn about social issues such as substance abuse and HIV/AIDS in the life orientation class, so if there is a social worker available at each school, prevention programme and counselling sessions will be available throughout the year and the

consistence of the programme will make it more effective in lessening the risk of students being involved in substance abuse.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH TO BE CONDUCTED BY UNIVERSITY OF THE WESTERN CAPE AND THE OTHER RESEARCH BODIES

- Parents who are not highly involved in their children's lives have been identified as one of the major reasons for youth substance abuse in Grabouw. With this in mind researcher recommends that more research should be conducted to find out the reasons for parents to be uninvolved in their children's lives and to find solutions on how the situation can be improved.
- Low self-esteem has also been identified as a common theme on the reasons for substance abuse among the youth in Grabouw, more research should be done on this subject and solutions should be found to alleviate the problem among the youth hence reducing the chances of their involvement in substance use.
- Research should be done to find out how best the interdisciplinary professionals can work together to alleviate or reduce the substance abuse problem in Grabouw. This is because the researcher believes that the intervention should be done using a multifaceted approach that does not only deal with the client in isolation but also looks at their environment and how it might have contributed to the problem at hand. This approach will produce more effective results than looking at one point of view.

5.6 CONCLUSIONS BASED ON THE RESEARCH PROCESS

This section will summarize the qualitative research methodology followed by the researcher and also present conclusions with regards to the qualitative approach process that was undertaken in an effort to answer the research question. A quantitative research can follow this one to determine the main reason for the use of drugs and to determine the parenting practices in Grabouw.

5.6.1 Research approach

The researcher concludes that using an ecological perspective as a theoretical framework of this study, facilitated an ideal environment for this research to unfold the reasons for substance abuse among the youth in Grabouw. This approach allowed the researcher to explore a varied view as to what the reasons of substances abuse are among the youth within the context of Grabouw.

5.6.2 Methodology

The following segment will look at the research method providing conclusions and recommendations regarding the population, sampling, data collection, data analysis and verification of data.

Data collection was done using one-on-one in-depth semi structured interviews and focus group discussions. The interviews focused on exploring the reasons for substance abuse among the youth in Grabouw. Interviews were transcribed, sorted and analyzed according to Creswell's (2009) eight steps of qualitative data analysis. The data was then interpreted, evaluated and then subjected to a literature control in order to authenticate them. The methodology used in this regard proved to be appropriate for the researcher to answer the research question and achieved the desired outcomes with regard to the main aim of this research study.

In this study the researcher was competent in evaluating the trustworthiness of qualitative research using Guba's model for assessing the worth of the study. The researcher focused on the four basic concepts described by the model as "(1) truth value, (2) applicability, (3) consistency and (4) neutrality" (Krefting, 1991). In achieving *truth value* the researcher ensured that only the original data given by participants was used. The researcher assembled field notes immediately after the interviews, as during the interviews only brief notes were taken. This was most effective in trying to capture information that was gathered during the focus group session. The researcher referred to the original literature review during data collection, to ensure that relevant information was collected. During the analysis of the collected data, literature was integrated into themes and sub themes to authenticate the findings. Data from other sources, for example, other research studies conducted previously, was used to corroborate and elaborate upon the research study and its applicability was confirmed by the supervisor and peers who are experts in the

substance abuse field. The researcher also went back to the community at the end of the study to validate the findings by doing member checking. The researcher summarized and reflected on the meaning of the data to check whether the researcher understood the participants' responses. In order to determine whether the findings of this study can be confirmed by other studies, a research report was compiled. All interviews were recorded; transcripts and analyzed data were recorded in the form of a report for future reference.

Applicability was obtained when the research findings fitted into contexts other than that of the study situation but which have some degree of similarity. *Consistency was* achieved by reproducing the same study using the same participants in a comparable context and still produced the same findings (Guba as cited in Krefting, 1991).

Neutrality was achieved by making sure that the data obtained from the participants remained free of bias and perspective. The researcher was able to substantiate the data by ensuring that truth value and applicability were achieved (Guba as cited in Krefting, 1991).

5.7 LIMITATIONS OF THE QUALITATIVE RESEARCH PROCESS APPLIED IN THIS STUDY

The researcher concludes that the chosen theoretical approach allowed the researcher to reach the objectives and the goals of the research in order to answer the set question. Using qualitative methodology proved to be effective in the study, however there are limitations that were identified by the researcher which include:

- Little research has been done on the explorative study on the reasons for substance abuse among the youth living in the rural areas of South Africa - research done is more quantitative and less explorative in nature
- Finding participants for the research was very difficult, especially parents, as there was only one organization which works with parents whose children abuse drugs. With other participants such as key informants, the researcher initially planned to use purposive sampling but however she combined it with snowball sampling because it was difficult to recruit participants. The idea of combining two sampling methods was very successful and it helped to locate enough participants for the research.

- Due to language barriers the researcher experienced difficulties in making contact with the parents whose children are abusing drugs and who were willing to interview in English as they preferred using Afrikaans which is their first language. An interpreter was however recruited to translate the Afrikaans and Xhosa interviews into English.
- With regards to interviewing key informants the researcher was quite disappointed with some of the responses that the social workers gave. They were not aware of the issues of substance abuse in their community, but they are the people who are directly involved with the community every day. The researcher recommends that organizations should provide career development programme for their social workers so that they can improve on certain aspects in their careers.

5.8 SELF-REFLEXIVE ISSUES OF THE RESEARCHER

In doing this research the researcher did not allow her personal opinions to affect the research process therefore the interviews were carried out in a professional ethical manner as the researcher proved to be non-judgmental and respectful of the respondents self-worth and dignity. All the interviews were done at a convenient place for the respondents. The researcher avoided sensitive questions so as to avoid coercing the participants into giving information that they were not comfortable with. A process of self-reflection is therefore of greatest importance. According to Hammell, Carpenter and Dyck (2000:113) reflexivity involves “articulation of the deep-seated views and judgments that affects the research topic but also a full assessment of the influence of the researcher’s background, perceptions and interest in the research process”. Polgar and Thomas cited in Coneeley (2002:187) point out that reflexivity is a means through which rigour in research can be increased. This process of capturing and analyzing subjective elements could result in deeper understanding.

In the initial stage of the interviews the researcher was hesitant and was not really sure if the experience that I had was enough to carry out such an extensive research. Also the fact that I am a Zimbabwean and working in an Afrikaans and Xhosa dominated area was quite a challenge for me. However as time went on the researcher felt relieved when the participants seemed at ease during interviews and were able to open up more. Also there were people to assist me with the translations which made the data collection phase manageable. I was competent enough to

accomplish all the goals and objectives set for this study on time and the study yielded good results. After gaining entry into the schools to collect data I was faced with a challenge that the schools authorities could not allow me to conduct one-on-one interviews but to create focus group discussions to suit the contextual realities of the school environment

5.9 REFLECTION WITH THE COMMUNITY

During November 2013 the researcher presented the findings to the members of the community which verify and clarify the data. When reflecting on the results the community revealed some of the problems in the community which have an impact on the progress to alleviate substance abuse problem. The problems that were mentioned are uninvolved parenting, incompetent leadership by the municipality, fragmentation within the community, competition between churches and Non-Governmental Organizations (NGO) and lack of collaboration between leaders and structures were highlighted. Some of the community members also emphasized that serious consideration and support should be given to the family life and youth of Grabouw. They also clarified some of the concepts which came from the research for example what “pap sak” and “button” mean and confirm that they are in agreement with the data.

REFERENCES

- Adams, R., Dominell L. and Payne, M. 2009. *Social work themes, issues and critical debates*. 3rd Ed. USA: Palgrave Macmillan.
- Allan, K. 2011. *Contemporary social and sociological theory*: USA. Sage Publications.
- Alpaslan, A.H. 2012. *Only study guide for SCK410B: Social work research - A step by step guide how to conduct a 4th year research project*. Pretoria: Unisa.
- Arkava, M.L. and Lane, T.A. 1983. *Beginning social work research*. Boston: Allyn and Bacon.
- Arnett, J.J. 2001. *Adolescence and emerging Adulthood: A Cultural Approach*. Upper Saddle River, New Jersey: Prentice-Hall.
- Aylward, G.P. 2003. *Practitioner's guide to children with behavioural problems*: UK Library of Congress.
- Babbie, E. and Mouton, J. 2008. *The practice of social research*. England: Oxford University Press.
- Baron, R.A and Byrne, D.R. 2009. *Social Psychology*.3rd Ed. USA: Library of Congress Publications.
- Baumrind, D.1991. "The influence of parenting style on adolescent competence and substance use," *Journal of Early Adolescence*, 11(1), 56-95.
- Benson, J.B. and Marshall, M. H. 2009. *Social and Emotional Development of Infancy and Early Childhood*. USA: Library of Congress.
- Berger, K.S. 2001. *The Developing Person throughout the Lifespan*. 5th Ed. New York: Worth publishers.
- Berk, L.E. 2000. *Child Development* 5th ed. Boston: Allyn and Bacon.
- Berk, L. E. 2007. *Development through the lifespan*.4th Ed. Boston: Pearson Education Inc.

- Botes, J.H. 2012. *Exploring the functions of chemical substances in individuals' sexual behaviour*: South Africa. University of South Africa.
- Bronfenbrenner, U.1989. *The Ecology of Human Development: experiments by nature and design*. USA: Library congress.
- Brink, H.I. 1996. *Fundamentals of research methodology of health care professionals*. Kenwyn: Juta.
- Burrow-Sanchez, J. and Hawken, L. 2007. *Helping Students Overcome Substance Abuse: Effective Practice for Prevention and Intervention*.USA: Library Congress.
- Butcher, J.N., Mineka, S. and Hooley, J.M. 2007. *Abnormal Psychology*. Boston: Allyn & Bacon.
- Cami, J. and Farré, M. 2003. *The New Journal of Medicine*. N Engl J Med 2003; 349:975-986.
- Canadian Centre on Substance Abuse. 2007. Substance Abuse in Canada: *Youth in focus*. Ottawa. Available on <http://www.ccsa.ca/2007%2520CCSA%2520Documents/ccsa-011521-2007-e.pdf> (Accessed on 17/04/2012).
- Carson, R.C., Butcher, J. N. and Mineka, S. 2000. *Abnormal Psychology and Modern Life*. 11th Ed. London: Allyn & Bacon.
- Caspi A., Henry B., McGee R., O., Moffitt T., E & Silva P., A.1995 "Temperamental origins of child and adolescence behaviour problems from age three to fifteen,". *Child Development*. Accessed from <http://www.ncbi.nlm.nih.gov/pubmed/7497829> (Accessed on 17/04/2012).
- Chambliss, D.F. and Schutt, R.K. 2010. *Making sense of the social world: methods of investigation*. UK: Sage Publications
- Chopra, M. & Sanders, D. 2004. "From Apartheid to Globalisation: Health and Social Change in South Africa," *Hygiea Internationalis* 4(1): 153–174.
- Collins, A.W. "Contemporary Research on Parenting," *American Psychologist* 55, no. 2 (2000): 218-32.

Comer, R.J. 2010. *Abnormal Psychology*. New York: Worth Publishers.

Coneeley,A.L.2002. “Methodological issues in qualitative research for the researcher/practitioner”. *British Journal of Occupational Therapy* 65:185-190.

Creswell, J.W. 2003.*Research design: qualitative, quantitative and mixed approaches*. 2nd Ed. Thousand Oaks: Sage Publishers.

David, F.B. and Blasi, C.H. 2012. *Child and Adolescent Development. An Integrated Approach*: Library of Congress.

D’Cruz, H. and Jones, M. 2004. *Social Work Research: Ethical and Political Contexts*. California: Sage publications.

De Genova, M. K. and Rice, F.P. 2002. *Intimate Relationships, Marriages, and Families*. Boston: McGraw Hill.

Department of Social Development. 2006-2011. *National Drug Master Plan*. Pretoria.

De Vos, A.S., Strydom, H., Fouche, C.B and Delport, C.S.L. 2002.*Research at Grassroots. For the Social Sciences and Human Services Professions*. 2nd Ed. Pretoria: Van Schaik.

De Vos, A.S., Strydom, H. Fouche, C.B and Schurink, E.W. (1998). *Research at grass roots – A primer for the caring profession*. Pretoria: Van Schaik Publishers.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delpport, C.S.L. 2005. *Research at grass roots for the social science and human service professions*. 3rd ed. Pretoria: Van Schaik Publishers.

De Wit D, McKee C. Fjeld J, Karioja K., “The Critical Role of School Culture in Student Success,” *Centre for Addiction and Mental Health*. December 2003.

Diagnostic and statistical manual for mental disorders. 4th Ed. Text revision. 2007. USA.Library of congress.

Donovan, J.E. 2004. “Adolescent Alcohol Initiation: A Review of Psychosocial Risk Factors,” *Journal of Adolescent Health* 2004; 35:52.

Dryfoos, J.G. 1990. *Adolescents at risk: Prevalence and prevention*. New York: Oxford University.

Dube, S.R., Anda, R.F., Felitti, V., Chapman, D., Williamson, D.F. and Giles, W.H. 2001. "Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study," *Journal of the American Medical Association* 286: 3089-3096.

Elliott, E.2008.*At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press.

Ellis, G.F.R., Stein, D.J., Thomas, K.G.F. and Meintjes, E.M. 2012. *Substance use and abuse in South Africa*. South Africa: CT Press.

Erasmus, J.E. 2000. "Dependency, personality traits in substance dependents. Unpublished Master of Social Sciences" .*Clinical Psychology dissertation*. South Africa: University of North West.

Fergusson, D., Horwood, L. and Lynskey, M. 1997. "Childhood sexual abuse, adolescent sexual behaviours and sexual victimization," *Child Abuse & Neglect*, 21(8): 789-803.

Fillies, G. 2012. *Interdisciplinary Teaching and Learning Unit*. University of the Western Cape: South Africa.

Findings from the Adverse Childhood Experiences Study. *Journal of the American Medical Association* 286:3089-3096.

Flick, U. 1992. "Triangulation revisited: Strategy of validation or alternative?" *Journal for the theory of social behaviour*, 22: 175-198.

Freisthler, B., Needell, B. and Gruenewald, P.J. 2005. "Is the physical availability of alcohol and illicit drugs related to neighbourhood rates of child maltreatment?" *Child Abuse and Neglect*. 2005; 29:1049–1060.

Garrard, J. 2011. *Health Sciences Literature Review Made Easy*. UK: Library Congress.

Genius, S. Talk to your teen about sex. Retrieved September 2, 2013 from <http://www.womantodaymagazine.com/fitnesshealth/teensex.htm/?a=1187>

Grabouw case study 2010. *A narrative. Sustainability Institute*: South Africa.

Graziano, A.M. & Raulin, M.L. 2010. *Research Methods. A Process of Inquiry*. USA: Allyn & Bacon Publications.

Greene, R.R. 2010. *Human Behaviour Theory in Social Work Practice*. USA: Library Congress.

Greene, R.R., 2011. *Human Behavior Theory and Social Work Practice*. USA: Library Congress.

Gwinnell, E. and Adamec, C. 2006. *The encyclopaedia of addictions and addictive behaviours*. USA: Facts on file Inc.

Hamdulay, A. and Mash, R. 2011. *The prevalence of substance use and its associations amongst students attending high school in Mitchells Plain*. Cape Town: South Africa.

Hammell, K.W., Carpenter, C. and Dyck, I. 2000. *Using qualitative research – a practical introduction for Occupational and Physical therapists*. Edinburgh: Churchill Livingstone.

Harrison, P., Fulkerson, J., and Beebe, T. 1997. "Multiple substance use among adolescent physical and sexual abuse victims," *Child Abuse & Neglect* 21(6): 529-539.

Hawkins, J., Catalano, R. and Miller, J. 1992. "Risk and protective factors for alcohol and other drug problems in adolescence and early childhood," *Implications for substance abuse prevention. Psychological Bulletin* 112: (1) 64-105

Hektener, J.M., August, G.J. and Realmuto, G.M. 2000. "Longitudinal family and peer affiliation among aggressive and non-aggressive children participating in a summer school programme," *Journal of child psychology* 29: 603-614.

Henning, E., Van Rensburg W. and Smith B. *Finding Your Way in Qualitative Research*. Van Schaik Publishers: Pretoria

Hepworth, D.H., Rooney, R.H., Rooney, G.D and Larsen J.A 2008. *Direct Social Work Practice Theory and Skills*. USA: Brooks/Cole.

Hoberg, S.M. 2001. "Adolescent substance abuse: perspectives on club drugs," *Journal of the Faculty of Education University of South Africa*, 30: 249-271.

Holloway, I. 1997. *Basic concepts for qualitative research*. USA: Blackwell

Howe, D. 2009. *A brief introduction to Social Work*. UK: Palgrave Macmillan.

Jacobs, S. N. 2012. *Financial and fiscal commission: public hearings, sustainable financing of local government*. Grabouw: Western Cape.

Jaffe, M. L. 1998. *Adolescence*. New York: John Wiley & Sons.

Kadali, R. and Thomas M. 2013. "Unemployment plays a big role in substance abuse," *Alcohol, drug use in SA twice the global average*. Retrieved from:

<http://www.citizen.co.za/citizen/content/en/citizen/opinioncolumnists?oid=419376&sn=Detail&pid=334&Unemployment-plays-big-role-in-substance-abuse> (Accessed on 20/06/2013).

Kail, R.V. and Cavanaugh, J.C. 2013. *Human Development: A Life-Span View, 6th Ed. A Life-Span View*. USA: Library of Congress.

Karen Lesly, M. D. 2008. Youth substance use and abuse: Challenges and strategies for identification and intervention. *Canadian Medical Association Journal*, 178(2), 145-148. Retrieved 04/06/2013, from [http:// www.pubmedcentral.nih.gov/articlerender.fcgi?i=2175001](http://www.pubmedcentral.nih.gov/articlerender.fcgi?i=2175001)

Kawaguchi, D. 2004. "Peer Effects of Substance Use among American Teenagers," *Journal of Population Economics* 17: 351-367.

Kerlinger, F.N. and Lee, H. B. 2000. *Foundations of behavioral research*. 4th Ed. Singapore: Wadsworth Thomson Learning, Inc.

Kirisci, L., Tarter, R., Mezzich, A., Ridenour, T., Reynolds, M. and Vanyukov, M. 2009. "Prediction of Cannabis Use Disorder between Boyhood and Young Adulthood: Clarifying the

Phenotype and Environ type American Journal on Addictions” *The official Journal of the American Academy of Addiction Psychiatry*. Volume 18 Issue 1, 36-47.

Kirst-Ashman, K.K. and Hull, G. H. 2009. *Generalistic practice with organisations and communities*. USA: Brooke/Cole.

Koenig, B.L. 2001. *Handbook of Religion and Mental Health*.UK: Academic Press

Kraman, P. 2004. *Drug abuse America-Rural Meth. The Council of State Government*. USA: Lexington.

Krefting, L. 1991.*Rigor in qualitative research: the assessment of trustworthiness*. Canada: University of Queens.

Krueger, R. A. A. 2009. *Focus Groups A Practical Guide for Applied Research Fourth Edition*: USA: Sage Publications.

Lewis-Beck, M.S., Bryman, A. and Liao, T.M. 2004. *The sage encyclopaedia of social science research methods. Volume 3*. USA: Sage Publications.

Liamputtong, P. 2007. *Researching the vulnerable. A guide to sensitive research methods*. London: Sage Publications.

Liddle, H. and Rowe, C. L. 2006. *Adolescent substance abuse: Research and clinical advances*. New York: Cambridge University Press.

Lochman, D. 1994. Robbins, T., Van Kammen, L. and Stouthamer, L.1991. *Medical Research Council's* retrieved from <http://www.capetown.gov.za/en/drugs/Pages/default.aspx>

Accessed on (10/09/2013).

Lorillard, L. 2003. *Goals and Goal Setting: Achieving Measured Objectives*. USA: Crisp Publications.

London, L. 2000. “Alcohol Consumption amongst South African Farm Workers,” *A Challenge for Post-Apartheid Health Sector Transformation. Drug and Alcohol Dependence* 59: 119-206.

Louw, D. and Louw, A. 2007. *Child and Adolescent Development: Psychology publications*. South Africa.

Macmillan Online Dictionary.2012

Retrieved from <http://www.macmillandictionary.com> (accessed on 28/05/2012).

Madu, S. N. & Matla, M. P. Q. 2003. "Illicit drug use, cigarette smoking and alcohol. Drinking behavior among a sample of high school adolescents in the Pietersburg Area of the Northern Province, South Africa," *Journal of Adolescence* 26(1), 121-136.

Malterud, K. 2001. "Qualitative research: Standards, challenges and guidelines," *The Lancet* 358:483-488.

Marshall, C. and Rossman, G.B. 2011. *Designing qualitative research*, 5th Ed. Los Angeles: Sage Publications.

Maxwell, J.A. 1996. *Qualitative Research Design*. USA: Sage publications.

Mbalula, F. 2012. "Minister of Sport & Recreation," *Sport & Recreation South Africa national youth camps 2012*: South Africa.

McCullough, M. and Willoughby, B. 2008. "Religion, self-regulation and self-control, Associations, explanations and implications," *Psychological Bulletin*.

McKinney, C., Donnelly, R. and Renk, K. 2008. "Perceived Parenting, Positive and Negative Perceptions of Parents, and Late Adolescent Emotional Adjustment," *Child and Adolescent Mental Health* 13(2): 66 –73.

Meara, E. and Frank, R.G. 2005. "Spending on Substance Abuse Treatment," *How much is enough?* 100: 1240-1248.

Melnick, S.M. and Hinshaw, S.P. 2000. "Emotional regulation and parenting in AD/HD and comparison boys, linkages with social behaviour and peer preference," *Journal of Abnormal Psychology*.

Mezzich, A.C., Tarter, R.F., Giancola, P.R. and Kirisci, L.2001. "The dysregulation inventory: A new scale to assess the risk for substance use disorders," *Journal of Child & Adolescent Substance Abuse* 10: 35-43.

Miles, M. B. and Huberman, A. M. 1994. *Qualitative data analysis*. Thousand Oaks: Sage.

Modell, M. 2007.*The interview and other data gathering methods*. Available on

<http://www.martymodell.com/pgsa2/pgsa07.html> (Accessed on 10/09/2013)

Moran, P., Vuchinich, S. and Hall, N. 2004. "Associations between types of maltreatment and substance use during adolescence," *Child Abuse & Neglect* 28: 565-574.

Murphy, E. and Dingwall, R. 2003. *Qualitative Methods and Health Policy Research*. USA: Library Congress.

Miles, M.B. & Huberman, A.M.1994. *An expanded Source book Qualitative Data Analysis*. Thousand Oaks: Sage Publications.

Myers, B., Louw, J. and Fakier, N.2008. "Alcohol and Drug Abuse: Removing Structural Barriers to Treatment for Historically Disadvantaged Communities in Cape Town," *International Journal of Social Welfare*, 17(2): 156-165.

Mynhardt, J.C., Baron, R.A. and Byrne, D. 2009, *Social Psychology*. South Africa: Pearson

National Institute on Drug Abuse, 2003. *Preventing Drug Abuse amongst Children and Adolescents (In brief)*. <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents> (Accessed on 25/03/2012).

National Institute of Alcohol Abuse and Alcoholism 2011.

Retrieved from <http://www.niaaa.nih.gov>. (Accessed on 21/06/2013)

National Health and Medical Research Council (NHMRC), 2009. *Australian guidelines to reduce health risks from alcohol*. Canberra: Commonwealth of Australia.

National Survey on Drug Use and Health 2010.

Retrieved from <http://www.samhsa.gov/newsroom/advisories/1109075503.aspx> (Accessed on 18/04/2012).

Neal, K. Lecture at George Mason Univ. (16 Oct. 2000). "Parenting Styles/Children's Temperaments" *The Much. About our kids*. Accessed on 25/06/2013

Retrieved from: www.aboutourkids.org/parenting/p_styles.html

Newman, K., Harrison, L., Dashiff, C. and Davies, S. 2008. "Relationships between Parenting Styles and Risk Behaviours in Adolescent Health, an Integrative Literature Review." *Rev Latino-am Enfermagem janeiro-fevereiro* 16(1): 142-150.

Newman, W. L., 2000. *Social research methods: Qualitative and quantitative Approaches*. 4th Ed) New York: Allyn & Bacon.

New Development Plan for Theewaterskloof Council. 2006-2011 Retrieved from http://www.westerncape.gov.za/Text/2008/4/idp_ob_theewaterskloof_2007.pdf (Accessed on 23/10/2013).

Nicholas, L. and Rautenbach, J.M. 2010. *Introduction to Social Work*. South Africa: Juta & Company.

NIDA Community Drug Alert Bulletin - Stress & Substance Abuse. Published in January, 2002, updated February, 2006 /<http://archives.drugabuse.gov/StressAlert/stressalert.html>

Onya, H. Tessera, A., Myers, B. and Fisher, A. 2011. "Adolescent alcohol use in rural South African high schools," *Africa Journal of Psychiatry*, September 2012.

Overturf, J.V. and Downs, B. 2003. "Adolescent behaviour and family relationships. Presentation," *Annual meeting of the Population Association of America*. Minneapolis

Oxford Dictionary, 2011.UK: Oxford University Press.

Padgett, D.K. 1998. *Qualitative Methods in Social Work*, UK: Sage Publications.

- Parrott, A., Morinan, A., Moss, A. and Scholey, A. 2004. *Understanding drugs and behaviour*. United Kingdom: John Wiley & Sons.
- Parry, C.D.H. 1998. "Substance abuse in South Africa," *Country Report Focusing on Young Persons*. Retrieved on 17/04/2012 from <http://www.sahealthinfo.net/admodule/Suchtmed.pdf>
- Patton, M. Q. 2001. *Qualitative research and evaluation methods*. 3rd Ed. Thousand Oaks, CA: Sage.
- Papalia, D.E., Olds, S.W. and Feldman, R.D. 2004. *Human development*. 9th Ed. New York: McGraw-Hill
- Peltzer, K., Ramlagan, S., David, A., Stevens, P. and Smith, R.L. 2001 *Substance Abuse Counselling: Theory and Practice*. USA: Prentice Hall.
- Perkins, D. and Jones, K. 2004. "Risk behaviours and resiliency within physically abused adolescents," *Child Abuse & Neglect* 28: 547-563.
- Pressley, M. & McCormick, C. B. 2007. *Child and adolescent development for educators*. New York: The Guilford Press.
- Prinsloo, J., Ladikos, A. and Naser, J. 2005. "Attitudes of public school learners to under-age drinking and illegal substance abuse: A threat to social stability?" *Child Abuse Research in South Africa*, 6(1), 28-40.
- Ramlagan S., Peltzer, K. and Matseke, G., *Epidemiology of Drug Abuse Treatment in South Africa* Volume 16 No. 2 April 2010.
- Rich, P. 2003. *Understanding, assessing and rehabilitating youth sexual offenders*: New York: John Wiley & Sons.
- Rice, F.P. and Dolgin, K.G. 2008. *The Adolescent: development, relationships and culture*. 12th Ed. Boston: Pearson Education Inc.
- Rice, F.P. 1992. *The Adolescent: development, relationship and culture*. 7th Ed. London: Allyn & Bacon.

- Rice, F. P. and Dolgin, K. G. 2008. *The adolescent: Development, relationships and Culture*. 12th Ed. Boston: Pearson Education, Inc.
- Roberts, M. 2003. *Drugs, Crime and Social Exclusion: Safer Society*. Volume No. 17
- Rocha-Silva, L., de Miranda, S. and Erasmus, R. 1996. *Alcohol, tobacco and other drug use among black youth*. Pretoria: HSRC.
- Rhodes, J.E. and Jason, L.A. 1990. "A social stress model of substance abuse," *Journal of Consulting and Clinical Psychology* 58(4): 395-401.
- Rosdahl, C.B. and Kowalski, M.T. 2008. *Text book of basic nursing 9th ed*. Wolters Kluwer: Lippincott & Wilkins.
- Sampson, R.J. and Raudenbush, S.W. "Systematic social observation of public spaces: A new look at disorder in urban neighbourhoods," *American Journal of Sociology*. 1999:105:603–651.
- Sarantakos, S. 2005. *Social Research* 3rd Ed. Palgrave: Macmillan.
- Scheier, L., Botvin, G., Diaz, T. and Griffin, K. "Social skills, competence, and drug refusal efficacy as predictors of adolescent alcohol use," *Journal of Drug Education* 29(3): 251–278, 1999.
- Schwandt, A.T. 2007. *The Sage Dictionary of Qualitative Inquiry 3rd Edition*. UK.Sage publications.
- Shaffer, D.R. 2009. *Social and Personality Development*. USA: Library Congress
- Shewan, D. and Dalgarno, P. 2005 "Low levels of negative health and social outcomes among non-treatment heroin users in Glasgow (Scotland), evidence for controlled heroin use?" *British Journal of Health Psychology* Vol. 10, 1 – 17.
- Shisana, O. and Simbayi, L.C. 2002. "Nelson Mandela/HSRC study of HIV/AIDS," *South African national prevalence, behavioural risks and mass media, 2002*. Cape Town: HSRC Press.

Simon, L.L. 2011. "Adolescent risk behaviour," *National Institute on Alcohol Abuse and Alcoholism World Wide*. Retrieved on 24/04/2011 .Accessed from <http://www.niaaa.nih.gov>.

Skrtic, D., Karlovic, R. and Kruljac, L.M. 2008. "Alcohol dependence one of the causes of the entire family criminal activities," *Alcoholism*, 44, 79-93.

Sloboda, Z. and Bukosk, W.J. 2003. *Handbook of Drug Abuse Prevention*. USA: Library of Congress

Smith, L.A. and Foxcroft, D.R. 2009. "The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people" *Systematic review of prospective cohort studies*. BMC Public Health 9(51).

South Africa. 2006-2011.*Drug Master Plan*. (Accessed 24/05/2012) Retrieved from

<Http://www.dsd.gov.za/cda/>

South Africa. 1992. *Drugs and Drug Trafficking Act No. 140 of 1992*. Government Gazette of Republic of South Africa.

South African Stress and Health Study May 2009, Vol. 99, No. 5 SAMJ <http://hsb.sagepub.com/content/51/4/458.full.pdf>

South Africa. 1996. *National Youth Act No. 54 of 1996*. Government Gazette of Republic of South Africa.

South Africa.1992.*Prevention and Treatment of Drug Dependency Act No. 20 of 1992* Government Gazette of Republic of South Africa.

South Africa. 2008. *Prevention of and Treatment for Substance Abuse Act No.70 of 2008*. Government Gazette of Republic of South Africa.

South Africa. 2008. *Prevention of and Treatment for Substance Abuse Bill, no 30814 of 2008*, Government Gazette of Republic of South Africa.

Sue, D., Sue, D. and Sue, S.1999). *Understanding abnormal behaviour*. 4th Ed. Boston: Houghton Mifflin Company.

Statistics South Africa 2011 census.

Retrieved from <http://www.statssa.gov.za/Publications/P03014/P030142011.pdf> (Accessed on 20/09/2013)

Swick, K., 2004. *Empowering parents, families, schools and communities during the early childhood years*. Champaign, IL: Stipes.

Terre Blanche, M., Durkheim, K. and Painter, D. 2006. *Research in practice, applied methods for social sciences, 2nd Ed*. Cape Town: University of Cape Town Press.

Theewaterskloof Municipality. *3rd Generation IDP 2012-2017*

Retrieved from www.westerncape.gov.za/assets/departments/.../twk-idp-2013-2014.pdf

(Accessed on 01/10/2013).

The National Survey on Drug Use and Health.

Retrieved on 19/06/2013 <http://www.samhsa.gov/data/nsduh/2k11results/nsduhresults2011.htm>

Thorn, S.2000. *Data analysis in qualitative research evidence based nursing*. London: Sage Publications.

Tibbs, J. and Parry, C.D.H.1994. "The influence of the media and other factors on drinking among youth. *Southern African Journal of Child & Adolescent Psychiatry*, 6, 39-41. Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention," *Psychological Bulletin* 112(1), 64–105.

Tolan, P., Szapocznik, J. and Sambrano, S. 2007. *Preventing Youth Substance Abuse*. London: American Psychological Association.

Uren, N. 2012. Wine exports

Retrieved on 03/05/2013 from http://www.wosa.co.za/download/SAWIS_Wine_Exports.pdf

Van Gundy, K. "Reports on Rural America" *Substance abuse in rural and small town America*. Durham, NH: University of New Hampshire, Carsey Institute; 2008. Retrieved on 18/04/2012 and accessed on <http://muskie.usm.maine.edu/Publications/rural/pb35a.pdf>

Visser, T.J. 2011. *Development of Substance Dependence*. Pretoria.

Visser, M. 2003. "Risk behaviour of primary school learners in a disadvantaged community: a situation analysis," *South African Journal of Education* 23(1): 58-64.

Walker, C., Ainette, M., Wills, T. and Mendoza, D. 2007. "Religiosity and substance use: Test of an indirect-effect model in early and middle adolescence," *Psychology of Addictive Behaviours*, 21, 84-96.

Webster-Stratton, C., Reid, J. and Hammond, M. "Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start". *Journal of Clinical Child Psychology* 30:282–302, 2001

Welch, M., Tittle, C. and Grasmick, H. 2006 "Christian religiosity, self-control and social conformity," *Social Forces*, 84, 1605-1623.

Whitley, B.E. 2001. *Principles of research in behavioural science*. 2nd Ed. Boston: McGraw-Hill Higher Education.

Wilken, J. 1997. "Sprague A4KAn Approach to Rural Substance Abuse, Crime, and Intergenerational Problems" *Bringing Excellence to Substance Abuse Services in Rural and Frontier America*. Retrieved from <http://www.treatment.org/taps/tap20/tap20wilken.html>

(Accessed on 16/04/12).

Willig, C. 2009. *Introducing qualitative research in psychology*. UK: Library of Congress

Winters, C. and Arria, A. 2011. "Adolescent brain development and drugs," *The Prevention Researcher*, 18(2), 21-24.

Word Drug Report 2012: Accessed on 28/03/2013 <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2012.html>

World Health Organization 2011. World Health Organization. Global Status Report on Alcohol and Health 2011. Geneva: World Health Organization, 2011. Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/en/index.html (accessed 25 April 2012).

Yegidis, B.L. and Weinbach, R.W. Research Methods for Social Workers. USA: Allyn and Bacon

Yin, R.K. 2003. Case study research: Design and methods (3rd Ed.). Thousand Oaks. 1996.

