

Drug use by Children in Foster Care Placement at The
Oaks Community, Limpopo Province: Implications for
Social Work Practice

By

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DECLARATION

I Emmanuel Mdhuli declare that the 'Drug use by children in foster care placement at The Oaks Community, Limpopo Province: Implication for practice' dissertation hereby submitted to the University of Limpopo, for the degree of Master of Arts in Social Work has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.



Mdhuli Emmanuel (Mr)

19-05-2015

Date

DEDICATION

This dissertation is dedicated to the heroes and heroines in my life:

- Patricia Peya Charmaine Mokoena for giving me and my family hope, unwavering support, continuous encouragement, love and for believing in me.
- My lovely son Eminent Mdhului for giving me hope, and support, for having touched, influenced, enriched and inspired my life in a special way.
- My brothers and sisters- David Mdhului, Andrew Muzzy Mdhului, Adinah Mdhului and Vutlhari Mdhului, for caring and always being there for me.
- My late father - Mashiri Elson Mdhului (may his soul rest in peace) and my mother – Gladys Nyakwabe Mthabini for the love and the life they blessed me with, I will forever love and cherish you.

Because of your continuous encouragement and support, what appeared only as a dream came to life and lived, this research project is dedicated to you all with much love.

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ABSTRACT

The use and abuse of drugs by children in foster care services has become a health and social problem in South Africa, especially at The Oaks Community. The major concern is that a significant percentage of children using drugs eventually drop out of school, perform poorly, and even becoming addicted to drugs. This study sought to describe and establish factors contributing to drug use and its impact on foster children at The Oaks Community.

With regard to methodology, the study utilized an exploratory-descriptive design to both guide and facilitates the research study. Exploratory research design was helpful in gathering the much needed information on drug use by children in foster care placement at The Oaks Community. The population consisted of children in foster care placement using and abusing drugs from The Oaks Community, Limpopo Province. Purposive sampling was utilized for sampling purposes and one-on-one interviews were used for data collection. Different Literatures were reviewed focusing on drug use history with the purpose to determine the impact of drug use amongst children in foster placement at The Oaks Community. Literature revealed that factors such as peer pressure, low self-esteem, media advertisements, widespread availability and easy access to drugs lead to substance use and abuse by children in foster care services. Data gathered is presented, analysed and interpreted in its true expressions as derived from the research participants without any alterations.

The study revealed the following:

That drug use is always associated with absenteeism, academic failure, bullying, unsafe sex, weapon carrying and anti-social behaviour which might lead to criminal justice problems. Participants indicated to have been always absent from school after being intoxicated or under the influence of drugs. It was also revealed that a relationship between drug consumption by children in foster care services and academic failure does exist. Furthermore, it was established that participants indulge in drug use in order to refresh their minds and to keep closer to their friends. The findings also revealed that participants indulge in drug use to keep themselves occupied. It was further revealed that despite the country's policies and regulations underage drinking and the use of other drugs is still prominent. Participants began indulging in drug use at their early ages as young as ten years of age. Furthermore, the majority of the participants began consuming drugs in their early high school years (that is 12 – 21 years old).

The study recommends the following:

Given numerous findings and the impact of drug use by children in foster care placement at The Oaks Community, the following actions are suggested for consideration and future implementation:

- School based social workers should be implemented in order to assist and teach children ways to deal with life challenges in a healthier manner through life skills program and Peer Education.

- Parents, care-givers and guardians should create a strong bond with children and monitor them in order to help prevent and deter underage drinking
- Licit drug retail outlet should be minimized or be converted to libraries to help reduce the widespread availability of licit drugs.
- Foster parents or guardians should be trained on parenting skills
- The country should review its policy that controls the intake and marketing of licit drugs. Furthermore, illicit drug sellers such as marijuana should be tracked down subjected to the criminal procedures in order to deter potentials who would become sellers. Schools should monitor tours or trips in order to guard against or control the use of drugs.
- Community based recreational activities should be thoroughly established in order to entertain and preoccupy children or young people so that they are kept busy and drug free.
- Community structures/different stakeholders and policy makers should be launched to appropriately intervene and address these health and social problems associated with the use and abuse of drugs by children in foster care services at The Oaks Community, Limpopo Province.

CHAPTER 1

General Orientation of the study

1.1 INTRODUCTION

The use of drugs continues to affect individuals, families, communities and societies across the globe and foster children are equally affected. Drug use remain a health and social pathology and a growing trend amongst the majority of young people. An observation has been made by the researcher that children in foster placement at The Oaks community in Limpopo Province, South Africa are misusing and abusing drugs. Flisher *et al.* as cited in Peltzer, Ramlagan, Mohlala and Matseke (2007:06) found that young people at secondary schools between grade eight and twelve are already involved with drug use and the majority of adolescents are experimenting with drugs and abusing drugs regularly. The use of drugs is not only hazardous to individuals, groups and families, but a serious concern to the entire nation and the world. Dysfunctional and broken families can be attributed to or are as a result of drug use in South Africa (Tlhoalele, 2003:2-3).

Taiwo and Goldstein (2006:500) indicated that in the past few decades, there has been an increased awareness of the growing trend in drug use amongst children and adolescents both in developing and developed countries. Further-more, the raising prevalence of drug use, and the growing concern about the deepening problem of socially unacceptable and violent crimes committed by young people is as a result of drug use. Drug use is often cited as one of the key contributory factors responsible for undertaking risky

behaviours. Drug use and risky behaviours are suggested to be a result of an antecedent history of a dysfunctional social and cultural environment (Taiwo & Goldstein, 2006:500).

Furthermore, drug use is associated with unemployment, poor academic performance, poverty, crime, dysfunctional family life, escalation of HIV and AIDS. Drug use does not respect an individual on the basis of economic status, class, race, colour, gender or the professional status of an individual (National Drug Master Plan - NDMP, 2006-2011:1). McNichol and Tash (2001:240) state that the costs of adult drug use are immeasurable as it also directly and indirectly affect the youth. Although the cost to society has been estimated, and the addicted adult can incur both tangible and intangible costs, the children of addicts suffer multiple losses that can have life-long consequences because of their impact on developmental processes.

1.2 OPERATIONAL DEFINITIONS OF KEY CONCEPTS

According to Morena (2004:6) a definition of concept is provided in order to clarify and simplify the words and phrases with which the reader might not be familiar.

1.2.1 Drug use

The 2012-2016 National Drug Master Plan (Department of Social Development, 2012:18) defines substance abuse as the misuse and abuse of legal or licit substances such as nicotine, alcohol, over-the-counter and prescription medication, alcohol concoction, indigenous plants, solvents and

inhalants, as well as the use of illegal or illicit substances. Furthermore, The National Drug Master Plan further defines psychoactive substances or drugs as substances that “when taken into a living organism may modify its perception, mood, cognition, behavior “(*sic*)” or motor function”. For the purpose of this study drug use meant a situation wherein the individual develops resistance to the negative consequences of the habit-forming drugs or substances. Though literature frequently uses substance abuse or alcohol and drug abuse, the researcher refrained from using words such concepts but rather opted to use drug use which had the same meaning.

1.2.2 Foster care

Foster care is care provided to children in families, group homes, or institutions; such care is provided by public child welfare agencies for children in their custody who must live apart from their parents because of abuse, neglect, parental death, or other special circumstances (Kadushin & Martin, 1988, as cited in Wells and Guo (1999:273). Therefore, for the purpose of this study, this definition was adopted.

1.2.3 Foster child

For the purpose of this study a foster child was defined as a child legally placed under the care and protection of a certain person to be their legal guardian as contemplated in the Children's Act No (38 of 2005) as amended (2005:11).

1.2.4 Foster parent

According to The Children's Act No (38 of 2005) as amended (2005:11) a foster parent means any person other than a parent or guardian, who factually cares for a child and includes a care-giver, be it uncles, aunts, grandmothers, amongst others, a person who cares for a child with the implied or expresses consent of a parent or guardian of the child, person who cares for a child whilst the child is in temporary safe care. This definition was adopted for this study.

1.3 STATEMENT OF THE PROBLEM

Families become dysfunctional because members indulge in drug use that affects and influences not only their behaviour but also their health and children's school performance, their self-esteem, and relationship with their peers on a negative note. Foster children who use drugs are most likely to perform badly at school. It has been found that drug use is always associated with problem behaviours such as low academic performance, violence, injuries and suicide (Kuntsche, Rossow, Simons-Morton, Bogt, Kokkevi & Godeau, 2012:01).

The evidence of foster care caseloads, high rate of school drop-out amongst foster children, antisocial behaviours, peer pressure, poor school performance and absenteeism, low self-esteem, child maltreatment, poor conflict and stress management skills are indicators that children in foster placement are

faced with multi-faceted problems long before the formal placement. These behaviour problems only surfaces once a child has been fostered which might be as a result of poor placement or drug use by parents, foster parents or care-givers. Shaw (2006:272) contends that children from poor families and children from multi-problem families or children whose parents use drugs are more likely to enter foster care. Drug use leads into dysfunctionality in families, and families that face drug use turn to focus on addiction rather than on the children's needs. Young and De Klerk (2008:102) allude to the fact that drug use is also associated with unsafe sex, absenteeism, academic failure, and anti-social behaviour and criminal justice problems.

Due to dysfunctional families at The Oaks Community, there has been an increase in foster placement cases handled by the social worker from the year 2009 to 2012. Fostered children at The Oaks are usually from broken or dysfunctional families whose fathers' whereabouts are alleged to be unknown and these children are, therefore, fostered with alternative care-givers who at times indulge in drug use or even ill-treat these children. According to Heater, Taussing, Robert, Clyman and Landsverk (2001:01) children in foster care are at risk of continued difficulties because of poor placement, including not finishing high school, incarceration and chronic problems with employment and housing. If these children are experiencing all these problems and turn to use drugs to cope and remedy the situation it therefore creates a vicious circle that perpetuate the poverty circle as they are already in financially unstable families.

1.4 MOTIVATION FOR THE STUDY

The researcher was motivated by various factors to undertake a study. The researcher wanted to generate new knowledge in the field of drug use amongst foster children. The researcher sought to understand the underlying issues about the negative impact caused by drug use on the lives of foster children. Based on the researcher's work experience, drug use by foster children negatively affects the whole system of foster care placement.

The researcher works for the Department of Social Development where he renders social work services to foster children who, amongst others, are fostered on the basis that the biological mothers are deceased or the father's whereabouts is alleged to be unknown, both parents are deceased or child maltreatment. Some of these children consequently engage in drug use, drop out of school, display delinquent behaviours, and manifest behaviours which cannot be controlled by either care-givers or even teachers at school. It was the occurrences of these and other problems that led to this particular study.

Furthermore, the researcher was motivated by the curiosity to satisfy his desire for a better understanding of the manner in which some of the foster children conduct themselves. The researcher also wanted to understand the real causes of drug use, which had served as a strong motivation in undertaking the study as they also occur within the researcher's own community. More-especially, the researcher was motivated by the desire to generate knowledge that can inform any action to be taken in order to

alleviate underage drinking and the prevalence of drug use amongst foster children and other children at The Oaks Community.

The social worker's case load was also one of the motivating factors amongst others. The impact of drug use brings with it a wide variety of negative factors experienced by foster children. These factors include, amongst others, teenage pregnancy, the escalation of HIV and AIDS, poor school performance and absenteeism due to peer pressure and low self-esteem, the widespread availability and easy access to drugs. In addition, Visser (2002) as cited in Matthews (2004:20) purports that risk behaviours are associated with personal attributes such as egocentrism, sensation seeking, boarder social and contextual attributes.

1.5 AIM AND OBJECTIVES OF THE STUDY

1.5.1 Aim of the study

The aim of this study was to describe factors contributing to drug use and its impact on foster children at The Oaks Community.

1.5.2 The objectives of the study

The following were the objectives of the study:

- To establish the extent in which peer pressures contributes to drug use by foster children at The Oaks Community.

- To determine the impact of drug use amongst children in foster care placement at The Oaks Community.

1.6 ASSUMPTIONS OF THE STUDY

The researcher's assumptions were as follows:

- Peer pressure contributes to drug use by foster children at The Oaks Community.
- Low self-esteem contributes to drug use by foster children
- Access and widespread availability of drugs including unregulated cultural and traditional home brewed beer contributes to foster children to indulge in drug use.
- Children indulging in drug use perform poorly at school

1.7 RESEARCH METHODOLOGY

The following were discussed under methodology: type of the study, research design, populations, sampling methods, data collections methods, and data analysis procedures.

1.7.1 Research design

In this study the researcher utilized an exploratory - descriptive research designs, the study used a mixed methods (qualitative-quantitative design). The rationale for the selection of this research design was that in explorative nature the study sought to establish a relatively unknown research area which

was focusing on drug use by children in foster care placement with the aim of gaining new insight into the researched area. The researcher described factors contributing to drug use by children in foster care services. Furthermore, the study described how drug use influences their anti-social behaviour witnessed by teachers in schools, social workers doing foster placement and monitoring, and at times by foster parent or care-givers. Descriptive studies emphasize the in-depth description of a specific individual, situation, group, organization, tribe, sub-culture, interaction, or social objects (Mouton & Marais, 1990:43) hence it was suitable to describe the conditions which influence children in foster care placements to indulge in drugs.

1.8 POPULATION

For the purpose of this study, population consisted of children in foster care services who use drugs at The Oaks Community.

1.8.1 Sampling method

The researcher utilized purposive sampling. According to Neuman (2006:222) purposive sampling, cases are chosen because they illustrate some features or process that is of interest for a particular study. The sample comprised of a purposefully selected group of foster children indulging in drug use. A sample of twenty three (23) foster children drawn from the caseload, comprising of both males and females ranging from the age of twelve (12) to twenty one (21) participated in the study.

1.8.2 Data collection method

According to Mouton and Marais (1990:91) it is important to bear in mind that specific types of data collection are designed for the acquisition of certain types of data. An interview schedule was developed according to research objectives and conducted with participants until a saturated level was reached. The researcher used a semi-structured interview schedule with the respondents to collect data as it allowed him to go in-depth with the respondents and discuss the issue into details. Interview schedule was used to avoid variations in data collection. It provided closed-ended questions and also gave room to open-ended questions which allowed the respondents to give more information which the researcher was not even aware of. Some of the data generated through the use of semi-structured interview schedule was coded qualitatively and this led to the presentation of demographic and some findings qualitatively using tables, figures and graphs.

An interview schedule is a useful technique used during a descriptive research process as it helps clarify concepts and problems as well as creating possible answers or solutions to a problem (Bless & Higson-Smith, 1995:110). When using interview schedule, the researcher was able to present specific themes to the respondents so as to allow them to furnish the necessary information and also to allow them to provide more information without any restriction or being influenced.

1.8.3 Data analysis procedures

Since the study employed mixed methods (qualitative-quantitative design), the researcher analyzed the collected data thematically and statistically wherein some data were presented with the use of tables, figures and graphs. Data collected was first coded and collated under different themes as per study topics. Data analysis is a process which allowed the researcher to interpret and generalise the findings from the sample used in the research and to the larger population in which the researcher was interested. For the purpose of this study, both qualitative and quantitative data analysis were applied.

According to Bless, Higsson-Smith and Sithole (2013) there were specific steps to be followed in qualitative data analysis, and they are; immersion in the data; preliminary coding; coding definitions; coding; inter-coding reliability and interpretation of results.

- **Immersion of data**

This is a process by which the researcher reads and rereads the data collected up to that point. Good qualitative data is rich, complex and typically covers many pages. By repeatedly reading the materials collected, the researcher creates a mental picture of the entire dataset. He or she knows broadly what is contained within that data set, and what important information might be missing.

Furthermore, some ideas about how to categorise the data should be starting to emerge. Most qualitative researchers keep a notebook

close at hand in which they record ideas and questions that occur to them during the immersion phase of the research. When a researcher is immersed in the data, it immediately becomes clear when no new information is being added. Some researchers find that the process of transcription is an important part of this immersion phase and thus prefer to transcribe their own data.

- **Preliminary coding**

A core component of qualitative analysis is the process of coding. This is where the text is broken into fragments which share some common characteristics. Thus codes can be thought of as categories, and the process of coding involves breaking up the original transcripts and classifying all the fragments into these various categories.

Very often qualitative researchers develop the codes by looking for the themes and patterns within the data itself. One way of starting this process is by writing notes with possible codes alongside the original text. As the researcher writes more and more notes and tries out different combinations of codes, the beginnings of a coding system start to emerge. Some the preliminary coding ideas will be refined and developed, others will be discarded. Again, this process might take several cycles through the entire available data set at that time.

As more data get added to the set, it may be necessary to add new codes or refine existing ones. Eventually, as the data set reaches saturation, the researcher should be able to find a set of codes that fits the data well, and that addresses the research question appropriately.

- **Coding definitions**

At this point the researcher is ready to start defining the codes. Each code must be clearly defined so that the researcher can code consistently, and also explain the coding system to others.

A code definition should include at least a title and a description of what kind of data is to be categorised under that code.

- **Coding**

Once the coding system has been finalised, the researcher is ready to recode the entire data set. This is done by working through the transcripts and breaking up the text into fragments which are then allocated to particular codes.

Different qualitative researchers have different approaches to the actual work of coding. Some prefer to work with the data physically and so will literally cut up printouts of transcripts and write on them with coloured highlighters and pens so as to show the different coding categories.

- **Inter-coder reliability**

One key aspect of the dependability of a qualitative analysis is the question of inter-coder reliability. The researcher trains a colleague on how to code the data using the coding definitions previously developed. Then that colleague codes part of the data set independently of the researcher and the results are compared.

The degree of agreement between the two codings represents the inter-coder reliability. Qualitative researchers aim to have an inter-coder reliability of at least 0.8.

- **Interpretation of results**

Having completed a careful coding of the entire data, the researcher can begin to interpret the results. How this is done depends on the objectives of the research, and the particular research question. In an exploratory or descriptive study, the researcher is likely to describe the material contained within each of the codes. The range of responses recorded under that code would be described, and the researcher will point out areas of agreement and disagreement between respondents.

For the quantitative data, the Statistical Package for Social Sciences (SPSS) was used to analyse data. The analysis of quantitative data in this research therefore followed a multi-faceted approach. Firstly, information was coded and entered into a computer program and then SPSS was used to analyse the data. Descriptive statistics were presented in simple descriptive methods by explaining the trends and levels through frequencies and percentages. Tables and figures were used for further illustrations.

1.9 ETHICAL CONSIDERATIONS

According to De Vos *et al.* (2002:26), ethics are a set of normal principles that are suggested by an individual or a group and are subsequently widely accepted. They also serve as the standards and basis on which each researcher ought to evaluate his or her conduct. Welman, Kruger and Mitchell

(2005:201) identifies four ethical considerations (informed consent, right of privacy, protection from harm and involvement of the researcher) which the researcher should pay attention to in his or her endeavor to discovery. During the course of this study the researcher paid much needed attention to the following ethical considerations during the data collection process. The researcher made referrals to appropriate service providers for counseling where necessary.

1.9.1 Permission to conduct a study from Turfloop Research and Ethics Committee

Prior to the commencement of the data collection, the student waited for the approval from the Turfloop Research and Ethics Committee

1.9.2 Informed consent

The researcher obtained written consent and the necessary permission from participants after a detailed explanation, thoroughly and truthfully informed about the purpose and goals of the study. They were also informed about their rights to withdraw from the study at any given time when they felt uncomfortable during the interviews. The researcher also requested a neutral social worker to conduct debriefing sessions because the researcher was already working with the respondents.

1.9.3 Right to privacy

The respondents were informed of their rights of privacy. For instance, they were informed that the principle of anonymity to their identity was applicable and their names will not feature anywhere in the study or be disclosed this scientific study.

1.9.4 Protection from harm

The respondents were given the assurance that there is no medical risk associated with this scientific study, but participants may experience stress during the interview process because of the emotions attached to the study. The researcher was vigilant enough to observe and acknowledge such emotions during the course of the interview in order to control and handle the stress and ensure that it was minimized at all costs. The researcher made referrals to appropriate service providers for counseling where necessary.

1.9.5 Confidentiality

According to De Vos *et al.* (2002:67) confidentiality refers to the agreement between persons that limit others' access to private information. In this research study participants had the rights to remain anonymous. Respondents were not identified by names, surnames or identity numbers. Anonymity meant that no one, including the researcher, should be able to identify any subjects after the study. Confidentiality was maintained at all cost and data was analyzed anonymously and shared with academia.

1.9.6 Involvement of the researcher

The researcher guarded against manipulating the participants or treating them as objects or numeric rather than individual human beings, the participants were engaged in counseling sessions where stress persisted even after the study was completed. The researcher was therefore committed to adhere and abide by the aforementioned ethical considerations.

1.10 SIGNIFICANCE OF THE STUDY

This study sought to add value to existing knowledge based on the impact of drug use and its contributory factors among foster children. This study also contributed to knowledge base of social work discipline, and policy implementation. The new generated knowledge base added value to the social work discipline with regard to drug use by fostered children at The Oaks Community and the general public. The findings of the study also suggested ways in which policies and programs of drug use could be formulated within the country in order to control and counteract against drug use (prevention majors).

CHAPTER 2

CONTRIBUTORY FACTORS TO DRUG USE BY CHILDREN IN FOSTER CARE SERVICES

2.1 INTRODUCTION

To place the study within a wider perspective, this chapter extensively provides an exposition of the previous findings on drug consumption related research by children and children in foster care services using and abusing drugs. Education can prove to be a very strong and powerful weapon for pupils including, amongst others, children in foster care services to fight against poverty, high unemployment rate. Education can positively change their socio-economic status and exert a positive impact on their living conditions. Yet, factors such as parental drug use, peer pressure, low self-esteem, child neglect, abuse and abandonment, access and wide spread availability of indigenous home-brewed or cultural traditional beer contribute to drug use by children in foster care services which turn to have negative impact on their lives. Children who use drugs experiences negative impacts such as school dropout, high failure rate, and get involved in criminal behaviours.

The most disturbing phenomenon however is the growing numbers of children placed in foster care services whose families are separated due to parental drug use and who subsequently use and abuse drugs themselves. Children are placed in foster care services due to parental death, child neglect and

abandonment, children displaying a series of behaviours which cannot be controlled by a parent or care-giver. In terms of Section 150 (1) of the Children's Act No 38 of 2005 as amended, a child is in need of care and protection, if a child displays the abovementioned elements and he or she can be therefore placed in foster care service. According to McNichol and Tash (2001:240) separation from parents and subsequent placement into family foster care are sometimes the unfortunate result for children who are abused or neglected by their parents, and for some of these children, the problems may be related to parental drug use. It is therefore befitting to provide theoretical frameworks and how they are relevant for the study as well as the exposition of pre-foster placement phase, so as enable sequence of issues.

2.2 THEORETICAL FRAMEWORKS

Mouton and Marais (1990:136) emphasize that scientific knowledge consists of scientific statements, and that researchers aim at generating valid scientific statements, it is evident that statements are not entirely independent. When statements are arranged according to regulative interests or orientations and are integrated into theoretical frameworks familiar structures of science: typologies, theories and models are found. In conducting this research study, the public health perspective and the family system perspective were used as a departure point or as a theoretical framework. The relevance of these perspectives were on health and relationships amongst individuals, families and community systems and their religious, social, educational, and cultural environments. The researcher conducted the study by utilizing and being guided by these perspectives and as a theoretical base of this research

project in order to understand how drug use influence children in foster placement's behaviour and how it affects other phenomena that are linked to it.

2.2.1 PUBLIC HEALTH PERSPECTIVE

2.2.1.1 An Overview of Public Health Approach

Over the past century, anti-smoking campaigns, fluoridated drinking water, nutrition guidelines and seat belt laws are just some of the achievements attributed to the public health approach. A public health approach emphasizes the need for a coordinated strategy involving multiple sectors. One successful strategy for engaging multiple sectors in transforming drug policies and improving public health is the Four Pillars Model (comprised of Prevention, Treatment, Enforcement and Harm Reduction). This model seeks to ensure coordination among various agencies, communities, levels of government, and stakeholders to achieve healthier, safer communities. Compton (2005:461) furthermore, indicates that applying a public health approach in drug use research has far-reaching implications i.e. the health of the entire community is of concern, not just the individual patient, because of the social impact of drug use. The problems become the responsibility of all citizens to address. The perspective requires treating drug use as a health issue, not as a criminal justice, moral, or social issue. Applying this perspective to drug use research encourage development of the most effective ways to enhance drug use prevention and treatment interventions through cross-disciplinary approaches. The public health approach requires studies that determine need

for intervention; provide clues about etiology; determine effective approaches, systems, and financial strategies; and measures the impact of interventions and services on the health of a population.

The principles of public health provide a useful framework for both continuing to investigate and understand the causes and consequences of drug use and for preventing drug use from occurring through primary prevention programmes, policy interventions and advocacy. According to Rocha-Silva (2004:13) the public health perspective facilitate placement of present investigation within the context of local and international reviews of drug consumption. The relevancy of the public health perspective for this study was how drugs pathologies individuals (foster children in particular), communities, families, societies and the socioeconomic conditions. The public health perspective explicitly recognizes the complexity and variability of drug use and its inter-connectedness with broad socioeconomic conditions and lends itself to a comprehensive and integrated understanding of the complex field of drug – crime links, towards an explicit focus on prevention.

According to Emmett and Butchart (2000:04) as cited in Rocha – Silva (2004:13) public health perspective provides a preventive counterpoint to the more reactive, deterrence-oriented approach to criminal justice. The researcher utilized this particular perspective as it is more reactive and can discourage foster children to indulge and experiment with drug use because of the health hazards associated with drug use. More especially, Rocha – Silva (2004:14) articulate that the public health perspective views the drug-crime phenomenon as an outflow of three interactively related issues; namely

agent (drugs, crime/violent) hosts (individuals who consume drugs and commit crime or violence) and environment. The “host” that is Foster children in this case were observed to be using drugs which were readily available within the community and influenced by external forces within the physical environment and the society at large and this was manifested by displaying anti-social behaviour both at school and at home i.e. poor school performance, committing crimes or becoming violent and bully towards other learners.

2.2.2 THE FAMILY SYSTEMS PERSPECTIVE

The theory suggests that individuals cannot be understood in isolation from one another—families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. All of the elements of the system affect each other. Principles of family systems theory focuses on how the whole family is working instead of on the problem behaviours of individual members. It enables someone to see the problem behaviours of individuals, not as "the problem," but as symptoms of a problem in the family as a whole. It explains the emergence of problem behaviours (symptoms) in a family more in terms of the position of the individual members than in terms of their character or personality. Finally, it eliminates problem behaviours (symptoms) by changing the structure of the family rather than by trying to change the problem behaviours directly.

Corey (2009:412) purports that individuals are born within a family that are autonomous, capable of free and independent choices and they are attached

to one form of family or another. People within the family find their self-worth, develop and change, give and receive support for survival. A family systems perspective holds the idea or notion that individuals are best understood through assessing the interaction between and amongst family members. The development and behaviour of one family member is inextricably interconnected with others in the family. Symptoms are often viewed as an expression of set of habits and patterns within a family.

2.3 PRE-FOSTER PLACEMENT PHASE

The mandate of the Department of Social Development is to render services to vulnerable members of families or communities, with this regard the Department has developed the Children's Act No. 38 of 2005 as amended which is currently implemented by mainly social workers and magistrates amongst others. The Act brings South Africa's child care and protection in line with Chapter two [02] the Bill of Right as enshrined by The Constitution of the Republic of South Africa, Act 108 of 1996 and international laws, emphasizing that children have the right to a family and parental care.

Before a child is placed in foster care, the social worker concerned is expected to conduct an investigation with the view of screening the prospective foster parent(s), assessing the home circumstances of the child and the prospective foster parent(s) in order to determine whether the child is in need of care and protection in terms of Section 150 of the Children's Act No 38. During the investigations the social worker must conduct several home visits and finalize his/her report, so as to assess the feasibility of

recommending for foster placement and foster care grant. The prospective foster parent is assessed in terms of Section 182 of the Children's Act.

The social worker must (therefore as a result of his/her investigation) compile a home circumstance report in terms of section 155 (2) of the Children's Act. The report must be compiled within 90 days starting from the date which the case was opened. Once the report has been compiled the relevant social worker's supervisor will have to canalize the report. If the supervisor is convinced that the child is in need of care and protection the report will be submitted to the clerk of the Children's Court for presentation. If the magistrate concurs with the social worker's report and the recommendations made thereof, he/she will declare that the child is in need of care and protection in terms of section 150 of the Children's Act No (38 of 2005) as amended. If the relevant child is not in need of care of protection other alternatives are therefore explored and executed by both the social worker and the family concerned. In establishing whether a child is in need of care and protection the courts make use of section 150 of the Children's Act No (38 of 2005) as amended and the Act states that:

- A child is in need of care and protection if, the child:-
- Has been abandoned or orphaned and is without any visible means of support
- Displays behaviour which cannot be controlled by the parent or care-giver
- Lives or works on the streets or begs for a living
- Is addicted to a dependence-producing substance and without any support to obtain treatment for such dependency

- Has been exploited or lives in circumstances which may seriously harm that child's physical, mental or social well-being
- May be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child
- Is a state of physical or mental neglect or
- Is being maltreated, abused, deliberately neglected or degraded by a parent, care-giver, and a person who has parental responsibilities and rights or family member of the child or by a person under whose control the child is.
- A child found in the following circumstances is also referred a child in need of care and protection: - a child who is a victim of child labour and a child in a child-headed household.

Basically, children are fostered because their biological mother is either deceased, has neglected and abandoned her children or maltreated them or the biological father's whereabouts is alleged to be unknown. Other conditions are that the family is a drug-using family or even brewing sorghum beer where it is even more difficult to control children if a family consume and retail drugs for both economic and socializing reasons.

2.3.1 Foster Placement Phase

Once the court concurs with the social worker that the child is in need of care and protection, the magistrate will then issue a court order which normally

laps after two years depending on the social worker's recommendations and the child's age. Some orders lapse when the child reaches the age of 18 years and must therefore be extended three months before the child's birthday in terms of section 176 of the Children's Act No (38 of 2005) as amended. If a court order laps in two years after foster placement and the child has not reached the age of 18 years the social worker will after his/her investigations review the foster placement or order in terms section 159 of The Children's Act No (38 of 2005) as amended.

When an order has been issued the foster parent(s) must therefore apply for the grant from the South African Social Security Agency (SASSA), where documents such as copies of identity documents, court order, proof of school attendance for the child, and banking details are needed.

Once a child has been successfully placed in foster care the social worker must implement the permanency plan recommended in the report, monitor and evaluate the placement including the grant to ensure that the grant is meant for the financial needs of the child. The permanency plan usually entails more or less the following key points, depending on the nature of the case and the placement thereof:

- To review the foster care placement after two years.
- To involve the child in a foster care support group
- To empower the foster parent on life skills about budgeting money for the future of the child concerned.
- To make sure that the grant is meant for financial needs of the child.
- To ensure that the child concerned get along with the foster parent

This is the phase where social workers usually start experiencing behavioral problems from foster children. The behaviours generally range from deviant to criminal behaviour and other behaviours. It was observed that some foster parents do have drug use related problems, inappropriate use of money including the foster grant and child maltreatment.

2.3.2 Drug use by children in foster care

The consumption of drugs by foster children has always been related to the widespread availability and easy access to drugs, and the commercialization of unorthodox home-brewed sorghum beer which consequently have health and social pathologies. Parry and Bennetts (1999:374), indicate that South Africa is as major wine and beer producing country, drug industries are a significant source of government revenue and employment, both formal and informal. They further estimate that there are about 200, 000 illegal drug outlets in the country.

Manm and Reynolds (2006:55) contend that the fact that drugs are commercialized, readily available, widespread and easily accessible makes it ideal for peers to influence each other to indulge and experiment with them. Children who spend time with delinquent peers are most likely to be prone and vulnerable to negative peer influences than children without such friends. Parents or guardians who dedicate their lifestyle into spending their leisure time with their children are most likely to have a strong bond with them, which keeps them both emotionally attached to each other with parents being concerned about their children's lifestyle and most likely to persuade their

children to keep away from negative peer influences. Borsari and Corey (2001:392) further indicate that there are two aspects in the study of peer influence. Firstly, there is a pronounced shift from parents to peers. Both peers and family influences drug use over the child's course of development. Early on, parents have a strong influence on the child's attitudes and behaviours. As adolescence get older, they spend less time with their parents and more time with friends resisting the attempts of parents to control the selection and association of these friends. Peers become increasingly important and young people are relatively independent of parental control or oversight.

Remembrance Mokoena-Ngulele (NICRO Gauteng Province, Sunday Live SABC 1:2012), indicated that parents should dedicate leisure time to their children in order to ensure meaningful supervision to their children and also to know what their children are involved with, most people committing crimes are found to be on the high, intoxicated or under the influence of drugs. The researcher share a similar sentiment in that parents should guard against negative peer influences such as engaging in drug use, teenage pregnancy, antisocial and criminal behaviour, defiant, deviant demeanor, poor school performance and being bully or aggressive towards other peers.

Media advertisements such as in television, radio, magazines, newspapers and the extensive availability and easy access of drugs within the community vicinities and the society at large are contributory factors to underage drinking and drug use by foster children.

The use of drugs remains a major health and social problems in South Africa, especially at The Oaks Community. To better understand this phenomenon, the researcher explored and described factors such as peer pressure; parental drug use, child maltreatment, low self-esteem, widespread availability and easy access to drugs by foster children and unregulated cultural or traditional home-brewed sorghum beer as factors which have negative impact or consequences on the lives of foster children.

2.4 FACTORS CONTRIBUTING TO DRUG USE AND INDULGENCE BY CHILDREN IN FOSTER CARE SERVICES

2.4.1 Parental drug use

The well-being of children highly depends on functional, secure, nurturing and protective family environments. Parents play a critical role in the development of children therefore effective and efficient parenting is of outmost importance to ensure well balanced and stable children. It is significant to understand factors that compel children in foster care services to indulge in drug use in order to help develop programmes that will address or prevent the prevalence of these social and health pathologies. The use of drugs has had dramatic and negative effects on the lives of individuals in general, with the growing numbers of children placed in foster care custody, because their parents are addicted and abusing drugs on a day to day basis. Walker et al. (1991:07) contend that parental drug use lead to a dramatic increase in the national foster care caseload, they further purports that it sparked a debate among

child welfare policy makers on how to work effectively with drug abusing parents and how to protect their children. In support of that, Cheng and Lo (2011:1668) contend that parent drug use has been linked to children's eventual drug use. Therefore, it would be pragmatic and reasonable to hold the fact or notion that children in foster care services who uses drugs are influenced by their biological parents' or significant others who use drugs. Before a child is placed in foster care his/her best interest is the most determining and considered factor, hence it's the child's best interest to be placed with his or her siblings or under foster care custody of their significant others rather than to be placed with a stranger or at residential facilities.

The researcher has observed a paradigm shift regarding the grounds on which children are placed in foster care services with an alternative care-giver because their biological parents or guardians are using drugs and be placed under the grounds that their biological father is alleged to be unknown to the family members. These children are then placed in foster care services of alternative care givers. Children placed in foster care services always have special needs and the needs of these children whose families are affected by drug use are substantial. McNichol 1999 as cited by McNichol and Tash (2001:240) purports that children, infants and toddlers placed in family foster care are children with parental exposure to illegal drugs who presented with significantly more "special needs" in physical and care-giving areas compared to infants or children not exposed. Furthermore, Heater, Taussig, Robert, Clyman and Landsverk (2001:01) purports that children entering foster care services have high rates of emotional, behavioural, developmental, and

physical health problems and are in need of many specialized services. Wells and Guo (1999:274) echoed that the total number of children in foster care services has increased, children are staying longer in care, and a significant proportion reenters foster care. They further articulate that at the same time, there is evidence that the families of children in foster care are beset by increasingly severe problems which range from parental drug use problems and factors associated with the worsening of the economy are major causes of an increase in number of children entering foster care, since grants takes a huge chunk every financial year in a country's budget.

Based on the knowledge acquired from these literatures and observations by the researcher it is evident that what is happening within the school vicinities is a total reflection of what transpires within the family environments from which these children come from and the community at large. The consequences of these dysfunctionality with family settings is therefore revealed through the children's attitudes, emotions, behaviours of drug use problems, high failure rate, bullying, weapon carrying, defiant, and criminal, antisocial and deviate demeanor.

2.4.2 Family structures and responsibilities

Children are sometimes placed in foster care services with care-givers who at times experience family problems such as economic hardships, domestic violence, single parenting, drug use, divorce and many other social problems leading to drug use as a coping mechanism to others. They further experience difficulties in the upbringing and development of their own children who are at

times rebellious towards parental authorities. Muncie *et al.* (2002:97) and McLoyd as cited by Manm and Reynolds (2006:55) articulate that family risk factors, such as domestic violence, drugs use, criminal behaviour on the part of a parent, marital conflicts and child maltreatment influence disruptive parent-child relationship, family structures and contribute to negative developmental outcomes for youth delinquency including drug use. Moreover, Cheng and Lo (2011:1668) maintain that neighborhood disadvantages such as poverty, single parenthood, and welfare receipt can increase drug use on children.

The researcher was much more interested on understanding the impact of drug use, how parents or care-givers impact child development. However, finding actual cause and effect links between specific actions of parents and later behaviour of children is very difficult to establish. Some children raised in dramatically different environments can later grow up to be or have remarkably similar personalities. Conversely, children who share a home and are raised in the same environment can grow up to have astonishingly different personalities than one another.

Family challenges or problems and family dysfunctionality, behaviour problems suffered and encountered by children in foster care services, increased numbers of children in one's care and foster placement limit one's ability to provide proper parental responsibility, care, support and protection to children. This turn to influence children's to indulge in drug use which negatively impacts the care-giver's ability to adequately provide proper care

and protection for the children. Children indulge in drug use to self-destruct, escape from reality or learn to indulge in drug use after careful observation from family members, parents or significance others which turn to perpetuate to the vicious circle of poverty and making a bad situation worse. Cheng and Lo (2011:1668) states that children and adolescents traumatized by maltreatment subsequently turn to substance use to “escape” to self-medicate, or to self-destruct.

The impact of drug use on children in foster care services do not only revolve around the family environment as a first institution responsible for socializing children, and transmitting social values, norms and standards to improve their morality and ensure appropriate behaviours, but its effects and impact extend to the school, work environments and to other institutions. Parents have a responsibility to ensure that their children do not develop volatile behaviours, but also play a decisive role in molding and instilling proper behaviours. Parents should bond, creates and maintain an affectionate relationship with their children. Cheng and Lo (2011:1668) maintain the fact that rebuilding positive affection bonding with a parent may leave children in foster care services less prone to take up drugs. A decision made by one family member always influences the choices and actions of other family members; hence situations and events happening in and around children including amongst others children in foster care services and the environment in which they find themselves also have an influence on their behaviours. Which extend to the school environment as a second institution that a child come into contact with, and eventually the community and the society at large affecting and disturbing the normal functioning of other institutions.

The upbringing, development and providing care, support and protection to one's own child can appear to be a very easy and simple responsibility, but bringing up for somebody else's child or children can be one difficult responsibility that requires much needed parenting skills and expertise, hence parental training is a needed tool to prospective foster parents and all other foster parents. McNichol and Tash (2001:249) argue that foster children often come into care with siblings; greater efforts must be made to keep them together and provide for their individual needs.

Children from dysfunctional families are experiencing indescribable emotional stress and social disturbances on their development and upbringing. Foster parents do not have the necessary and needed expertise to nurture, develop and properly guide these children to be placed in foster care services who consequently turn to indulge in drug use and who eventually drop-out of school and engaging in criminal activities. Drug use increases the alarming rate of HIV and AIDS pandemic virus, teenage pregnancy, defiant, bully and aggressive or severe violent demeanor and other anti-social behaviours especially on the part of children, particularly children in foster care services. These behaviours and attitudes are just key components or symptoms that clearly indicate or suggest that there is a problem within the family structure. Walker, Clarice and others (1991:253) purports that foster parent need additional support and training on behavioural issues and may not be able to provide foster care for more than two or three children in their home because of the increased needs of these children.

Further-more, West and Farrington (2002:104) hypothesize that the more children in a family, the greater the risk of delinquency. More-over, a study conducted by (Battin *et al.*, 2006: 45) which compared boys who had fewer siblings and boys who had four or more siblings by the age of 10 (ten) years found that they were twice as likely to offend, regardless of the parents' socioeconomic status. These associations may be related to diminished supervision in larger families.

2.4.3 Children misbehaviour and family parenting factors

As behaviour modification theorists evidently purports that behaviour is learned, according to Smith and Smith (1998:44-48), states that behavioral theory includes social learning theory, which have their theoretical roots in experimental psychology and learning theory. Addictions are viewed as learned, socially acquired behaviours with multiple causes. Therefore children start experimenting and indulging in drug use after careful observation when parent, care-givers, peers or significant others indulge in drug use. McNichol and Tash (2001:249) explain that foster children exposed to parental illegal drug use have a disproportionate risk for developmental and behavioural problems. Behavioural problems may range from engaging and involve in drug use activities, criminal behaviours, absconding classes, tests and examinations and eventually fail or drop out of school, with symptoms or behaviours of being rebellious towards parental authority and teachers.

McNichol and Tash (2001:249) further purports that foster children are presented with an even higher level of special needs for intellectual

stimulation and a need for assistance in developing self-regulatory mechanism to learn at school and get along with other children. Some of the children in foster care services struggle a lot to get along with either other children or any other person. They are always found to be isolating themselves and show withdrawal symptoms. A child deserve to be raised within a family environment as far as possible, yet parental drug use, child abuse, neglect and abandonments problems makes it ideal for social workers to remove and transfer children in terms of The Children's Act No 38 of 2005 section 150 into an alternative care-givers be it a foster parent, school of industry or any other care centers with the intention to provide care, support, protection and to deter children from engaging in criminal activities or any other bad behaviours which can be learnt. Most children placed in foster care services turn to indulge in drug use, engage in criminal activities and other related anti-social behaviours such as committing the most terrible crimes in the country which causes more problems to the escalating of juvenile delinquency and other social pathologies. Children in conflict with the law including children in foster care services are dealt with through the probation officer who is also a social worker. The probation officer offers mediation programmes such as diversions and other programmes.

Cheng and Lo (2011:1668) articulate that parent drug use is a risk factor in adolescent and children in foster care services, while parenting style and parent-child bonding are protective factors in it. These behaviour challenges can be attributed to the fact that some of these children were placed in foster care because amongst others they were abused by their own biological parents, care-givers or significant others, parental death and father unknown

in most cases or both parents are deceased or declared unfit to provide care, protection and proper guidance to a child due to the fact that they indulge in drug use, abandoned and neglected the child or any other related phenomenon. Child maltreatment or abuse commonly occurs with other family risk factors associated with early-onset offending. Focusing specifically on the relationship between physical abuse and children's aggression, one study suggests that 20 percent of abused children become delinquent before reaching adulthood (Lewis, Mallouh, & Webb, 1999:243). Clearly indicate that, most physically abused children do not go on to become antisocial or violent. However, a study by Widom which compared children without a history of abuse or neglect with children who had been abused or neglected found that the latter group accrued more juvenile and adult arrests by the age of 25 (Widom, 2000:56). Oluwatosin, Adekeye and Sheikh (2009:23) indicate that drug use is characterized by recurrent drug use causing a failure to fulfill work, school, or family obligations, recurrent drug use in situations where it is physically hazardous, recurrent legal problems related to drug use, continued drug use despite having persistent or recurring social or interpersonal problems caused or made worse by the use of drugs.

2.4.4 School environment, delinquent behaviours and dysfunctional families

Children, more-especially children in foster care services because of their socio-economic status and situations they become exposed or easy targets for drug lords to persuade them to become peddlers and consumers of drugs and other illegal substances. Children are caught to be bringing drugs,

dangerous weapons such fire arms, knives, pagers and other weapons within the school environment. Further-more children found to be carrying these negative and dangerous weapons display symptoms of uncontrollable behaviours, rebellious towards authority, delinquent behaviour towards school attendance or even threatening to kill their teachers, counter parts or significant others just because they are under the influence of drugs or intoxicating substances. Children including children in foster placement are also assaulting teachers within school vicinities and worse, other children are suffering racist attacks from their counterparts. Taiwo and Goldstein (2006:505) contend that drug use is always associated with absenteeism, bullying and weapon carrying and that these key components/indicators are examples of deviant behaviours. Further-more, Young and De Klerk (2008:102) allude to the fact that drug misuse is also associated with unsafe sex, absenteeism, devious, academic failure, anti-social behaviour and criminal justice problems. Cheng and Lo (2011:1668) indicate that conflict with teachers of fellow students is associated with adolescents drug use.

Due to the above articulated facts it would be very empirical to understand that these challenges causes strains to the daily normal latent functioning of home and school which is positive child bringing, teaching and learning, but brings with it a number of negative impacts on school performance, teachers being burnt out and high rate of school drop outs and failure. Although factors such as teachers going on strike, not being in class on time or absent, parents neglecting and abandoning their children's school work or not getting involved in their academic work and not being concerned about their children's whereabouts also impact very negatively on a child's cognitive, social, motor,

emotional, psychological development and school performance or life achievements and success.

Children or adolescence from broken families, single parent families, and dysfunctional families are usually the ones to be confronted with improper behaviours such as early indulgence in drug use and other related social pathologies and school related problems. Children who are from families that abuses drugs are most likely to display a series of dysfunctional behaviours either learnt within the family environment, peers or significant others. According to research studies by Bartol and Bartol (2005:57) Pearson *et al.* (2000:56) Vaden- Kiernan *et al.*, (1999:45) and McLanahan and Booth, (2004:34) share the same sentiment that delinquent children are more likely than non-delinquents to come from homes where parents are single, divorced or separated. Furthermore, the authors found that, children from single-mother households are at increased risk for poor behavioural outcome based on the assumption that these households on average have fewer economic resources and fewer resources to monitor their children's activities and whereabouts. Children with poor discipline background history and who are from families that use drugs are usually the ones to be confronted with poor school performance, achievements and bad behaviours. Children from broken families are faced with a range of responsibilities after being abused, neglected and abandoned by their biological parents, care-givers or significant others. They are forced to resume parental responsibilities especially when parents, care-givers or significance others indulge in drug use, and they in turn take care of their parents, care-givers or significant others (role reversal

and responsibility) rather than parents taking care of these children. Children faced with this kind of dilemmas struggle and find it very difficult to cope with the situation they find themselves in; they suffer indefinable emotional stress, and then resort to drug use and other related perceived or self-destructing coping mechanism to deal with their situation, which is a vicious circle by nature.

On the contrary, there is evidence that suggests that children from single-parent homes that are relatively conflict-free are less likely to be delinquents than children from conflict-ridden intact homes (Gove & Crutchfield as quoted by Bartol & Bartol 2005:57). Many single parents are able to raise their children very well.

2.5 PEER PRESSURE

In pursuit for friendship and a sense of belonging, foster children meet and make friends in all spheres and walks of life; i.e. at school, church, street corners and the community at large. And with desperation to be accepted into a popular boys or girls cliques (group), gangs, mobsters and racketeer, children may do anything in order to be accepted in the groups in order to create a sense of belonging. They may quickly find friends who either influence them positively or negatively depending on their conditions and situations or circumstances they find themselves. For instance, they may pursue each other towards a goal directed activities and motives that are positive in nature such as influencing each other to engage in activities that promote behaviours that are positive, such as study groups, studying together

for tests and exams, attending classes and church. There are two major mechanisms associated with peer factors or influences namely: association with delinquent peers and peer rejection (Coie *et al.*, 2002:06 as cited by Bagwell *et al.*, 2000:89).

It can also be noted that peers or children influence each other negatively, those who engage in bad or negative behaviours such as absconding classes and tests, drug use, violent behaviours and other criminal activities. These children are those kinds of children every parent warns their child about, those who do what they want whenever they want to, those who take dangerous risks and do not even dares to do a lot of wayward things. They sit out to lie and manipulate themselves into situations which horrify their parents, foster parents or care-givers anger them and even cause a bigger rift in them. Farrington, a (2004:55) state that having an antisocial siblings or peers also increases a child's likelihood of antisocial behaviours and that the influences of siblings and peers are stronger when the siblings or peers are close in age. Cheng and Lo (2011:1668) articulate that parents' influence on children's behaviour may diminish yielding to a growing degree to the influences of school and community and the later influence may affect teenagers' substance use.

Most foster children are far gone into their teen rebellious behaviours in such a way that they do not even inform their care-givers what they are going through or have already hit their puberty and started menstruation (for girls) which leads to teenage pregnancy and the escalation of HIV and AIDS if not properly addressed by a parent or professional. And for boys that they have

started indulging in drug use, bunking classes, defiant and deviate demeanor, bringing dangerous weapons within the school vicinity or even dropping out of school. McNichol and Tash (2001:249) explain that children may experience abuse or neglects related to parental drug use and often placed in and out-of-home care because these problems, and these foster children come into family foster care with multiple behaviour problems and delayed cognitive skills and at an increased risk of having disturbed behaviours that exposes them to anti-social behaviour, and require intensive interventions and treatments to help remediate these delays and diminish disturbances.

Taiwo and Goldstein (2006:500) define adolescence as a period of physical and psychological development characterized by a stage of increased curiosity, experimentation and quest for personal identity. Children in foster care services like any other child or person they grow and pass through the adolescence stage, which means they are also prone to engaging in bad behaviours. Bisika, Konyani, Chamangwana and Khanyizira (2008:81-82) contend that behaviours associated with drug use are among the main factors in the spread of HIV/AIDS infections. They further indicate that drugs can change the way the brain operates through disrupting the parts of the brain that people use to weigh risks and benefits when making decisions, poor judgment and risky behaviour also predisposes drug users to HIV/AIDS. More-especially, they further articulate that drug use by any route not just injection can put a person at risk for contracting HIV because drug intoxication affect judgment and can lead to unsafe sexual practices, which put people at risk for contracting HIV or transmitting it to others.

Other children from well-resourced and equipped families are clearly an influence on children in foster care services as they take advantage of their poor background situation and their low self-esteem and pursue them into stealing, indulge in drug use behaviours, early engagement in relationships and sexual intercourse, involvement in absconding classes, engaging in violence and criminal behaviours. These children then start absconding classes and hang around street corners, local bars and as usual drug use starts out innocently enough by having one or two puffs, pulls glasses of beer but then the one glass multiplies and they will be having that glass of beer everyday instead of not drinking at all as they are still minors. And these children expose themselves into teen sex, teenage pregnancy and become vulnerable to the infectious disease of HIV and AIDS pandemic.

McCoy, Metsch and Inciardi (1996:46) as cited by Hoberg (2003:255) states that adolescent growth is characterized by the breaking of parental bonds, the development of a unique identity which is independent decision making, sexuality, attaining a personal value structure, career orientation and peer relations and establishing a position within a peer group and defining social parameters. Leaders of the cliques (groups), gangs, mobster and gangster makes a pact with the newly joining members that if they want to join their group they will have to engage in anti-social behaviours such as drug use, smoking, stealing valuable goods to be sold for immediate cash to purchase drugs. Girls will have to lose their virginity for money and hook up with sugar daddies or older men in exchange to either join the group or be trusted by other group members or in exchange for money to purchase drugs. Olisah,

Adekeye, Sheikh and Yusuf (2009:18) articulate that people who use drugs are more likely to engage in behaviours that place them at risk for contracting or transmitting HIV. A history of heavy drug use has been correlated with a lifetime tendency toward high-risk sexual behaviours, including multiple sex partners, unprotected intercourse, sex with high-risk partners e.g. injection drug users, prostitutes and the exchange of sex for money or drugs.

Foster children are exposed to these kind of behaviour situations when parents are indulging in drug use or deceased, neglected or abused their children, or if children have access to the wide spread availability of drugs including sorghum beer. These children moves from being scared after being abused and neglected or witnessed their parent's death into being confused teens and eventually indulge in drug use. They constantly fight with their caregivers, always on the wrong side of the law and eventually removed from their guardians or parent to foster care, schools of industry or care centers or even get arrested. McNichol and Tash (2001:249) articulate that separation from parents and subsequent placement into family foster care are sometimes the unfortunate result for children who are abused or neglected by their parents, for some of these children, problems may be related to parental drug use.

Schall, kemeny and Maltzman (1992:134) as quoted by Borsari and Corey (2001:392) they argue that exposure to drugs often leads to increased drug use. People residing in places where heavy drug use is approved and where alcoholic beverages are sold as well as the places where drugs are consumed and readily available would influence children to use drugs relatively heavy on the average. South Africa has regulations that regulate liquor retail outlets and

Drug Use Prevention and Treatment Acts that control the use of drugs within the country, but such regulations are not strictly enforced by authorities. This is evident by the prevalence of underage drug use and community members.

2.6 LOW SELF-ESTEEM

According Visser (2002) as cited by Matthews (2004:20) self-esteem is one of the most important personal factors influencing the development of risk behaviour. Young people with low self-esteem and a need to secure the acknowledgement of their peers are particularly likely to be influenced or pressured by the encouragement of their friends and peers to engage in drug use. Children in foster care services have self-esteem and low self-ego to stand firm and have the confidence to refuse peer influence and delinquent behaviours enforced by peers. Situations such as poor background, educational failure by parents and significant others eventually by children, economic and social deprivation, lack of employment, poor job prospects, and poor housing and environment conditions are contributory factors to children in foster care services' indulgence in drug use.

Matthews (2004:23) articulate that people, who are well rewarded in the mainstream of society, opt out and seek alternative pleasures such as drugs. Hence, low-income neighborhoods probably fall prey to drug use because of the vulnerability that exists amongst residents. Reasons include educational failure and economic and social deprivation, lack of employment, poor job prospects, and poor housing and environment conditions. Pumariega *et al.* (1992) as cited by Matthews (2004:22-23) cultural effect on drug use amongst

youth demonstrates that activity orientation has a considerable effect on either increasing or decreasing the risk for drug use.

Children in foster placement indulge in drug use simply because of their low self-esteem as they are always influenced by peers to indulge in drug use and racketeering. Foster children, because of their situations and poor background they lack assertiveness skills to express and articulate their genuine opinions, views, emotions and feelings, hence they are easily influenced to exploring and experimenting with drugs to expressing themselves. All these problematic and antisocial behaviours experienced and expressed by children in foster placement are just symptoms that there are challenges in the family as the first institution to nature and orientate the child and enforce good manners.

2.7 ACCESS AND WIDESPREAD AVAILABILITY OF DRUGS INCLUDING UNREGULATED CULTURAL AND TRADITIONAL HOME BREWED DRUGS OR SORGHUM BEER

The use of drugs by children in foster placement at The Oaks Community is always related to the widespread availability of drugs which causes health and social pathologies at an alarming rate. There are an increase number of foster children and other children accessing and using drugs on a daily basis at The Oaks Community. According to Parry and Bennetts (1999:374) indicate that South Africa is as major wine and beer producing country, the drug industry is a significant source of government revenue and employment, both formal and

informal. They further estimate that there are about 200,000 illegal drug outlets in the country. The widespread availability and easy access to drug use are causing serious tremendous and detrimental effects on lives of children in foster care services, and many other vulnerable groups especially children. Peddlers involved in racketeering are well aware of the detrimental and repressive effects caused by drug use and the negative consequences of dealing with drugs.

The access and pervasive availability of drugs within communities and the society at large increase its consumption amongst children in foster care services including other vulnerable groups and children not only fostered children. According to Matthews (2004:20) the availability of drugs is an important factor as to whether drugs are used or misused, their availability may also influence or dictate patterns of drug use in a given area or sub-culture at a given time. Contrary the same author purports that however, the fact that drugs are available does not explain why only some people actually use drugs, or grow to become dependent upon them. Further-more, Ahmed (2005:11) states that environmental factors which lead to drug availability represent a major risk factor. Increased drug availability can precipitate the transition to addiction. Children in foster care services at The Oaks Community have easy access to drugs which makes them susceptible to addiction and anti-social behaviours, because when they use drugs more frequently they become more prone and exposed to addiction. Drugs have the power to disrupt the way in which the brain is supposed to operate and impose distorted thinking in weighing both positive and negative thinking.

Olisah, Adekeye, Shekh and Yusuf (2009:18) indicate that there has been a rapid increase in drug availability and consumption in recent times with young adults.

While on the other hand Mongezi Mbuli (former drug addict, Sunday Live SABC 1, 18/03/2012: presenter Vuyo Mbvoko) indicate that he was not addicted to drugs because he was from a poor family background, but he was from a family that could afford his basic needs and even beyond, hence drug use does not only affects poor families but a health and social pathology that cut across all spheres of life, directly or indirectly affecting children, young people, adult, children in foster placement and older persons. The author indicated that he indulged in drug use just to elevate his mood and to be on the high. Using drugs or manufacturing substances within the premises occupied by the child and in their presence , e.g. home-brewed unfettered drugs or sorghum beer, be it either for retail or storage and cultural purposes or ceremonies exposes a child to consumption and experimental use and indulgence. Children in foster care services indulge in drug use just to uplift their self-efficacy, self-confidence, ego and their self-worth and to be accepted within a peer clique (group), gang and friends.

2.8 MEDIA ADVERTISEMENTS AS CONTRIBUTORY FACTORS TO DRUG USE AND ABUSE BY CHILDREN IN FOSTER CARE SERVICES

Media advertisements such television, magazines and newspapers and the extensive availability and easy access to drugs within community vicinities

and the society at large are contributory factors to underage drinking and the use of drugs other substances by orphans and vulnerable children. Adverts can appear to be very much persuading and very influential to children with low self-esteem, self-efficacy and who experiencing peer pressures to indulge in drug use are. Onya and Flisher (2008:71-72) articulate that the influence of the media on the use of drugs has negative impact on individuals and has socially disruptive drug use, and the rates are increasing substantially amongst children in foster placement, adolescents and women.

On the other hand the same authors echoed that media advertisements interventions such as the impact of peer led education can be a positive prevention method. Harrison, Fulkerson, Eunkyung and Park (2000:39) contend that there are two sources that contribute to drug use, namely; social and commercial sources. It can be empirically indicated that drug media advertisement predispose and expose children to the use of drugs and eventual addiction and many other unsolicited behaviours. Media or television advertisements phrases such as *"I kushayangaphakathi"*, *"refreshes like nothing on earth"*, *"champion men deserves a champion beer"*, *"it all comes together with a castle"* *"Give that man a bells"* have a strong influence on children including children in foster care services and can persuade them to eventually indulge in drug use. If a drug refreshes like nothing on earth what would stop a minor child to indulge in drug use especially after having a very long and hard day at school wishing to freshen up. These are phrases used in drug commercial media adverts, and they have stipulated minimum ages to start using drugs i.e. *"Not for sale to persons under the age of 18 years, drink*

responsibly". Yet, they are seldom considered. In regulating liquor retail outlet the minimum ages to legally buy and consume a drug or any alcoholic beverages ranges from 18 years and older, yet underage drinking often creates a health and social pathologies and of public health concern which is increasing at an alarming rate. The messages conveyed by television advertisement is clearly encouraging people to indulge in drug use but at the same time warns them to use drugs responsibly; it is however contradictory because once one starts using a drug it is highly possible that they will develop an addiction and unable to use it responsibly. Hence, the ability to either stop using a drug once an individual starts indulging in drug use rests upon the internal, psychological or emotions of the individual himself or herself and other external forces such as rehabilitation, restoration and after care.

Van Wyk, Kleintjies Ramlagan and Peltzer (2007:343) contend that mass media can play an integral role in prevention efforts, to educate the community, raise public awareness, develop community support and maintain the momentum of established prevention efforts. This should be the main primary focus of the media, rather than advertisements on drug commercials.

2.9 CONCLUSION

In this chapter, the researcher has reviewed literatures on the effects of drug use by children in foster care services. This chapter focused more on factors such as parental drug use, peer influence, access and widespread availability of drugs including unregulated cultural and traditional home brewed sorghum

beer, low self-esteem and television advertisements as contributory factors to drug use by children in foster placement. It was also illustrated how drug use results to antisocial behaviours. During the review of this literature, it has been learnt or realized that a wide variety of social circumstances somehow contributes to drug use by children in foster placement. And this include circumstances or conditions such as poor family background, educational failure by parents, significant others and eventually by children and children in foster placement, economic and social deprivation, family disorganization or conflicts, lack of employment, poor job prospects, and poor housing and environment conditions. It has become evident that drug use is a challenge to be fought against and decisive efforts should be pooled together by all relevant stakeholders such as individuals, families, groups, communities, various government departments and private sectors to help prevent these health and social pathologies which are increasing at an alarming rate.

CHAPTER 3

SOCIAL WORK INTERVENTIONS TOWARDS REDUCTION OF DRUG ABUSE AND OTHER HEALTH AND SOCIAL ILLS

3.1 INTRODUCTION

The impact of drug use amongst children in foster care services is not only associated with or confined around anti-social behaviours and risky behaviours, poor school performances, absenteeism and much other volatile behaviour, but the impacts also extend to the widespread of HIV pandemic virus. Young and De Klerk (2008:102) allude to the fact that drug misuse is also associated with unsafe sex, absenteeism, academic failure, and anti-social behaviour and criminal justice problems.

In this chapter the researcher aims at exploring the correlation between drug use, teenage pregnancy and the widespread of HIV/AIDS pandemic virus, and to examine the effectiveness of drug use prevention Programmes, Ke-Moja and Poppets and the social worker's intervention thereto.

3.2 THE CORRELATION BETWEEN DRUG USE, TEENAGE PREGNANCY, HIV AND AIDS

Bisika, Konyani, Chamangwana and Khanyizira (2008:81-82) contend that behaviours associated with drug use are among the main factors in the spread of HIV/AIDS infection. They further indicate that drugs can change the

way the brain operates through disrupting the parts of the brain that people use to weigh risks and benefits when making decisions, poor judgment and risky behaviour also predisposes drug users to HIV/AIDS. More-especially, they further articulate that drug use by any route not just injection can put a person at risk for contracting HIV because drug intoxication affect judgment and can lead to unsafe sexual practices, which put people at risk for contracting HIV or transmitting it to others. Olisah, Adekeye, Sheikh and Yusuf (2009:18) articulate that people who use drugs are more likely to engage in behaviours that place them at risk for contracting or transmitting HIV. A history of heavy drug use has been correlated with a lifetime tendency toward high-risk sexual behaviours, including multiple sex partners, unprotected intercourse, sex with high-risk partners e.g. injection drug users, prostitutes and the exchange of sex for money or drugs.

These sentiments are a true reflection of the key components, elements, symptoms and indicators happening at The Oaks Community with children in foster care services banking classes, having unprotected sex, high failure rate, being rebellious towards authority, deviant, delinquent and criminal behaviours as a negative results of the impact of drug use. This clearly indicates how drug use can disrupt and corrupt the brain of young vulnerable children, adolescents and orphans. The above key components of misbehaviour clearly reveal and depict what is happening within the family environment or that the family structure is really distorted and dysfunctional whereby the impact extend to be visible within school vicinities and the community at large.

The researcher has observed huge numbers of school girls consulting on family planning (contraceptives, e.g. tablets and injections) during school hours at The Oaks clinic. This clearly suggests that these children were absent from school and if these children are using contraceptives and drugs they are likely to have unprotected sex simply because drugs have the ability to change the way in which the brain operates and disrupting other functions of proper thinking. Although, the exception that these children may be using simultaneous contraceptives cannot be ruled out i.e. using condoms, tablets and injections to ensure that in case a condom bust during intercourse they are still protected from unwanted pregnancy but vulnerable to HIV pandemic. If tablets and injections is the only method used for contraceptives, then these children are at higher risk of eventually contracting and spreading STI's and the HIV/AIDS pandemic disease.

It is very much scary to note that drug users strongly need companionship once they are intoxicated and such companionships may include boyfriends, girlfriends and deviant friends who encourage each other to engage in sexual intercourse which would increase the spread of HIV pandemic disease at an alarming rate and anti-social behaviours amongst adolescent children and orphans. Teenage pregnancy and the widespread of the HIV/AIDS virus are just indicators which strongly suggest that these children are practicing unprotected sex which exposes and makes them prone to various sorts of abuse ranging from rapes, physical abuse, abductions, child trafficking, neglect and abandonment. Olisah, Adekeye, Sheikh, and Yusuf (2009:17) articulate that people with drug use problems are more likely than the general population to contract HIV and that reducing drug use in people who have HIV

or who are at risk for becoming infected reduces the spread of HIV and the diseases associated with it.

The researcher is of the opinion that Prevention Programmes that focuses on children and their immediate families and the community at large should be implemented to change the children's attitude, emotions, insight, thoughts and behaviours towards drug use to avoid negative consequences such anti-social and criminal behaviour, higher failure rate, delinquent behaviours in schools and the community.

Deveau (2008:113) articulate that the spread of HIV among drug users, as a high-risk group, is a significant problem in Africa, as in other parts of the world. He further contend that drugs are reported to be most commonly abused, with a national abuse rate of 36.3% and that drug abuse play a significant role in the spread of HIV. This clearly suggests that the problem of drug use is not only cramped within a certain border but a global phenomenon that causes health and social pathologies at an alarming rate.

Ndeteiet *al.* 2006, Assefaet *al.* 2005, Bryant, 2006, Weiser *at al.* 2006 and Zablotskaet *al.* 2006 as cited by Deveau (2008:114) indicate that various studies have shown that drug use is a significant risk factor for HIV, it has been linked to greater risk of acquiring the HIV virus because of its disinhibiting effect, in addition to the increased risk of acquiring HIV, problem drug users also are at greater risk of transmitting HIV to the general population. It is evident that drug use is associated with unpredictable behaviours and this clearly explains why adolescents, orphans or children in foster care services

and vulnerable groups who make use of drugs behave in a manner in which they do.

3.3 THE EFFECTIVENESS OF SOCIAL WORK DRUG USE PREVENTION AWARENESS CAMPAIGNS OR PROGRAMMES: KE-MOJA AND PUPPETS SHOWS

Van Wyk, Kleintjies Ramlagan and Peltzer (2007:343) state that in South Africa drug use prevention Programmes are reportedly predominantly school based. School-based Programmes tend to rely primarily on giving information about drugs, and use fear arousal and scare tactics as a means to discourage drug use. The researcher is concerned about the quality and effectiveness of drug use prevention Programmes, Ke-Moja and Poppets based on the manner in which they are conducted and administered from provincial and district levels or even nationally.

For instance, the provincial government would issue an operational plan with targets to be reached by all districts, sub-districts and eventually to the local service areas; the researcher views this system as a top down approach because targets to be reached by all social workers are set out provincially or nationally and eventually disseminated to local areas. Public servants (social workers in this case) are bound to reach the set out targets; hence they work under pressure in order to ensure that the set targets are accomplished and complied with.

This system causes a shift from the quality and the focus of the majors of prevention that is Ke-Moja and Poppets into quantity since Ke-Moja and Poppets uses fear, scare and information giving about drug use. In order to ensure that there is an effective outcome from these prevention Programmes, social workers should be allowed to set out their own targets through employing or by making use of the community work model as one of the approaches utilized in social work discipline. Community profiling should be conducted and therefore issues affecting a particular community would be detailed and targets to be reached can be set thereto and agreed upon between the employer and the employee in the memorandum of understanding (PI'S: performance Indicator). Burnhams, Myers and Parry (2009:02) articulate that various concerns have been raised about the quality and effectiveness of prevention services in South Africa. The researcher is of the view that if this prevention Programmes were effective enough the situation which children in foster placement find them-selves in at The Oaks Community would not be this worse.

Van Wyk, Kleintjies, Ramlagan and Peltzer (2007:343) state that successful prevention Programmes should be comprehensive, have multiple components, and directed at individuals, families, peers, schools, communities, the media and the workplace. Ke-Moja and Poppets as prevention Programmes only target children from school and awareness should rose across the above indicated key areas. Van Wyk, Kleintjies, Ramlagan and Peltzer (2007:343) in the study they conducted state that young people had a minimal understanding of the message conveyed by Ke-Moja campaign awareness materials which are posters, radio clips, video

clips for television and drama. With the introduction of the norms and standards the government seems to be moving towards the right direction.

3.4 THE SOCIAL WORKER'S INTERVENTION

The primary level of the social worker's focus of intervention is based on prevention and early intervention and eventual secondary intervention, rehabilitation, reunification and aftercare. The positive outcomes of this approach in drug use prevention can simply be realized by introducing social workers in school settings, while inviting all the relevant stakeholders for social cohesion and bring their expertise through community mobilizations. This means that government departments such as the department of education, South African Police Services, Health Department, Social Development, Department of Agriculture, Rural development, community leaders and community members should amalgamate or integrate and become role players to ensure the implementation of meaningful and sound prevention measures against the use of drugs and address any other issues affecting a given community. Weyers (2001:09) articulate that social development does not have an integrated body of knowledge but rather an amalgamation of widely different approaches, with regard to who should take primary responsibility for social development at macro-level. The community leaders and members should be the most important significant role players and they should be at the forefront, because nothing should happen at the grass root level or community level without the community member's actual involvement and they should be made to feel part of the problem resolution and that they own what is happening within their community. This kind of

doing will not only benefit the government but will also speed up service delivery, community members will benefit and children in foster care services' drug use can be better resolved.

Social workers should engage more often in community work and do community profiling in order to understand the issues affecting community members and to ensure proper planning from community level, sub-districts, main districts, provincial and nationally, in order to advice and set out quality targets to be reached or informed in the operational plan and the memorandum of agreement (PI'S) to be carried out by government employees and to ensure proper implementation and that whatever is implemented reflects and address the community's needs. Weyers (2001:09) indicate that governments cannot, for various reasons, promote social development efficiently and justly and that "social development goals can best be attained if ordinary people are mobilized to establish projects and address the issues that serve their local communities and if they are actively involved in these projects".

Furthermore, Weyers (2001:23) contend that the purpose of community work as a social work method is a broad end results that social workers want to achieve by means of this intervention process (i.e. its purpose), entails specific types of social change and these changes are brought about on four levels and can be summarized as follows:

- To prevent and eliminate social problems and needs,

- To develop human potential and enhance people's problem solving, coping and other skills,
- To provide the resources and services that are needed to prevent and eliminate social dysfunctioning and to link potential consumers with resources and services that they need.

The researcher views these forms of interventions as the important and most significant to change people's attitude, thoughts, behaviours and emotions. Weyers (2001:25) further indicate that intervention objectives encompass especially four types of change and they are environmental change, attitudinal and emotional change, the development of insight and behavioural change.

3.5 CONCLUSION

It is evident that drug use has the ability to influence negative change in the brain, disrupting and distorting the way in which the brain functions once intoxicated, negative behaviours such as anti-social behaviours, poor school performance, high failure and absenteeism just to name a few clearly suggests that prevention measures such as Ke-Moja and Poppets needs to be reviewed for effectiveness and relevancy. Their primary focus is to deter young people and children from indulging in drug use, but the fact that children and young people are more engaged with drug use strongly suggests that the impact made by Ke-moja and Poppets are not effective enough but instead give children more information about drugs. Social workers should make use of community work as one of the methods and discipline in social work, and school social workers should also be implemented in order to deter children and young people from drug use.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter presents an analysis and presentation on the findings of this investigation into drug use by children in foster care placement at The Oaks community, Limpopo province: Implications for practice. It first focuses on the qualitative data gathered from a sample of twenty-three foster children both males and females who reside at The Oaks Community. A discussion of the results of the in-depth and semi-structured interviews then follows since the data was collected through interviews and the administration of questionnaires. The collected data was analyzed thematically utilizing mixed methods (qualitative-quantitative design). The collected data was presented with the use of tables, figures and graphs. The data collected was first coded and collated under different themes as per study topics. Data analysis is a process which allowed the researcher to interpret and generalise the findings from the sample used in the research and to the larger population in which the researcher was interested.

The focus is subsequently on drug use data gathered during the study. Particular attention is focused on the age at which respondents began using drugs, the extent at which peer pressure contributes to drug use by children in foster care services, determine the impact of drug use on foster children,

finding out how low self-esteem leads to drug use and to examine how drug use affects school performance on foster children from dysfunctional families. The information is presented in themes that include biographical details of the respondents as well as information on drug use by children in foster care services. The chapter presents the study's findings which is derived from the data analysis process and concludes with an integrated summary of the discussed findings, bearing in mind the assumptions of the study.

The Oaks community is a village that is approximately 35 kilometers away from Hoedspruit whereby there is an air force base for soldiers and farms. The former has the responsibility to sustain the country's peace and stability and the later to sustain economic activities. In pursuit for employment opportunities in the farms by people from surrounding areas including The Oaks Community, people flock in this area (that is Hoedspruit) and in the process of these happenings, relationships are eventually established and out of wedlock children are born and others get infected and affected by the pandemic disease of HIV and AIDS.

When these out of wedlock children are born and their parents (mothers in particular) unfortunately happen to pass away in the long run. They are then placed in foster care of a suitable care-giver on the grounds that the father is either unknown and has never had contacts with the child and or because the deceased parent never declared or disclosed his identity and whereabouts to any of the family members. It is situations like these that forces children to grow up in single parent families, child headed families when parents either

pass away or resort to drug use as coping mechanisms. Prostitution work is also escalating at Hoedspruit which makes residences of The Oaks Community more prone to HIV and AIDS virus.

4.2 SECTION A: BIOGRAPHICAL DETAILS OF THE RESPONDENTS

Biographical data, such as the representation of the respondents according to their age, gender, and religious affiliation, family's source of income and cultural group are presented below to shed light on who the who the respondents were.

4.2.1 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

4.2.1.1 Respondents by ages

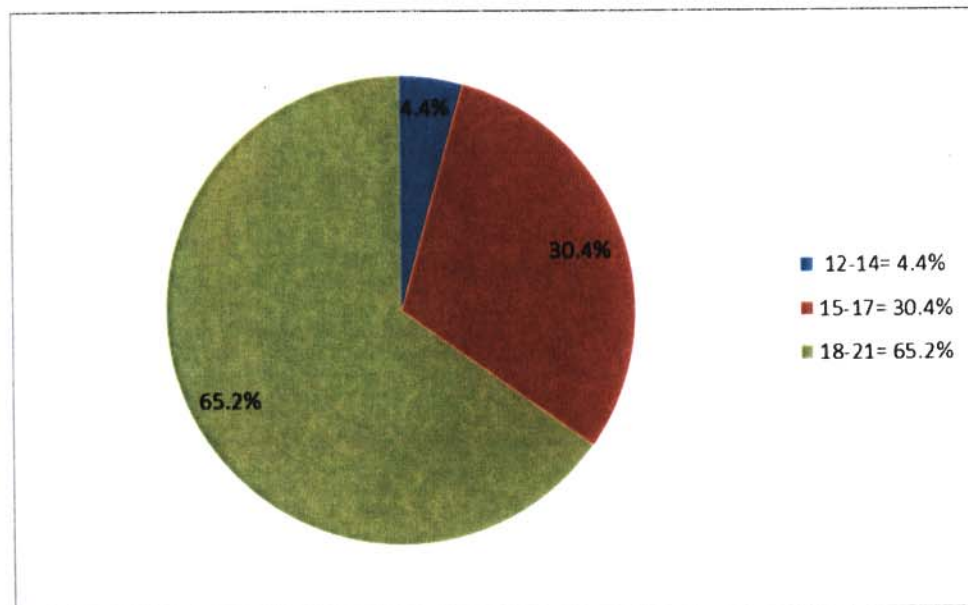


Figure 1: Age of the respondents

Figure 1 above provides information regarding the number of respondents by their age groups. What is deduced from the figure is that the ages of the participants ranged from 12 to 21 years. The age group from 12 to 14 constituted 4.4%, whereas the age group between 15 to 17 made up 30.4% and finally, the age group ranging from 18 to 21 constituted 65.2% of the total population. In support of the above findings, Baloyi (2006:27) asserts that children are beginning to use and abuse alcohol and other drugs at a much younger age. It was revealed that respondents started using drugs from their early ages, as early as twelve years of age.

4.2.1.2 Gender of the respondents

Table 1

Gender of the respondents	Number of respondents	Percentage
Male	12	52%
Female	11	48%
Total	23	100%

Table 1 Indicates that the respondents who participated in the study were both males and females, whereby the former constituted 52% of the total population and the later composed of 48% of the sample.

4.2.1.3 Religious affiliation

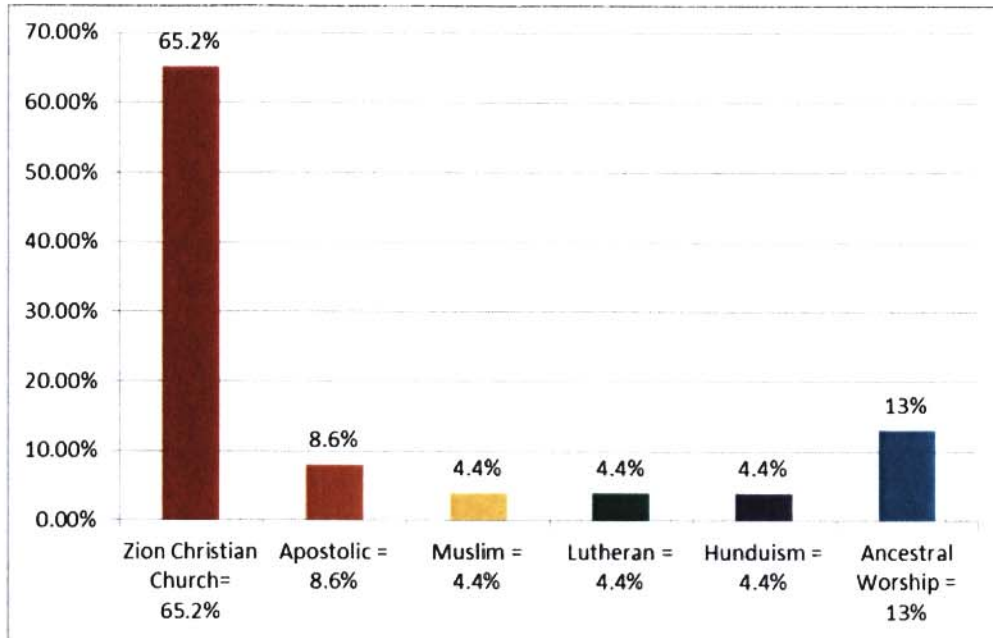


Figure 2: Religious affiliation

Regarding the religious affiliation, the majority of the participants 65.2% reported to be affiliated members of the Zion Christian Church (Z.C.C). Participants who reported to be practicing ancestral worship constituted 13% of the total sample. Considering that ancestral worship goes hand in glove with traditional home brewed beer when there are ceremonies, therefore it can be said that alcohol as drug is always made available. It can be therefore empirically said that drugs are made available for human consumption during traditional ceremonies which children are exposed to. The other religious denomination i.e. Muslim, Lutheran and Hinduism shared 4.4% each in the overall sample of the total population and 8.6% participants were Apostolic. The primary focus of the other religious denomination rests solely on praising and worshipping God through prayer and singing.

4.2.1.4 Family's source of income

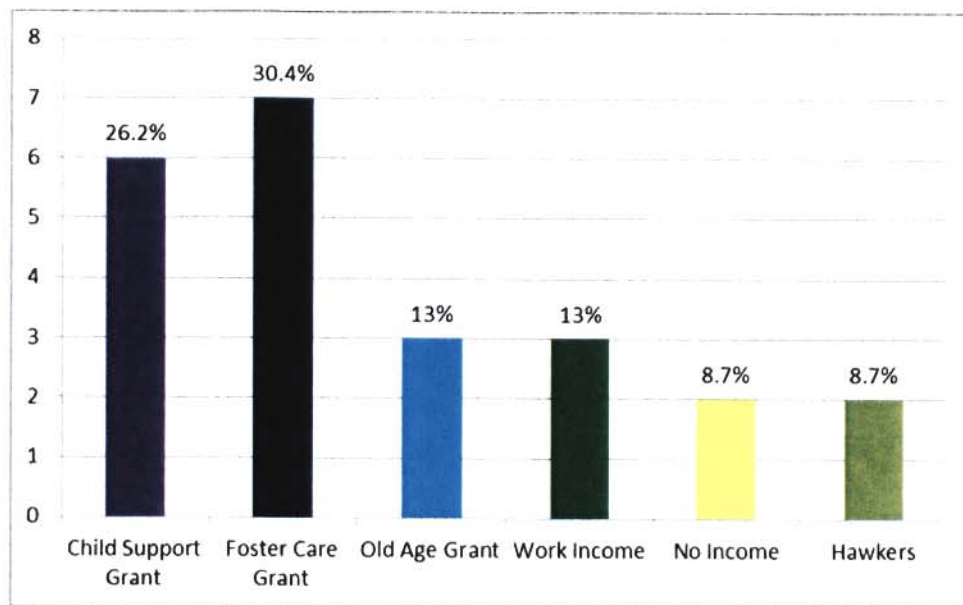


Figure 3: Family's source of income

Figure 3 indicates that the majority of participants that 8.7% mentioned that they are from families with either no income or care-givers are hawkers, whereas the findings indicates that families with no income are on 8.7% and families where care-givers are hawkers is sitting on the same percentage 8.7%. Another shocking indicator is that the majority of the respondents i.e. at least 30.4% revealed that their families are financially surviving and living by government grants as their main source of income. Some families reported to be financially living on a combination of grants i.e. either foster care, child support grant and or old age grant. It also is presumed that Limpopo Province is a rural area whereby unemployment and poverty levels are on the high and increasing at an alarming rate.

4.2.1.5 Cultural group

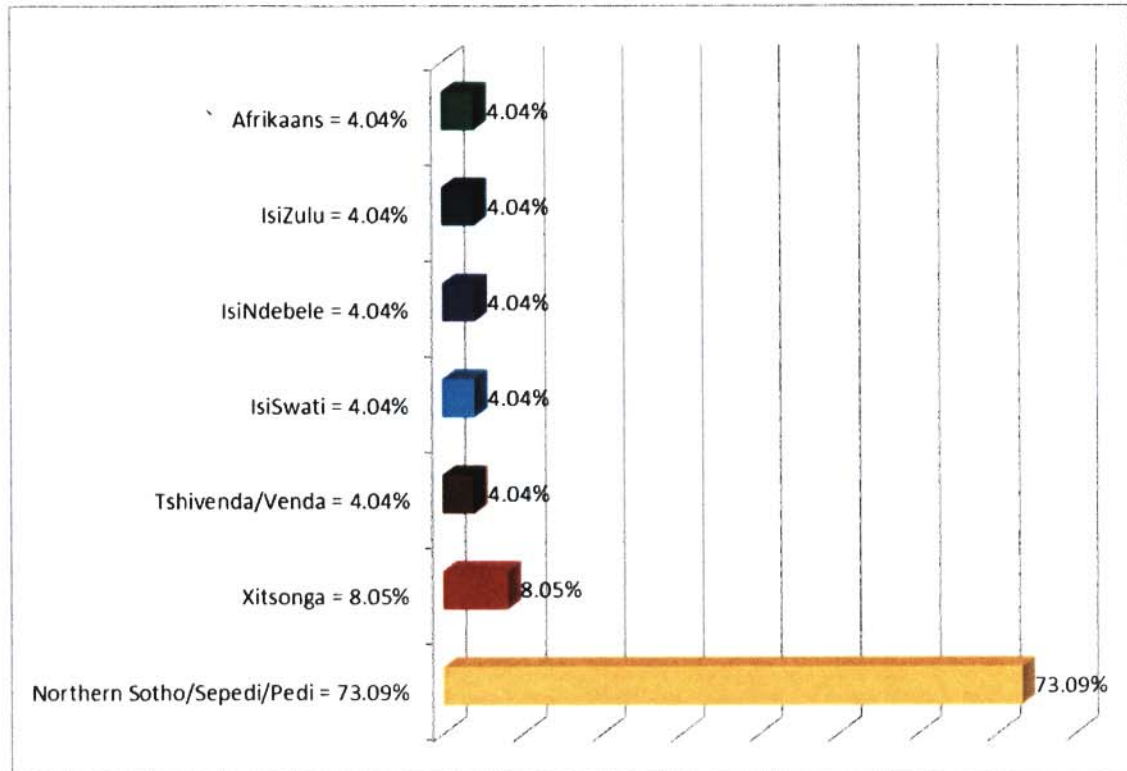


Figure 4: Cultural group

A substantial number of the participants indicated that they are Northern Sotho speaking people since the language demographics of The Oaks Community constituted 73.09% followed by Xitsonga speaking people at 8.05% whereby Tshivenda, IsiSwati, IsiNdebele, IsiZulu and Afrikaans shared the same spoil of the sample i.e. 4.04%. Some participants indicated to be originating from other cultural groups like Tsonga, Swati and Venda but proved to be speaking and learning Northern Sotho at School. Graves (2000:10), Almost every culture has found a way to produce alcohol. Some people use fruit such as grapes to make wine, while others use grains such as barley or rice to make beer. Figure 4 infer that different cultural groups were

including in the study to give insight of their ethnicity regarding the use and misuse of drugs.

4.3 SECTION B: DRUG USE BY CHILDREN IN FOSTER CARE SERVICES

The data below was collected through semi-structured interviews. The study focused on the findings of drug use by children in foster care services at The Oaks Community, Limpopo Province: Implication for practice. The study sought to confirm the assumptions that the researcher formulated in respect of drug use by children in foster care services. The interview schedule was divided into two sub-sections that is section A and B in order to find out and determine the impact of drug use amongst children in foster care services.

4.3.1 Peer pressure as a contributory factor to drug use

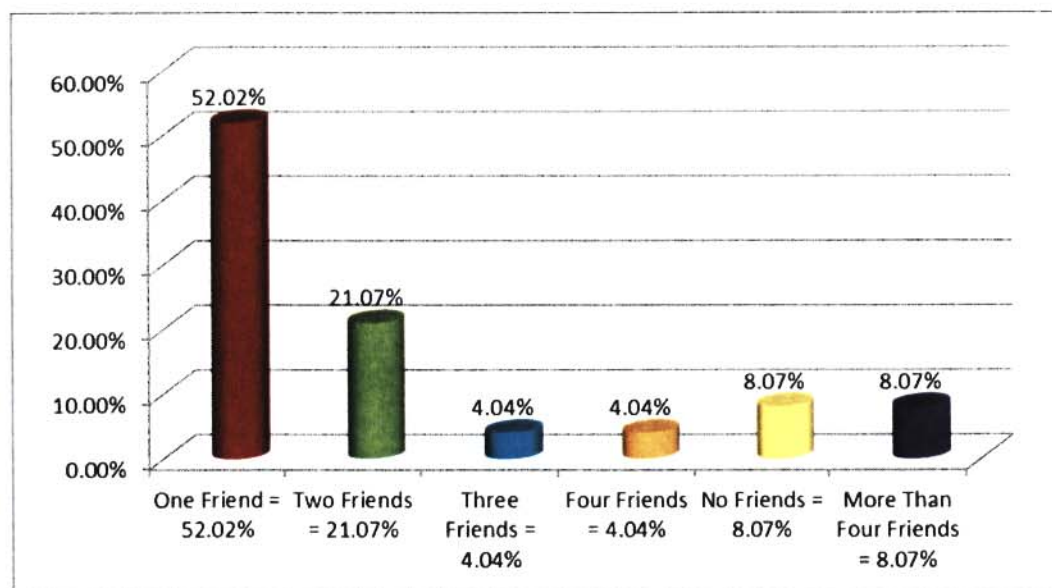


Figure 5: Peer pressure as a contributory factor to drug use

Figure five provides information in terms of the number of friends participants have and hang around with. According to the results as indicate in the above figure the majority of participants 52.02% indicated that they have one friend, followed by participants with two friends on 21.07%, participants with three and four friends constituted 4.04% respectively. Participants with no friends and those who have more than four friends also shared the same percentage of 8.07% respectively.

In most instances, anti-social behaviours are most likely to surfaces as a result of peer pressure and bad influences, whereby people of the same contemporary do things together. Anti-social behaviours are also determined by the number of friends one has. According to The United Nations (1992), drug users, like other people seek approval for their behaviour from their peer whom they attempt to convince them to join them in their habits as a way of seeking acceptance. It is easy for an individual whom associates himself with a group that abuse drugs to also be the user and as well as the abuser of such drugs. Friends influence each other either positively or negatively depending on their conditions and situations or circumstances they find themselves. In support of that, one participant stated the following when asked about the number of friends he/she has:

“One friend because I got many things to think about and to do with my friend such as doing home works and class works with him”.

For instance, they may pursue each other towards a goal directed activities and motives that are positive in nature such as influencing each other to engage in activities that promote behaviours that are positive, such as study groups, studying together for tests and exams, attending classes and church (Bagwell *et al.*, 2000:89).

There are instances and factors which are mentioned to be influencing children in foster care placement to indulge in drug use, such as peer pressure and counting on friends for success and academic achievements. Coie *et al.*, (2002:06) as cited in Bagwell *et al.*, (2000:89), there are two major mechanisms associated with peer factors or influences namely: association with delinquent peers and peer rejection. Some of the foster children were cited saying:

“Yes, my friends are people that I can count on as we do a lot of things together such as studying, preparing for tests and exams. We also do funny things together such as going out and drinking alcohol”.

It can also be noted that peers also influence each other to engage in none positive behaviours that is giving each advice, support and guidance. As noted, children also influence each to do a lot of things together including anti-social behaviour. In reality it is solely rare for children to give each good advice, support and guidance since they both need an older person or caregivers to help them make sense of the situation happening in and around

them. Some of the foster children were cited saying the following when asked how many friends they have and why do they keep such a friend or friends.

“I have one friend because when we are together we talk about a lot of things and I tell him everything and he will support and guide me”.

In English, it is said that “birds of the same feather flock together” and this means that people who share similar interests and preferences are likely to do things together and influence each other. It has become evident that children or young people are most likely to listen to people like them. It can be deduced that Peer Education should be considered as one of the most effective and empowering methods of sharing information and knowledge with people of the same age group especially children and young people. This was supported by the responses from participants when asked about a number of friends they have, who amongst others indicated that: First participant said that:

“I have four friends, they do not keep secrets for me and I hang around with them to prevent loneliness, that's why I have a small circle of friends. I have many friends because if one is not available or turns to be my enemy the other friends will be there to support me”.

It can be deduced from this response that respondents prevent loneliness by having a couple of friends and friends who do not keep secrets from each other. It is also interesting to note that children also safe guard against friends

who may turn against them and become enemies and having a number of friends serves as a contingency plan in this regard. These children or so called "friends" might end up influencing each other negatively or positively depending on their circumstances. It can be said that the act of sharing information between peer educator and the children or young people can benefit both parties, as each is able to learn from other's life story, personal experience or guidance as echoed on the above shared sentiment. Second Participant stated that:

"I have five friends, because they always support me at school and want to see me happy".

These responses are further echoed by the sentiment that peers can also influence each other towards a positive or goal directed achievements and which is studying. Masese *et al.*, (2012), states that it seems that relatively few people start using drugs on their own. It was however, revealed by participants they have more than one friend whom they probably started experimenting and using drugs with them. Participants were also asked about the difficulty of making friends and the following was echoed:

"It is very difficult for me to make friends because I do not want to make friends with people who will bad influence me and regret after".

Resilience could be seen as the process of, capacity for, or outcome of successful adaptation in the face of challenging or threatening circumstances (Veselska *et al.*, 2009:288). It can be deduced that resilient children and

adolescents have within themselves, their family, their peer-group and their environment, protective factors that help to buffer them the negative forces or stresses to which they are exposed to in their everyday life.

“Not difficult because am friendly, talkative and I spend most of my time around people. I love going out with sports teams. I do not have an unfriendly face and everywhere I go I always introduce myself and do not do anything to pressure someone into being my friend”.

In corroboration of the above, this was echoed by another participants that:

“It is very difficult because many friends that I had or use to accompany around were from my school and I use to play with them but they were disobedient to their parents” (Interviewee 18).

Masese *et al.*, (2012), further articulate that the interest and expectations of their peer group have an important bearing on whether or not a person will try a dependence producing drug. A friend or peer group is likely to be the source of information for drug users about the availability of drugs and their allegeable effects. Some participants reported to be having only one friend without having had to substantiate their responses for example: “I have one friend”. It can be presumed from these kind responses that a child with one friend pursuit each other towards a goal directed activities since group influence will not play any role on that particular child's future. Further-more, this may mean that participants failed to express what they do with friends or that they had very minimal understanding of simple written English which

hindered them from clearly understanding the question. It was noted that participants had minimal ability to write comprehensible English, for instance regarding the number of friends participants have, one participant wrote: "One free me doy please". This may be interpreted and analyzed as that the participant wanted to say one friend frees and please him in a day.

It was also revealed that participants have two or more friends for a variety of reasons which amongst others is to prevent boredom, loneliness, stress and articulated to be having trust in their friends. It is also revealed that children do not want to feel lonely and isolated but at the same time they also showed to be having trust on their friends which exposes them to peer pressure. The following participants were cited:

"Yes, my friend in class introduced me to alcohol and home brewed beer". The fact that drugs are readily available and accessible to participants makes it possible for these children to possess drugs during school hours, in classrooms and within school vicinities, regardless of the fact that underage drinking and illegal drug use is prohibited by law. It was discovered that indeed peer pressure does play a significant role in drug use tendencies amongst children in foster care services and that they also use school tours as social events to start indulging in drug use.

"Yes, I do use alcohol and my friends introduced me and because of peer pressure and wanting to make them happy I started using but now I am no longer using them". It is revealed that alcohol is the most commonly used drug

and peer influence precipitate its use amongst children in foster care services. "I am using alcohol with friends and they are the ones who introduced me to drugs or alcohol. We were going out on a school trip when I started drinking". It is revealed by participants that alcohol is a commonly used drug with either friends or classmates during school tours, class times and social occasions.

4.3.2 The ability to deny peer influence to engage in antisocial activities

Cheng and Lo (2011:1668) articulate that parents' influence on children's behaviour may diminish yielding to a growing degree to the influences of school and community and the later influence may affect teenagers' substance use. The respondents interviewed indicated that they have the courage to say "No" when a friend request them to engage in antisocial behaviours, while 5% revealed the following response: "My friends and I always look after each other, we always do all sorts of things together but we have never been involved in any criminal activities. A friend always has the pressure to keep the other members happy and excited at all cost." Sempe (2007), drug abuse can be a cause or a consequence of peer relationship since adolescents tend to emulate peer behaviour and seek reinforcement from their peers, frequent drug use by friends often influence one's level of drug use.

Furthermore, participants were asked if they have bullied or be bullied by another person and the majority that is 70% reported not to have neither bullied nor be bullied by any other person and 30% of the respondents

reported to have been bullied and be bullied by other learner(s). Taiwo and Goldstein (2006:505) contend that drug use is always associated with absenteeism, bullying and weapon carrying and that these key components/indicators are examples of deviant behaviours. To guard against peer influence parents should bond, creates and maintain an affectionate relationship with their children. Cheng and Lo (2011:1668) maintain the fact that rebuilding positive affection bonding with a parent may leave children in foster care services less prone to take up drugs.

4.3.3 Knowledge on drug consumption and cultural beliefs

Regarding their knowledge and cultural influence on drug use 13% of the respondents revealed that drug use is not a problem since they use home brewed beer during traditional ceremonies to worship their ancestors. Some respondents that is 30.43% indicated that their cultures does not permit drug use since they live and abide by church values, norms and principles, while 56.52% of the total population did not respond to the question.

Midigo (2002) purports that attitudes of parents towards tobacco, alcohol and other drugs play a significant role in children's behaviour. This was also echoed by a participant who indicated the following: "I do not think that alcohol is a problem according to my culture since my grandparents also drinks home brewed or traditional beer, my uncles do drink too and we also drink traditional beer especially when there are traditional ceremonies". Further-more, Pudo (1998), states that children from homes where parents take drugs tend to imitate the behaviour of their parents by taking illegal drugs. "My culture does

not have a problem with drugs because during our traditional ceremony we cook our traditional beer and drink with our ancestors. We pour the beer on floor and that is how ancestors drink and it is believed that it makes them happy". Graves, (2000:10), almost every culture has found a way to produce alcohol. Some people use fruit such as grapes to make wine, while others use grains such as barley or rice to make beer. As a beverage containing alcohol, beer is consumed as food and is rich with symbolic significance when used within social, cultural, and religious customs and rituals.

It was also revealed that other cultures do not tolerate or support the use of alcohol or drugs, and evidence of those participants were cited saying the following: "No in my culture we must not use drugs because it damages our lungs and make our bright future not to be bright again". This response clearly depicts the notion that drug use does not only affect the user but also negatively affects young people's future regardless of their ethnicity, gender, or race. The complications of drug use are immense as they also affect communities and the societies. Visser & Routledge (2007:595), the problem of drug use is affecting all people from across different race, gender, class, ethnicity and also the society at large. It has been noted that culture plays a critical role in the upbringing of children as it defines the family in which the child is growing. Culture describes the many ways in which human beings express themselves for the purpose of uniting with others, forming a group, defining an identity and even for distinguishing them as unique. Therefore, it is also essential for parenting to be explored in the context of culture.

4.3.4 The relationship between drug use and sexual intercourse by participants

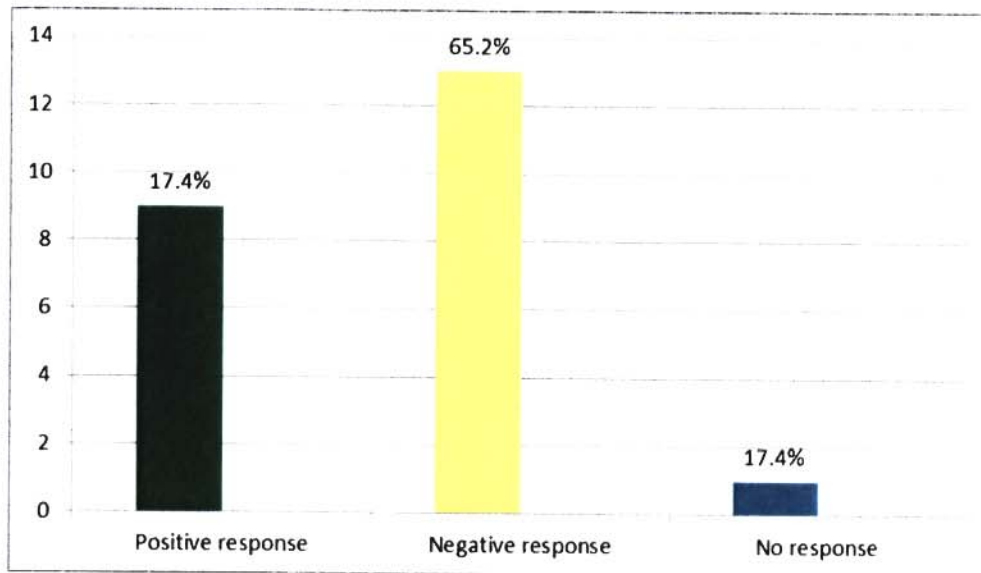


Figure 6: Drug use and sexual intercourse by participants

Figure 6 above deduced that 17.4% of the respondents indicated that they enjoy sexual intercourse while under the influence of drugs or intoxicated. It can be inferred that this increases the risks and the spread of the HIV pandemic disease, since an intoxicated person may lack the ability take up all the precautions. Further-more, 65.2% of the participants articulated that they do not engage in sexual intercourse and 17.4% did not respond to the question and it was unclear whether they engage themselves in sexual intercourse but can only be presumed that they do engage since drugs have the ability to act as a stimulant. "Yes I enjoy being touched, kiss and have sex when I am drunk, the only thing that I think of when I am drunk is sex". Bisika, Konyani, Chamangwana and Khanyizira (2008:81-82) contend that behaviours associated with drug use are among the main factors in the

spread of HIV/AIDS infection. "Yes many times and we even slept with one girl with my friends and we were about four boys on one girl at a time without even using condoms. It is cool and feels good to do it at the same time with friends. We always talk about it when we are having fun with my friends". It is quiet scary to note how participants conduct themselves once under the influence of drugs. It is clear from their responses that they engage in risky behaviours such as unprotected sex and having sex with multiple partners once intoxicated.

4.3.5 The exposition of simultaneous drug consumption and sexual intercourse

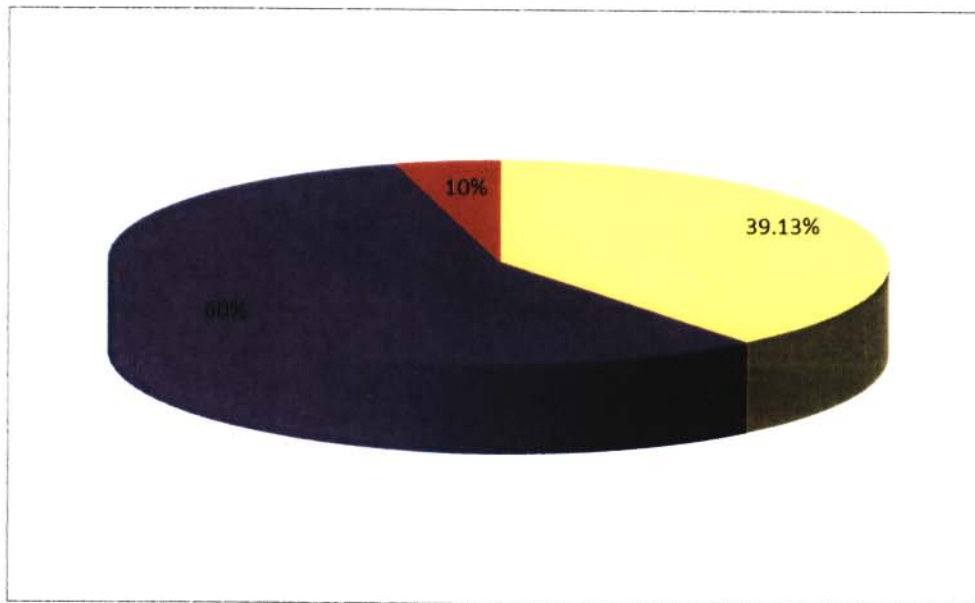


Figure 7: Drug consumption and sexual intercourse

Deveau (2008), states that the spread of HIV amongst youth drug users, as high-risk group is a significant problem in Africa and South Africa in particular, as in other parts of the world. Makhubele (2013) contends that drug use is

reported to be most commonly abused by young people with a national abuse rate of 36.3% and that drug use play a significant role in the spread of HIV. "Yes some people after taking drugs they are not themselves, they cannot control themselves. Some feel like having sex after taking drugs, some believe that sex is enjoyable with drugs and without a condom".

(Room, Barbor & Rehm, (2005:365); Parry & Dewing, (2006:1-56), Alcohol plays a major role in promoting risky sexual behaviours (such as unprotected casual and indiscriminate sex, sex with commercial sex workers and unprotected sex with multiple partners), accelerating progression to disease. "Yes I think there is a relationship between drug use and HIV/AIDS because we sleep with girls when we are drunk and regret the following day when we are sober minded. Alcohol and drug use makes us do things that we regret. HIV and AIDS can be easily spread when one is drunk since the mind is too slow to think and you can do anything when you are drunk".

Chesang (2003) articulate that alcohol is contained in drinks such as beer, wine, brandy, spirit and whisky. It is an extremely potent drug. It acts on the body primary as a depressant and lowers down the brain activity. However, in low doses it can be a stimulant. Chesang further indicated that if used in excess, it will damage or even kill body tissues including muscles and brain cells. Its consumption causes a number of marked changes in behaviour. In most instances the consumer of alcohol will act violently when he is intoxicated or under the influence. Participants were also asked if they loss control and act violently when under the influence of drugs and the following

was revealed: “No because if you do so you will lose control and HIV/AIDS affect (sic), infect) people who do sexual intercourse without a condom”. Olisah, Adekeye, Sheikh and Yusuf (2009) articulate that people who use drugs are more likely to engage in behaviours that place them at risk for contracting or transmitting HIV.

4.4 ENGAGEMENT IN EXTRA MURAL ACTIVITIES AND HOBBIES AS PREVENTIVE MEASURES AGAINST DRUG USE BY CHILDREN

Activity	No of respondents	Percentages
Soccer	04	17.39%
Netball	04	17.39%
Reading books	03	13.04%
Church	02	8.7%
None	10	43.5%
Total	23	100%

Table 2

Table 2 provides information in respect of extra mural activities and hobbies. The most commonly used extra mural activities or hobbies are soccer and netball which constituted 17.39% of the respondents, while 13.04% and 8.7% of the population respectively reported to be always reading books and going to church. It can be articulated that extra mural activities during leisure times on the part of participants will keep them occupied and focus on their hobbies than drug use and antisocial behaviours. Hyman and Sinha (2008:02), found that individuals turn to drug use for recreational and social reason, to enhance

and maintain positive internal states, to cope with stress, and/or to reduce or avoid aversive internal states.

4.5 THE IMPACT OF DRUG USE

4.5.1 The correlation between drug consumption and violent behaviour

The majority of the respondents that is 30.43% indicated that there is a correlation between drug use and violent behaviour, while 30.43% indicated that drug use does not play any role in people's misconduct and other misbehaviours. The other 30.43% of the respondents failed to answer the question either because they were too illiterate to understand simple written English; they did not know what to answer or they chose not to answer the question.

Makhubele (2013), contend that in most instances drug users are likely to act violently when under the influence or intoxicated. Some of the respondents reported that they do not engage in violent behaviours when intoxicated or under the influence of drugs. "Yes, drugs does make a person lose touch with the reality and engage in violent behaviours when on the high". The following are some of the responses by the respondents when asked about the correlation between drug use and violent behaviour:

"No, because alcohol does not make me lose myself or start to be violent it only makes me forget about what is bordering me".

“No I do not know”.

“No because using drugs is a very dangerous thing”.

“No I can still be myself, control myself after taking drugs. I still think normal. You will not even notice that I have taken drugs since I look the same with or without drugs.”

“Yes because you going to things that is not good to people like crime”.

It can also be deduced that the use of drugs does not only affect the individual user but its impact extend to the family, significant others, the community and the society at large. Maithya (2009), articulate that it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful not only to the individual, but also to the family, the community and society as whole. It should also be noted that millions of children live under difficult circumstances which results in orphans, street children, refugees, and neglect. Children are also trapped in child labour practices, prostitution, and other forms of abuse [including substance abuse] and exploitation.

Tlhoalele (2003:4), cited the following factors as contributory factors to drug use by children, such factors are family dysfunction (broken homes), lack of recreational facilities, parent child relationships, substance abuse by parents, poverty, unemployment, truancy, violence and abuse. It can be noted that lack

of recreational facilities and hobbies on the part of young people increases the use and misuse of drugs. Respondents were also cited saying the following: "Yes, they can sense my emotional state we can discuss the following things: money, sex, religion and family. They are trustworthy and they know the difference between a harmless secret and dangerous secretes". This clearly indicate that impact of drug use is immense since there is a pronoun shift of parent child trust and relation to peer trust since young people can relate very well with someone similar to their age. Challenges facing parents due to various social ills in a society may lead to ineffective parenting, which in turn impacts negatively on the development and care of children, whereby children resorts to negative influence from peers. The United Nations Committee on the Rights of the Child (UNCRC) recognized that children need to build relationships with parents, families, peers and caregivers for their survival, well-being and development. Through these relationships they construct a personal identity and acquire culturally valued skills, knowledge and behaviour.

Chesang (2013) contends that alcohol is contained in drinks such as beer, wine, brandy, spirit and whisky. It is an extremely potent drug. It acts on the body primary as a depressant and lowers down the brain activity. However, in low doses it can be a stimulant. Cheseng further indicated that if used in excess, it will damage or even kill body tissues including muscles and brain cells. Its consumption causes a number of marked changes in behaviour. In most instances the consumer of alcohol will act violently when intoxicated or under the influence. It has become clear from the respondents that drugs can

be a stimulant since respondents articulated that they can discuss a range of issues which they cannot engage in when sober minded.

4.5.2 Knowledge of drug use and health status

Philips and Steyl (2008:463), indicate that worldwide drug use during adolescence and young adulthood remains a prominent public health problem. The study sought to find out if drug use has any detrimental effects on people's health. The majority of the participants i.e. 99% reported that drug use does affect a person's health and distort the thinking capacity. It was noted that only 1% of the total population reported to be very little knowledge about detrimental effects of drug use on human beings. It is clear from the findings that drug use does affects a person's health since it has negative impact on the thinking capacity and how one weight risk when intoxicated or under the influence of drugs.

According to Ndetei, Pizzo, Kuria, Khasakhala, Maru and Mutiso (2008) states that in South Africa, the health social and economic consequences associated with problematic drug use have been documented as the burden of harm. "When I am on the high I feel all energetic and moods are elevated to do all sorts of things, but when I wake up in the morning after having a couple of drinks I feel weak, dizzy and having head ache. I cannot really tell if my health is improving or decreasing". Alcohol and substance abuse remain a serious health problem among the youth and is correlated with other adolescent problem behaviours including teenage pregnancy, school misbehaviour,

delinquency and dropping out of school (Leteka, 2003:58).“I do not know if drugs can affect my health because I feel all healthy especially after using and having fun”.

The above findings clearly indicates that drugs have the ability to stimulate the energy level in a human body and elevate moods to do things which a person does not normally do when sober minded. This means that drug reactions in a human body have the ability to release stimulates for people to react in different ways. And it also had shown that participants have very little knowledge about the detrimental health effects of drug use. Mhlongo (2005) echoed that drug use such as smoking is not only harmful to the individuals who smoke but also to those who are passively exposed to tobacco smoke. Further-more, Yuji (2001), states that smoking is an established cause of significant number of diseases, disabilities and death worldwide.

4.6 DRUG USE AND SCHOOL PERFORMANCE

4.6.1 Responses on being objective and thinking capacity after consuming drug

It is revealed that majority of the respondents that is 47.82% of the population mentioned that they do not remain focused and objective after using drugs or being on the high. It was also revealed that 26% of the respondents indicated to be always focused even after using, while the other 26% did not give any response regarding the question. “When I am too drunk I get a bit slow in almost everything that I do, my movements get slow and I have staggering

movements, my thinking ability is also somehow disturbed a bit. I cannot really say I remain focused after using drugs since we do things which we regret afterwards when". According to Coombs as cited by Ondieki and Mokuia (2012), articulate that the effects of sensory distractions are sometimes caused by curious experimentation with drugs among young people wanting to experience something more beautiful and intense than ordinary. "When I use alcohol and dagga I turn to forget things and always getting confused about things especially not knowing exactly what happened the previous day after heavy drinking and smoking. I always do not attend school and feel disorientated and sometimes have a memory loss. I also know that babies are born with a certain disease if mother use drugs while pregnant. I have also noticed that alcohol or drug use enlarges the blood vessels in the face, and I also know that everyday use of alcohol or drugs leads to addictions.

"Yes, because they behave well and do not use drugs and alcohol because alcohol damages the brain". These are further responses by the participants:

"No cause if you using drugs you can't focus on anything you want to do"

No because you are not yourself with drugs"

"Yes after consuming drugs I can do anything like hard work and I feel all energetic. I feel stress relieved and shy person sometimes but after taking drugs shyness goes away"

“I drink alcohol every week when I have money during school holidays only. I do not go for a week without consuming drugs. May be I can go for 30 days without consuming drugs when am at home not at school”.

4.6.2 Poverty versus drug use and Poor performance

Table 3

Indicator	No. of respondents	Percentages
Yes	07	30.43%
No	12	52.17%
No response	04	17.4%
Total	23	100%

Table 3 indicate that 30.43% of the population articulated that there is a strong bond between drug use and poverty, while 52.17% indicated that there is no correlation between drug use and poverty level and 17.4% were response.

Cheng and Lo (2011:1668) maintain that neighborhood disadvantages such as poverty, single parenthood, and welfare receipt can increase drug use on children. This means that if neighborhood facilities such as soccer fields, libraries, churches etc. are improved they may the ability or the bearing to reduce drug use. “My family is not a rich family my mother used to drink alcohol especially when I visited her in the farm where she was working. Yes, drugs and alcohol use does lead to poverty since the money that is used to buy alcohol or drugs can be used to purchase other home use utilities”

It is established that drug use is phenomenon that affects everybody regardless of race, gender, ethnicity, or cultural group. Drug abuse is a

problem which affects all social classes i.e. the poor, middle class and the rich. “Yes some people who are living under poverty they end up using drugs because they stress too much about their situation”.

“No you will spend more money to buy drugs, but you do not have food”.

“Yes from my experience after taking drugs I do not feel hungry so some people take drugs to prevent poverty to stop thinking about food. Some sleep after taking drugs so that when they wake up the hunger will be gone”

4.6.3 DRUG USE AND ITS IMPACT ON SCHOOL PERFORMANCE

4.6.3.1 School performance versus drug use and abuse by participants

Indicator	No. of respondents	Percentages
Positive response	06	26.08%
Negative response	13	56.52%
No response	04	17.39%
Total	23	100%

Table 4

Table four above depict that 26.08% of the total population articulated that there is a strong relationship between school performance and drug use. It

was further articulated that drug use affects school performance on a negative note. The majority of the respondents that is 56.52% of the population reported that there is no correlation between drug use and school performance while 17.39% were no response. "Yes drug use does contribute to poor school performance because when you drink alcohol you turn to forget about your school work, not only that it only happens to foster children but also to all other children. Alcohol and drugs does contribute to failure because when you sleep being drunk you wake up being tired, sick, dizzy and feel like not doing anything. You will be very much thirsty and cannot attend a class when you were drunk the past day. You struggle to focus and all you want is to sleep the whole day". Young and De Klerk (2008:102) allude to the fact that drug misuse is also associated with absenteeism, academic failure, anti-social behaviour and criminal justice problems. "I used to be an average student before I could meet with my friends, but now I do not proceed to the next grade without failing or repeating a grade twice or once. My school performance has dropped drastically ever since I started drinking. I do not even attend my classes that well".

Orisatchki and Jayaraj (2008:09), exposure to dangers of drug use increase hazardous drug use, wide-spread abuse and have untoward effects such as reduced school performance and lower educational attainment. "My school performance has improved, me and my friends we are a team work. We have a study timetable, before we can study; we take drugs first to get energy and to relax our mind. No one had ever failed in our team". it is no doubt that drug use does affect school performance on a negative note but users had limited

knowledge about their after effects. "No I never thought that my school performance would be affected because we were just having fun with my friends. Drug use and school do not complement each other at all. When I am drunk or have used drugs I do not pass but get all violent with other learners including teachers and parents at home sometimes. We are always making jokes at school and always hanging around outside classes".

Participants were further asked if they ever thought that using drugs might affect their school performance and the following were their responses: "No my friends told me they have been using drugs for a long time and they never repeated a grade. They are focused on their school work and school work comes first. "I want to have a better future so I won't allow drugs to take that from me".

4.6.3.2 Absenteeism versus school performance and drug use

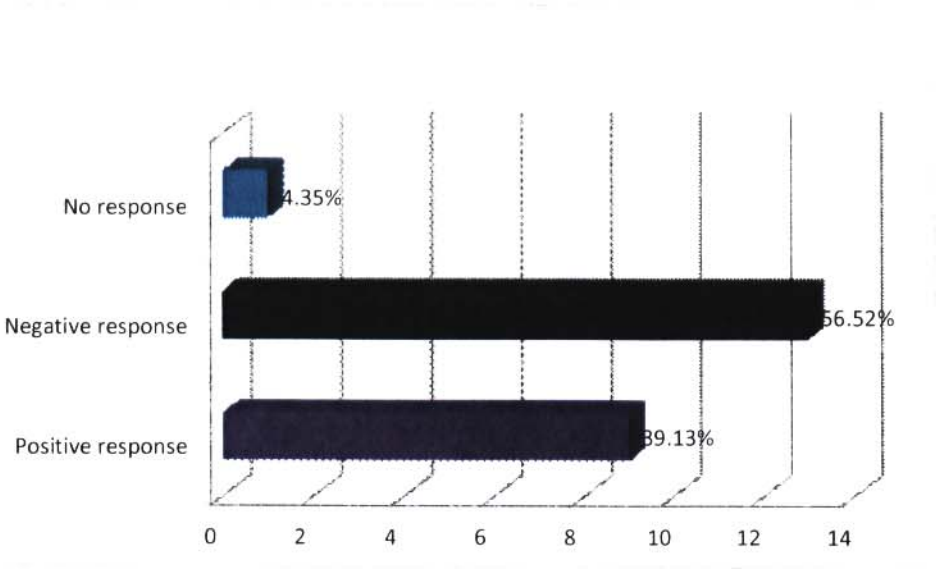


Figure 8: Absenteeism versus school performance and drug use

Figure 8 above infer that 39.13% of the population reported to be always absent from school if they were under the influence drugs the previous day. This means that they may even abscond classes when they have the urge to use.

Young and De Klerk (2008:102) allude to the fact that drug misuse is also associated with absenteeism, devious, academic failure, anti-social behaviour and criminal justice problems. "Yes I have been absent many times. Most of the time I get absent from school when I was drunk the previous day. I always get sick, dizzy, moody, having head ache and thirsty every time when I drink. I can even spend two or three days without going to school in a week or going absent for the whole week". It was established that the majority of young people do not attend school if they were intoxicated or under the influence of drugs the previous day. It can be deduced that poor school attendance can yield negative school performance, drop-out and engagement in anti-social behaviours. "No because I love being at school reading my books and writing homework and I enjoy being at school".

4.6.3.3 Factors contemplating to risky behaviours and high failure rate

Participant were requested to give factors which according to their knowledge precipitate to drug use and high failure rate. Glanz as cited in Tlhoalele (2003:4) agrees that there are apparent factors, which lead to delinquent behaviour among young people, especially originating from within their family systems. These factors include family dysfunction (broken homes), parent

child relationships, substance abuse by parents, poverty, unemployment, truancy, violence and abuse. Participants cited the following factors as factors highly contributing to risky behaviours and high failure rate: Lack of support from parents, Abuse, discrimination around the family, Peer pressure, Poor living condition, shelter/poverty and Lack of motivation.

Sinha (2001:343), articulate that stress of child rearing can contribute to an increased dependency on alcohol and drugs. In stressed families, where fathers or care-givers abuse dependency producing substance, the mothers tend to offer inconsistent discipline and are less supportive of their children. The resultant effects are child neglect and abandonment, children assuming adult-like responsibilities at a very young age and children becoming rebellious in order to get attention.

Muncie *et al.* (2002:97) and McLoyd as cited by Manm and Reynolds (2006:55) articulate that family risk factors, such as domestic violence, drugs use, criminal behaviour on the part of a parent, marital conflicts and child maltreatment influence disruptive parent-child relationship, family structures and contribute to negative developmental outcomes for youth delinquency including drug use. More-over, Cheng and Lo (2011:1668) maintain that neighborhood disadvantages such as poverty, single parenthood, and welfare receipt can increase drug use on children.

It is also interesting to also note that respondents cited drug use as the most fundamental influence leading to taking risky behaviours such as engaging in unprotected sex and other behaviours. Participants were further requested to

jot down violent behaviours which they have observed and can be attributed to drug use, and following was indicated: absconding classes, engaging in unprotected sex, bullying, always defying and disobeying teacher, always out of class during learning hours. In view of the challenges facing parents, care-givers, it is essential that care-givers, guardians or parents be empowered, supported and strengthened in order to provide children with proper care and protection for their well-being.

4.6.3.4 Feelings after drug use and the urge to attend school

Participants were requested to describe their feelings after drug use and their urge to attend school after using. "No drugs always tells me that school is important and after taking drugs I can write all homework, even write for my friends. I can attend for twelve hours without a break when I'm on the high or have used drugs". Alcohol and substance abuse remain a serious health problem among the youth and is correlated with other adolescent problem behaviours including teenage pregnancy, school misbehaviour, delinquency and dropping out of school (Leteka, 2003:58). "I feel very happy, excited and energetic after using. I always dance with girls and friends when I am drunk. "NO" I do not have the will-power to attend school when I slept being drunk. I always feel tired the following day after being drunk or on the high". It was established from the findings that young people argue with teachers when they are under influence drugs, this can be substantiated by the following response: "yes because you will argue with the teachers". It can be articulated that arguing with teachers disrupts the daily latent functioning of a school

which is teaching and learning, while arguments can insight violence. Cheng and Lo (2011:1668) indicate that conflict with teachers of fellow students is associated with adolescents drug use.

4.7 LOW SELF-ESTEEM AS A CONTRIBUTORY FACTOR TO DRUG USE

4.7.1 Drugs consumption as a coping mechanism

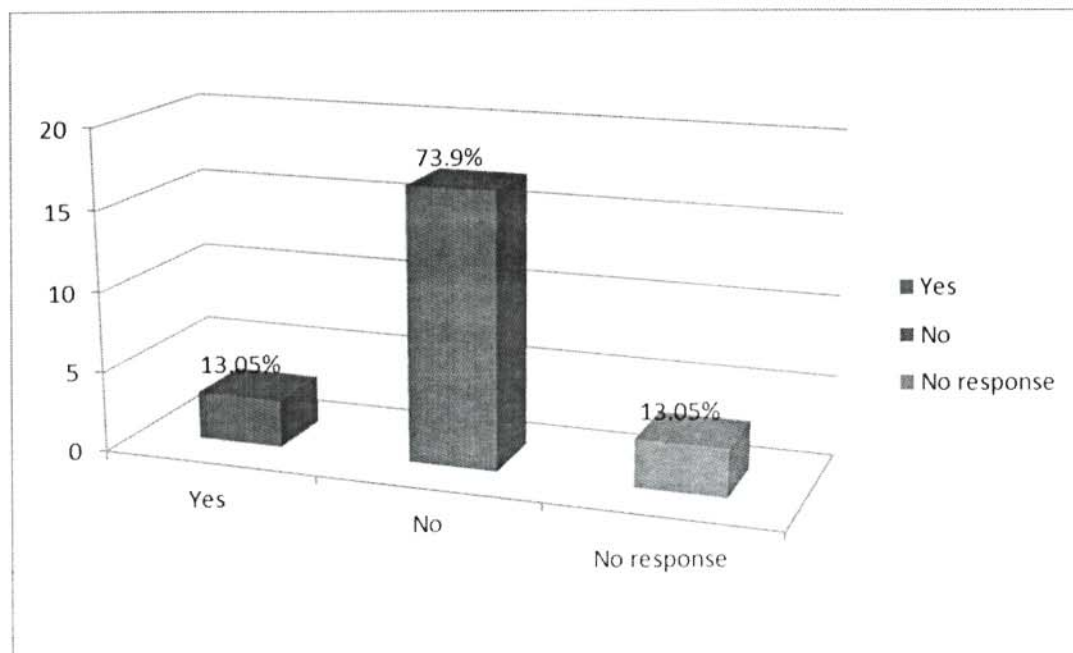


Figure 9: Drugs consumption as a coping mechanism

Figure 9 above infer that 13.05% of the population reported to be using drugs as coping mechanism with life stressors and other challenging tasks in life, while 73.9% articulated not be using drugs as a coping a mechanism and finally 13.05% were no response. Hyman & Sinha (2008:02), found that individuals turn to drug use for recreational and social reason, to enhance and maintain positive internal states, to cope with stress, and/or to reduce or avoid aversive internal states.it is interesting to note that young people indulge in

drug abuse for a variety of reasons which are due to circumstances in which they find themselves.

According to Mottran (1996), drugs have the therapeutic effects of relieving pain, euphoria effects and feeling of reducing fatigue and it is also used as a recreational drug. "At times drugs and alcohol makes me cope with life challenges. I turn to forget about my problems when I am drunk, I then turn forget about other things and focus on drinking alcohol. I forget doing things such as my home-works, studying and preparing for tests and exams, at school sometimes one needs to be active and wise up because if you do not use alcohol you are regarded as not being wise and intelligent". The same sentiment also echoed by respondents who also articulated that drugs help them cope with life challenges and somehow makes them forget about their problems. "Sometimes drugs help me especially when I think too much and when I am stressed". Hyman and Sinha (2008:02), argue that when people are confronted or challenged by circumstances, they would use natural coping strategies in order to overcome presenting challenges and problems. If these natural resources fail to help in coping or resolving certain issues, other resort to drug use as way of coping with such challenges or problems.

4.7.2 Low self-esteem versus Peer pressure

Schuitmaker, Roosmalen, Dekker, Van Dongen, Van Geijn & Gravenhorst (1998:29), young people abuse drugs because of their low-self-esteem as they are sometimes easily influenced by their peers. Participants were requested to estimate according to their knowledge as to how easy or difficult

it is for them to deny drugs offer. The majority of the respondents that is 56.52% did not respond to the question, while 30.43% of the participants revealed that it is very easy to deny when a friend offer them drugs. 13.04% articulated that they find it very difficult defy and deny a friend's offer. Borsari and Corey (2001:392) they argue that exposure to drugs often leads to increased drug use. "It is always not easy to defy and deny when a friend offer or gives you alcohol or drugs. It is regarded as being rude when you deny an offer from a friend". It is clear that respondents lack self-esteem to evaluate themselves, since this response reflects one's sense of individual competence and personal worth in dealing with the challenges of life. It shows that their emotional process of self-judgment can range from feelings of self-efficacy and respect to a feeling that one is fatally flawed as a person. It is further deduced that ego deficits and concurrent impairment of coping abilities does compromises the self-esteem of an individual. There are two major mechanisms associated with peer factors or influences namely: association with delinquent peers and peer rejection (Coie *et al.*, 2002:06 as cited by Bagwell *et al.*, 2000:89).

It is evident that young people engage in drug use activities, which they do perceive as risky, but as somehow acceptable within their peer groups. This is substantiated by this response. "Easy to deny, I have good friends they won't force me to take drugs when I don't feel like taking drugs. I can stay with my friends in one room while they are taking drugs. Even the smell of the drugs won't drive me to take them. I can control my body from drugs. I know how to take and stop drugs". "It is difficult". Farrington, (2004:55) state that having an

antisocial siblings or peers also increases a child's likelihood of antisocial behaviours and that the influences of siblings and peers are stronger when the siblings or peers are close in age. It can be deduced from the respondents that positive self-esteem could be seen as an essential feature of mental health and also as a protective factor in the field of health and social behaviour. While in contrast, negative self-esteem could play an important role in the development of a range of mental disorders and social problems, such as depression, anxiety and high-risk behaviour and drug use. It also be noted that outcomes of low or negative self-esteem differ considerably by gender. Negative self-esteem among young boys leads more often to externalizing problems, while among young girls mostly to internalizing problems.

4.8 THE INFLUENCE OF THE MEDIA ON DRUG USE

Guo, *et al.*, (2002:844), Availability, advertising and legal restrictions on the supply of alcohol are known to influence drinking habits among young people. The majority of the participants (80%) indicated that they do not think that media advertisements have and influence or does contribute to participants engaging in drug use. More-especially 20% of the participants revealed that they strongly believe that media has influence drug use indulgence and misuse by young people. Onya and Flisher (2008:71-72) articulate that the influence of the media on the use of drugs has negative impact on individuals and has socially disruptive drug use.

4.9 WIDESPREAD AVAILABILITY AND ACCESSIBILITY OF DRUGS

4.9.1 The influence of drug availability and accessibility

Pitso (2007:93), argues that the health hazards that are prevalent in many poor communities due to the easy accessibility and lack of control of the contaminated home-brews and availability of illegal and legal drugs is a cause for concern. Participants were requested to indicate as to how easy or difficult it is for them to obtain and access drugs. It is very sad to note that despite the country regulations and policies to prohibit underage drug use and public drinking the law enforcement seems to be ineffective when it comes to underage drug use and as result children easily access, buy and consume drugs anytime and anywhere regardless. It was indicated that alcohol is the most easily accessed drug within communities. Makhubele (2013) articulate that alcohol is easily accessed by many consumers even to children and the youth. Further-more, Masilo (2012) contends that alcohol is the most readily available drug on the market and is not illegal to use or to be possessed.

According to Merton in Masese, Joseph and Ngesu (2012), people use illegal drugs because of their ready availability and promote the interests of those who are in a position to benefit financially from their sale. The respondents revealed that they buy drugs or alcohol from local taverns and bottle stores. They also indicated that it is very easy to purchase since the suppliers are in business all they need is money so they sell to anyone. Dagga or marijuana and other drugs were also reported to be readily available within the

community for purchase. This clearly indicates that drugs are readily available locally and whoever needs them, they need not to struggle to get them. A study conducted by Masilo (2012), revealed that the environment in which school learners live in contributes to the use drugs by learners, as there were many taverns and shebeens within reach from the school premises. "My friends and I are using alcohol at all times and we have never ever used any other drug than alcohol, traditional beer, cigarettes and dagga or marijuana". It was established that participants use different kinds of drugs ranging from alcohol, tobacco, marijuana and other concoctions. It seems like it has become a norm for young people to use a variety of drugs such as smoking and drinking as the majority of the respondents indicated to spice entertainments or events with a combination of drug use.

Borsari and Corey (2001:392) they argue that exposure to drugs often leads to increased drug use. The findings of this study reveal that exposure to drugs contributes to increased drug use by participants especially when they lack assertiveness to deny temptations to begin using drugs as habits observed from peers and or an offer from a friend. It is further revealed that people who use drugs turn to be monsters, aggressive and displays anti-social habits.

4.9.2 Source of finance

The respondents revealed that they obtain money to purchase drugs mainly from care-givers, significant others and or parents. They use the pocket money parents give them to buy food or drinks during school breaks and other

essential materials. These are some of the responses from participants when asked about their source of finance to purchase drugs:

“I get money from student meal card. I only use the meal card at pick and pay so I ask people who pay with cash to give me the money and I use my meal card to pay for their groceries”.

It was also noted that participants use a combination of drugs such as alcohol, cigarette and dagga or any other drug. Harrison, Fulkerson, Eunkyung and Park (2000:39), contend that there are two sources that contribute to young people's drug use, namely; social and commercial sources. “When they give us pocket money at home we always save R10 every day and we make contributions with friends to buy alcohol, cigarettes and dagga or marijuana. Sometimes we find piece jobs from the community like cleaning yards and making cement bricks then they pay us”. The findings reveals that social sources especially peer predominate across all age groups on drug use. Young people are most likely to obtain money to purchase drugs from their pocket money and some piece jobs. It was established that drugs are obtained and purchased from commercial sources especially alcohol and, tobacco but only few rely exclusively on commercial sources for either. It can be implicated to the reluctance of novice and infrequent drug users that they do not purchase such drugs by themselves particularly in the pre-addiction phase. They normally depend on the ‘veterans’ who buy and share with them as they are novice so that they would eventually join and become regular drug users.

4.9.3 Frequency of drug use by participants

Indicator	Number of participants	Percentages
Everyday	05	21.73%
On weekends	10	43.47%
Late in the evening after school	03	13.04%
None of the above	05	21.73%
Total	23	100%

Table 5

Table 5 specifies that 21.73% articulated to be using drugs every day, 43.47% indicated to be using only on weekends, 13.04% reported to be engaging in drug use late in the evening after school, while 21.73% reported to be none drug users. Baloyi (2006:27) further states that the earlier the young person starts using drugs, the more likely he or she is to experience dependency and go on to other hard drugs.

CHAPTER 5

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents an overview of the study by restarting the research problem, aim, objectives and the assumptions of the study. It also summarises the findings and discusses whether the research achieved its aim and objectives. The chapter then presents conclusions drawn from the findings as well as the recommendations pertaining to the study.

5.2 RE-STATEMENT OF THE PROBLEM

Families become dysfunctional because members indulge in drug use that affects and influences not only their behaviour but also their health and children's school performance, their self-esteem, and relationship with their peers on a negative note. Foster children who use drugs are most likely to perform badly at school. It has been found that drug use is always associated with problem behaviours such as low academic performance, violence, injuries and suicide (Kuntsche, Rossow, Simons-Morton, Bogt, Kokkevi & Godeau, 2012:01).

The evidence of foster care caseloads, high rate of school drop-out amongst foster children, antisocial behaviours, peer pressure, poor school performance and absenteeism, low self-esteem, child maltreatment, poor conflict and stress management skills are indicators that children in foster placement are faced with

multi-faceted problems long before the formal placement. These behaviour problems only surfaces once a child has been fostered which might be as a result of poor placement or drug use by parents, foster parents or care-givers. Shaw (2006:272) contends that children from poor families and children from multi-problem families or children whose parents use drugs are more likely to enter foster care. Drug use leads into dysfunctionality in families, and families that face drug use turn to focus on addiction rather than on the children's needs. Young and De Klerk (2008:102) allude to the fact that drug use is also associated with unsafe sex, absenteeism, academic failure, and anti-social behaviour and criminal justice problems.

Due to dysfunctional families at The Oaks Community, there has been an increase in foster placement cases handled by the social worker from the year 2009 to 2012. Fostered children at The Oaks are usually from broken or dysfunctional families whose fathers' whereabouts are alleged to be unknown and these children are, therefore, fostered with alternative care-givers who at times indulge in drug use or even ill-treat these children. According to Heater, Taussing, Robert, Clyman and Landsverk (2001:01) children in foster care are at risk of continued difficulties because of poor placement, including not finishing high school, incarceration and chronic problems with employment and housing. If these children are experiencing all these problems and turn to use drugs to cope and remedy the situation it therefore creates a vicious circle that perpetuate the poverty circle as they are already in financially unstable families.

5.3 COMMENSURATE OF SET OBJECTIVES AND FINDINGS

5.3.1 Aim

The primary aim of this study was to describe factors contributing to drug use and its impact on foster children at The Oaks Community.

- This aim was successfully achieved through sub-section 4.3.1 whereby peer pressure described as one of the influences to drugs use. The findings however, revealed that peers pursuits each other towards a goal directed activities and motives that are positive in nature such as influencing each other to engage in activities that promote behaviours that are positive. Further-more, It was also revealed that peer pressure does play a decisive role in drug use since participants articulated that friends introduced them to drug use.

- This aim was also achieved through sub-section 4.7.2 which described low self-esteem as a contributory factor to drug use. This was revealed when participants echoed that It is always not easy to defy and deny when a friend offer or gives you alcohol or drugs.

- The aim was also achieved through sub-section 4.3.3 whereby Culture was also described as a contributory factor to drug use. Participants revealed that their culture does not have a problem with drugs because during traditional ceremonies they brew and enjoy traditional beer. However, it was also established that some cultures do not tolerate or support the use of alcohol or

drugs. This was supported by findings from participants who revealed that their cultures do not allow the use of drugs citing health issues or reasons.

- To achieve the aim through sub-section 4.9.1 which confirmed that widespread availability of drugs was further described a contributory factor to drug use by children in foster care services. It was indicated that alcohol is the most easily accessed drug within communities.

5.3.2 The objectives and findings of the study

The following were the objectives of the study:

- To establish the extent in which peer pressures contributes to drug use by foster children at The Oaks Community. This objective was achieved and supported by the findings as reflected on sub-section 4.3.1, 4.3.2 and 4.3.3 which explained that participants rely and count on friends to do a lot of things together such as studying, preparing for tests and exams and they also reported to be doing funny things together such as going out and drinking alcohol. However, it was established that peer influence can be either positive or negative that is peers who influence each other towards a goal directed activities and those who influence each other to engage in antisocial behaviours. There are two major mechanisms associated with peer factors or influences namely: association with delinquent peers and peer rejection (Bagwell *et al.*, 2000:89).
- To determine the impact of drug use amongst children in foster care placement at The Oaks Community. This objective was achieved and

supported by the findings as reflected on sub-sections 4.6.3.1, 4.6.3.2, 4.6.3.3 and 4.6.3.4 which asserted that participants engaged in drug use with minimal knowledge about their impact since participants articulated that they never thought that their school performance would be negatively affected because they were just having fun with friends. Further-more, it was also revealed that drug use and school do not complement each other at all. Participants reported that when they are drunk or have used drugs they not pass but get all violent with other learners including teachers and sometimes parents. They further indicated to be always making jokes at school and always hanging around outside classes. Orisatcki and Jayaraj (2008:09), exposure to dangers of drug use increase hazardous drug use, wide-spread abuse and have untoward effects such as reduced school performance and lower educational attainment.

5.5 RESEARCH FINDINGS

This section summarises the findings of the totally sample of the survey of drug use by children in foster care services at The Oaks Community. The summary of these findings illustrates the study respondents' vulnerability to drug consumption and the consequences of indulging in drug use. The findings further illustrates that the harm caused by drug consumption is immense starting from the individual level, family, community and the society at large.

The study also revealed the following additional findings:

- It was established that some respondents began indulging in drug use at their early ages as young as ten years of age. Furthermore, the majority of the respondents began consuming drugs in their early high school years (that is 12 – 21 years old).
- It has also become evident that despite the country's policies and regulations underage drinking and the use of other drugs is still prominent.
- It was established through sub-sections, 4.6.3.4, 6.6.3.2 that drug use is always associated with absenteeism, academic failure, bullying, unsafe sex, weapon carrying, anti-social behaviour and which might lead to criminal justice problems. Participants indicated to have been always absent from school after being intoxicated or under the influence of drugs.
- It was also established through sub-section 4.6.3.1 that a relationship between drug consumption by children in foster care services and academic failure does exist.
- It was established that respondents indulge in drug use in order to refresh their minds and to keep closer to their friends. They revealed that they indulge in drug use to keep themselves occupied.

- Multiple drug consumption that is simultaneous use of two or more drugs occurred.

5.6 MAJOR CONCLUSIONS

This section discusses the extent to which:

- The aim and objectives of the study have been achieved
- The limitations of the study and its implications for future research.
- The researcher achieved the aim and objectives set to describe factors contributing to drug use and its impact amongst foster children at The Oaks Community.
- The findings revealed that peer pressure, low-self-esteem, access and widespread availability of drugs including cultural and traditional home brewed beer contributes to foster children indulging in drug use
- Children indulging in drug use perform poorly at school
- Above this, it has become evident that the country's policy enforcers in respect of drugs consumption are lenient in ensuring that such policies are regulated and fully executed hence underage drug use is prominent.

5.7 LIMITATIONS OF THE STUDY

Follow-up research will have to overcome the following limitations:

- Because of limited time and budget the study focused on drug use and abuse by children in foster care services from The Oaks Community, furthermore, due to limited budget the study interview schedule had to give selective

attention to drug use. Analysis to the extent in which broad socioeconomic conditions interact with data on drug use and crime also had to be limited.

- Since the study was conducted with children from foster care services in a predominantly Pedi speaking community language was found to have been one of the limitation.

5.8 RECOMMENDATIONS AND FUTURE RESEARCH

Given the findings and limitations of the survey, the researcher recommends that:

- Follow-up studies should be conducted and procedures followed need to be re-tested since the study was the first of its kind.
- Parents, care-givers and guardians should create a strong bond with children and monitor them in order to help prevent and deter underage drinking
- Licit drug retail outlet should be minimized or be converted to libraries to help reduce the widespread availability of licit drugs.
- School based social workers should be implemented in order to assist and teach children ways to deal with life challenges in a healthier manner through life skills program and Peer Education.
- Foster parents or guardians should be trained on parenting skills
- The country should review its policy that controls the intake and marketing of licit drugs. Furthermore, illicit drug sellers such as marijuana should be tracked down subjected to the criminal procedures in order to deter potentials who would become sellers. Schools should monitor tours or trips in order to guard against or control the use of drugs.

- Community based recreational activities should be thoroughly established in order to entertain and preoccupy children or young people so that they are kept busy and drug free.
- Community structures/different stakeholders and policy makers should be launched to appropriately intervene and address these health and social problems associated with the use and abuse of drugs by children in foster care services at The Oaks Community, Limpopo Province.

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ANNEXURE A: DATA COLLECTION TOOL

UNIVERSITY OF LIMPOPO
Turfloop Campus
Department of Social Work



Department of Social Work

Private Bag x 1106

Sovenga, 0727

SOUTH AFRICA

Tel: 015) 268 2600

Fax: 015)268 2866

Dear Respondent (foster children)

Semi-Structured Interview Schedule

My name is Emmanuel Mdhuli. I am a Masters' student (M.A.) in the Department of social work at the University of Limpopo –Turfloop Campus. I am conducting a researcher study **Drug use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implications for Practice**. The research study is for me and for career persuasions. As part of the research study, I am expected to collect information from identified participants of this study of which you are part of. I am studying the use and abuse of drugs by children in foster care services at The Oaks Community. During the interview, the researcher will make use of a schedule, as a guide.

The information that you provide will be kept confidential and will not be provided to anyone. I further reassure the participants that they will be protected from any kind of harm, be it physical, psychological and/or emotional. The session will take approximately one (1) hour. You are requested to be open and be honest as possible as you can in answering questions. You are also requested to give answers freely and provide information to the best of your abilities. Confidentiality will be

preserved at all cost by the researcher. The researcher will be extremely vigilant in respecting your rights to privacy and self-determination.

You have:

- The right to refuse to be interviewed
- The right to refuse to answer any question
- Not be interviewed during mealtimes
- Not be interviewed for long periods

Thanking you in anticipation.

Mr. E. Mdhluli

Researcher

Section A: Demographic factors

1. Age: _____

2. Gender:

Male

Female

4. Religious affiliation:

Zion Christian Church

Apostolic

Muslim

Lutheran

Hinduism

Ancestral worship

Other (specify): _____

6. What is your family's source of income?

Child support grant

Foster care grant

Old age grant

Work income

No income

Hawkers

7. What is your cultural group?

Northern Sotho
Xitsonga
Tshivenda
Swati
Ndebele
Zulu

Other (specify): _____

8. What is your home language?

9. What is your place of birth/where do you live?

Section B: QUALITATIVE DATA ON DRUG ABUSE

10. Description of peer pressure as a contributory factor to drug use and abuse by children in foster care services

10.1 How many friends do you have? Please motivate your response as to why do you have these friends.

10.2 Have you ever used drugs and who introduced you to drugs, and why?

10.3 Do you have a friend or know anybody who uses or abuses drugs? Please explain how did know that they are using drugs.

10.4 How difficult is it for you to make friends? Motivate your response

10.5 Do you regard your friends as people you can count on? Why? Motivate your response

10.6 What type of extra mural activities do you and your friends keep yourselves busy with? Please explain

10.7 Has your health status deteriorate or improved since you met your friends and started using drugs? Motivate your response

10.9 Have you ever thought that using drugs might affect your health? If yes why did you start using drugs?

10.10 Does using drugs makes you lose touch with reality and yourself in such a way that you even become violent towards others which you could attribute to drug use? Motivate your response

10.11 Do you remain focused and objective after consuming drugs? motivate your response

10.12 What do you understand by your cultural beliefs with regard to drug use?

10.13 Have you consumed any drug within the past 30 days and how frequent have you had at least one alcoholic drink? Motivate your response

10.14 Do drugs help you cope with life situations? Please motivate how

10.15 According to your view does poverty contribute towards drug use? If yes how

10.16 Have you ever engaged in sexual intercourse while on under the influence of drugs? If yes why

10.17 According to you do you think there is a correlation between drug use and the spread of HIV/AIDS and STI's? Motivate your response

11. Exploration of how drug use affects school performance on foster children from dysfunction families.

11.1 Has your school performance deteriorated or improved since you met your friends and started using drugs? Motivate your response

11.2 In your view do you think drug use contributes to poor school performance by children in foster care services and what constitute poor school performance and higher failure rate in your opinion?

11.3 Have you ever thought that using drugs might affect your school performance? If yes why did you start using drugs?

11.4 Have you ever been absent from school, if yes why were you absent?

11.5 How do you feel after using drugs, do you have the urge to attend school after using drugs? Please explain.

12. Understanding how low self-esteem contributes to drug use and abuse by children in foster care services

12.1. How difficult or easy is it for you to deny when a friend offer you drugs?

12.2 If friends ask you to do anything do you have the courage to say NO or would you just do it? Including using or abusing drugs and engaging in any criminal activities

12.3 Have you ever been bullied or be bullied by another person and please explain why you were bullied and how you felt after the incident?

12.4 Do you think drugs advertisements on media such as TV, Magazines and radio influence or contributes to children abusing drugs?

12.5 According to you what are the factors that lead to risky behaviours and higher failure rate amongst children in foster care services?

11.6 What are some of the violent behaviours you have done or observed others do which you could attribute to drug use?

13. Description of how widespread availability and easy access to drugs contributes to drug use and abuse by children in foster care services

13.1. How difficult or easy is it for you to obtain and access drugs?

13.2 Which drugs are you using?

13.3 Where and how do you obtain drugs?

13.4 Where and how do you get the money to purchase drugs?

13.5 Have you ever used drugs with any other substances at a time? If yes please motivate why you did it.

14.6 Is there any other information would you like to share with the researcher about drugs?

14.7 How frequent do you use drugs?

Every day	
Twice a week	
On weekends	
Late in the evening after school	

14.8 Do you engage in anti-social activities after using drugs?

Yes	
No	

14.9 Motivate your response. What kind of physical activity (ies) do you engage in after drug use and why?

Thanks

Mr. E. Mdhluli

Researcher

SEMAMAREŠWA SA A: SETLABELO SA GO KGOBOKETŠA TATHA

UNIVERSITY OF LIMPOPO
Turfloop Campus
Department of Social Work



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Moarabedi yo a rategago (ngwana wa lefišwa)

Šetulo sa Dipotšološišo tša popegoseripa

Leina laka ke Emmanuel Mdhuli. Ke moithuti wa M.A.ka kgorong ya Bodirelaleago ka Yunibesithing ya Limpopo-Khamphase ya Turfloop. Ke dira thuto ya dinyakišišo ka **Drug use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implications for Practice.** Thutwana ye ke yaka le ditatišišo tša mošomo. Bjalo ka karolo ya nyakišišo ye, ke tlamega go kgoboketša tshedimošo go tšwa go botšeakarolo ba ba kgethilwego ba thuto ye fao le lena le amegago. Ke ithuta ka tirišo le tirišompe ya ditagi ke bana bao ba bego ditirelong tša hlokomelo ka bangwe mo motseng wa The Oaks.. Mo dipotšološišong tše, monyakišiši o tla diriša šeketulo go mo hlhla.

Tshedimošo ye le e fago e tla ba sephiri mme e ka se fiwe motho. Gape ke tshepiša batšeakarolo gore ba tla šireletšega nakong tšohle go tšwa kotsing efe kapa efe, e ka ba ya ponagalo, ya saekholotši goba ya maikutlo. Paka ye e tla tšea nako ye e ka bago iri. Le kgopelwa go lokologa le go botega ka fao le ka kgonago ge le araba dipotšišo. Gape le kgopelwa go fa dikarabo le lokologile mme le fe tshedimošo yeo le e tsebago gabotse. Sephiri se tla sekegelwa tsebe nakong tšohle ke monyakišiši.

Monyakišiši o tla hlokomela kudu go hlompha maloka a lena sephiring le boinaganelong.

Le na le maloka a go:

- Gana go botšološišwa
- Gana go araba potšišo efe goba efe
- Se botšološišwe ka nako ya dijo
- Se botšološišwe nako ya telele

Ke a le leboga.

Mr. E. Mdhluli

Monyakišiši

Seripa sa A: Mabaka a temokerafi

1. Mengwaga: _____

2. Bong:

Monna

Mosadi

4. Tumelo:

Zion Christian Church

Apostolic

Muslim

Lutheran

Hinduism

Ancestral worship

Tše dingwe (hlalosa): _____

6. Na mohlodi wa mogolo ka geno ke eng?

Thušo ya hlokomelo ya ngwana

Thušo ya hlokomelo ka bangwe

Thušo ya batšofadi

Mogolo wa mošomong

Ga go na mogolo

Bapatša mebileng

7. Na o mohlobo mang

Northern Sotho
Xitsonga
Tshivenda
Swati
Ndebele
Zulu

Tše dingwe (hlalosa): _____

8. Leleme la gago la letswele ke lefe?

9. O belegetšwe kae/o dula kae?

Seripa sa B: TATHA YA KHWALITHEITIFI GO TIRIŠOMPE Y. DITAGI

10. Hlaloso ya khuetšo ya sethaka bjalo ka lebaka la go hlohleletša tirišo le tirišompe ya ditagi ka bana ba ba lego hlokomelong ya ditirelo tša go hlokomela bangwe.

10.1 O na le bakgotse ba ba kae? Fahlela gore ke ka lebaka la eng o na le bona _____

10.2 Na o ile wa diriša ditagi mme o di tsebešitšwe ke mang, ka lebaka la eng?

10.3 Na o na le mogwera goba o tseba mongwe yo a dirišago ditagi? Hlalosa gore e tsebile bjang gore ba diriša ditagi.

10.4 Na go bothata bjang gore o dire sekgotse? Fahlela

10.5 Na o bona bagwera ba gago e le batho ba o ka ba tshepago? Lebaka? Fahlela

10.6 Na le ithobolla ka dipapadi dife wena le bagwera ba gago? Hlalosa

10.7 Na lephelo la gago le gohlometše goba le kaonafetše mola o tsebanago le bagwera ba gago la thoma go diriša ditagi? Hlalosa

10.9 Na o kile wa nagana gore go diriša ditagi go ka go ama ka tsela ye nngwe. Ge go le bjalo nkane o thomile go di diriša?

10.10 Na go diriša ditagi go go dira gore o se sa kwešiša nnete le bowena moo e lego gore o thome go galefela batho mme se o ka sola ditagi ka sona?

Hlalosa

10.11 Na o šala o tsepeletše mme o le nepong morago ga go diriša ditagi? Hlalosa

10.12 Na o kwešiša eng ka tumelo ya geno maelana le ditagi?

10.13 Na o ile wa diriša ditagi matšatšing a 30 a go feta mme o nwele bjala ga kae. Hlalosa karabo ya gago.

10.14 Na ditagi di go thuša go kgotlelela maemong a itšego a ditaba?

Hlalosa _____

10.15 A ka kgopolo ya gago na bodiidi bo na le seabe go tirišo ya ditagi? Ge go le bjalo hlalosa

10.16 Na o kile wa tsenela thobalano o dirišitše ditagi. Ge go le bjalo ka lebaka la eng? _____

10.17 Go ya ka wena na go na le tsenelano magareng ga tirišo ya ditagi le HIV?AIDS le diSTD? Hlalosa

11. Nyakollo ya ka fao tirišo ya tagi e amago mošomo wa sekolo mo baneng ba ba hlokomelwago ke bangwe go tšwa malapeng a go hlokomela

11.1 Na mošomo wa gago wa sekolo o theogile goba o kaonafetše go tloga mola o hlakanago le bagwera ba gago la thoma go diriša ditagi? Fahlela

11.2 Go ya ka wena na tirišo ya ditagi e ama mošomo wa sekolo gampe ya bana bao ba bego mfelong a hlokomelo ka bangwe mme mošomo o mobe wa sekolo o hlolwa ke eng gammogo le go šitwa ka bontši go ya ka wena?

11.3 Na o kile wa nagana gore tirišo ya ditagi a ka ama mošomo wa gago wa sekolo? Ge go le bjalo ke ka lebaka la eng o ile wa thoma go di diriša?

11.4 Na o kile wa lofa sekolo, ge go le bjalo e be ele ka lebaka la eng?

11.5 Na o ikwa bjang ge o dirišitše ditagi, o na le kganyogo ya go ya sekolong ge o fotše? Hlalosa.

12. Go kwešiša gore boinyatšo bo ama bjang tirišo ya ditagi ka bana ba ba lego hlokomelong ya bangwe

12.1. Na go bothata goba go boleta bjang go wena go gana ge mogwera a go fa ditagi?

12.2 Ge bagwera ba go kgopela go dira sengwe o na le maatla a go gana na? goba o no e dira? Go akaretšwa le go diriša ditagi le go amega ditirong tša bosenyi

12.3 Na o kile wa tshwenywa ke mongwe, hlalosa gore o be o tshwenywetšwa eng le gore o ile wa ikwa bjang ka tiragalo yeo

12.4 Na o gopola gore kwalakwatšo ya ditagi go TV, dimakasini le radio di na le seabe tirišong ya bana ya ditagi?

12.5 Na mabaka ke afe a go hlola maitshwaro a kotsi le go palelwa ke dithuto magareng ga bana ba ba hlokometšwego ke bangwe?

11.6 Na ke maitshwaro afe a kotsi ao o kilego wa a dira goba wa a bona a dirwa ke bangwe ao o a amantšhago le tirišo ya ditagi?

13. Tlhaloso ya ka fao khumanego ye e tletšego ya ditagi e nago le seabe go tirišompe ya tšona ka bana bao ba lego hlokomelong ya bangwe

13.1. Na go bonolo bjang goba bothata bjang go wena go humana ditagi?

13.2 Na o šomiša ditagi dife?

13.3 Na o di humana kae bjang?

13.4 O humana tšhelete bjang go mang go reka ditagi?

13.5 Na o kile wa šomiša ditagi le seno ka nako ye nngwe? Ge go le bjalo hlalosa.

14.6 Na go na le tshedimošo ye nngwe ye o ratago go abelana ka yona le monyakišiši ka ditagi?

14.7 Na o diriša ditagi ga kaakang?

Letšatši ka letšatši	
Gabedi ka beke	
Mafelelong a beke	
Mantšibua morago ga sekolo	

14.8 Na o ikamanya le mešomo ya go ba kgahlanong le batho ge o seno diriša ditagi?

Ee	
Aowa	

14.9 Fahlela lebaka la gago. Na o ikamanya le mešomo efe ya mmele morago ga ge o fotše mme lebaka ke lefe?

Ke a leboga

Mr. E. Mdhluli

Monyakišiši

APPENDIX: B



**University of Limpopo (Turfloop Campus)
Faculty of Humanities
School of Social Sciences
Department of Social Work**

PARENTAL CONSENT FORM

PROJECT TITLE: Drug Use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implication for Practice

PROJECT LEADER: Mr E Mdhluli

I, _____ hereby voluntarily consent to participate in the following project: Drug Use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implication for Practice

I realise that:

1. The study deals with Drug Use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implication for Practice
2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage.
3. The Ethics Committee has approved that individuals may be approached to participate in the study.
4. The research project, i.e. the extent, aims and methods of the research, has been explained to me.
5. The project sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage.
6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.
7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.
8. Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.
9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research team or Mr E Mdhuli.

10. Participation in this research is voluntary and I can withdraw my participation at any stage.
11. If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.
12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF RESEARCHED PERSON

SIGNATURE OF WITNESS

SIGNATURE OF PERSON THAT INFORMED

SIGNATURE OF PARENT/GUARDIAN

THE RESEARCHED PERSON

Signed at _____ this ____ day of _____ 20__

SEMAMARETŠWA SA: B



University of Limpopo (Turfloop Campus)
Faculty of Humanities
School of Social Sciences
Department of Social Work

FOROMO YA TUMELELANO YA BATSWADI

LEINA LA PROTŠEKE: Drug Use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implication for Practice

MOETAPELE WA PROTŠEKE: Mr E Mdhuli

Nna, _____ ka
boikgethelo ke tšea karolo mo protšekeng ye e latelago. Drug Use by Children in Foster Care Services at The Oaks Community, Limpopo Province: Implication for Practice

Ke lemoga gore:

1. Thuto ye e swaragane le tirišo ya ditagi ka bana bao ba lego tlase ga ditirelo tša hlokomelo ka bangwe setšhabeng sa The Oaks, Profentsheng ya Limpopo: Matsapa a tiragatšo
2. Tshepetšo goba phodišo ye e gopolelwago e ka hlola kotsi go nna yeo e ka se bonwelwego pele ka nako ye.
3. Komiti ya Maitshwarobotse e dumetše gore batho ba ka latwa gore ba tšee karolo nyakišišong ye.
4. Protšeke ye ya nyakišišo, bokgole, maikemišetšo le mekgwanyakišišo, di hlalositšwe.
5. Protšeke e hlalosa dikotsi tše di ka emelwago gammogo le matshwenyego a batho bao ba tšeago karolo mo nyakišišong le ditshepetšo tše dingwe tše di ka nkholago.
6. Ke tla tsebišwa ka tshedimošo efe goba efe ye e ka bago gona nakong ya nyakišišo yeo e ka amago boithaopo bjaka go tšwela pele ka botšeakarolo.
7. Pihlelelo go direkhote tše di amago botšeakarolo bjaka mo nyakišišong e tla fiwa feela batho bao ba swaraganego le nyakišišo ye.
8. Potšišo ye nka bago nayo mabapi le nyakišišo ye, goba sengwe maelana nayo,ki tla arabja ke monyakišiši
9. Ge ke na le potšišo efe goba efe, goba bothata mabapi le thuto ye, goba ka lemoga ditlamorago tše di sa nyakegego, nka ya go leloko la sehlopha sa nyakišišo ye goba Mr E Mdhuli.
10. Botšeakarolo mo nyakišišong ye ke bja maikgethelo mme nka ikgogela morago nako ye nngwe le ye nngwe.
11. Ge bolwetši bongwe bo ka lemogwa nako efe goba efe ya nyakišišo, goba ge ke kgethelwa botšeakarolo, mabaka ao a tla boledišanwa le nna ka sephiring le motho wa maleba goba nka romelwa ngakeng yaka.
12. Ke lokolla Yunibesithi ya Limpopo le bohle ba ba amegago protšekeng ye go maikarabelo ao a ka hlolwago ke botšeakarolo bjaka goba tša go tswalana nabjo, ka lebaka lefe goba lefe, go akaretšwa go se hlokomele ga batho ba ke ba boletšego.

SIKINEITŠHA YA MONYAKIŠIŠWA

SIKINEITŠHA YA HLATSE

SIKINEITŠHA YA MMOTŠOLOŠWA

SIKINEITŠHA YA MOTSWADI/MOHLOKOMEDI

MOTHO YO A NYAKIŠIŠAGO

E saennwe _____ ka di ____ tša _____ 2013