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Family-based adverse childhood experiences as a determinant of learner drug abuse in Soweto high schools: implications for early intervention

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UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FAMILY- BASED ADVERSE CHILDHOOD EXPERIENCES AS A DETERMINANT OF LEARNER DRUG ABUSE IN SOWETO HIGH SCHOOLS: IMPLICATIONS FOR EARLY INTERVENTION

By

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A thesis submitted for the fulfilment of the requirements of the degree of Doctor of Philosophy in Psychology of Education in the Wits School of Education, Faculty of Humanities, at the University of Witwatersrand

Supervisor: Dr Peter Aloka

©October, 2023

DECLARATION

I, *Nzukiso Theophillus Mnyamana*, do hereby declare that this PhD thesis is my original work and that all sources used or quoted have been cited in full or otherwise acknowledged by means of complete references. No portion of this work has ever been submitted as part of another degree at this University or any other University.



2ND OCTOBER 2023

NZUKISO THEOPHILLUS MNYAMANA **DATE**

DEDICATION

I dedicate this PhD thesis to my darling wife

NOMAMPONDOMISE JAQUELINE MNYAMANA

and my late mother

MARIA MNYAMANA

I appreciate you for being my source of strength and my rock during this trying time. Without your support and tolerance during this period, this PhD degree would not have become a reality.

ACKNOWLEDGEMENTS

I remain confident of this: I will see the goodness of the LORD in the land of the living.

(Psalm 27:13)

First and foremost, I want to acknowledge the grace of God, and I am forever filled with gratitude to my eternal God, who has given me the ability, strength and tenacity to complete this PhD study.

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ABSTRACT

Drug abuse is the excessive, maladaptive, or addicted use of drugs for purposes other than those prescribed by a doctor, even if this usage may lead to social, psychological, and physical issues. Learners who abuse drugs have a higher risk of developing mental health issues, such as depression, conduct issues, personality disorders, suicidal ideation, attempted suicide, and suicide, than learners who do not. Resounding evidence suggests that despite all the restrictions put in place by schools regarding substance abuse, it is nevertheless pervasive on school grounds in the Soweto region. It has been reported that alcohol, tobacco, and hallucinogens are the most often used drugs and substances among teenagers in Soweto. Additionally, it has been reported that drug misuse among learners in secondary schools in the Soweto district of South Africa is on the rise. Despite previous research having been done to address drug abuse among learners, there is still very scanty research on the effect of family based adverse childhood experiences.

The main goal of this study was to examine the effect and correlation of family based Adverse Childhood Experiences and the escalating learner drug abuse among learners in township High schools in Soweto. The study also looked at the kind of support that are available at home for learners who are involved in drug abuse and early home based intervention strategies that could be adopted to assist learners who abuse drugs. Finally, the study sought to develop a structural equation modelling that can explain the relationship between biographical factors, familial psychological and familial social factors and learner drug abuse.

Within the mixed methods research paradigm, concurrent triangulation research design was adopted. Thus, by adopting a mixed methods research methodology, target population comprised 80 High School learners at the selected four Soweto High Schools in Gauteng Central District. For the quantitative phase, 80 High School learners from four Soweto High Schools were obtained using a census sampling technique. A sample size of 16 High School learners was chosen for interviews during the qualitative phase of the study using the purposive sampling method. Parental Behavioral Control Scale, Parent-Child Attachment Patterns Scale, Emotional Breakdown Scale, Induced Psychological Disorders Scale, Parent–Adolescent Relationship Scale, Sibling Influence Scale, Parental Influence Scale and Home Based Support scale were used to collect quantitative

data from learners. Semi-structured interviews with learners were conducted to gather information for the qualitative phase. The Keyser Meyer Oklin test was used to guarantee the validity of the questionnaires, and Cronbach's alpha was used to determine their reliability. Additionally, the trustworthiness of qualitative data was ensured.

The findings of the study indicated that the biographical factors such as family type, family size, parental level of income, and parental level of education had a significant influence on learner drug abuse. Furthermore, familial psychological factors such as cognitive factors, behavioural factors, emotional factors, parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders also had a significant influence on drug abuse. Moreover, the study equally revealed familial social factors, such as parent related factors, sibling related factors, and finally, community related factors to have a significant effect on learner drug abuse. The findings also indicated that familial social factors and familial psychological factors were significant predicators of drug use among the learners. Overall, the results revealed that the variables investigated in this study are suitable for use in structural equation for escalating learner drug abuse.

In conclusion, the family systems model is appropriate and fit for demonstrating the structural relationship between psychological, social factors and learner drug abuse among High School learners. From the findings aforemetioned, the study proposes a 6-stage intervention Model which could assist learners in High Schools as far as drug abuse is concerned. The study recommends that the school counsellors and management should perform psychological assessment on learners to identify those that are at risk of indulgence in drugs. The psychological assessment on learners to identify those with birth order that are at risk of indulgence in drugs would help them to evaluate their own cognitive, intellectual, and problem-solving abilities so as to counter psychological patterns susceptible to drug abuse. The study recommends that the school management should provide parents with the essential educational support and advice about familial social issues that may have a bearing on learner drug abuse

Key Words: *Family-Based, Adverse Childhood Experiences, Escalating, Learner, Drug Abuse, Soweto, High Schools, Early Intervention*

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LIST OF ABBREVIATIONS & ACRONYMS

NACADA	: National Authority for the Campaign against Alcohol and Drug Abuse
WHO	: World Health Organization
UN	: United Nations
UNODOC	: United Nations Office on Drugs and Crime
ACE	: Adverse Childhood Experiences
MDE	: Major Depressive Episode
WHO	: World health Organization
NSW	: New South Wales
USA	: United States of America
PTSD	: Post Traumatic Stress Disorder
NIDA	: National Institute on Drug Abuse
SANCA	: South African Council on Alcohol and Drug Abuse
TADA	: Teenagers Against Drug Abuse
LST	: Life Training Skills
HM	: Harm Minimization
FST	: Family Systems Theory
DoS	: Differentiation of Self
PPCT	: Process-Person-Context-Time model
ZPD	: Zone of Proximal Development
QUAL	: Qualitative
QUAN	: Quantitative
PARS	: Parent-Adolescent Relationship Scale
PPI	: Parent and Peer Influence Scale
KMO Index	: Kaiser-Meyer-Oklin Index
MSA	: Measure of Sampling Adequacy
SPSS	: Statistical Package for Social Sciences
ANOVA	: Analysis of Variance
(S-W)	: Shapiro-Wilk' Test

VIF	: Variance of Inflationary Factor
SD	: Standard Deviation
M	: Mean
HSD Test	: Honestly Significant Difference Test
F	: Significant Difference
SEE	: Standard Error of Estimate
R^2	: Least Variation
R	: Square
β:	: Coefficient Value
H_o	: Null Hypothesis
H_i	: Alternative Hypothesis
PPMC	: Pearson Product Moment correlation
PMSEA	: Root Mean Square Error of Approximation
CFI	: Comparative Fit Indices
NFI	: Normed Fit Indices
NNFI	: Nonnormed Fit Indices
CBOs	: Community Based Organizations
NPOs	: Non-Profit Organization
FBOs	: Faith Based Organizations

CHAPTER ONE

1.0: INTRODUCTION

1.1: Background to the study

Abuse of drugs is common among South African youth, both those enrolled in schools and those that are not enrolled in schools. The severity of the issue is demonstrated by the rise of young persons under the age of twenty seeking treatment for substance abuse, despite the stigma and related reluctance to do so (Mokwena & Setshego, 2021). Learners from urban and rural locations have been found to have different tendencies in substance use, with urban learners using substances at a higher rate than their rural counterparts and that learner drug abuse is becoming a bigger issue in South Africa. (Mokwena & Setshego, 2021).

Drug abuse among learners has been linked to several crimes, including bullying and acts of violence (Basile et al, 2020). In the context of schooling, drug abuse has been significantly associated with poor academic performance (Duke, 2020). Depending on the drug taken, it has also been linked to a variety of mental disorders, sexually transmitted infections, and socially, it is connected to deviant behaviour, social disarray, and social engagement with deviant groups (Basile et al, 2020).

This thesis discusses the relationship and the degree to which learner drug abuse in Soweto high schools is influenced by family-based adverse childhood experiences (ACE). It also focuses at the analysis of the kinds of support that are available at home for learners who are involved in drug abuse.

According to United Nations (2019), aproximately 5.5% of the world populace between the ages of 15 and 64, took drugs in 2016. While this estimate is comparable to that of 2016, a longer-term perspective shows that the number of drug users has increased by 30% since 2009. Alcohol and illegal drugs are two examples of psychoactive chemicals that are detrimental or dangerous to use (WHO, 2010). Data presently reveals a higher frequency of drug abuse in Africa, Asia, Europe, and North America compared with 2009, and a higher prevalence of marijuana use in North America, South America, and Asia. However, the increase was partially attributed to a 10% expansion in the world population between the ages of 15-64 (UN, 2019). Another key impact of

using illicit drugs in society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on individuals, families and society. In 2017, estimated global illegal cocaine production increased by 25% over the previous year to an all-time high of 1,976 tons (UN, 2019). In 2017, more than 47,000 deaths from synthetic opioid overdoses were reported in the US, an increase of 13% from the years prior, while 4,000 of those passed on from opioid overdoses were reported in Canada, an increase of 33% from 2016 (UN, 2019). While tramadol, another synthetic opioid, is facing a crisis in West, Central, and North Africa, fentanyl and its analogs continue to be the main cause of the synthetic opioid issue in North America. The amount of tramadol that was seized globally increased dramatically from 110 kg in 2010 to almost 9 tons in 2013 and almost 125 tons in 2017 (UN, 2019).

In Africa, there is a rapid transition from cannabis abuse to more dangerous drugs as well as from a limited group of drug users such as adolescents and learners to a wider spectrum of drug abusers (UN, 2012). The use of drugs and alcohol by learners is a serious issue for global public health (Khoza & Shulubane, 2021). Rapidly rising substance use among learners in public secondary schools has detrimental effects, including school abandonment, injuries, fatalities, property damage, and lowered academic standards. Teachers in schools deal with the difficulties of student misconduct and presume that this abnormal behavior is the result of the learners' drug or alcohol abuse (Khoza & Shulubane, 2021). With regards to drug use in Africa, the report by the United Nations revealed that cannabis continues to be the drug that is most frequently used in Africa, followed by stimulants similar to Amphetamines (UN, 2012). Africa, especially West and Central Africa, has a substantially greater yearly incidence of cannabis usage than the rest of the world (UN, 2012).

Drug use appears to spread to countries along trafficking routes, such as West and Central Africa, where cocaine users have increased (UN, 2012). Increased use of heroin and injectable drugs is also a worrying trend, particularly in East Africa (UN, 2012). Drug abuse among learners and adolescents is a growing problem in Nigeria (Nkereuwuem, 2012). Additionally, industrial beer is the beverage of choice (WHO, 2004), and Western alcoholic beverages have usurped the cultural role assigned to traditional beverages. Much of what is consumed in rural areas and among the

urban poor are fermented beverages such as “burukutu” and phyto, or (sometimes banned) beverages such as gin such as “kachasu” in Zambia, “ogoro” in Nigeria, and "gonggo" in Tanzania. In the past 20 years, interest in this topic has increased, but little is known about levels and patterns of alcohol consumption in African countries (Room et al., 2002). Moreover, a study from Rwanda found that the use of tobacco, alcohol, marijuana and other psychoactive substances has become a reality in the daily lives of young people (Kanyoni, et al., 2015), exacerbating existing socioeconomic problems facing the most vulnerable communities appeared to be destroying individuals, families, and communities (Jackson, Asher & O'Brien, 2006).

Adewumi (2017) argues that the endless use of psychoactive substances can cause serious and sometimes irreversible damage to the physical and mental development of adolescents. The June 2018 National Survey of Drugs and Substance Abuse Status among Primary School Learners in Kenya found that 20.2% of primary school learners had used at least one drug or substance at some point in their lives (NACADA, 2021). According to the survey, 16.9% of elementary school learners reported using at least one drug or substance. It was also found that 2.6% of elementary school learners are currently drinking alcohol, 3.2% of learners are smoking, and 2.3% of learners are currently using 'mira/muguka'(kat) (NACADA, 2021). There is a growing subculture of drug-using learners in Nigeria, which could be disastrous and have negative implications for the country as a whole (Nabofa, 2021).

In South Africa, high levels of drugs and substance abuse are reported among young people, including school learners (Mohasoa & Fourier, 2012). UNODC (2010) shows that substance abuse in South Africa is associated with crime, interpersonal violence, risky sexual behavior, and negative psychological effects on users' negative health and families. In another study by Reddy et al., (2010), 12% of South African learners used at least one illicit drug, such as heroin, mandraxa or cocaine. This is the highest percentage in the region. Tobacco and inhalant use is particularly likely to begin at a young age (Onya & Flisher, 2008). In South African schools, a recent study by the National Institute on Drug Abuse has documented an increase in substance abuse among learners and an increase in cannabis use in the classroom (Daily Maverick, 2022). South African youth use drugs extensively both inside and outside of school. Adolescents are often exposed to

peers and this social context is often a major factor in substance abuse (Mokwena & Setshego, 2021). Additionally, Mokwena and Setshego (2021) revealed that alcohol drinking, cigarette smoking, and dagga smoking are the most frequently utilized substances among learners in secondary schools in South Africa. The study by Mokwena and Setshego (2021) also posited that substance abuse was significantly correlated with behavioral variables such as physical fights, significant issues with parents and friends, poor academic performance, problems with the police, having sex without a condom, and having sex that had adverse consequences.

Additionally, Mokwena and Setshego (2021) stated that alcohol drinking, cigarette smoking, and dagga smoking are the most frequently utilized substances among learners in the South African high schools. The study by Mokwena and Setshego (2021) also indicated that substance abuse was significantly correlated with behavioral variables such as physical fights, serious problems with parents and friends, poor academic performance, problems with the police, having sex without a condom, and sex that leads to regret. In addition, there are challanges in most schools in South Africa, and learners ought to be aware of them (Mamabolo, 2020). In South Africa, the prevelance of drug use such as tobacco, alcohol, and solvents, is very high, with older teenagers using more of these drugs. Male and older adolescents often have a higher frequency of substance misuse (Mamabolo, 2020). It has also been reported that there is an escalationof drug use among learners in Soweto high schools, South Africa. Moreover, “Nyaope” substance abuse occurrences have tremendously increased throughout South Africa's townships, including Soweto. In addition, following rehabilitation, a large number of “Nyaope” users quickly resume their addiction and relapse (Motsepe, 2022). According to Morejele et al., (2013), overwhelming evidence indicate that despite all the efforts and rules imposed by schools towards substance abuse, it remains prevalent within school premises in Soweto region.

According to reports, alcohol, tobacco, and hallucinogens (glue, gasoline, and aerosol) were the most often misused drugs and substances among teenagers in Soweto. Most of the learner respondents (46.70%) reported using drugs on the street, followed by 20.0% at a party, 13.30% before exercise, 13.30% before exams, and 6.70% at home (Morejele et al., 2013). At the level of individuals, drug abuse is associated with many forms of crime, including depression, violent

behavior, and many accidental and intentional injuries (UNODOC, 2010). It has also been reported that substance abuse present social, health, and economic costs on individuals, families, society, and the economy as a whole, and that People who abuse these drugs are less productive and energetic (UNODOC, 2010). Society becomes unproductive and substance abuse affects the energies of people (UNODOC, 2010). In an intervention response about drug abuse among learners in Soweto, Mathosa and Mofokeng (2017) in a study in the Jabavu and Moroka Townships around Soweto, South Africa, posit that youth focus prevention initiatives are meant to analyse family roles influencing substance abuse among learners. Moreover, Morejele et al., (2013) reported that the Gauteng Education Department summoned circuit leadership to intervene in the drug scourge in some of the schools in Soweto. However, despite these attempts from both the South African government initiative, very little success has been achieved in addressing escalating learner drug abuse in Soweto. Moreover, most previous studies that have focused on school-based interventions have reported little efficacies, and home-based interventions have not been given much attention in the existing literature. For example, Karnell et al., (2006) in South Africa did not find robust evidence that school-based interventions improved attitudes to alcohol use or reduced the frequency/quantity of drinking or intentions to use alcohol. Similarly, Cupp et al., (2008) results indicated that the program might have been ineffective for learners at higher risk.

From the foregrounding reviewed studies, the influence of school-based factors on drug abuse among learners has been given great attention. However, the Family-Based Adverse Childhood Experiences (ACE) has received very little attention because South African research remains silent on how this affects learner drug abuse. Therefore, the present study sought to make a follow up to the recommendation of the study carried out by Mathosa and Mofokeng (2017) which recommended that future studies could focus on family roles, like family support, familial biographical factors and familial psychological factors, influencing substance abuse among learners. Thus, of great interest is the family environment which could be one of the possible main environments that could influence drug abuse, and within it, is the family- based adverse childhood experiences. According to Soul City (2016), despite the fact that there has been a lot of study done on the topic, little has been done to integrate all of the available data into a cohesive study that would highlight the scope and effects of the issue in the environment, particularly with regard to family circles. Thus, the present study sought to fill in this gap in literature by examining family

based adverse childhoold experiences and how this affect drug abuse among learners. Therefore, the present study sought to ascertain the extent to which family based adverse childhood experiences affect learner drug abuse in the circles of learners in secondary schools in Soweto region of South Africa.

1.2: Statement of the problem

Despite several attempts by a number of non-governmental organisations and the government to deal with learner drug abuse, the practice continues to be a serious worry for stakeholders (Nzama & Ajani, 2021). High school learners frequently use drugs in South Africa, which leads to harmful behaviors and effects (Mohale & Mokwena, 2020). Inspite of the efforts by the South African government to curb the situation of an ever-increasing learner drug abuse, it continues to rise in the Soweto schools, and in most school environments in South Africa. Therefore, the current study on drug abuse is pertinent inorder to comprehend the extent to which Family-Based Adverse childhood experiences influences learner drug abuse and find lasting solutions to on learner drug abuse.

Hence, several research studies have previously explained the correlation between other factors and learner drug abuse. However, less concrete efforts have been made towards the contribution of family-based childhood experiences towards learner drug abuse, within the domains of high schools in Soweto. Therefore, the present study was prompted by these gaps that led to the investigation on the extent to which family based adverse childhood experiences affect learner drug abuse among learners in Soweto schools.

1.3: Rationale of the study

The goal of the current investigation was to undertake an analysis of the co-relation and the extent to which family-based adverse childhood experiences (ACE) contribute towards the escalating learner drug abuse in Soweto high schools. This study is important because there is escalating cases of drug abuse among learners in high schools in Soweto. Moreover, Ramsoomar (2015) posits that literature in South Africa is silent on the effects that family-based experiences have towards learner substance abuse, since most studies have focused on school based factors. In

addition, there seems to be very limited data on substance use among learners in secondary schools in South Africa. Patterns of substance use are based on nationally representative data (Van Heerden et al., 2011). Ramsoomar (2015) further adds that aditional research is required to establish the effects family life on recurring substance abuse by young people. Hence, the present study sought to follow up on this recommendation above. Since, secondary school learners spend most of their time between home and school, it would be important to ascertain how the family related factors affect drug abuse among them.

The researcher analysed the correlation between family-based adverse childhood experiences and escalating learner drug abuse. The current study sought to put all this evidence in a coherent narrative that would expose the extent and impact of family-based Adverse Childhood Experiences (ACE) towards learner drug abuse and evaluate the key underlying cognitive, psychological, and emotional factors that give rise to learner drug abuse, so as to come up with a coherent narrative that can inform future & early interventions, and programme designs. Furthermore, this study was relevant in understanding and comprehending healthy relations amongst family members and the bearing it has on the patterns of drug use amongst young people and learners in Soweto. Hence Soweto remains the target area for this study due to prevelance of high learner drug abuse. The outcome of this study would advance and further our knowledge about the mental and behavioural functioning of learners who abuse drugs, derived from family-based experiences. The findings of this study would as well help to comprehend and create knowledge about what young people are experiencing and to bring about specific suggestion for institutions, parents and families as well as helping learners to be successful.

The study findings are of immense benefit to learners, teachers, school-based support teams (SBST), education department, program planners and educational psychologists in an attempt to curb the escalating rate of learner drug abuse. It would help teachers and school based-based support teams (SBST) greatly in dealing with cases of learner substance/drug abuse. The findings of the study would also to a large extent expose learners/learners in general to the adverse childhood experiences aspect of substance/drug abuse which can significantly predict learner drug abuse. It would provide qualitative evidence on the contribution of ACE implications and the

above-mentioned variables in predicting learner drug abuse as previous studies may not have combined them exactly the way it would be done in the present study.

Therefore, the findings of this study are important because knowing and understanding the key impacts on different individuals, communities, subcultures or groups is essential to any prevention program, and prevention strategies. Inoder to curb these risk factors, like minded stakeholders and researchers must start by analyzing these factors in specific contexts target group. This study is also important because its findings will lead to the development of early intervention strategies that can be employed to address the growing problem of substance abuse among South African school learners. Moreover, the findings led to a structural equation model that indicate which family-based factors are potentially leading to increased drug abuse among learners. This is very important for the literature on drug abuse among learners because no study has adopted this technique to synthesize the analysis. Hence, the findings have implications because it would lead to accurate development of strategies to address drug abuse among learners. Finally, the findings from this PhD thesis would contribute greatly to the body of knowledge and to the parenting practices and family structures in South Africa.

1.4: Aims of the study

This study aimed to examine how family-based Adverse Childhood Experiences (ACE) affect learner drug abuse in selected Soweto high schools in Soweto. Moreover, the study aimed at analysing the kinds of support that are available at home for learners who are involved in drug abuse. The intention was to come up with early intervention strategies and a model on how the effects of ACE in the lives of learners can be tackled.

1.5: Research objectives

The research objectives of the study were:

- To establish how the biographical factors (parental income, level of education, marital status, and size of family) affect learner drug abuse in selected high schools in Soweto.

- To examine how selected familial psychological factors (parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders) affect learner drug abuse in selected Soweto high schools.
- To establish how selected familial social factors (parent–adolescent relationship, sibling influence and parental influence) affect learner drug abuse in selected Soweto high schools.
- To explore the kinds of support that is available at home for learners who are involved in drug abuse.
- To develop a structural equation modelling that can explain family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools.
- To establish early home-based intervention strategies that could be adopted to assist learners who abuse drugs

1.6: `Research questions

This study sought to answer the following research questions:

1.6.1: Main research question

The main research question of the study was stated as follows:

- How does family-based Adverse Childhood Experiences (ACE) factors affect the escalating learner drug abuse in selected Soweto schools?

1.6.2: Sub research questions

The sub-research questions that guided the study were stated as follows:

- How do biographical factors (parental income, level of education, type of family, and size of family) affect learner drug abuse in selected Soweto high schools?

- What is the influence of selected familial psychological factors (parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders) on learner drug abuse in selected Soweto high schools?
- How do selected familial social factors (parent–adolescent relationship, sibling influence and parental influence) affect learner drug abuse in selected Soweto high schools?
- Which kinds of support are available at home for learners who are involved in drug abuse in selected Soweto high schools??
- Which structural equation modelling can explain family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools?
- Which early home-based intervention strategies could be adopted to assist learners who abuse drugs?

1.7: Research Hypotheses

The following null research hypotheses were tested:

- Ho_1: *There is no significant influence of parental income on learner drug abuse in selected Soweto high schools.*
- Ho_2: *There is no significant influence of parental level of education on learner drug abuse in selected Soweto high schools.*
- Ho_3: *There is no significant influence of type of family on learner drug abuse in selected Soweto high schools.*
- Ho_4: *There is no significant influence of type of family on learner drug abuse in selected Soweto high schools.*
- Ho_5: *There is no significant influence of parental behavioral control on learner drug abuse in selected Soweto high schools.*

- $Ho_{6:}$ *There is no significant influence of parental psychological control on learner drug abuse in selected Soweto high schools.*
- $Ho_{7:}$ *There is no significant influence of parent-child attachment patterns on learner drug abuse in selected Soweto high schools.*
- $Ho_{8:}$ *There is no significant influence of parent–adolescent relationship on learner drug abuse in selected Soweto high schools.*
- $Ho_{9:}$ *There is no significant influence of sibling influence on learner drug abuse in selected Soweto high schools.*
- $Ho_{10:}$ *There is no significant influence of parental influence on learner drug abuse in selected Soweto high schools.*
- $Ho_{11:}$ *There is no significant influence of induced psychological disorders on learner drug abuse in selected Soweto high schools.*
- $Ho_{12:}$ *There is no significant influence of emotional breakdown on learner drug/substance abuse in selected Soweto high schools.*

1.8: Assumptions of the study

This research was based on the following assumptions:

- That majority of high school learners in Soweto are abusing drugs.
- That, there are varying parent-child attachment patterns among learners.
- That, learners have varied levels of emotional breakdown.
- That, there are varying social factors at play within the families of the learners affecting their development.
- The adolescent learners are from varied parental attachment backgrounds.

1.9: Delimitations of the study

The study was carried out in Soweto, Johannesburg central district, Gauteng province and it focused on family-based Adverse Childhood Experiences (ACE) effects on learner drug abuse. The study focused on high school learners, who have a history of drug abuse, in four township

high schools in Soweto. The choice of high school learners was because it is a transitional phase where learners enter into their adolescent stages and are able to make their own decisions.

1.10: Operational Definition of Terms

As used in this study, the following terms have been defined:

Adolescence: Adolescence is time of transision between childhood and adulthood (Allen & Waterman, 2019). In the present study, this means the learners between ten years and nineteen years of age.

Drug abuse: Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain (Robertson, 2021). In the present study, drug abuse means over utilization of drugs/substances whether legally or illegally to avoid reality or for pleasure.

Early intervention strategies: refers to the effectual way in assisting someone with a drug abuse problem who could be at risk for developing a drug abuse disorder (US Department of Health and Human Services, 2016). In the present study, this means the earliest drug abuse help available for learners.

Gender: Gender refers to the communal built roles of girls, women, boys, and men in terms of behaviors, expressions and identities of (Canadian institutes of health research, 2020). In the current study, gender is used to establish the degree to which male learners are affected by family factors compared to their female counterparts.

Grade 10 learners: In the South African system, these are learners who are secondary schooling. Grade 10 learners are transitional learners, deemed to possess the required capacity to choose their own major subjects, so this is a transitional phase.

Induced psychological disorders: These are a type of substance-related disorder that involves problems caused by the direct effects of a substance (Khan, 2020). In the present study, this means mental disorders caused by drug abuse.

Parental Income: A parent's income is the money that they earn or receive, as opposed to the money that they have to spend or pay out, (Collins dictionary, 2021). In the present study, parental income means the money readily available for use toward family related needs.

Parental Level of education: This refers to Attendance of higher levels of education (Chery, 2020). In the present study, this refers to highest school grade attained by parents of learners.

Parental behavioral control: These are the forms of parental control processes involving child internalizing and externalizing behavior (Dong, 2016). In the present study, this means the extent to which parents/guardians are in control over their children's behavior.

Parental psychological control: This is an influential form of parental controlling behaviors. Parents who exert psychological control try to control how their child feels, or to impose their own views and standards on the child as a form of manipulation (Denault & Gareau, 2020). In the present study, this means the influence that parents impose in the minds of their children.

Parent-child attachment: Parent-child attachment is the behavior that a child engages in order to attach with the care giver (Gilmore, 2020). In the present study, this means the emotional bond between a parent and the learners in secondary schools.

Parent–adolescent relationship: This refers to a unique bond that every child and parent will enjoy and nurture. This relationship lays the foundation for the child's personality, life choices and overall behavior (Tasner, 2019). In the current study, this means the relationship that the parent and the learners' have.

Parent-child attachment patterns: This refers to a special emotional relationship that involves an exchange of comfort, care, and pleasure (Chery, 2020). In the present study, this means the need to be near the people learners are attached to.

Parental influence: This refers to what a parent does to show the child how to behave (Smith et al, 2021). In the present study, this means behaviors that are imposed by parents on their children.

Sibling influence: This refers to how brothers and sisters in a family look up to each other which leads to imitation of older ones by the younger ones. In the present study, this means the younger learners imitating the drug abuse behaviors of older learners in the family.

Type of family: This refers to a family structure exhibited by the family (Blessing, 2021). In the current study, this means the structure of the family, which includes the persons that constitute it.

1.11: Overview of the chapters

The structure of this study is outlined in seven chapters as outlined below:

Chapter One: ***Introduction***

This chapter includes the introduction, which comprised of the background to the study, the statement of the problem, the research questions, research hypotheses, rationale of the study and the definition of key terms.

Chapter Two: ***Review of Literature***

This chapter contains the review of literature of the study. The literature review has been done according to the research objectives of the study from international, regional and local perspectives. Moreover, the research gaps emanating from assessing the literature review have also been indicated in the chapter.

Chapter Three: ***Theoretical Framework of the Study***

The theoretical framework of this study is presented in this chapter and consists of ideas, their definitions, and theories that have been contextualized in the study. Moreover, the chapter presents the justification of the adopted theoretical frameworks of the study.

Chapter Four: ***Research Design and Methodology***

This chapter contains the research design and methodology of the study. The chapter includes aspects such as research paradigm, research design, study population, sample size and sampling techniques, research instruments, data gathering instruments. Moreover, validity and reliability of instruments have been provided, data analysis procedures and finally ethical considerations.

Chapter Five: ***Quantitative Results***

This chapter contains the quantitative results of the study. The results have been obtained from the testing and analysis based on the research hypotheses of the study.

Chapter Six: ***Qualitative Results***

This chapter presents the qualitative results of the study. The results have been obtained in line with research questions of the study and analyzed using thematic framework.

Chapter Seven: ***Summary of Findings, Discussion, Conclusion and Recommendations***

This chapter presents the summary of findings, discussion with literature, conclusions and significant suggestions are made in regard to the upgrade of home-based drug curbing procedures towards learner drug abuse.

1.12: Conclusion of the Chapter

This chapter revists the foundation and gives a framework of the study. This chapter consists of background, statement of the problem, rational of the study, aims of the study, research objectives, research hypotheses, research questions, assumptions of the study, delimitations of the study, operational definition of terms and the overview of the chapters. The next chapter, chapter two presents the literature review of the study.

CHAPTER TWO

2.0: REVIEW OF RELATED LITERATURE

2.1: Introduction

This chapter presents the review of related literature of the study. The reviewed literature is on aspects of learner drug abuse with particular reference to the aspects of family based Adverse Childhood Experiences (ACE). The literature begins with a focus on drugs, then proceeds to familial biographical factors, familial psychological factors and familial social factors as predictors of drug abuse among learners. Moreover, literature also focuses on the kinds of home-based support available for learners involved in drug abuse and finally the early home based intervention strategies that could be adopted to assist learners who abuse drugs. In addition, from the assessed literature review, gaps have been identified and discussed as well.

2.2: Drugs

South African Department of Social Development (2019) defines a drug as a pharmaceutical or other substance that, when consumed or brought into the body in another way (such as through ingestion, inhalation, injection, smoking, consumption, or absorption through a patch), has a physiological impact. Thus, medicines can be either natural or artificial. Drug, substance, and narcotic are all synonyms that are sometimes used interchangeably. According to the Oxford dictionary, a drug is a medicine or other substance of which when ingested or introduced into the body, has a physiological effect into the body. Therefore, a drug is any form of chemical substance, whether legal or illegal, that when ingested into a body brings physical change. The term "drug" also refers to any substance that alters or influences feelings, thoughts, or behavior. In addition to prescription medicines and socially acceptable substances like caffeine, nicotine, and alcohol, it also includes illegal street drugs (Department of Health & Aged Care, 2019). In this study, a drug is defined as any chemical that, when taken, inhaled, or consumed, depending on the body composition of the learners users, the type of drug used, the amount used, and whether used singly or with other drugs at the same time, alters bodily functions in a positive or negative way.

2.3: Drug abuse

DSM-5 defines drug abuse as a pattern of symptoms brought on by drug use that a person continues to experience notwithstanding its harmful effects (Gateway foundation, 2021). The DSM-5, according to gateway foundation (2021) lists 11 characteristics that can result from substance abuse based on decades of research. These requirements can be divided into four groups: impaired control, physical dependence, social issues, and dangerous use. The term "tolerance" refers to taking a substance more regulary or for a streched period of time than is recommended, trying to cut back or stop using it but failing, experiencing strong urges or cravings to use it, needing more of the substance to produce the much needed effect, displaying withdrawal symptoms after stopping the drug, taking longer to obtain, use, and recover from drugs, delaying obligations at home, work, or school due to drug use, refraining from important or desirable social activities and continuing to use despite the drug's negative effects on relationships are all signs that you may be abusing drugs.

2.4: Drug abuse among learners in South Africa

According to Mokwena and Setshego, (2021), alcohol, cigarettes, and dagga smoking are the most frequently utilized substances among learners in high schools, South Africa. The study by Mokwena and Setshego (2021) also revealed that substance abuse was significantly correlated with behavioral variables such as physical fights, significant issues with friends and care givers, poor performance in academics, problems with the police, having sex without a condom, and having sex that one regretted the following day. There is evidence of learner drug abuse in the high schools of learners in many parts of South Africa, according to studies (Mokwena & Setshego, 2021). According to a study by Onya and Flisher (2008), alcohol, cigarettes, cannabis, glue, and spirits usage were all more common among learners in rural high schools in Mankweng, Limpopo Province, South Africa, at rates of 6.4%, 10.5%, 1.4%, 1.2%, and 0.8%, respectively. It is in the the Act 70 of 2008 that prevention of and treatment for Substance Abuse was enacted on April 1, 2013, and it took the place of the South African Drugs and Drug Trafficking Act (140/1992). This Act fills in any gaps left by the Act of 1992 and handles new challenges as far as the drug abuse prevention is concerned. With the help of early intervention, warning system and re-integration programs, it strives to provide a complete national response to the fight against substance misuse. It also provides methods for reducing demand and harm associated with substance usage.

Additionally, the national government of South Africa has been aggressively collaborating with numerous sectors, including non-governmental groups in the nation, to combat drug abuse, mostly among teenagers. For example, as part of its path to promoting the healthy development of young people, the Ministry of Education introduced the 2005 Revised Curriculum, which includes lifelong learning areas that cover topics related to youth risks such as drug abuse and youth sexuality. So as to solve the drug abuse challenge in South Africa, drug abuse section was examined and made more prominent.

In order to assist all schools in creating drug abuse policies, the department also produced a "Policy Framework for the Management of Drug Abuse by Learners in Schools and Further Education and Training Institutions." The regulation mandates that parents and teachers of the learners receive training on drug abuse. Most of these studies were conducted to ascertain the efficacy of government and Department of Education initiatives to reduce drug abuse among learners. Drug abuse among learners in South Africa's schools has increased despite the implementation of several measures against it. Additionally, the research on drug abuse is not sufficient among learners in the Johannesburg Central district on Family Based Childhood Experiences. Thus, the goal of this PhD thesis was to close this knowledge gap.

2.5: Biographical factors influencing drug abuse among learners

Literature on biographical factors influencing drug abuse among learners exists, but in varied contexts with different results. According to a US study by Humesky (2010), marijuana and binge drinking are more likely to occur in households with greater incomes. The study also found that adolescent annual income was connected to escalating marijuana and cocaine use in early adulthood, albeit the results for cocaine use lose statistical significance when controls are included in the model. In a study done in the United States, higher family income may be linked to substance abuse because it makes it easier to access or buy drugs and to socialise with people who also have financial resources (Megan, et al., 2012). Additionally, this study found a link between a higher annual household income and a younger age onset for both psychostimulants. Additionally, Bayat et al., (2014) add that, household income level in South Africa is linked to widespread gangsterism, drug absuse, violence, and unemployment. A study by Lesser (2021) on parental income in Victoria Mahe, Seychelles, revealed that there are more drug-addicted families in low-income areas and families. More research has analysed the relationship between various socioeconomic

factors, such as family income, drug abuse and alcohol abuse during adolescence and early adulthood (Pape et al., 2018; Lee et al., 2018). In a Norwegian study, drug abuse among youth and learners was associated with income within individual/household, community and level of the school across economies, including low and high incomes (Levine et al., 2018). Although some studies have shown a link between family socioeconomic level and learners' drug abuse, Mahmood et al., (2019) did not confirm this hypothesis in the Kurdistan region of Iraq. It found that the household income was low related to alcohol consumption. In contrast, in Kenya, Were et al., (2022) found a link between a person's health and drug use. The same study also found that youth in the top quintile of personal income were more likely to smoke, and youth in poor health were more likely to smoke than those with lower incomes.

It is also reported that characteristics that affect high school learners' usage of illicit drugs in a socioeconomically impoverished informal township in South Africa remains a significant step toward providing evidence-based data valuable for strategic planning to lower the incidence of drug use (Muchiri & dos Santos, 2018). Drug abuse risk variables include protective factors, contextual, variable, and individual risk, as well as fixed markers like gender, biological indicators, and household wealth (Muchiri & dos Santos, 2018). According to a South African study on children's mental health, decreased household income, higher debt, asset erosion, and financial hardship are some of the ways that a pandemic-related economic downturn has an adverse influence on mental health (Tomlinson, et al., 2022). These can cause children to miss school and experience more family conflicts due to the adults' response to stress, which can lead to addiction among learners. In addition, Scheibe et al., (2020) reiterated that South Africa, a low- and middle-income country, experiences levels of illicit drug use beyond the reach of the international community. It remains evident from the above reviewed literature that, to a large extent, Family income has a relatively minimal impact on learner drug abuse when compared to the impact of other factors across nations.

Regarding parental education level, a study conducted in the United States by Stratton and Reid (2008) reported that drug abuse was directly or indirectly caused by parental drug use, low-educational parenting, high family and single parenting (Stratton & Reid, 2008). The previous generation of children's delinquent behavior has been linked to parental education, according to

previous research (Chalfin & Deza, 2018). A study by Walden University at the United States has shown that young people whose parents are educated are less likely to participate in many activities (Wagner et al., 2010, Aliyu, in 2021). According to the same study, insufficient education of parents can encourage drug use and abuse among young people (Aliyu, 2021). Parental education is associated with the level of child abuse, but although this relationship is not apparent, the child is more likely to be affected by drug abuse because the parents have less education (Johnson et al., 2012, Aliyu, 2021).

Moreover, Poulain et al., (2019), posit that the less educated the parents, the more likely it is that their children would develop depression and engage in substance misuse. In another study, Child Trends Databank (2019) reported that the percentage of children aged 6-18 whose parents had a bachelor's degree increased to 30%. The rate of fathers in the same period is 38% (Faraalui, 2019). A study by Kenyatta University showed that girls whose parents were educated were less likely to use drugs than girls whose parents were less educated (Odhiambo et al., 2020). The same study found a link between parenting and parenting. They also stated that less educated parents use more parenting methods than more educated parents, which ultimately leads to children turning to bad behavior and behavior.

In a South African study, Muchiri and dos Santos (2018), state that depending on the substance being abused, family characteristics' specific protective or risk effects varied, and risk factors linked to demographic and socioeconomic factors included lower educational levels. Rajcumar and Paruk (2020) emphasised the ways in which exposure to diverse environmental exposures, cultural and public attitudes, physician qualities, parent educational knowledge and attitude, and educational programmes, may all affect access to treatment. For instance, a number of characteristics, such as educational background, may influence parental commitment to therapy. Similarly, Humensky (2010) revealed that a US study reported that higher levels of parental education were associated with more alcohol, marijuana, and drug use at an early age. In addition, Milkah and Kimu's (2016) research in Kenya further revealed that family factors associated with youth violence may include parental education and employment.

The reviewed literature reveals that learner drug abuse was influenced by the educational level of parents. Learners who grew up in households with low parental educational level feel the consequences of these factors, while learners who grew up in households with moderate or high parental educational level experience positive results.

A study by Zhang Ga et al., (2020) argue that family type is also seen as an indicator of the unequal dissemination of risk and protection associated with adolescent drug use problems. Although the etiology of childhood drug use is complex, family environment has been identified as an important factor associated with the prevention of drug use and abuse among young people. Zhang, et al., 2020). According to Zhang et al., (2020), the majority of African American youth (67%) live in single-parent homes. Family variables internalization and externalization are associated with the risk of behavioral problems. Moreover, children from two-parent families are less likely to use illegal drugs than those from non-two-parent families, and their children's drug use is less likely to be associated with drug abuse than those from non-parent families. Moreover, Zhang et al., (2020) further reported that approximately one in four adolescents use cannabis.

In a research done in Kenya, Azagba, et al., (2021) argued that it is necessary to note the factors that may contribute to young people abusing alcohol and drugs, and there is evidence to show that these factors may include family-related ones. These characteristics include, among others, low parental supervision, parental conflict, low socioeconomic position, and limited parental monitoring and control, according to the same study. According to Azagba, et al., (2021), these factors add value to the initiation and ongoing drug abuse among young people, and depending on the family structure, they appear to be more prevalent in some family structures than others. Numerous research reveal that single-parent households are susceptible to experience these factors compared to double-parent ones. (Azagba, et al., 2021). In a South African study, Muchiri and dos Santos (2018) highlights that having adolescents with divorced parents was a risk factor for drug abuse in adolescents that was linked to demographic and socioeconomic characteristics. From the review of literature in the above studies, there isn't much information in the literature about how family size and learner/youth drug abuse are related.

According to an American study by Dasgupta and Solomon (2018), child health, a crucial determinant of a child's quality, this has not gotten as much attention in research, as children's cognitive ability in the family size studies. In addition, the few research that have looked at a connection on the family size and child well-being have mainly been conducted in underdeveloped nations, but there seems to be scanty research on the same in South African school contexts. In another American study, Sue (2019) argues that despite efforts to determine the impact of family size on health, the subject is still contentious because experts cannot agree on whether an increase in family size presents a positive or negative effect on children's wellbeing. As a result, Sue (2019) claims that it is hard to determine the effect of family size on children's outcomes, due to these two opposing forces.

Moreover, Mochoge, et al., study in Kenya (2019) demonstrate that, historically, African cultural norms and discipline set restrictions on how and when people may purchase, use, and consume drugs and intoxicants. Nevertheless, these restrictions have loosened due to social, economic, and other changes. According to the same research's qualitative results, the family size affected how much learners indulged in drugs, and that smaller households were said to have an influence on this behavior since learners appeared to have greater financial resources and were susceptible to drug abuse. In another research, Mackenzie et al., (2013), reported that, familial risk factors including childhood maltreatment, parental or familial substance abuse and marital status of parents, influence drug abuse among learners significantly. However, Newcomer and Udry (1987) contend that because the second parent is not present, there is limited parental authority in single-parent homes.

Furthermore, according to Bray and Berger (1993), the union and the inclusion of a new partner may cause parent-child connection and familial relationships in stepfamilies to be very diffrent. As a result, a stepfamily, a family with a single parent, and a family with an unbroken marriage will all have unique leadership and disciplinary philosophies. According to a South African study by Mokoena (2002), while some adolescents do recover and reestablish their lives following their parents' divorce, there are some who do not manage to do so and frequently look for alternative coping mechanisms, which may lead to maladaptive behavior like drug abuse. Adolescent consumption of alcohol and drugs in these family types is very likely to differ too. Hurwitz (1997)

states that, if parents are gay or parents are not married, a child potentially still needs to deal with new emotional bonds, worry about divided loyalties and integration with new siblings (Hurwitz, 1997). The studied research makes it clear that homes with a single parent have an impact on drug abuse among learners. Many learners from these homes abuse drugs as a result of inadequate parental monitoring and oversight from the accessible parent. Blended families have a big impact on learner drug misuse because of the family backgrounds that these learners come from. People who abuse drugs do so because they don't feel happy or fulfilled in these kinds of households. Additionally, because they perpetuate conditions that encourage drug usage, child-headed households have a negative impact on drug abuse among learners.

The aforemetioned reviewed studies had varied results with no consistency, but little literature was available to provide the context of drug abuse among South African learners. Thus, the present study provides the South African context of the problem under investigation. Moreover, most reviewed studies were purely quantitative in nature and lacked in-depth findings which could have been realised from a qualitative dimension. Therefore, the present study has employed a comprehensive mixed methods design to provide both quantitative and qualitative results on the phenomenon under study, hence, the findings from both methods would be more comprehensive since they complement each other.

2.6: Familial psychological factors affecting learner drug abuse

Literature indicates that there are significant familial psychological factors influencing drug abuse among learners. For example, Sam (2021) argues that the family psychological factors are functional variables and are the opposite of biological factors and have a role in personality formation, the maintenance of health and wellbeing, and the nature and progression of behavioral or mental disorders. The character of a subject's social and familial milieu would serve as an illustration. The family psychological factors are categorised in the domains as cognitive factors, behavioural factors and emotional factors.

2.6.1: Cognitive factors

The term cognitive factors refer to the mental processes and thought patterns that are utilized during the learning process (Queens University, 2023). Cognitive factors can affect basic learning

processes like memorization of information or facts as well as higher-level processes like understanding, application, analysis, and evaluation. Prior knowledge and prior learning experiences of pupils are significant cognitive factors in learning that can either impede or enhance learning (Queens University, 2023).

Many studies support the importance of parent-child bond in children's brain development (Mason et al., 2018). According to studies in the United States, the prevalence of depression among young people varies according to gender, race/ethnicity, and substance use (Mason et al., 2018). For example, Mason et al., (2018), revealed that 5.8% of boys and nearly four times more than girls (19.5%), aged 12 to 17 years experienced Major Depressive Disorder (MDE) in the United States in 2015 (Center for Behavioral Health Statistics and Quality, 2016). The Centers for Disease Control and Prevention (2016) reported that youth with major depressive disorder (MDE) were twice more likely to abuse illicit drugs (12.2% to 4.9%) and to smoke twice a day (1.8%). They were between 1.7% and 0.8% and twice more likely to drink alcohol than young adults who did not experience an MDE. Depression is the most frequently investigated, with comorbidities estimated to range from 20% to 30% (Mason et al., 2016) in (Mason et al., 2018).

In research done in Kenya, Kimbui, et al., (2018) claim that when someone is seeking to lift their mood, substance abuse or addiction problems may be the result of depression. Alcohol is a depressant, therefore someone who uses it when sad may be exacerbating their bad mood, impaired functioning, and lack of energy. Learners in South Africa are known to be more vulnerable to depression than learners in some parts around world due to high rates of structural and family adversities, such as household congestion, unemployment, orphanhood, abuse, and communal violence (Sherr et al., 2020). The relationship with specific deviant peers is influenced by personal variables like depression, and this social engagement raises the risk of substance usage, aiding in the process of primary socialisation. The main socialising context increases risk, but the person only exhibits risky conduct while engaging in deviant peer interactions (Mason, et al., 2018). Similarly in a South African study, Kar, (2019) found that due to biological and environmental factors are associated with familial depression, learners have an increased risk of developing depression if their parents have depression. The literature reviewed in this section reveals a correlation between depression and drug abuse.

On the subject of mental exhaustion, it is defined as a significant emotional disorder, thought disorder, or cognitive problem that affects decision-making, behavior, or the capacity to deal with daily obligations (Sermathangam & Deepa, 2020). According to a study conducted in India, the biggest sources of stress for high school learners include things that can happen at home, at school, and from other people. These stressors might appear in any part of the learner's environment during the school years (Sermathangam & Deepa, 2020). Mental exhaustion is experienced by the learners when several demands on their thinking continue for an extended amount of time (Sermathangam & Deepa, 2020). After completing a taxing cognitive exercise, people who are mentally weary behave differently from participants who are not mentally exhausted (Timmons & Byrne, 2018). People who are mentally exhausted can consider moral violations as less acceptable even when they would have a positive outcome, such as killing one person to save the lives of five others.

Dukku (2021) in a Nigerian study maintains that issues around the individual including pleasure/benefits that gives users benefits such as alertness, increased performance, agility and reduction in exhaustion. The World Health Organization (WHO, 2004) in Dukku (2021) presents five basic reasons why young ones get into drug and substance abuse. They want to feel grown up, want to fit in, want to relax and feel good, want to take risks and rebel and want to satisfy their curiosity, and on the other hand, emotional and psychological stress as a factor entails situations that, for whatever reason, lead to loneliness and frustration, boredom, idleness, anxiety, depression, low self-esteem/worth and mental exhaustion. According to a South African study, as reported by Mutinta (2022), learners are more inclined, more than the overall community, to face mental distress. The World Health Organization claims that mental distress, which includes somatic symptoms like headaches, backaches, and fatigue as well as mental conditions like depression and anxiety, is a notable public health problem that affects society as a whole (Mutinta, 2022). The same research study found that female learners are more inclined than male learners to experience emotional distress. Learners who are experiencing emotional and mental difficulties frequently consume alcohol or drugs as a mechanism to cope against these emotions (Miller, 2022). The effects of teenage "self-medication," however, might sometimes be more immediately troublesome because adolescent brains are still developing (Miller, 2022). Short-term relief from undesirable mental health symptoms like despondency, anxiety, anger, and negative thoughts can be obtained

through substance usage, yet over time, it makes them worse and frequently leads to abuse or dependence (Miller, 2022). The literature reviewed in this section reveal a correlation between mental exhaustion and learner drug abuse.

Regarding the curiosity aspect, according to the research study done in United States of America, teens' shared feature of natural curiosity (Miller, 2022). They learnt about their own independence and power in the world, and their minds developed quicker than they could process it. An Indian survey found that 16% of drug users admitted to first trying drugs out of curiosity (Roy, 2018). By reading books, enrolling in challenging classes, joining clubs, or taking trips, learners can tame their curiosity. Perhaps they might be curious about other substances, why people use them, and what the experience is like when they get older and witness adults using alcohol or smoking cigarettes, or hear about drugs in movies, TV shows, or through word-of-mouth (Miller, 2022). When a learner gets access to these items, their curiosity may get the better of them. Learners may believe that the only true way to know is to try it themselves (Miller, 2022). According to Jatau, et al., (2021) research in Nigeria, drug abuse is more common among young men, undergraduate learners, and secondary school learners, and one of the most common motivations for abusing drugs is experimentation or curiosity. This concures with a South African research study by Mokwena and Setshego (2021), which shows that curiosity, is one of the other factors that influence drug abuse in the lives of South African young people. Most research, including international literature, seem to concede to curiosity having an effect on learner drug abuse.

2.6.2: Behavioral factors

Behavior is affected by personal and emotional factors like personality, beliefs, expectations, emotions, mental health, and life experiences such as family, culture, friends, life events, and what the person needs and wants (NSW Health, 2021). Personal and emotional factors also include physical factors like age, health, illness, pain, and drug or alcohol abuse. The environment-heat, light, noise, and privacy-as well as the response of other people (whose actions are influenced by their own physical, psychological, and emotional characteristics as well as their experiences, wants, and needs) also have an impact on behavior (NSW Health, 2021).

On the aspect of identity crisis, De Moor, et al., (2022), study in Netherlands reported that identity formation is also associated with adolescent substance abuse. Theoreticaly this relationship emphasize the maladaptive nature of substance use and hypothesize that it results from abnormal identity structures, but the underlying causal mechanisms, and thus the directionality, are still unknown. Erick Erikson made references to the dark aspects of unconscious identity formation in his work, and Schachter (2018) highlighted how undesired or irreconcilable identity fragments can be suppressed while still having a significant impact. Kay (2018) contends that despite its potential significance in comprehending current harmful societal processes, this Eriksonian idea has received little conceptual and empirical examination. In another research, Sibanda and Batisai (2021) established that in South Africa, the youth experienced wounded attachments in the past accompanied by numerous exclusions. In the absence of favorable circumstances for building a belonging sense, young people struggle to understand who they are in the democracy that has been in place for more than 25 years.

Young people long for solid, meaningful relationships in their social and domestic settings that offer them the structural support and bridge relationships that are so important in fostering a sense of belonging (Sibanda & Batisai, 2021). Young people frequently look for other approaches and design their own places for developing and expressing their identities as well as creating their own definitions of belonging when traditional frameworks fail (Sibanda & Batisai, 2021). As an example, the deficit in a belonging sense negatively affects South African teenagers who relate with the wrong crowd and resort to uncultured practices like trafficking as a survival strategy. Other young people overindulge and engage in inappropriate drug use as they make an effort to comprehend identity by either assimilation into the inner circles or by forging an identification with the out-circles (Sibanda & Batisai, 2021). Resilience and poor self-esteem are significant drivers of adolescent mental health, according to research by Ju and Lee (2018) from the United Arab Emirates University. These factors have protective effects by delaying the onset and presentation of depressive symptoms. These results have application to the problem of poor self-esteem. Smoking and low self-esteem were related in the same study (Shah et al., 2021). Chen et al. (2022) argue in a Chinese study that psychological fortitude and self-esteem are important indicators of mental health and social position. More literature in this section, including

international literature in this study, seem to agree that identity crisis has an effect on learner drug abuse.

In a study in Nigeria, self-esteem and other characteristics have been linked to protection against adolescent mental health issues that can lead to learner drug abuse (Folayan, et al., 2020). According to Cedeno (2020), when a learner is aware of their abilities and believes that they are capable of doing anything, it can be said that they have strong self-esteem. In order to give their all while learning, it is crucial for all learners to have a high sense of self-esteem (Cedeno, 2020). Hlomani-Nyawasha, et al., (2020) study in South Africa assert that learners with low self-esteem are more inclined to use alcohol, which can make it harder for them to repel peer pressure.

On the aspect of external locus of control, those with an external locus of control may present an incentive to abuse drugs like alcohol and heroin. According to a study done in Central Punjab University, Nighat et al., (2020) found a relationship between mental health and external locus of control. Those who have an external locus of control can approach the stressor from a position that does not place the burden of the stressor's outcome on him. According to Nighat et al., (2020), some authors believe that if people with substance abuse are taught to gain control over their appetites, the symptoms will become more tolerable.

Some studies also indicate that external locus of control means that individuals refuse to accept responsibility. The best treatment approaches in this situation are those that can change the source of relief from external factors like drug dependence or drug groups to internal factors like self-control. In another study in Nigeria, Nduanya, et al., (2018) hypothesized that differences in locus of control among University learners may be connected to concurrent trends toward elevated depression and anxiety, drug misuse, and decreased academic accomplishment. Other researches have reported that if people with substance abuse are taught to gain control over their appetites, the symptoms will become more tolerable. literature in this section, including international literature in this study, seem to agree that external locus of control has an effect on learner drug abuse.

On the issue of learners' birth order, Adler (1927) in Valkov (2018) study in Bulgaria argue that first-born children experience a sense of particular privilege and entitlement and that they strive to follow the rules precisely and are typically responsible and rule focused. Thus, the correlation between birth order and drug use disorder do not automatically imply causality, or that a learmers' birth order causes substance use disorders (Valkov, 2018). Contrary to this, a Dutch study by De Veld, et al., (2018), infer that the birth order has also been linked to the risky characteristics of risk-taking behavior. Furthermore, the study argues that birth order has also been associated with indulgence in risky sexual activity, delinquent behavior, smoking, and drug usage. In a South African study, LoBue (2018) stated that while some studies have found links between birth order and personality traits and academic performance, other studies have found no such links (Bleske-Rechek & Kelley, 2014 in loBue, 2018). The likelihood is that, if birth order effects do exist, they are small and that they vary greatly depending on a series of factors, including the number of children in each family as a whole, the spacing between them, and cultural and socioeconomic differences. The literature reviewed in this section reveals a correlation between learner birth order and learner drug abuse.

2.6.3: Emotional factors

A performer's feelings before, during, and after a performance are all related to emotional factors (SATPE, 2019). According to SATPE (2019), positive or negative emotions can arise, but only the negative ones can be managed. On the aspect of learner stress, Dover (2020), study conducted in the USA, contends that connection between stress in a familial setting and susceptibility to addiction is nuanced. On one hand, there are the childhood stressors linked to addiction, such as an insecure, unsafe, chaotic, and conflict-filled home life. If a child in this familial context doesn't feel valued and develops a sense of guilt over the mayhem and conflict, this is correlated with addiction issues (Dover, 2020). Moreover, Muchiri and dos Santos (2018) study in South Africa argues that the protective factors and risk affecting learner drug abuse could be divided into contextual, variable, individual risk, and protective factors.

On the aspect of anxiety disorder, family relationships, family management, educational considerations, an optimistic outlook or expectations, social skills, peer relationships, religious

engagement, conformity or moral order, living condition, and stress are examples of individual environmental variables. The likelihood of drug addiction issues is greatly influenced by a stressful family environment among interpersonal protective and individual risk factors (Muchiri & dos Santos, 2018). In addition, with respect to aspect of anxiety disorder, in a research study conducted in the Netherlands, Cioffredi, et al., (2021) found a high risk of increasing substance use connected with severe anxiety risk, which they refer to as an anxiety disorder. After controlling for risk of depression, general risk of anxiety alone is not independently associated with risk of substance use and abuse among learners, but when risk of depression is concurrent with risk of severe anxiety, there is an increase in risk of substance abuse over and above risk of depression alone. (Cioffredi, et al., 2021).

According to Kuringe, et al., (2019) study in Tanzania, depressive and anxious symptoms are common among adolescents, and risk factors include substance usage and long term risk factors such as genetic predisposition or subjection to dangerous chemicals in utero. A study by Bonner, et al., (2021) add that generalised anxiety disorder affects 11% of South African youth. However, in South Africa, there is a sizable disease burden linked to drug abuse and mental well being issues and a substantial portion of those afflicted are children and young adults. Moreover, learners are more inclined to have mental well being issues including depression and anxiety (Bonner, et al., 2021). It remains evident from the above reviewed literature that, to a large extent, anxiety disorder exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

Regarding psychological addiction, Miller (2022), study conducted in Spain, reported that using drugs or alcohol temporarily reduces undesirable mental health symptoms like despondency, anxiety, impatience, and negative thoughts. Yet over time, it makes them worse and frequently leads to abuse or dependence. Learner drug use progresses from experimentation to a serious disorder considerably more quickly than it does in adulthood, and children with mental disorders are more susceptible than other children to experience this trend. Learners with drug abuse problems face a high risk of co-occurring mental health problems, which may result in a more challenging life situation, social issues, as well as less favorable treatment outcomes (Richert, et al., 2020).

The study by Richert, et al., (2020) further argues that, underlying factors, such as challenging early life experiences or family issues, may be the root of both mental health issues and substance abuse issues. Moreover, Da Costa and Cloete (2022) study in South Africa posited that the number of young people who are addicted to drugs is rising, and despite efforts to raise awareness, the statistics have hardly changed. The high prevalence of substance dependence among young people is a problem that South Africa, like many other countries around the world, is dealing with (Mkhize & Gutura, 2021). As the incidence of substance dependence is rising, relapse to drug use following treatment is another significant problem that contributes significantly to the high prevalence (Mkhize & Gutura, 2021). The literature reviewed in this section reveals a correlation between psychological addiction and learner drug abuse.

On loneliness, Ingram et al., (2020) study conducted in Turkey, revealed that, on one hand, persons with substance abuse problems are sensitive to loneliness brought on by stigma and social isolation. On the other hand, isolated teenagers are more prone to use alcohol, tobacco, and illicit substances. Learners may use drugs for a variety of reasons, such as to lessen the negative emotions connected to loneliness, the fact that those who experience loneliness have fewer psychosocial coping mechanisms available to them to deal with stress without using drugs, and the possibility that those who experience loneliness experience more stress, which in turn increases the risk of substance abuse (Polenick et al., 2019). According to Rodriguez, et al., (2022), study in Kenya, loneliness is frequently experienced by teenagers and is linked to poor mental health outcomes.

Moreover, van Tonder (2020), study in South Africa indicated that loneliness is a painful emotional state that a person feels when their subjective social needs aren't met by a social group. As a result, it may be inferred that a person can experience loneliness even when surrounded by others because loneliness isn't determined by how many people make up a person's social group, but rather by the individual's subjective experience of being alone (Cacioppo & Cacioppo, 2018). The understudied element that appears to be connected to substance use is loneliness (Ingram et al., 2020). In their study on emotional separation, Gallegos et al., (2021), claimed that a sense of alienation from family members and sensitivity to peer pressure were seen as risk factors for drug

abuse among learners. Emotional turmoil, meaning the holidays are unsatisfying for the family, is the effect of this process. Self, on the other hand, refers to the development of positive emotions of young people and their healthy separation from parents (Alonso-Stuyck et al., 2018).

According to research by Mathibela and Skhosana (2021) conducted in South Africa, a teenager who emotionally distances themselves from their family is more likely to try with drugs and develop a drug addictionIn a previous study using the developmental psychology model, Gallegos et al., (2021) showed that feelings of alienation from family and high peer pressure are predictors of drug abuse in adolescents. It is an identity process that shows a negative separation from the relatives and shows the development of the individual, unlike emotional disconnection. Young people have a great deal of independence and independence from their parents (Alonso-Stuyck et al., 2018). Accordingly, the study comes to the conclusion that a learner who feels emotionally distant from their family is more likely to experiment with drugs and get addicted to them (Mathibela & Skhosana, 2021). The literature reviewed in this section reveals a correlation between learner lonelness and learner drug abuse.

Literature also indicates that attachment patterns influence drug abuse among children, though there are mixed results reported. According to attachment theory, children will feel comfortable and develop appropriate and successful behaviors if their experiences with their parents show that they come voluntarily and comfortingly when necessary (Cassidy, 2008). A US study found that parent-child dysfunction predicted higher levels of drug use (Ackard et al., 2006). According to several studies, the child's ability to self-control, feel safe and integrate depends on parents' understanding of their children, their ability to cooperate, and their ability to recognize and accept their children's communication (Fearon & Roisman, 2017).

In addition, in families where there is a strong relationship between parents and children, young people will develop good relations with their parents and maintain their communication style, which will prevent young people from developing behavioral problems such as drug abuse (Kuntsche et al., 2009). One of the most common complaints made by teenagers, according to South African research by Mokoena (2002), is that their parents don't pay attention to what they

have to say, don't value their thoughts, or don't even make an effort to comprehend how they feel. It remains evident from the above reviewed literature that, to a large extent, attachment patterns exert meaningful impact on learner drug abuse.

On the emotional breakdown aspect, a research in USA by Moran et al., (2004) reported that emotional abuse increases the risk of drug use among young people, although not as strongly as physical or sexual abuse. Mokoena (2002) reiterate that the behaviour of adolescents can thus be partly understood by developing an understanding of their emotions and feelings. In addition, Mokoena (2002) affirms that knowing teenagers' emotions and sentiments is a necessary step in understanding their behavior. It is also said that counseling professionals, including medicine, mental health, social services, and school services, can identify and resolve behavioral problems. In order to better understand the emotional pressures children face, it is important to look at the responsibilities they assume within the family, the expectations their parents have of them, and the situations in which they behave more maturely than would typically be anticipated of a child their age (Haxhe, 2016). Furthermore, on induced psychological disorders, Mackenzie et al., (2013), study in the USA, suggests that young people diagnosed with post-traumatic stress disorder (PTSD) or mental illness are at greater risk for substance abuse.

Additionally, a high level of parental psychological control sabotages adolescents' attempts at autonomy and effectiveness, which results in unhealthily negative self-concepts and poor coping mechanisms (Costa et al., 2019). Additionally, if a parent keeps silent about problems, the kid will be left to cope on her own with overwhelming and terrifying situations. This may lead to the youngster taking responsibility for what happened and even placing blame on themselves. As a result, the youngster may grow to dislike them or experience various kinds of dissociative experiences (Byun et al., 2016). Additionally, Mokoena (2002) argues that, if a person possesses certain cognitive abilities, they may change their interpersonal behavior and have a positive attitude on life. The literature reviewed in this section reveals a correlation between emotional breakdown and learner drug abuse.

According to the literature review mentioned above, learner drug abuse in township high schools is significantly influenced by familial psychological factors, including cognitive factors like depression, mental exhaustion, curiosity-driven learning, and learner cognitive overload; behavioural factors like identity crisis, low self-esteem, and external locus of control; and emotional factors like learner stress, anxiety disorder, psychological addiction, feelings of loneliness, and emotional detachments.

The aforemetioned reviewed studies were carried out based on social and development psychology of adolescents but the present study involved mental and cognitive psychology of development, therefore, filled in the research gaps on cognitive dimensions. The present study, as well, sought to uncover the correlations and interplay between family variables and cognitive psychology of a learner, of which is not necessarily covered in the above studies, hence, the findings are more comprehensive and would fill in this gap in literature.

2.7: Familial social factors affecting drug abuse among learners

Factors like gender, age, race, social class, economic value or lack of, culture, religion, ethnicity, are just some of the factors that influence the relationships, structures, and practices within each family. Shifting demographics also tend to affect family culture (Crossman, 2021). In this study, familial social factors reviewed include parent related factors?

2.7.1: Parent Related Factors

Regarding parental monitoring, research done in the United States by Mills et al. (2021) found that parental care or supervision delayed the begining of alcohol use in young people and then reduced alcohol consumption. Young people without parental care are more susceptible to drink alcohol (Roy, 2018). Moreover, Isemin, et al., (2022) study in Nigeria reported that parental attention predicted reduced levels of teenage delinquency and was also linked to decreases in adolescent marijuana usage.

In a study conducted in South Africa, Rachel, et al., (2022) argue that parents frequently show a lack of worry or attention because they frequently reject reports of their child's behavior from important individuals, such as teachers who spend time with adolescent learners. Parents opt to

ignore warnings about their adolescent children's bad behavior and occasionally prefer to place the responsibility for it on others. Parents' lack of involvement and awareness of their children's behavior contributes to their antisocial behavior, such as drug abuse. Learners' aberrant behavior is linked to parents' lack of commitment to watching over, interacting with, and teaching their kids morals (Wolhuter & Van der Walt, 2020). According to the same study parental care or companionship is essential for young people in rural South Africa to transition into adulthood. The literature reviewed in this section reveals that parental monitoring plays a big role in learner drug abuse, and if practiced, it may curb the effects of learner drug abuse.

A study of parental separation in Lebanon by Jabbour et al., (2020) revealed that divorce was linked with higher alcohol consumption in the study population. In addition, learners from disadvantaged families started drinking at a young age and were more likely to overeat and become drunk than learners from disadvantaged families. An evaluation of the Lebanese situation's historical context was deemed relevant given that divorce rates are gradually rising in Lebanon (up 101% between 2006 and 2017) and that there is a link between divorced parents and adolescents' addiction to alcohol and tobacco use (Chung, et al., 2019). According to Isemin, et al., (2022) study in Nigeria, parental monitoring was linked to a decline in adolescent marijuana usage, and both connection to mom and parental monitoring predicted reduced levels of adolescent delinquency. According to a Muhle (2020) study conducted in Zimbabwe, children must stay with their parents otherwise they will not get the right direction and sometimes these children would become addicted by playing and start using drugs or drop out of school. Mathibela and Skhosana (2019) suggest that negative family problems resulting from divorce and mixed-parent families may contribute to drug addiction among South African youth because these children may not receive love and attention from their biological parents. In addition, Mathibela and Skhosana (2019) reported that broken families and family strife increase the likelihood that learners will abuse drugs. It remains evident from the above reviewed literature that, to a large extent, parental separation exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

The literature also indicates that unmet physiological needs are main factors that contributes to drug abuse among learners. For example, Onceya and Dube (2020) study in Katlehong, South Africa, reported that the kid learns to trust and mistrust people in the environment during the first stage, which lasts from infancy to eighteen months. Thus, the infant develops mistrust when his basic requirements, including feeding, are not satisfied, according to the same study. When the caregivers exhibit traits of affection and regular providing of attention, trust and hope are fostered according to Fleming (2004) in Onceya and Dube (2020), and this could spare learners from stressors that can lead to learner drug abuse. The literature reviewed in this section reveals that unmet physiological needs play a big role in learner drug abuse, and if avoided or managed, it may curb the effects of learner drug abuse.

Regarding the subject of neglectful parenting, parents' behaviours inside the family have an impact on the learner's life among learners in Spain (Bronfenbrenner, 1980) in (Tur-Porcar, et al., 2019). The kinds of parent-learner relationships provide a classification of parenting styles, including neglectful parenting, according to this study. A study by Ndegwa and Waiyaki (2021) in Kenya add that adolescents who have negligent parents tend to take drugs more frequently. The findings of the same study show that if learners encounter parental conflict and desertion, this influences them to look for coping mechanisms like drug usage (Ndegwa & Waiyaki, 2021). Moreover, African cultural ideas that some topics are solely for adults and should not be had with children can be linked to parent-child neglect in South Africa (Muzi, & Ajani, 2021). Parenting that is distracted and negligent is further exacerbated by factors like divorce and absent living fathers). It remains evident from the above reviewed literature that, to a large extent, neglectful parenting exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

Teen fathers in this community, as in many other low-income South African contexts, face significant obstacles to regular involvement with learners (Taliep, et al., 2018). These barriers include being unable to provide for learners due to financial limitations, social rejection, and a lack of family support for his relationship with the mother and his child. According to Tur-Porcar, et al.'s (2019) study, parents' attitudes and behaviors within the family serve as models for actions that have an effect on their children's life. This is related to the issue of improper parent models.

Furthermore, it was discovered that poor parental behaviors from a sample of 542 school learners are involved in school drinking and smoking in Birmingham, Alabama, USA (Mrug, et al., 2010). Moreover, a study in Kenya reported that, poor parenting and alcohol usage as well as learer drug abuse in general are positively correlated (Chapiai, et al., 2021).

In a study conducted in South Africa, Rachel, et al., (2022) found that parents' actions influence their children's behavior, attitudes, and beliefs both now and in the future. Parents can either set a good example for their children or set a bad one. According to the same study, some teenagers in Lamberts Bay lack positive parental role models as a result of their regular exposure to their parents' antisocial behavior. Children who grow up in households with parents or other adults who abuse drugs, support gangs, abuse alcohol, or engage in other criminal activity learn from and look up to them as role models (Muzi & Ajani, 2021). Regarding the topic of absent father figures, Beckman et al., (2019) recognized depressive symptoms and delinquent behavior as two obvious effects of growing up without a father. Moreover, Ndegwa and Waiyaki (2021) also studied the consequences of parental absence on teenage males. The findings indicated that boys from households without their biological parents, particularly their father, were more likely to take drugs compared to boys from homes where their father was present.

This correlates with a research study conducted in Kenya by Rusby, et al., (2018), which found that one of the most effective methods to stop teenage drug consumption is for parents to keep an eye on and be involved in their children's life. Parental absence has been identified as one of the variables leading to teens' problematic conduct in rural townships, according to Rachel, et al., (2002) study in South Africa. The report also makes the case that although some dads are absent from their children's development, other moms focus on substance abuse. One parent out of every two is away from the child's life (Mathibela and Skhosana, 2019), and a growth in the proportion of absent dads is also worrisome.

According to estimates, 54% of males between the ages of 15 and 49 are fathers, however in 2004, approximately 50% of these fathers did not interact with their children on a regular basis. According to Mathibela and Skhosana (2019) and Holborn and Eddy (2011), more children are

being raised in single-parent families because more children are growing up without dads. Despite the fact that there are additional important issues that parents of teens doing drugs must deal with, it is clear that parents require all the support they can get at the micro, meso, and macro levels (Mathibela & Skhosana, 2019). According to a different research conducted in South Africa, fathers' engagement in their children's life is commonly viewed as optional and peripheral, and their duties are pushed to the margins (Matheba, et al., 2021; Randles, 2018). The literature reviewed in this section reveals that absent father figures play a major role in learner drug abuse, and if avoided, it may curb the effects of learner drug abuse.

2.7.2: Sibling related factors

On the influence of elder siblings, a growing body of research indicates that siblings are specifically responsible for socialising teenagers' substance use in terms of interpersonal variables among learners in Netherlands (Maiya, et al., 2023). The same study found that older siblings can influence drug use behaviors by providing younger siblings with an environment and/or company that encourages drug use. Older brothers can also model, and modeling techniques have been shown to promote similarities in attitudes and behaviors towards drug abuse among siblings (Maiya et al., 2023). Similar results were found in a study conducted in South Africa by Mokwena and Setshego (2021), that, older learners were found to be susceptible to use drugs than teenagers and boys. On the aspect of sibling rivalry, survivors of abusive sibling relationships commonly deal with depression, low self-esteem, eating disorders, post-traumatic stress disorder, promiscuity, and drug abuse (Lohmann, 2018). Moreover, Kartz and Hamama, (2018) argue that negative sibling relationships, which are frequently characterized by hostility and aggression, and has been shown that it has a negative effect on adult development and mental health, while close sibling relationships have a positive effect on growth and mental health in old age.

The drive to surpass, according to Lupo (2021), reveals rivalry between younger siblings and the act of competing for parental care can lead to older siblings being in competitive duos that are often thought to be in a relationship. In addition, older siblings often perceive younger siblings as loving and protective of their parents, depriving them of the benefits and care previously reserved for them. In another Canadian study, Lupo (2021) noted that older siblings in competitive duos are

often seen as more competitive because they have to challenge and compete with younger siblings for parents to listen. Older siblings also often feel that younger siblings are stealing the rights and attention they once had and receiving more love and protection from their parents. On the other side, younger siblings may contrast themselves with older siblings and believe they have greater benefits like attending school or staying up later. Additionally, a research by Essien (2020) in Nigeria claims that sibling rivalry parental favoritism, personality, life experiences outside the family and academic aptitude can all contribute to animosity. Essien (2020) claims that sibling rivalry extends from childhood into adulthood, alters family dynamics, and even further damages how each child interacts with others in their daily life.

Saayman (2019) study in South Africa, claims that a learner behavior, as well as their norms and attitudes, are greatly influenced by the attitudes and behaviors of their parents, carers, and siblings. Similarities in drug use among siblings are well documented (Duncan et al., 2006; Rajan et al., 2003), perhaps even greater between children and parents (Ary et al., 1993; Fagan and Najman, 2005), reported to be associated with drug abuse among young people. In addition, Low et al. (2012) in a study conducted at Bethesda National Library of Medicine, Cambridge, show that family strength and support play an important role in the relationship between older siblings' drug use and younger siblings' drug abuse. In particular, the younger siblings' deviant peer affiliation and sibling rivalry both had indirect consequences on the older siblings. The research supports the significant socialising functions of both siblings and peers and shed light on the intricate processes involved in socialisation (Shakya et al., 2012). It remains evident from the above reviewed literature that sibling related factors, to a large extent, exert a meaningful impact on learner drug abuse, and that if these are managed very well, learner drug abuse can be curbed.

2.7.3: Community related factors

On the aspect of peer pressure, many scientists have proposed several theories as to why people start using drugs and then transition to abusing them (Van-Atta, 2005 in Kiambi, 2018). In a United States study, it is reported that peer context can be used in a particularly effective way to treat learner depression. In addition, studies on the influence of peers on the emergence of depression symptoms provide light on this (Mason et al., 2018). According to Mason et al., (2018), Fredricks

and Eccles (2008) also state that adolescents who have involved, prosocial, and supportive peers experience less depression as adults than those who have more negative peers (those who use drugs or steal) do. As a result, if a person starts consuming drugs, they may associate with other drug users, who then expose them to other substances. Frequent connection with drug-using peers is the most direct risk factor for exposing teenagers to drug addiction and delinquent conduct (Dishion et al., 2002 in Kiambi 2018). Abuse of drugs poses a special risk to learner growth (Kiambi, 2018). Substance abuse at this age frequently results from exposure to and unfavorable pro-drug social pressures as well as from individual development and vulnerabilities (Mayberry, et al., 2009) in (Kiambi, 2018).

In a study done in Kiambu County of Kenya, abusing drugs may result in an association with additional peers that abuse drug, which then exposes the person to various drugs. The greatest direct risk factor for teenagers' exposure to substance abuse and unwanted behavior is frequent association with drug-using peers (Dishion, et al., 2002 in Kiambi 2018). Thus, it is concluded that abuse of drugs poses a special risk to teenage growth (Kiambi, 2018). Substance abuse at this age frequently results from exposure to and unfavorable pro-drug social pressures as well as from individual development and vulnerabilities (Mayberry, et al., 2009 in Kiambi, 2018).

Peer pressure, cultural norms, the educational environment, frequent trips to taverns, shebeens, and other unofficial drinking establishments close to schools and households, according to Partelow et al.'s (2018) study in South Africa, may all play a role in learners consuming drugs. These components incite learners to be impolite and disruptive by skipping class and engaging in other unruly activities (Muzi & Ajani, 2021). Additionally, Muzi and Ajani (2021) contend that youngsters who grow up in households with parents or other adults who engage in criminal activity or support gangs or use drugs learn from and look up to them as role models. Additionally, Kok, et al., (2017) contend that interactions between social and environmental factors control or shape people's habits or behaviors among South African learners. It remains evident from the above reviewed literature that, to a large extent, peer pressure exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

According to Mahmood, et al. (2019), on the aspect of community drug culture, a variety of elements, including as social stigma, cultural norms, and the accessibility and availability of drugs for leaners, may lead to learner drug usage. The South African research of Muzi and Ajani (2021) found that a person's upbringing significantly affects how they behave. The research by Kok et al., (2017) confirms that interactions between social and environmental factors influence or determine people's behaviors or routines. A person's conduct shows the sort of treatment they receive from their family, friends, classmates, or surrounds (Partelow, et al., 2018). Mahmood, et al., (2019) argues that, a number of factors, including social stigma, cultural values, and the accessibility and availability of drugs to learners, may contribute to learner drug misuse. According to Muzi and Ajani (2021) study in South Africa, a person's environment during childhood has a significant impact on how he or she behaves. The research by Kok et al., (2017) confirms that interactions between social and environmental factors influence or determine people's behaviors or routines. A person's conduct shows the sort of treatment they receive from their family, friends, classmates, or surrounds (Partelow et al., 2018). Some people may abuse drugs or alcohol as a form of rebellion against their elders or peers in an effort to prove their independence, maturity, or sense of self if there is unresolved conflict between family members, peers, or members of society. Some people may abuse drugs or alcohol as a form of rebellion against their elders or peers in an effort to prove their independence, maturity, or sense of self if there is unresolved conflict between family members, peers, or members of society. The literature reviewed in this section reveals that community drug culture plays a major role in learner drug abuse, and if managed very well, it may curb the effects of learner drug abuse.

On low academic performance, Bugbee, et al., (2019) study in United States argues that while the health effects of substance abuse are well established, the relationship between various forms of substances abused and academic achievement has received relatively less attention. In addition, the research confirms that there is a connection between inferior grades, lower test scores, a higher likelihood of missing class and dropping out of high school, and a lower likelihood of enrolling in further education (Bugbee, et al., 2019). Despite the notion that there is a connection between academic success and drug abuse, schools are an essential possible intervening condition for learners who are at risk for drug abuse disorders (Manish, et al., 2020).

According to Ejodamena and Oginib (2020) study in Nigeria, one of the repercussions of substance or drug abuse on learners was decreased academic performance. The same study noted that the sampled learners abused alcohol and tobacco more and noted that peer pressure affected their behavior. The study came to the conclusion that drug addiction can have a negative impact on academic performance. Moreover, Sibiya, et al., (2019) study in South Africa argues that substance abuse has been linked to issues with classroom management, appetitive violence, and other issues with school discipline. Moreover, substance abuse hinders learners from achieving the desired educational results and has a negative impact on their academic performance, possibly leading to school abandonment. On youth unemployment, a study conducted in the USA by Azagba, et al., (2021) found that previous research has shown that economic downturns and the stress they cause, such as job loss, are linked to an increase in problematic drinking. There is evidence that problematic substance abuse, such as the abuse of alcohol, marijuana, and illegal drugs, is substantially correlated with unemployment (Azagba, et al., 2021). According to Muyideen, et al., (2022) study in Nigeria, there are many insecurity issues that youths must deal with when determining their basic needs to uphold a healthy standard including unemployment, poverty, poor nutrition, substandard housing, irregular salary payments, and a number of other vices.

Moreover, the same study claims that because there aren't enough opportunities for learners in the country, they try to organise and manage their own personal norms and values in order to create subcultural rules that may conflict with the laws and regulations that are generally upheld and result in antisocial behavior like drug abuse. In a South African study, Massyn, et al., (2020) argue that the legacy of apartheid, which severely limited Black people's access to school, employment, and entrepreneurial opportunities, presents significant difficulties for the youths in the country. Similar to how substance and alcohol abuse affects people, mental health may be negatively impacted by both job search difficulties and unemployment, and vice versa (Mngoma & Ayonrinde, 2022). It remains evident from the above reviewed literature that, to a large extent, low academic perfomance exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

On inappropriate role models, in an American study, role models play a significant part in the lives of the majority of people around the world since people tend to look to other people and believe

their examples to be helpful in decision-making, yet, role models can sometimes be incorrect (Panda, 2022). People frequently look for hints and directions they may utilize to best navigate their own lives. Many social learning theorists explain such behavior as an effort to learn without any interaction or personal experience. Learners spend a lot of time away from their families and parents (Kearney and Levine, 2020), and add that throughout this period kids interact with others, including possible mentors and role models, and these outside influences have a significant and long-lasting impact on how they feel and act. In South Africa, a study by Ngqela and Lewis (2012) in South Africa in Muzi and Ajani (2021) revealed that, learners who grow up in homes with parents or other adults who use drugs, support gangs, abuse alcohol, or commit other crimes learn from and look up to them as role models. The literature reviewed in this section reveals that inappropriate role models plays a major role in learner drug abuse, and if managed very well, it may curb the effects of learner drug abuse.

On the aspect of parent-adolescent relationship, in research conducted at Utah State University in the United States, Hunsaker (1996) confirmed that the parent-child relationship is a key factor in learner drug abuse. The evolution of the family structure, societal systems, and teenage relationships with significant persons during the past forty years must thus be examined. The impact of marital status and family connection quality on learner drug use may then be better understood in light of these changes. Additionally, Kuntsche et al., (2009) study in the State University of New Jersey revealed that the strength of the interactions between parents and teenagers also has a significant impact on learner drug abuse. Adolescents would form strong bonds and have open lines of communication with their parents in households with positive parent-child connections, which in turn would stop teenage behavioral behaviors like drug abuse.

Futhermore, Price (1975), in research conducted in the USA, reaffirms that learners always desire compassionate understanding, a receptive ear, and parents who show by their attitudes that their kids have valuable things to say and are open to communication. Effective communication is blocked by parents who avoid talking to their adolescent children and end any conversations with them. Edmonds and Wilcocks (2000) reported that parent–adolescent relationship influence drug abuse among learners. For instance, the same study conducted in South Africa revealed that learner social alienation from his/her upbringing and the individuals who shaped his/her ideas and

worldview was anticipated to be associated with worse parent-child relationships. It remains evident from the above reviewed literature that, to a large extent, parent adolescent relationships exerts meaningful impact on learner drug abuse, and that if it is managed very well, learner drug abuse can be curbed.

On the aspect of parental negative behaviour, the research reviel that, childhood drug abuse is associated with peer and parent alcoholism (Shakya et al., 2012). In addition, Yule et al., (2010), from Columbia University's National Center on Addiction and Substance Abuse found that parental negative behavior and drug use at home were the major family factors most associated with increased alcohol use, smoking, and marijuana use. Moreover, adolescents who had parents who were tolerant of substance use interacted with higher-risk peers and were more likely to have friends who were substance users. As opposed to this, Shakya et al., (2012) found that adolescents who have friends whose mothers are authoritative are 40% not likely to drink to the point of intoxication, 38% not likely to binge drink, 39% less likely to smoke cigarettes, and 43% not likely to use marijuana. In addition, Mokoena (2002), in a South African study makes the case that adverse family situations might contribute to learner drug abuse. The literature reviewed in this section reveals that parental negative behaviour plays a major role in learner drug abuse, and if managed very well, it may curb the effects of learner drug abuse.

The research mentioned above focused solely on the interactions between teenagers and their immediate family. As a result, the viewpoints of the extended family were not taken into consideration. However, the present study involved adolescent – relationships with significant others in the family and include the extended families, hence, the findings would be more comprehensive and hence filled in this gap in literature.

2.8: Kinds of support available at home `for learners involved in drug *abuse*

There are studies that have been carried out on home based support available for learners who abuse drugs. According to Patterson and Banks (1989), parents should utilise positive reinforcement for desired behaviors and ignore undesirable ones. These recommendations have now been evolved into extremely successful clinical techniques. Considered evidence-based, the

most effective parenting and family education programs in family prevention and treatment are based on skills training designed to reduce child and family stress in psychopathology, an advanced study. In addition, Kaminski et al., (2008) found that family protective measures such as emotional communication, exercising with the child under the guidance of the family teacher, relationships with the child, and the same reaction lead to improved parent-child relationships and ultimately behavior.

Also, a study by Green (2016) in South Africa showed that home care reduced young men's alcohol consumption by 23% and illicit drug use by 38%. In addition, Green (2016) study found evidence that a loving home environment, including home care and supervision, and open communication between parents and children are associated with reduced drug use. National Institude on Drug Abuse (NIDA) (2020) study in United States argues that the information about evidence-based substance abuse prevention initiatives in rural communities with a focus on adolescents and families has been compiled by a number of federal agencies. The narconon truth about drugs video program, the strengthening families program: for parents and youth, strong African American families, and strong African American families are just a few of the programs that are typically used in classrooms but can also be used at home or in public settings, according to National Insight on Drug Abuse NIDA (2020). In a study done in Scotland, Scottish government (2018) argues that, drug problems would be significantly reduced by enhancing community connections and lowering loneliness and social isolation. Several national and local policies and frameworks outline our strategy for resolving these concerns.

According to Setlalentoa, et al., (2015) study in South Africa, community support networks are those that offer assistance or services to members of a certain community to address their general and social-emotional needs. The study further reports that communities can get assistance from community support networks to address their own social, economic, and emotional needs for wellbeing. The problem of drug abuse may be addressed by a rehabilitation facility, an organization that offers services to a community, the community, or formal support networks using various tactics or strategies that are supported by various policies and programmes. By emphasizing the need for targeted treatment, they aim to lessen the harm that substance abuse causes. The role of the family is crucial for a child's behavior; many drug addicts originate from

fractured families (Zinyama, 2019). Zinyama (2019) further argues that, the effectiveness of divine intervention as a long-term cure for the plague of drug dependence is typically contested by researchers. Moreover, most churches and bible colleges encourage young teenagers to go for free and learn more about morality and spirituality rather than academic knowledge are urgently needed by society. Although it's still crucial, academic knowledge can be acquired in colleges and universities, this intervention would significantly lessen the plague of drug abuse in our neighborhoods.

Additionally, Kumpfer et al., (2003) posit that the most crucial skills to address in order to avoid delinquency are social skills and emotion management abilities. These abilities foster self-reinforcing prosocial actions that enable the kid or teenager to form relationships with wholesome adults, elders, and peers, which will help them stay out of trouble and have more successful outcomes in life. Moreover, Gates et al., (2006) came to the conclusion that only a small number of family-based treatments combined with motivational interviewing had enough proof to be helpful in lowering drug abuse among learners. Riddle et al., (2002) reported in another study that parental absence, substance abuse or child abuse required case management and home visits for families, and that individuals were referred or allowed to families with problems to support learning about addiction. In addition, Spoth et al., (2005) found that family youth interventions prevented 14% of young people from drinking alcohol and 12% of young people from smoking, and these youths quit alcohol and drug uabse compared to all other youth or youth households. Protection plans only. However, Miller and Hendrie (2008) argues that, no other measure to prevent drug abuse has been able to prevent many young people from using drugs. Previously, South Africa did not have an advanced system to easily collect information on drug abuuse. Special-purpose cross-sectional studies, often conducted in one location and easily accessible populations, provide most of the available material (Peltzer et al., 2010).

The aforementioned reviewed studies indicate that mentioned interventions are only focused on learners rather than a family structure as a whole, hence the current researcher would close this gap, so as to come up with a comprehensive study, encompassing parents/guardians and the significant others in its approach. Moreover, the present study would provide a framework for addressing drug abuse among learners.

2.9: Early intervention strategies that could be adopted to assist learners who abuse drugs

The National Drug Master Plan (2019) indicates that intervention strategies call for convergence of various social, economic, and cultural contexts that take into account the expectations and rights of all citizens. Based on the same study, the objective of community engagement is to develop a sensible, considerate policy based on data and human rights. Hence, a successful approach will foster non-stigmatising attitudes, minimize social marginalization, encourage drug users to seek care, and increase local capacity in communities for prevention, treatment, recovery, and reintegration. Effective law enforcement works in tandem with the community-based strategy to build a South Africa where people can feel protected from the negative effects of drugs (The National Drug Master Plan, 2019). According to the National Crime Prevention Centre (2022), a strategy is frequently best understood by demonstrating its opposite, or what doesn't work (or doesn't work very well). For instance, the following initiatives have little effect on lowering substance abuse: Information-dissemination programs that emphasize drug effects and side effects; fear-arousal programs that emphasize dangers of drug use; moral appeal programs that emphasize the negative effects of use; and affective education programs that emphasize developing self-worth, making ethical decisions, and fostering positive interpersonal relationships. Contrarily, according to the same study, programs that teach learners how to effectively resist social pressures to use substances as well as particular techniques for doing so, either on their own or in conjunction with more general life skills training, appear to minimize substance use.

According to Ngcobo's (2018) study in South Africa, religious organisations and spiritual leaders could be more actively involved in addressing the under actualization of metaphysical values because there is a need to raise the standard of substance abuse intervention design, implementation, and reporting in the Sub- Saharan region. The South African National Council on Alcohol and Drug Dependence is one of the groups in charge of offering drug abuse prevention programmes in schools. Two of SANCA's most well-known programmes are Poppets and Teenagers against Drug Abuse (TADA), (Puppet education for pre-school and early school children). Additionally, they offer pupils life skills instruction and support services. Although SANCA staff members are informed authorities on the subject of substance misuse, many employees who run programs to prevent substance usage lack in-depth training in the field (Saba,

et al., 2021). It's obvious that the family can do a lot to keep their kids from abusing drugs (Ngcobo, 2018). As a result, more programmes aimed at preventing substance abuse should put an emphasis on fostering better family ties so that, in turn, the family can act as a solid support system for its members' children and provide them with accurate information about drugs. It is crucial for parents to establish open communication with their kids so that the latter feel comfortable sharing any positive or negative school-related experiences they may have.

Due to the prevalence of drug use among South African youth, more research on the causes of drug use among South African youth is needed to develop better interventions for the problem (Onya and Flisher, 2008; Onya et al, 2012). Although there are some reports of this social problem (Madi and Matla, 2003; Morojele et al., Parry 1998; Townsend et al., 2007), there has been no research on drug use or prevention in South Africa (Brook et al., 2006). In addition, Van Zyl (2013) argues that school leaders should emphasize parental involvement in the fight against drug addiction so that peers and parents (both of which have great influence on young people) can spread the same opposing message. Appropriate leaders for parent involvement and parent education on drug sbuse can be formed, consisting of parents, learners, teachers and relevant organizations and key individuals, in order to create a partnership for combating drug addiction at the micro and external level. Societal. Parental involvement should be viewed in this light, as Epstein's concept of overlap emphasizes the partnership between schools, parents, and communities (Epstein, 2011).

Due to the prevalence of drug abuse and related problems, lifelong learning zones were created by the South African Ministry of Education in 2001 for careres from grade 1 to grade 12. Life orientation refers to drug use, gender, and social-emotional development in addition to health promotion by improving overall nutritional health and well-being (Protogerou et al., 2012). Smith et al., (2008) posited that few schools promote Life Orientation and that instructors frequently execute its components in an individualized and haphazard way. Furthermore, earlier studies served as the impetus for the creation and implementation of drug use preventative programs for youth in South Africa (Protogerou et al., 2012). The South African Department of Education mandated the Life Orientation learning area for learners in Grades 1 through 12 in 2001 due to the high rates of drug abuse and the detrimental effects that follow. Life Orientation tackles drug

abuse, sexuality, and the development of socio-emotive skills in addition to encouraging healthy lives through improving overall health and welfare (Protogerou et al., 2012). Smith et al., (2008) pointed out that few schools promote Life Orientation and that instructors frequently execute its components in an individualized and haphazard way. Furthermore, earlier studies served as the impetus for the creation and implementation of drug use prevention programs for young people in South Africa (Protogerou et al., 2012).

Abstinence or, less frequently, harm reduction theories have served as the foundation for initiatives to prevent drug abuse (Botvin & Griffin, 2001). Abstinence therapies, according to Botvin and Griffin (2001), encourage the cessation of drug abuse and largely involve teaching developmentally appropriate life skills (Life Skills Training, or LST), which have been demonstrated to possibly prevent or postpone the initiation of drug abuse. These abilities include: recognizing and regulating emotions, controlling rage, impatience, and stress, learning how to communicate and negotiate successfully; making logical decisions; being assertive and resisting peer pressure, and learning about drugs. In addition, Life Training Skills (LST) promotes a generalised cognitive-behavioral skills training approach to prevention, contending that all substances, all risk-taking behaviours, all educational contexts for children and adolescents, as well as all social workers, peer leaders, teachers, and project staff, can benefit from effective intervention effects. The main intervention lasts around 15–17 class periods in a school year, plus at least one further year of follow-up sessions (Botvin & Griffin, 2001). The theoretical basis of LST intervention comes from Bandura's (1977) social studies, Jessor and Jessor's (1977) problem behavior, Kaplan's (1980) self-derogation, Oetting and Beauvais's (1987) peer pressure, and McGuire's persuasion (1968).

Moreover, substance abuse is seen as a behavior that emerges as a result of the influence of a person's personality, environment and relationship. For example, some people are socially influenced by others who are drug users and have positive opinions about them, or by social media content that sensationalizes and normalises drug use. Social variables are likely to have a greater effect on those who have poor interpersonal or social skills, low self-esteem, and psychological discomfort. Life Training Skills (LST) therapies have historically been the most popular and have been associated with positive outcomes (Botvin et al., 1990; 1995a), but data from systematic

reviews has raised questions about their efficacy (Foxcroft et al., 2003; Resnicow et al., 2008). Many schools in South Africa face enormous pressure to produce results academically and in sport, but need to recognise firstly how prevalent substance abuse is, and secondly that the best results mean very little when a life falls apart because of addiction (Malema, 2019). Introducing more programs, talks, tools, and reporting measures for pupils to access - and partnering with both prevention and recovery experts, is essential (Malema, 2019). Harm minimization (HM) treatment is based on the principle that, unlike detoxification programs, it is not possible to avoid or completely eliminate drug abuse; therefore, HM strategies aim to reduce the negative effects of drug addiction (Resnicow et al., 2008). The sale and consumption of cannabis as "coffee" and sale to children was legalised in the Netherlands and the purchase of more than 30 grams per capita was prohibited (Drucker, 1995), and the UK government intervened throughout the country.

By monitoring dosage quality and limiting the amount that individuals may legally purchase, the government was able to prevent harm by legalising marijuana. HM treatments can include short interventions, like motivational enhancement interventions, on a smaller scale and with a focus on young people. Brief therapies typically last one to five sessions and are only focused on methodically addressing substance use behaviours (O'Leary Tevyaw & Monti, 2004). In the South African context, Malema (2019) argues that to keep children away from drugs is increasingly difficult, because we cannot shelter them from the world, but building healthy relationships both at home and with friends is key hencehis encourages honest conversations, self-awareness, and resilience. Healthier alternatives to coping with stress such as exercise, relaxation, and a good diet are also vital steps anyone can implement.

From the reviewed literature above, it can be concluded that intervention measures are learner centred and therefore, the current investigation argues that, since learner behaviour is the product of interactions between the learner and immediate environment. Therefore, since most adopted interventions indicated in reviewed literature did not include other social systems of learners, then other elements in the family environment should be incorporated when developing an intervention strategy. The current study sought to close this research gap by carrying out a comprehensive study that conceptualized the immediate home environment of a learner in addition to the individual learner internal traits.

2.10: Conclusion of the Chapter

This chapter has reviewed literature related to this study. This chapter has compared and contrasted literature on demographic factors, familial psychological factors and familial social factors inorder to bring out the gaps in the current literature and explained how the current study filled these research gaps. The next chapter, chapter three presents the theoretical framework of the study.

CHAPTER THREE

3.0: THEORETICAL FRAMEWORK OF THE STUDY

3.1: Introduction

This chapter presents the theoretical framework used in this study. Four theoretical frameworks guided this work, namely, Family Systems Theory; Bronfenbrenner's Ecological Systems Theory, Ecological System Theory; Socal Development Theory; and Bandura's Social Learning. In addition, towards the end of this chapter, the justification of the theoretical frameworks are discussed. The theories are discussed as follows:

3.2: Bowen's Family Systems Theory

The Bowen's Family Systems Theory (FST) considers the family as an emotional unit (Devlin, 2021), and describes that people don't understand being alone but should be seen as part of the family. On the other hand, according to the same study, Systems thinking is a comprehensive method of analysis that emphasises how components of a system interact with one another, how systems function over time, and how systems function within bigger systems(Hekkert et al, 2007). According to this theory, each family may be viewed as a unique social system (Bowen, 1978), and the different members of a family are emotionally connected, whereby affecting one another's thoughts, feelings and actions. Family members respond to one another's wants, expectations, and suffering as well as seek out each other's attention, approval, and support. According to Bowen (1978), the family is a network of emotionally related individuals that employs systems thinking to analyse the intricate relationships and interactions among its members. Bowen (1978) asserts that all interpersonal connections exhibit some degree of interdependence. To put it another way, people with higher levels of differentiation will generally maintain some degree of autonomy in their relationships, whereas people with lower levels of development are more susceptible to outside influences on how they behave.

Differentiation of Self is one of the principles of the Bowen family system, and while it expresses the ability of the mind to maintain its will in the face of many stresses in the body, it is also linked to the main members of the framework (Bowen, 1978; Rodriguez-Gon Alez & Kerr, 2011). Although individual differences can be influenced by major life events, chronic stressors, or

psychological therapy, Bowen argues that Differentiation of Self (DoS) is an early-onset stable trait (Bowen, 1978). According to Rodriguez Gonzalez et al., (2019) individuals with high levels of Differentiation of Self (DoS) are better able to manage the emotional stress brought on by social testing. Therefore, they show the development of thinking and interpersonal relationships. Therefore, higher levels of Differentiation of Self (DoS) are associated with better performance and psychological well-being (Rodrguez-Gonzalez et al., 2019), as well as greater parental awareness (Skowron, Kozlowski, & Pincus, 2010). According to Bowen, the main points of his theory revolve around stress and self-organization (Rodriguez-Gonzalez & Kerr, 2000).

According to Bowen (1976), family members that are differentiating may build strong, consistent ties that balance requirements for independence and intimacy. Contrary to the norm, those who lack significant differentiation are likely to experience relational difficulties, including difficulty interacting with others and increased levels of apprehension around and within the context of these interactions. It has been said that one of the key components of a healthy family improvement is a differentiated sense of self. All people can manage high levels of stress (Bowen, 1978), but it is under elevated or continuous uneasiness that people's degree of distinction is often obvious. According to Bowen (1976), individuals who are differentiating may build strong, consistent ties that balance requirements for independence and intimacy. Contrary to the norm, those who lack significant differentiation are likely to experience relational difficulties, including difficulty interacting with others and increased levels of apprehension around and within the context of these interactions. It has been said that one of the key components of a healthy family improvement is a differentiated sense of self. All people can manage high levels of stress (Bowen, 1978), but it is under elevated or continuous uneasiness that people's degree of distinction is often obvious. In each generation, even though different relatives might benefit, the child typically associated with the family's combination lessens its separation in a cycle referred to by Bowen as the family projection process (Bowen, 1978; Nichols & Schwartz, 2006).

Hohashi (2019) further argues that, individual family members' beliefs can be categorised into core family belief systems, which have a high degree of applicability to other family members, and intermediary family belief systems, which have a low degree of applicability. Many intermediary family members' opinions and beliefs about what they believe to be true can be changed by core

family members, and these intermediary members' opinions and beliefs about what they believe to be true can be changed by these intermediary members' opinions and beliefs about what they believe to be true (Hohashi, 2019). In addition, there are several unconnected family members' beliefs about what is true that are unrelated to any specific occurrence involving a family member. Hohashi (2019) asserts that a single event involving a family member might reaffirm a particular intermediate member's perspective of what they hold to be true despite the presence of many other intermediary members' ideas and beliefs. The long-held attitudes or beliefs of these intermediary family members become the cognition criterion in response to this event, and family members have evaluative cognition.

According to Hohashi (2019), the evaluative cognition can be divided into three categories as positive, negat and neutral. The entire family system acts as a controller, restricting the evaluation of family members' information. Good information consists of the thoughts and beliefs of well-adjusted family members, and negative information consists of thoughts and beliefs of family members who are not well-adjusted. Evaluation of information by family members leads to thoughts, choices, behaviors, and physiological responses. Positive thoughts, decisions, actions, and physical responses occur when positive experiences occur, and negative thoughts, decisions, actions, and physical responses occur when positive experiences occur. In this sense, the family system as a whole becomes the constraint, and these insights, feelings, choices, and behavior is constrained (Rodrguez-Gonzalez & Kerr, 2011). While maintaining relationships with important members such as partner, child, sibling, friend, it refers to the ability of the mind to maintain its will in the face of stress and emotions in the body. According to Bowen's theory, ego differentiation is a stable process that occurs with growth but can be modified by major life events, chronic stress, or treatment of mental illness (Bowen, 1978). Levels of DoS that are high, put people in a better position to control the emotions that can arise in difficult interpersonal situations, which results in greater emotional maturity and interpersonal skill (Rodrguez - Gonzalez et al., 2019). Peleg, et al., (2018) claim that levels of DoS that are high have also been linked to improved physical and mental health, as well as increased parental competency (Skowron, et al., 2010).

The involvement of a third person in a dyadic relationship designed to reduce conflict between the two main members of the unit is called the triangle and second important concept in Family Systems Theory (Rodrguez-Gonzalez & Kerr, 2000). This was evident when Bowen invited his

father to a family gathering, and the effect of the fishing triangle became evident (Bowen, 1978). Children often create a triangle between parents to reduce the tension in the marriage. According to Brown (1999), triangles are usually created in stressful situations and when there is a need to reduce tension or conflict. Hurst (1996) also argued that conflict between parents and their children is more than negative evaluations of the child's well-being. A triangle often arises in the field of child health. For instance, biological parent and the child should have a direct relationship. In any event, there are a few instances within the child welfare system where another party has to be included in this interaction.

The principle of nuclear family emotional system is the third concept of the theory, and it refers to the social processes experienced with the family in one generation, which can lead to conflict and therefore create problems on the basis of the family (Alez & Kerr, 2000). The source of the conflict will be the destruction of various family subsystems affecting the larger family, such as a married couple or a family member. The theory is that when stress occurs in one relative (whether it is conflict or emotional separation), that stress will not affect other relatives who will have to follow through. Bowen (1978) posits that people's tendency to marry people with different characteristics can lead to conflicts that eventually may spread to children. Okado and Azar (2011) found that mothers with a family history of emotional distress are more likely to harm their children. For example, people who have long-distance relationships at a young age are more likely to abuse children as adults after having children.

In addition, emotional distance has effects on the children. This may be because there is no parent-child relationship, but also because there has been no honest discussion in the family history about what the parent-child relationship should be. This case illustrates how traveling in the family of origin can lead to bad behavior and even danger in the family of origin. Thus, Okado and Azar (2011) indicate that influence on family of origin can increase participation in child health. Therefore, if the thought process in the nuclear family is neglected, it can lead to endless problems that can be passed on from generation to generation. The emotional process which occurs when a child is abused is another example of family values that can influence and inform families involved in the child's well-being (Greenspun, 1994). According to Greenspun (1994), many specific types of family secrets should be closely related to the level of family damage associated with sexual

abuse. In addition, if these emotional processes are not addressed, they will remain and affect other aspects of the family. In adition, when the mother or father has sex, the material of the parent-child relationship changes dramatically. For professionals working in the field of child health, many emotions that may arise in the family can have clinical consequences.

The fourth fundamental idea in this theory is called "emotional cutoff," which explains how people emotionally relate to their caregivers or other family members when they want to leave their family past and move on to their future (Bowen, 1978). According to Bowen, a person's level of discrimination determines the cutoff level. People with higher and lower stress levels may have a greater influence on their parents. Emotional cutoff in the family can be physical or emotional (Brown, 1999) and may arise because relatives stop visiting parents, create some distance between themselves and their families, or take steps to avoid sensitive content. Although some separations from parents may differ significantly, emotional disturbances arise, problems arise, and insecurities or lack of differentiation persist. People who are isolated from the outside world may pursue new relationships, turn to other relationships to relieve their feelings, or seek family relationships outside the home (Rodriguez-Gonzalez & Kerr, 2000).

According to the adoptive parents, the child welfare process is confusing, and they often feel uncertain and receive insufficient information (Cooley et al., 2017). The emotions of biological parents are comparable. Caregivers may feel not necessary to assess the relationship to the well-being of the child they are trying to work on, such as why adoptive parents are cut off as the result of difference between adoptive and foster parents (Rhodes, Orme & Beuhler, 2001). If they cannot solve their emotional problems in the child health system, they may isolate themselves emotionally. The unwillingness of parents or adoptive parents to fulfill the promised plans or work towards the stated goals is a manifestation of conflicting feelings in the parents. It seems that adoptive parents or adoptive parents are trying to get through times of crisis without help from child welfare agencies.

The family projection process refers to the transfer of emotional problems or lack of difference from parents to children and is the sixth concept of the theory. According to Bowen (1978), people

are likely to marry someone with a high difference, while someone with a low difference can lead to marriage. However, some parents may ignore their children and encourage them to think "us". Children are at risk when they limit or hinder their ability to relate to others in their daily lives (Bowen, 1978). Stress is an example of family interactions (Rodrguez-Gonzalez & Kerr, 2000). The child will become more sensitive and not differentiated over time if the family projection process is not well-managed, which may disrupt various aspects of their lives as well as other important relationships. In essence, a youngster gets caught up in the anxieties or personal problems of the previous generation, which makes it difficult for them to go on with their plans and goals for the future (Brown, 1999). Bowen (1978) also showed how dads could contribute significantly to how much worry a woman projects onto her children. It's interesting to note that Guterman, et al., (2009) discovered that the dad's presence does not always serve the purpose of being a protective factor against a mother abusing a kid.

Interestingly, Gutmann et al., (2009) found that paternity was not a protective factor for mothers who abused their children. However, the willingness of fathers to take care of their children and the fact that they provide a lot of help to mothers decreased the risk of child abuse, which can affect the level of men. As mentioned earlier, the integration of child welfare framework involves many important family or subsystems; the relationship between parents and children in the child welfare system, including, for example, adoptive parents, biological parents, parents and children, and parents and children. Bowen identified the multigenerational transmission mechanisms process as the sixth key concept in theory that explains how deep lines are transmitted from one generation to the other (Nichols & Schwartz, 2006). Bowen thinks that a person's discrimination or anxiety depends on the starting group and the methods used to manage the difference or anxiety. For instance, the child with the lowest degree of differentiation will have the strongest emotional attachment to or tension within the family (Bowen, 1978). According to Bowen, people will marry partners who are similarly separated from them and will raise their children in a similar environment, thereby perpetuating the cycle of tension or difference (Roberto, 1992). The Child welfare framework includes several areas where this cycle of contagion can be studied. The literature consistently highlights the prevalence of abuse and child welfare. Researchers have found that children who are abused in childhood and who work in child protection services are

also at risk of abuse (Hurst et al., 1996; Pears & Capaldi, 2001). As a result, these young people are integrated into the health framework as adults.

According to Baril et al., (2016), 51% of non-violent parents of sexual victims also experienced abuse when they were teenagers. The Children's Program includes several areas where this cycle of contagion can be studied. The literature consistently highlights the prevalence of abuse and child welfare. Researchers have found that children who are abused in childhood and who work in child protection services are also at risk of abuse (Hurst et al., 1996; Pears & Capaldi, 2001). As a result, these young people are integrated into the health framework as adults. Furthermore, Baril et al., (2016) argues that, 51% of nonviolent parents of sexual victims also experienced abuse when they were teenagers. Scientists have also studied intergenerational parenting strategies among parents that run the risk of losing their children as adults (McWey et al., 2013).

Lastly, in this theory's list of concepts is the position of siblings, also referred to as the birth order. The birth order of a child may have an impact on how they interact with their partner during conflict (Roberto, 1992). The birth order of a person was one of the most crucial pieces of information that Bowen could have about them since he was adamant that it was connected to predicted behaviors and mentalities (Miller et al., 2004). However, Bowen stated that the grandchildren selected within the family project return to the behavior of their children regardless of their birth (Roberto, 1992). According to Bowen's theory, birth contours are powerful enough to use them to construct the history of family theory (Bowen, 1978). According to Cook (2007) and Roberto (1992), the sibling componentin the Bowen's theory is controversial. According to this theory, family members are emotionally connected and that their actions as a social system have a cascade effect on other people's feelings, thoughts, and behaviors.

The next theory discussed is Bronfenbrenner's Ecological Systems Theory.

3.3: Bronfenbrenner's Ecological Systems Theory

Urie Bronfenbrenner created the Bio Ecological Systems Theory to offer a startlingly clear view of the issues faced by learners and families. Urie Bronfenbrenner's ecological model (Bronfenbrenner, 1977b, 1979) prioritized the environment and divided an individual's

environment into nested and interrelated systems: the microsystem, mesosystem, Exosystem, macrosystem, exosystem, and chrono system (Ryan & Paquette,

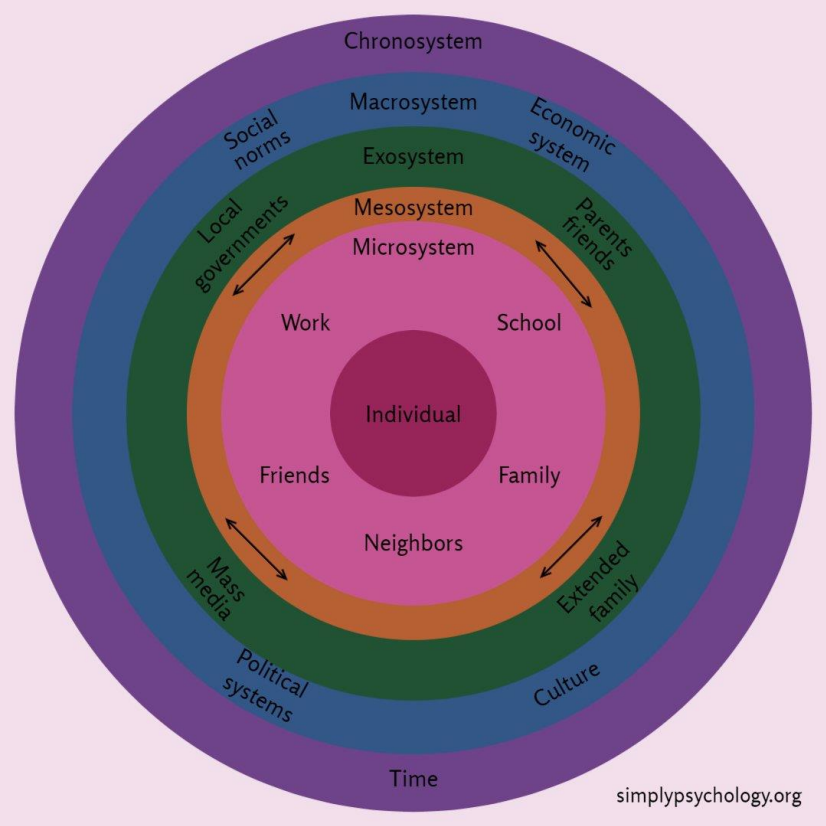


Figure 1**: *Bronfenbrenner's Ecological Theory Model*. Source adapted from Evans (2019:1)**

Microsystem

Learners' home, peer group, or school environment form the microsystems that encompass any direct interactions or organizations the child encounters with (Ryan & Paquette, 2012). Thus, the child's immediate environment is the microsystem (Ryan & Paquette, 2012). The Bronfenbrenner's ecological model is pertinent to the current study since it suggests that the family, a microsystem, has a significant impact on how learners grow. Thus, the family environments could have an effect in the development and behavior of a learner and this is very appropriate for the current study, since adverse childhood experiences may arise from the family environment, of which Bronfenbrenner a refers to as microsystem. In this study, the microsystem indicates the families of learners.

Mesosystem

The linkage between the child's microsystem's structural components is provided by this layer (Berk, 2000). In other words, the relationship between the child's teacher and their parents, his church and his community, and so on. The schools and the student body are represented by the mesosystem in this research.

Exosystem

These processes represent the social processes in which children directly operate. The structure of this process affects the success of the child by cooperating with certain structures in the microsystem (Berk, 2000). For example, parents' work environment or family resources. Children cannot participate directly at this level, but they will feel the positive or negative effects of working with their models. In this study, the exosystem represent the working places of parents and guardians of learners.

Macrosystem

This layer might be viewed as the furthest layer in the child's current circumstance. While not being explicit structure, this layer contains social qualities, customs, and regulations (Berk, 2000). The impacts of bigger standards characterized by the macrosystem have a flowing impact all through the communications of any remaining layers. For example, assuming the convictions as per the culture or the way of life are such that guardians ought to be exclusively responsible for bringing up their young ones, that culture is more averse to give resources that help guardians. This, hence, influences the designs by which the guardians' capability. The guardians' capacity or powerlessness to do that obligation toward their youngster inside the setting of the youngster's microsystem is moreover impacted. In this study, macrosystem represents the laws, policies, and culture of the society, and how all these could affect the social development of learners.

Chronosystem

This framework includes the concept of time and how it affects children's environment. This framework includes external and internal factors such as the timing of a parent's death and the

physical changes that children experience as they grow up (Berk, 2000). As children grow up, they will react differently to change and will be better able to anticipate how this change affect them. For the learners, this is a time for physical and mental development.

As Navarro and Tudge (2022) noted in the main distributed meaning of proximal cycles, human improvement happens through processes of continuously corresponding cooperation between a functioning advancing biopsychological in a human creature and the people, articles, and images in its nearby climate. The structure, power, content, and bearing of the proximal cycles that influence improvement fluctuate efficiently as a cooperative capacity of the qualities of the creating individual and the climate in which the cycles are occurring and the idea of the formative results viable (Navarro & Tudge, 2022). In addition, Navarro and Tudge (2022) assert that it merits focusing on that this idea of the reliant idea of all components that make up a framework was a piece of Bronfenbrenner's reasoning as soon as the 1970s. In natural exploration, the properties of the individual and of the climate, the construction of ecological settings, and the cycles occurring inside and between them should be seen as related and broke down in framework terms (Navarro & Tudge, 2022).

Proximal processes are important in that, they are the motors of advancement by Bronfenbrenner and Morris (1998). Furthermore similar writers portrayed three kinds of individual qualities (demand, resource, and force characteristic) that impact what happens during proximal cycles. With respect to levels of setting, they had been characterized by the mid-1970s (Bronfenbrenner, 1979), and the well-known four "frameworks" of micro, meso-, exo-, and macrosystem were in this manner consolidated in every one of the three fundamental stages in the improvement of the hypothesis (Rosa & Tudge, 2013). The last component of the Process–Person–Context–Time Model (PPCT), time was likewise talked about during the 1970s (Bronfenbrenner, 1979) yet it was featured progressively during the 1980s, until being officially connected to the Process–Person–Context–Time PPCT model in the third and last period of the hypothesis' turn of events, as containing three unique layers (micro, meso-, and macrotime). All relevant information of the hypothesis, prior variations, and the adult structure (counting the Process–Person–Context–Time Model (PPCT) model) are found in (Rosa & Tudge, 2013).

Bronfenbrenner created no systematic acquaintance for how to lead environmental or bio-natural exploration. Regardless, from how he elucidated the Process–Person–Context–Time (PPCT) model and addressed how it might be applied (Bronfenbrenner, 1995, 1999; Bronfenbrenner and Morris, 1998), drawing on others' investigation, it is clear what he thought the key parts of any audit using bioecological speculation should be. In any case, there ought to be an accentuation on the significant proximal processes that are assessed to be locked in with the formative development. For example, in a survey (Drillien, 1964) inspected in a critical number of Bronfenbrenner's articles from the 1990s, the idea of mother-child cooperations was used to show major areas of strength of these proximal cycles on the consequence of interest. Second, to fathom the habits in which individual characteristics influence those proximal cycles, in any event there should be two levels of a singular brand name.

Bronfenbrenner noticed that Drillien had guessed that the child's initial born weight (extremely low, low, or typical) would impact the nature of interactions. Third, to comprehend the manners in which setting impacts proximal processes, analysts need to remember for their plan at least two or more groups estimated to be applicable to the proximal processes being considered. As depicted by Bronfenbrenner (1994), Drillien enrolled members from three social classes (low, midle, and high) since she accepted that social class, in mix with the birth-weight status of the kid, would influence the nature of mother-kid collaborations. At last, with respect to time, any formative review ought to be longitudinal. In spite of the fact that Bronfenbrenner (1999); Bronfenbrenner and Morris (1998) didn't discuss this concerning Drillien's work, he brought up, explicitly with respect to Elder's (1974) research, the significance of comprehending the sociohistorical time in which a review is led. He had talked about this issue in probably his earliest articles too, showing how parental qualities associated with middle and common families adjusted over the direction of time.

In summary, proper utilization of Bronfenbrenner's bioecological hypothesis requires an emphasis on proximal processes, a way to show that these proximal cycles are at the same time and synergistically impacted both by individual qualities and by the specific circumstance, and the

review ought to be longitudinal. Research consolidating these qualities basically can possibly permit researchers to test hypothetically applicable speculations and to assess, fundamentally, the hypothesis considering the outcomes acquired. Numerous researchers express that their research is unequivocally founded on Bronfenbrenner's theory, and some treat this as one of their studies' asset. All the different levels of environments as presented by this theory have an effect in the upbringing and development of the learner one way or another and hence this theory is relevant for this study.

The next theory discussed is the Social Development Theory by Lev Vygotsky.

3.4: Lev Vygotsky's Social Development theory

Lev Vygotsky's social development of theory expresses the effect of culture and relations on the development of learners (Saffiee & Subri, 2014). According to Vygotsky, this perspective gives importance to the culture that influences/creates relationships and emphasizes the role of language in cognitive development. According to a Vygotskian viewpoint, human mental exercises happen in social settings; the people connections to others characterize their emotional life inside society (Vygotsky, 1978). Other than zeroing in on social interactions with others who might be companions or people that are more developed than the child, Vygotsky' views are also relevant to the interactions that might happen among guardians and youngsters. As much as Vygotsky emphasized on the advancement of a child from birth through to the youth stage, a portion of his focal ideas have likewise been stretched out and applied to the grown-ups learning too.

In Vygotsky's theory, children' improvement is seen as the result of grown-up intervention through which grown-ups engage young ones in a specific action and, as a result, bring about advancement in the development of another skill, and show them new devices of reasoning, problem·tackling, and self-regulation. Thus, young ones outgrow their ongoing driving action and continue on toward another one (Vygotsky, 1978). Mediation, whether material or mental, grown-ups, peers empower the young ones to determine an issue or accomplish an objective by changing the normal human capacities and abilities into higher mental capabilities (Kozulin, 1988). Mediation, then, at that point, is instrumental with regards to social exercises prompting specific patterns of conduct which relate each individual both to the community and to themselves.

Through cooperative situations, this theory focused on the structure of information based on preceding information (Vygotsky, 1978). According to Vygotsky, learners' awareness is directly related to their social connections with their environmental elements (Vygotsky, 1978). Lev Vygotsky's social learning theory refers to the influence of cultural and social factors on learber development (Shaffiee & Subri, 2014). According to Vygotsky, this perspective gives importance to the culture that influences/creates relationships and emphasizes the role of language in cognitive development. Vygotsky believed that society played an important role in learning. Therefore when learners work with their companions, they expand upon one another's information representing Vygotsky's social advancement hypothesis (Knafo, 2016). According to Coleman (2014e), Vygotsky's zone of proximal development (ZPD) is based on Bandura's hypothesis of social learning turning into a key component, zeroing in on the individual's learning potential. This theory is pertinent to the study because social interactions among learners may have an impact on drug abuse among them, and hence relevant for this study.

The next theory discussed is Bandura Social Learning Theory.

3.5: Bandura’s Social Learning Theory

Social learning theory is a crucial element of sustainable resource management and the encouragement of desired behavioral change (Muro & Jeffrey, 2008). This theory advanced by Albert Bandura is based on the notion that we learn from social interactions with other people (Bandura, 1977). Furthermore, this theory argues that, people learn comparable behaviors through imitating the actions of others. People adopt and mimic other people's conduct after witnessing it, especially if their observational experiences are rewarding or entail rewards for the observed behavior. Moreover, Bandura contends that imitation entails the real replication of observed motor behaviors (Bandura, 1977). By claiming that humans can pick up new knowledge and behaviors by seeing other people, Bandura added a social component to this theory (Bandura, 1977). Three general concepts for learning from one another are observation, imitation, and modeling, all of which are cricual in learner development. Bandura’s social learning theory postulated that learning might also take place simply by observing how others behave (Fryling et al., 2011). We learn

during observational from both living models and symbolic models,that is, people we see on television or read about in articles, for example (Bandura, 1997).

According to Bandura, the four main components of observational learning are motivation, reproduction, retention, and attention. People use the process of attention to watch and gather data from the ongoing modeled activities in a selective manner (Wood & Bandura, 1989). By "transforming and restructuring information in the form of rules and conceptions" (p. 362) and storing the information in memory, retention is accomplished (Wood & Bandura, 1989). The act of replicating the observed behavior is known as reproduction. The learner's motivation, which drives their focus, practice, and recall, is the fourth factor. The attention process is important in relation to observational learning. Due to their success, good looks, status, and power, models frequently capture our attention (Bandura, 1977). Models with appealing qualities have an impact on our lives and are frequently featured on television (Bandura, 1997).

Moreover, the retention processes of the theory are also important because they call for cognitively organizing, practicing, coding, and transforming modelled information for memory storage (Schunk, 2012). After some time, being able to remember models' acts symbolically is necessary for imitation (Crain, 2011). There are two ways to retain information: verbally or visually. Sometimes, both methods can be used at once. We commonly recall acts by connecting them to specific words that the model uttered while we were watching or by connecting the events with pictures. According to Schunk (2012) motor reproduction processes include transforming visual and symbolic concepts of modeled events into overt behaviors. The essential motor skills must be present for observers to accurately copy the models (Crain, 2011). This procedure calls for the observer to mimic the behaviors of the model, which could be problematic if the observer lacks the necessary motor abilities (Crain, 2011). Humans are the agents or managers of their own behaviors, according to the Social Cognitive Theory, which emphasizes that observational learning is not simply a process of imitation (Bandura, 1977).

In light of this concept, Bandura has identified a number of concepts that are essential to learning. The idea of human agency is one of essential concepts and holds that learners intentionally choose

to invest in learning and implement behavioural change (Bandura, 1977). The ability to initiate activities with predetermined goals is the defining characteristic of agency (Bandura, 1997). Self-regulation ideas, attitudes, and actions that are planned and repeatedly modified to achieve personal objectives are referred to as self-regulating behaviors (Crain, 2011). Self-monitoring, judgmental, and self-reactive influences are three psychological subfunctions that, in Bandura's view, are key to self-regulation (Bandura, 1997). A key part of the self-regulation process is self-efficacy. It has to do with how much a person believes they can successfully manage the events or acts in their lives. These presumptions are based on an individual's belief that they possess the cognitive abilities, motivation, and resources required to carry out the action (Wood & Bandura, 1989). Four basic categories of information—enactive experiences, vicarious (observational) experiences, social persuasions, and physiological and psychological states—are the main sources of information that learners use to determine their own efficacy (Bandura, 1997).

In this study, the social learning theory was relevant since drug abuse behavior among learners may be influenced by community role models. The next section presents the justification for the theoretical framework of the study.

3.6: Justification for the theoretical framework of the study

The study adopted four theories in an effort to answer the research questions of the study. In search for the core theory of this study, It was essencial for the current researcher to bring forward the contrast among the four outlined theories, of which all seek to define the relations and development of the learner in family related environments. Also, since the present study involved mental and cognitive psychology of development so as to fill in the research gaps on cognitive dimensions, the present study sought to uncover the correlations and interplay between family variables and cognitive psychology of a learner. It was necessary to explore the four theories, contrast them and deduce the most relevant in addressing the family variables and cognitive psychology. First, the family Systems theory by Bowen informed the current study in that it indicates that individuals in a family unit are not isolated from other units but rather form part of a nuclear family, and thus this remains the core theory of this study. This in turn informs the present study that actions of individual family members, as a social system, have ripple effects of feelings, thought and actions on others since they are emotionally connected to each other. In this regard, family members also seek for attention from eachother, approval and support, and will as well react to each one’s needs

and expectations even in distressful conditions which may sometimes lead to substance abuse. Thus, this theory, based on this study, remain relavant because the study seeks to comprehend the correlations between adverse family-based experiences of learners and learner drug abuse.

Secondly, the theory by Urie Bronfebrenner, Bio ecological Model, was relevant to the current study because it paints a clear view of the continuous and consistent relations between learners and the environment. Urie help us to navigate clearly on the different relational levels faced by learners with regards to the Microsystem, Mesosystem, Exosystem, Macrosystem, with exosystem and chrono system, microsystem being the immediate environment and the chrono system being the furthest environment. However, all have an effect in the upbringing and development of the learner one way or another. The microsystem in this study indicates the families of learners that may have a direct influence on learner drug abuse. On one hand, the mesosystem represents the schools and the community of learners and they are in a continuous colaboration with the learners and may have a direct influence on learners. The exosystem on the other hand represent the working places of parents and guardians and may have an indirect effect on learner behaviour as far as drug abuse is concerned. Furthermore, the macrosystem indicates the laws, policies, and culture of the society in this study an indirect effect on learner's upbringing. Since the chrono system represents the time to mature physically and mentally for the learners, this may have an impact on the behaviour of learners, and hence adapted by this study.

Third, the Social Development theory by Vygotsky was relevant to this study because it is more important for leading people to learn to shape and social development. Vygotsky believed that because learning is now based on behavior, the individual or society plays an important role in learning, and learning about the culture and various cultures put forward by the theory is important for the development of the student and the corresponding development. Learners learn in a certain way, so this theory is relevant to this study. Social interactions of learners could have an impact on learner drug abuse, and hence this theory was relevant for this study.

The Social Learning Theory by Bandura is the fourth theory that was adopted in this study. This theory asserts that people learn similar tendencies through observing the conduct of others. Thus,

people imitate and adopt other people's behaviors after seeing it, especially if their observational experiences are enjoyable or involve rewards for the behavior being seen. According to Bandura's theory, imitation requires a true duplication of the observed motor behaviors. Bandura's social learning theory proposed that learning might also occur just by witnessing how others behave, in contrast to behavioral theories of learning, which maintained that all learning was the result of associations made through conditioning, reinforcement, and punishment. The social learning theory remains relevant in this study since the behavior of leaners, as far as drug abuse is concerned, may be influenced by the models in their community, among other significant factors.

3.7: Conclusion of the Chapter

This chapter provided the theoretical frameworks, that is, the Bowen's Family System Theory and Bronfenbrenner's Ecological Systems Theory that helped to explain how family-based factors affect drug abuse among learners. Moreover, Vygotsky's theory of social development and Bandura's theory of social learning, helped inform early intervention strategies that can be used to address student abuse. The next chapter, chapter four, describes the research design and methodology of this study.

CHAPTER FOUR

4.0: RESEARCH DESIGN & METHODOLOGY

4.1: Introduction

This chapter presents the research design and methodologies used in this study. The research paradigm is presented, followed by the research site, study population, sample size, and sampling techniques. In addition, data collection methods, validity, reliability of questionnaires, trustworthiness of qualitative data, data analysis, ethical considerations and conclusion of the chapter are also integral parts of this chapter.

4.2: Research Paradigm

The word "paradigm" has its origins in Greek, where it denotes a pattern. Thomas Kuhn (1962) first used the term to describe a philosophical method of thinking. According to Mackenzie and Knipe (2006), the term "paradigm" is used to characterize a researcher's "worldview" in educational research. This world view is the perspective, way of thinking, school of thought, or collection of ideas that guides how study facts are understood or interpreted. According to Lather (1986), a study paradigm inevitably reflects the researcher's worldview and aspirations for their own life. It makes up the underlying ideas and precepts that influence how a researcher views, understands, and behaves in the world.

Thus, a paradigm is the conceptual lens that a researcher uses to investigate the methodological components of their research project in order to choose the research techniques that are applied and how the data is analysed. A paradigm is also described by Guba and Lincoln (1994) as a fundamental set of assumptions or worldview that directs research activity or an inquiry. According to Denzin and Lincoln (2000), paradigms are human creations that deal with basic principles or ultimates that reveal the researcher's perspective in order to create meaning that is incorporated in the data. Thus, paradigms are crucial because they offer ideas and rules that guide what should be investigated, how it should be examined, and how the findings of the study should be understood by academics in a given field.

A research paradigm consists of the following four components: Axiology, Methodology, Ontology and Epistemology.

4.2.1: Axiology

Axiology, which takes into account the philosophical approach to creating judgments of worth or the appropriate decisions, refers to the ethical considerations that must be taken into account while preparing a study project (Finnis, 1980). It entails establishing, assessing, and comprehending ideas of appropriate and inappropriate behavior in relation to the research. It has taken into account the relative importance of the many components of our study, including the participants, the data, and the audience to whom we have communicated the study's findings. As a result, axiology was used to evaluate the impact of the researcher's own value at every stage of the study process (Li, 2016). Moreover, Lee and Lings (2008) argue that axiology as a branch of the research philosophy attempts to clarify if you are trying to explain or predict the world, or are you only seeking to understand it.

The researcher adopted pragmatism (Mixed methods) paradigm. In mixed methods research, a researcher combines aspects of qualitative and quantitative research approaches (use of qualitative and quantitative viewpoints, data collection, analysis, and inference techniques) for the overarching goals of breadth and depth of understanding and corroboration (Johnson et al., 2007). Both definitions apply to mixed methods design. One must carefully evaluate a variety of design-related guidelines in order to produce a solid design for a product. According to Johnson et al. (2007), a mixed methods design combines both qualitative and quantitative research elements in a single study. The pragmatic research paradigm was applicable to the current study since it could balance out the shortcomings of both quantitative and qualitative data (Creswell, 2014). The pragmatic paradigm was pertinent to the current study since it assisted the researcher in adopting both objective and subjective points of view during the data collecting process and it employed a variety of technique designs, both quantitative and qualitative.

4.2.2: Methodology

A research methodology is an approach of inquiry or collection of techniques employed in a certain task or research process that progresses from the underlying premises to the research methodology to be used (Meyers, 2009). Additionally, it contains information on the size of the targeted population, the nature of the sample, and the tools that were employed in the research. In the current study, the researcher employed both positivist and interpretivist methodologies.The positivist methodology was helpful in the current study since it allowed for the generalisation of research findings because the quantitative phase included hypotheses that were put to the test in order to draw conclusions about the factors affecting drug abuse among learners that are based on family from a quantitative dimension. The interpretivist technique used in the current study enabled the researcher to gain a deeper knowledge of the familial variables impacting drug abuse among learners from a qualitative perspective.

4.2.3: Ontology and Epistemology

According to Snape and Spencer (2003), ontology is the study of "being" and is concerned with "what is," the nature of existence, the structure of reality as a whole, or what is known about the universe. Ontological concerns are also concerned with queries about the categories of objects that exist in society. As stated by Snape and Spencer (2003), ontology is the nature of the universe and what we can know about it. According to Richards (2003), ontology is also the assumptions we make about the sort and character of reality and what exists. According to Snape and Spencer (2003), ontology is the study of "being" and is concerned with "what is," the nature of existence, the structure of reality as a whole, or what is known about the universe. Ontological concerns are also concerned with queries about the categories of objects that exist in society.

As stated by Snape and Spencer (2003), ontology is the nature of the universe and what we can know about it. According to Richards (2003), ontology is also the assumptions we make about the sort and character of reality and what exists. The philosophical question of social ontology, according to Bryman (2008), is whether social entities are or can be objective entities that exist independently of social actors or whether they are social constructions in and of themselves that are derived from the perceptions, behaviors, and interpretations of the individuals within society.

In a similar vein, Ormston et al. (2014) claim that the question of "whether or not there is a social reality that exists independently from human conceptions and interpretations and, closely related to this, whether or not there is a shared social reality or only multiple, context-specific ones" is central to the field of ontology.

Epistemology refers to the presumptions made on the type or character of knowledge (Richards, 2003) or the methods for learning about the outside world (Snape & Spencer, 2003). According to Crotty (1998), epistemology is an approach to understanding the world that incorporates knowledge and, inevitably, embodies a particular perspective of what that knowledge means. Epistemology also addresses the 'nature' of knowledge, its potential, its boundaries, and its legitimacy (Crotty, 1998). Finally, Cohen et al., (2007) and Bryman (2008) argues that, epistemology is a topic that concerns the question of what is (or should be) regarded as acceptable knowledge in a discipline. It also concerns assumptions that one makes about the very foundations of knowledge, such as its nature and form, how it can be acquired, and how it can be shared with other humans.

On the bases of the definitions given above, the researcher contends that the epistemological beliefs we have about knowledge have a significant impact on how we approach learning about social behavior. For example, if knowledge is seen as being hard, objective, and tangible, this necessitates that the researcher take on the role of an observer and be committed to the methods of and measuring (subjective epistemology). The researcher is forced to reject the techniques of natural science and become more involved with their subjects (subjective epistemology) if knowledge is, on the other hand, seen as personal, subjective, and unique. Both subjective and objectivist epistemologies were used in the current investigation. The mind of the investigator was believed to be distinct from the world of things, or from what was being researched, in the objectivist epistemology, but in the subjective epistemology, the researchers distance themselves from the items they are investigating (Crotty, 2003).

When a combination of many methodologies is conceptually incoherent, the pragmatic paradigm proved particularly helpful for directing study design (Frey, 2018). Since they improved the overall

strength of a study in terms of the results richness in both depth and width, both objectivist and subjective epistemology were therefore more suited for the current study (Creswell, 2009). The two epistemologies also made it possible to clarify and validate the data that had been gathered (Creswell, 2009).

4.3: Research Design

The research design is a plan that tells how the researcher investigates the research problem. According to Khanday and Khanam, (2023), a research design is a useful plan for gathering data ahead of real investigation governed by the fitness for the purpose of the research will determine the design. In the present study, the researcher used Sequential Triangulation Mixed Methods Design. Triangulation refers to using more than one particular approach when doing research in order to get richer, fuller data and/or to help confirm the results of the research (Wilson, 2014). The processes and questions from the latter strand developed from, depended upon, and built upon the earlier strand in this design. The research questions were connected and occasionally changed during the study (Schoonenboom & Johnson, 2017). The current study used a QUAN + qual (deductive-simultaneous design) approach, in which the core component is quantitative, and the supplemental component is qualitative. (Schoonenboom & Johnson, 2017). This is seen in the following Figure 2:

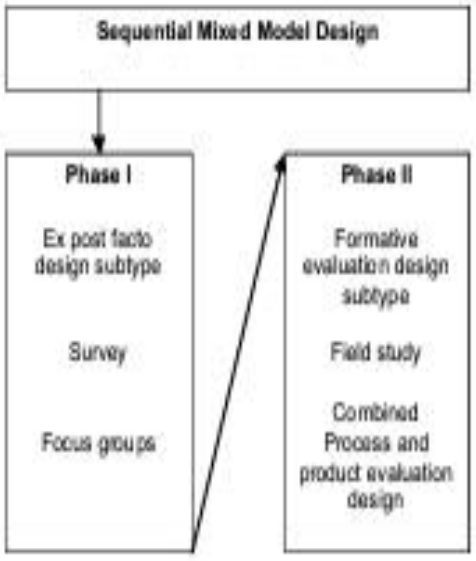


FIGURE 1: RESEARCH DESIGN OF THE STUDY

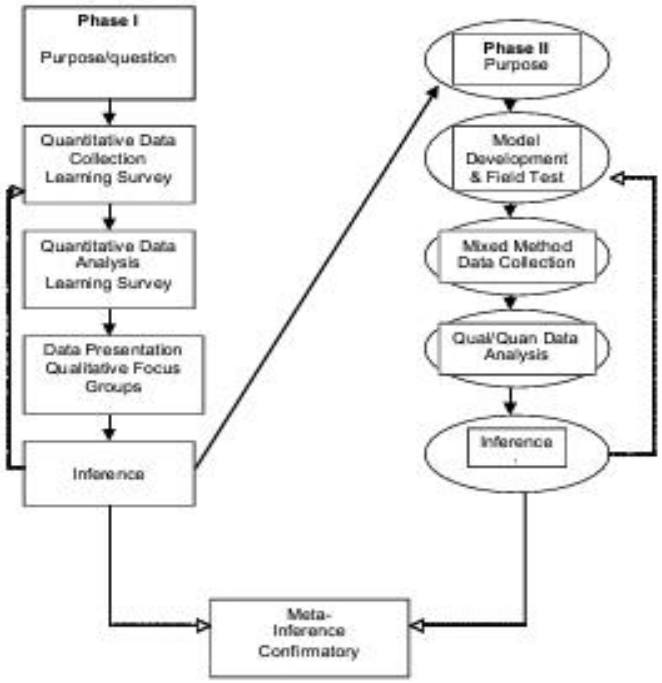


FIGURE 2: SEQUENTIAL MIXED METHOD DESIGN

Figure 2: *Sequential triangulation mixed methods design*. Source adapted from Tashakkori and Teddlie (2003:688)

The sequential triangulation mixed method design was appropriate for this study since the outcome included a conclusion about, an understanding of, or an explanation for an event, behavior, connection, or situation. As a result, the sequential triangulation mixed methods design was appropriate for the current study because triangulation aims to converge, corroborate, and correspond results from quantitative and qualitative methods that were used in the data collection process regarding family-based factors affecting learner drug abuse.

4.4: Research Site

The Soweto neighborhood in Johannesburg's central business district, Gauteng province, South Africa, served as the study's research site. Although Zulus, Xhosas, and Sothos predominate, black South Africans from almost all indigenous tribes make up the majority in Soweto. The population is thought to be around 3.5 million, though the exact number is difficult to ascertain because of population fluctuations caused by the large number of unauthorized immigrants from nearby countries and other parts of Africa who have easy access to Soweto's informal settlements (Creighton, 2003). According to Briscoe (2002), middle-class Sowetans make an estimated R3 000 per month, with the average monthly household income being R1 500.

In Soweto, beer drinking is a popular leisure activity and plays a significant role in wedding festivities as well as other events like funerals (Masland, et al., 2002). Up to R50 million is spent on beer each month at Soweto's estimated 2500 shebeens (formerly illegal drinking establishments) and 220 taverns (Creighton, 2003). There are sixty-four high schools in Soweto region. There are several incidences of learner drug abuse in this district as more often witnessed by the researcher and, the researcher felt that there was indeed an incentive in carrying out this study. Evidence indicated that in spite of all the rules imposed by schools towards substance abuse, it remains prevalent within school premises in this region (National Drug Masterplan, 2021). This research site was appropriate for the present study because of the high prevalence of drug abuse among learners in secondary schools.

4.5: Study Population

Study population is a subset of the target population from which the sample is actually selected (Michalos, 2014). In the present study, the study population comprised an average of 80 learners who had abused drugs and 8 high school teachers in four selected public secondary schools in Soweto area, in Johannesburg central district. The study population of 80 learners was appropriate in this study because there are prevalent rates of drug abuse among this group of learners in schools. Moreover, high school teachers were appropriate as study population because they have lots of information about the leaners, more especially those who serve in the School Based Support Team (SBST) committee.

4.6: Sample size and sampling methods

Sampling refers to the process of selecting a smaller group of participants to indicate what a larger population might tell us if we asked every member of the larger population the same questions (Mcleod, 2023). The sample size is the group of individuals who actually participated in the research (Mc Combes, 2019). According to Mc Combes (2019), to draw valid conclusions from results of a study, one has to carefully decide how they would select a sample that is representative of the group as a whole. The sample frame represents those individuals who have a chance to be included among those selected in a sample selection procedure (Mcleod, 2023). The sample frame for present study consists of all high school learners, who have a history of drug abuse and high school teachers serving in the SBST comittee. The procedures for quantitative and qualitative sampling are described below:

4.6.1: Quantitative sample size

Quantitative research's objectives include measuring variables and generalizing findings from a representative sample of the entire population (Yin, 2018). 80 learners were selected by the researcher as the study's quantitative sample from a study population of learners who have abused drugs. The 80 leaners were selectected due to the nature of the sampling method employed that seeks to select all single units that meet the requirement of having abused drugs and 20 learners was the maximum number the researcher could get among the four schools. The census method is

also known as a complete enumeration survey method since it selects every single thing in the universe for data collection or whenever the entire population is examined to get precise information on every single unit (Olorumfemi, 2020). Thus, all participants in the study population, who met the requirement of having abused drugs or abusing them, gave us the sample for this study. In this study, 80 participants formed part of this census sample because all available participants and who meet the criteria of drug abuse were included in the study, of which 20 learners from each of the four schools formed part of this census sampling.

The goal of the study was to examine the learners who participated in the study's biographical details. To determine whether they were sufficiently representative in terms of their individual traits to allow generalization of the study's findings, the biographical information was deemed required. The biographical data of the respondents comprised their gender, age, parental education level, monthly family income, family size, and type.

4.6.1.1: Gender of the respondents

The study sought to explore the gender of the respondents who took part in the study, which was considered as the basic genetic differences among the learners. Information on gender was considered vital to this study because it is anticipated that drug abuse may vary given gender. Figure 3 shows the summary of the gender distribution among the learners who took part in the study.

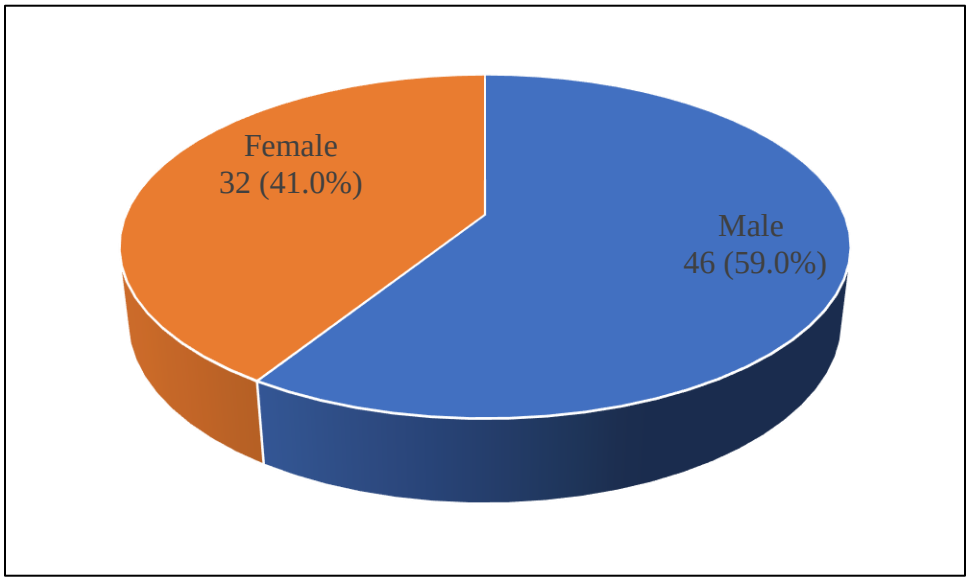


Figure 3: ***Gender Distribution of the Respondents (n=78)*** **(Source: Primary data (2022)**

The exploratory data analysis of the background information of the respondents indicated that a significant majority 46 (59.0%) of the respondents were males compared to females 32 (41.0%). This reflected a disparity in gender among the learners who had abused drugs in public high schools in Soweto area, in Johannesburg central district. Given that the sampling procedure, Complete Enumeration Survey Method, employed in this study gave equal opportunities for participation in the study to both gender, it can be concluded that majority of the secondary school learners who abuse drugs are males. Therefore, both gender were represented in the study implying that the results of this study could be generalized to a wider population because it captured the views of both gender. This is because each gender may have unique contribution to research that is never filled by either of the sex in its entirety.

4.6.1.2: Age of the student respondents

Age was defined as the rate at which a response ages and becomes more mature. The age of the respondents was a topic of investigation since it was thought that knowing this information would be crucial to the study's outcome because it would increase the reliability of the respondents' replies. It was helpful to add a survey age question since there are disparities in life experiences between age groups as well as changes in people's preferences and behavior as they age. In general, maturity level rises with age, and it is thought that, in terms of drug misuse, there is a significant association between age and subsequent attitudes and behavioral tendencies. The respondents' level and nature of attachment to their parents, their views on parental behavioral control, their level of emotional breakdown, their level on psychological distress, their view on familial social factors and their view on the availability of home based support with regard to drug use may vary with their ages. Table 1 presents respondents' age distribution.

Table 1: ***Respondents' age (n=78)***

Age group	Frequency	Percent
Below 16 years	16	20.5
16 – 17 years	37	47.4

Above 17 years	25	32.1
Total	**78**	**100.0**

Source: Survey data (2022)

On their ages, the results of the study established that the modal (47.4%) age was in the range of 16-17 years, suggesting that majority of the surveyed learners who abuse drugs were within this age bracket. This was followed by the age range of above 17 years at 32.1% and only 20.5% of them were below 16 years of age. From this finding, it can be established that close to four out of every five (79.5%) of the learners who abuse drugs were within an outstretched age range of 16 years and above. Nonetheless, the fact that respondents with varied ages were represented in the study implies that the results of this study can be generalized across all ages of secondary schools learners who abuse drugs with a negligible precaution.

4.6.1.3: Respondents' parental level of education

Education level in this study was operationalized as the highest school grade the parent of the student possessed. Information on the parental level of education was necessary because it could influence the family-based adverse childhood experiences on the child with regard to indulgence in drug abuse. The responses given by student respondents was envisioned to vary with varied level of parental education, because the way people perceive different social constructs is largely dependent on their upbringing which is bound to be influenced by parental level of education. Table 2 presents summary of parents' educational level.

Table 2: ***Respondents' parent educational level age (n=78)***

Level of education	Frequency	Percent
University	**13**	**16.7**
College level	19	24.4
Secondary School level	43	55.1
Primary School Level	1	1.3
No formal education	2	2.6
Total	**78**	**100.0**

Source: Primary data (2022)

It is evident from Table 2 that educational level of parents varied from no formal education to University, with a significant proportion of them having at least a secondary school education. For instance, more than a half 43 (55.1%) of the learners who took part in the survey had parents with secondary educational level, 19 (24.4%) of them had parents with middle level college education and those whose parents had University education represented 13 (16.7%) of the sampled learners. However, the learners whose parents had either primary education or no formal education at all only formed 3 (3.9%) of the respondents. This suggests that many of parents had attained at least secondary level of education, suggesting majority of the learners who took part in the survey had parents with enough understanding on influence of family-based adverse childhood experiences (ACE) factors on child drug abuse. Nonetheless, use of learners whose parents had varied educational level in the survey implies that the results of the study can be generalized to the whole target population of the study.

4.6.1.4: Respondents' family monthly income

The study sought to examine the student respondents' family monthly income. Family income was operationalized as the amount of money that their parents earn or receive and is readily available for use towards family related needs in a month. Hence, this section sought to find out the average monthly income of the parents whose children took part in the survey and the findings were summarized in Figure 4.

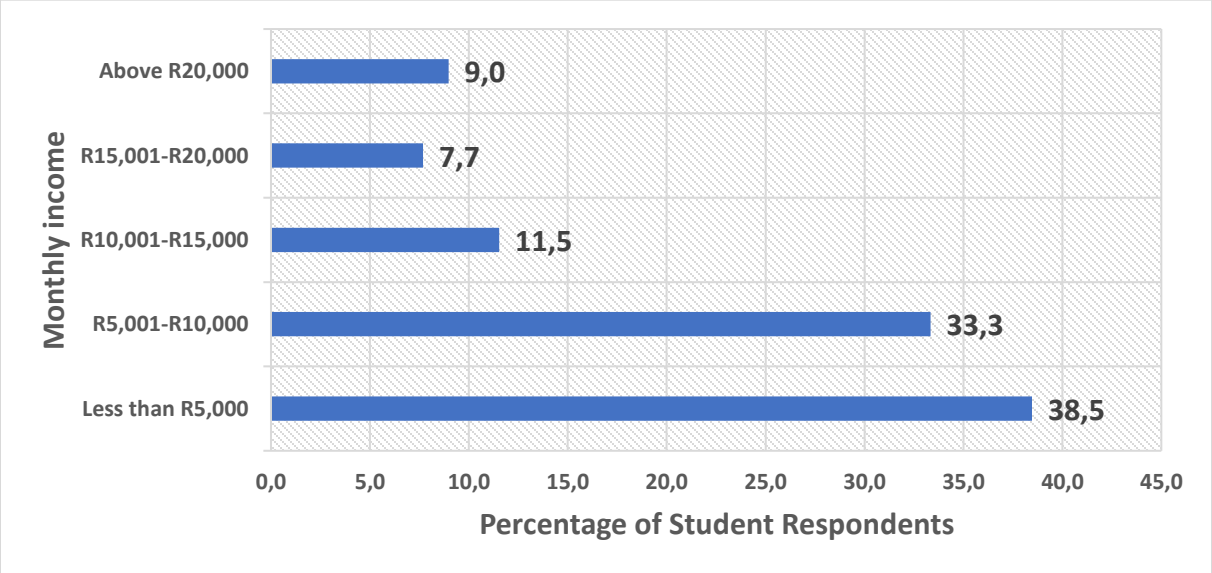


Figure 4: ***Monthly family income*** (n=78) (Source: Survey Data (2022)

The results of the survey reveal that parents of the majority of the learners earn monthly income of R15, 000 or less. This was proved by the fact that 38.5.0% of learners confirmed that their family income was less than R5,000 a month, some 33.3% of them indicated that their family monthly income was in the bracket of R5,001 to R10,000 and another 11.5% others said their parent earn between R10,001 and R15,000 a month. However, only some 16.7% of the learners who took part in the study had their family income above R15, 000. This finding suggests that the majority of the learners who abuse drugs are from family with generally of low monthly income.

4.6.1.5: Respondents' size of family

The study sought to find out the size of families where the student respondents live. Family size was defined as the number of people living in the household. The study classified the family size as small, medium and large; where small had 1-3 family members, medium had 4-6 family members and large had at least 7 or more family members. The findings on family size of the student respondents were summarized in Figure 5.

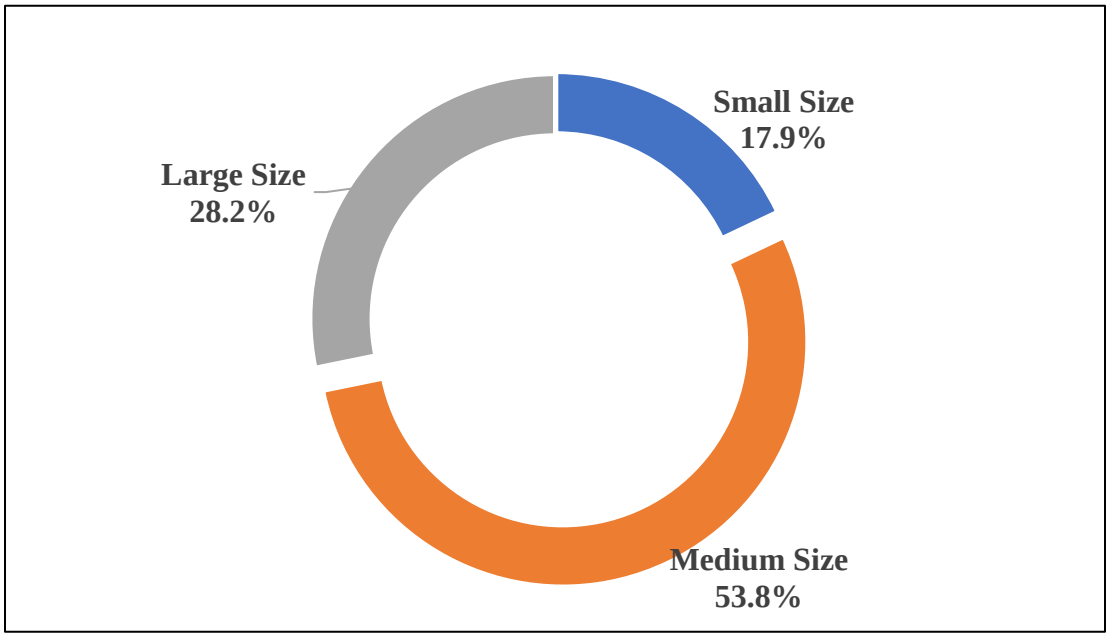


Figure 5: ***Size of family*** (n=78) (Source: Survey Data (2022)

Figure 5 makes clear that more than one in two (53.8%) of the learners who participated in the study were from medium-sized households. Learners from large families made up 28.2% of the

respondents, compared to 17.9% of those from small families that participated in the poll. This result implies that the majority of the learners came from small or medium-sized families, with at most six people. The fact that all three family sizes were represented in the study, however, suggests that the findings may be easily extrapolated to the total population of drug-abusing secondary school learners.

4.6.1.6: Respondents' type of family

The study sought to establish the type of family where the student respondents live. Family type was considered as structure exhibited by the family of the learners. The study envisaged that type of family may have a bearing on family based adverse childhood experiences as a determinant of drug abuse among the learners. The study classified the family structure as child headed, single parent, nuclear and extended type of family. Learners' use of alcohol and drugs in each of these family structures is envisaged to differ. The findings on type of family of the learners respondents were summarized as displayed in Figure 6.

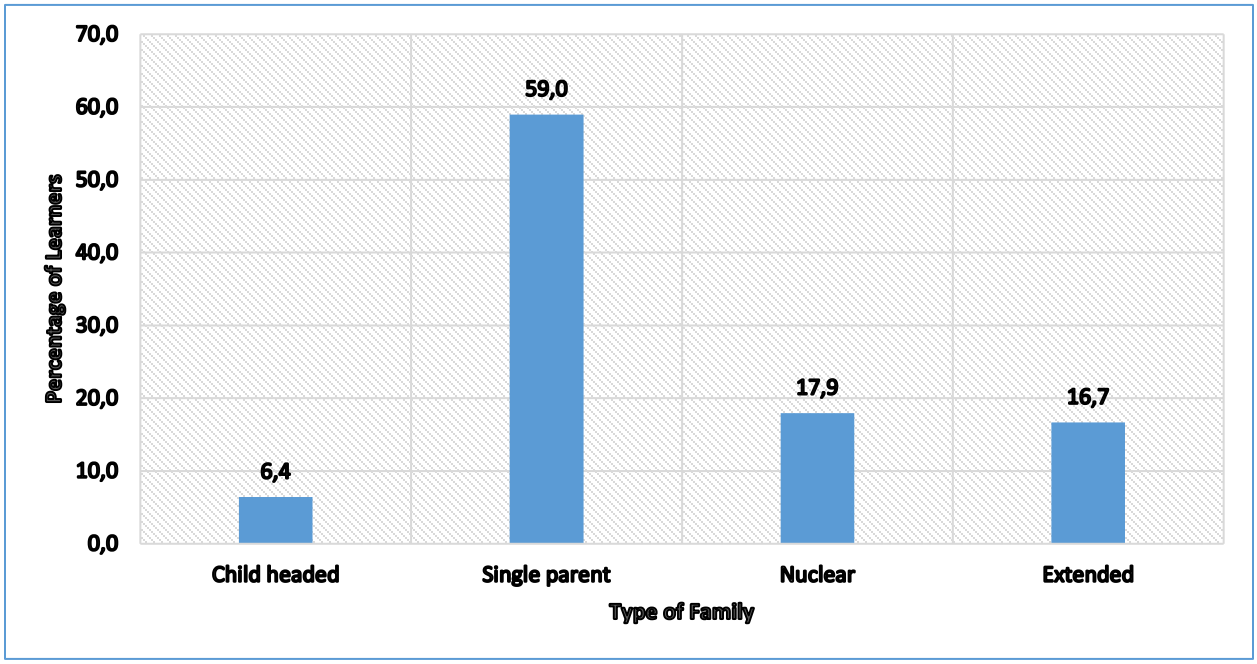


Figure 6: ***Size of family (n=78)*** **(**Source: Survey Data (2022)

The survey results revealed that most of the families living in Soweto are single parent headed families. This was shown by nearly three out of five (59.0%) of the surveyed learners who indicated that they lived in a single parent family. The smallest group of the learners at 6.4% were from child-headed families. However, the rest of the learners were from either nuclear families (17.9%) or extended families (16.7%). Although the findings of the survey show that learners from all types of families were represented in the study, learners from single parents formed the majority. This could suggest that most of the secondary school learners who indulge in drug abuse come from single parent families. This could be attributed to the fact that children living in families without both parents are more likely to initiate non-medical drug use (Suh, 1996)

4.6.2: Qualitative sample size

Qualitative studies help people frame their thinking on a certain event or phenomena. Because it is data-driven, the qualitative phase is referred to as "exploratory" (Creswell & Plano Clark, 2018). 16 high school learners (four from each of the four high schools) and 8 high school teachers (SBST; two from each of the four high schools) made up the study's qualitative sample. The qualitative samples of 16 learners and 8 teachers were appropriate for this study because Morse (1994) recommends a sample size of between 10 to 60 interviews while Guest, et al., (2006) suggests the minimum sample size as 12 but does not explore on the maximum for qualitative studies.

The researcher used purposive sampling to obtain the study participants meaning those learners who have history of abusing drugs; 16 learners and 8 SBST teachers from the four selected high schools. The use of purposive sampling method for the qualitative phase was appropriate because the participants were selected using this method because they had particular knowledge pertinent to the questions to be explored (Mose, 2015). In the present study, purposive sampling was used because the chosen high school learners and SBST committee teachers were viewed to be in the best position to give information regarding family based factors affecting learner drug abuse.

4.7: Data collection methods

The researcher used both quantitative and qualitative data collection (questionnaires, semi-structured interviews and review of documents) to collect data as discussed below.

4.7.1: Quantitative Data Collection

Quantitative data collection involved the use of questionnaires which were used to measure the independent and dependent variables of the study. The questionnaire contained the parts such as biographical information, biographical factors, familial psychological factors, familial social factors and finally the drug abuse section. The biographical factors questionnaire section entailed information where the respondents indicated their parental income, parental level of education, parental marital status and type of family. Moreover, familial psychological factors section contained aspects such as parental behavioral control scale, parent-child attachment patterns scale, emotional breakdown scale and induced psychological disorders scale.

4.7.1.1: Parental Behavioral Control Scale

The parental behavioural scale by Rohner, (1989) is a 10-item self-report measure assessing learners' perceptions of the behavioral control they now experience as children, experienced earlier in childhood (adult version), or now enforce on their children. The parental behavioural scale has A 5-point Likert-scale of *Strongly Agree* (SA) = 5, *Agree* (A) = 4, *Undecided* (U) = 3, *Disagree* (D) = 2 and *Strongly Disagree* (SD) = 1.

4.7.1.2: Parent-Child Attachment Patterns Scale

Three subscales of mother-child attachment, father-child attachment, and peer attachment are included in this scale (Wang & Song, 2012). Ten items measuring the three dimensions of alienation, communication, and trust were included in each subscale. Attachment was investigated using 24 itemed parent-child attachment questionnaire measured on a five point Likert scale ranging from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1..

4.7.1.3: Emotional Breakdown Scale

The surveyed learners were presented with ten-itemed 5-point Likert scaled questionnaire whose constructs showed signs of emotional breakdown. The respondents were requested to indicate the

extent to which they agreed with statements from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1..

4.7.1.4: Induced Psychological Disorders Scale

There is only one factor on the induced psychiatric disorder scale that is sensitive to participant biases. It has been established that the biases toward children with psychological Disorders scale is a viable and reliable test (Hirsch, 2013). These were presented with Kessler Psychological Distress Scale comprised of 10 questions with a five-level response scale to identify levels of distress. The respondents were requested to indicate the extent to which they agreed with statements from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1.. The familial social factors section contains aspects such as using parent–adolescent relationship scale, sibling influence scale and parental influence scale. Moreover, other sections measure home based support available to learners who abuse drugs and information on early intervention strategies.

4.7.1.5: Parent–Adolescent Relationship Scale

The PARS is a short scale that comes in parent, adolescent, and emerging adult variants. The connection, shared activities, and antagonism theoretical categories of the parent-adolescent relationship were all appropriately assessed by all three versions, which showed strong psychometric qualities (Husseini et al, 2016) Parent-child attachment questionnaire measured on a five point Likert scale ranging from strongly disagree (1) to strongly agree (5). The parent-child attachment patterns were investigated separately.

4.7.1.6: Sibling Influence Scale

Based on second-borns' reports on an 8-item scale created for this study, sibling influence is assessed (Whiteman et al., 2007). Youth reported how often their siblings encouraged them to participate in activities, set an example for their behavior, and included them in activities. The study participants were presented with a ten-itemed 5-point Likert scaled questionnaire whose constructs showed signs of parent-adolescent relationship. The respondents were requested to

indicate the extent to which they agreed with statements from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1..

4.7.1.7: Parental Influence Scale

A new tool to measure how much adolescents and young adults are influenced by their parents or peers is the Parent and Peer Influence Scale (PPI (Werner-Wilson, 2000)). It exhibits face and concurrent validity and has a high level of reliability. The sample learners were presented with a six-itemed 5-point Likert scaled questionnaire whose constructs showed signs of negative parental influence. The respondents were requested to indicate the extent to which they agreed with statements from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1..

4.7.1.8: Home Based Support scale

The support scales are tangible (e.g. assistance with transportation), emotional (having someone listen and show interest), and informational (exchanging ideas and knowledge) (Gottlieb & Bergen, 2010). Positive Social Interaction, such as compliments and demands from others, as well as Satisfaction with Support are also covered. Gottlieb & Bergen (2010) further posit that the scales' psychometrics are strong despite their briefness, with alpha coefficients above .7 for every subscale The response format was a five-point Likert Scale from Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1.and views were summarized in frequency percentages.Finally, drug abuse was measured using Drug Use Questionnaire.

4.7.1.9: Drug Use Questionnaire

The Drug Use Questioanire had items on a 5-point Likert scale of Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (U) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1.

The information obtained from the quantitative data collection was used to test the research hypotheses of the study. With the help of class teachers, the researcher administered the questionnaires himself to the 80 selected learner participants of the study in secluded classrooms in each of the four secondary schools. Learners were called as individuals to ensure anonymity

and in the presence of the school counsellor. This ensured that any ambiguities noted by the learners were clarified and a high return rate of completed questionnaires was also ensured. Each learner took about 30-45 minutes to complete the questionnaires after which the researcher collected all the filled in questionnaires. Thereafter, the researcher proceeded to the qualitative data collection.

4.7.2: Qualitative Data Collection

Interviews that followed a semi-structured format were used to acquire qualitative data. The researcher and participants had significantly greater freedom during semi-structured interviews, and the researcher was allowed to follow up on topics of particular interest (Jeffrey, et al., 2007). The interviewee was then guided by the researcher during the interview process by way of the interview questions. Qualitative information was gathered from 16 high school learners and 8 SBST high school instructors from the four secondary schools using semi-structured interviews. Due to the covid pandemic situation in schools, the researcher carried out the interviews on watsap app. Although the same topics and format were used in each interview, the researcher probed deeper into any areas where the participant displayed a particular strength. This flexible approach allowed additional pertinent topics to be identified and explored.

At the end of each interview, the participants were asked if they had anything else they wanted to add, thanked for their time and were told what would happen with the results. Additionally, the research participants were also asked if they could be contacted again with supplementary questions as the study progresses. For each research participant, the interview sessions lasted between 45 minutes to one hour, to enable the researcher probe where necessary and finally, the participants were allowed an opportunity to ask questions. The interview data was recorded using a tape recorder in preparation for transcription and subsequent data analysis.

4.7.3: Review of Behavior Based Documents

The researcher reviewed all behavior based documents in the four secondary schools, namely, the black book used to record bad behaviors, the School-Based Support Team (SBST) register book & SBST minutes, and also the class note books used by teachers to record learner behaviors. To

ensure anonymity, names of learners from all documents that were used for data collection were erased. The documents were reviewed to obtain information about incidences of drug abuse among learners.

4.8: Validity & Reliability of Questionnaires

Validity and reliability of questionnaires was ensured as follows:

4.8.1: Validity of Questionnaires

The significance of the research components is what validity is concerned with. When assessing behaviors, researchers worry about whether they are measuring the behaviors they wanted to (Bollen, 1989). Furthermore, a research study's validity is determined by how accurately the findings among its participants reflect those of comparable people outside the study (Patino & Ferreira, 2018). According to Patino and Ferreira (2018), internal validity is the degree to which the observed results accurately reflects the population under investigation and are not the product of methodological mistakes. The Kaiser-Meyer-Oklin index of sampling adequacy (KMO Index) and the Bartlett's test of sphericity were used to conduct appropriateness tests on the quantitative data in order to evaluate the internal validity of the questionnaires. A measure of Sampling Adequacy (MSA) was first established by Kaiser (1970), and it was later updated by Kaiser and Rice (1974). The Kaiser-Meyer-Olkin (KMO) statistic, which ranges from 0 to 1, shows how accurately each variable in a set can be predicted by the others.

According to Kaiser (1974), KMO values of 0.9 or above were excellent, 0.80 or higher were meritorious, 0.70 or higher were mediocre, 0.60 or higher were mediocre, 0.50 or lower were wretched, and 0.5 or lower were inacceptable. A matrix (of correlations) is evaluated to determine whether it significantly differs from an identity matrix using Bartlett's (1951) test of sphericity. The test determines the likelihood that the correlation matrix in a dataset contains substantial correlations between at least some of the variables, which is necessary for factor analysis to function. The hypothesis that the correlation matrix is an identity matrix is tested by Bartlett's test of sphericity, which would show that the study's variables are unrelated and inappropriate for structure discovery. A component analysis may be helpful with the data if the significance level is low (less than 0.05).

The goal of the study was to determine how certain one could be that the causal relationship under investigation was not affected by any other variables or factors outside those that were part of the study. This was accomplished by confirming the scales' inherent validity. With the aid of SPSS version 26.0, it was explored utilizing Pearson Product Moment Correlations. This test involved comparing the results of each item on the sub-scale to the overall result. Items on the subscale were considered valid if they significantly associated with the subscale's overall score.

In general, the validity coefficient indicates how accurately an item assesses the subscale's components. Sullivan (2001), on the other hand, claims that an item has strong validity index if its sub-scale total significantly correlates with it. As a test of the validity of the student questionnaire, Table 3 summarizes the Pearson Product Moment Correlation Coefficients for each of the subscales.

Table 3: ***Pearson Product Moment Correlation for test validity of questionnaire***

Scale	Item1	Item2	Item3	Item4	Item5	Item6	Item7	Item8	Item9	Item10
Secure Attachment	.651**	.682**	.655**	.428**	.325**	.729**	.499**	.643**	.795**	.585**
Avoidant Attachment	.470**	.632**	.605**	.661**	.640**	-	-	-	-	-
Ambivalent Attachment	.509**	.527**	.498**	.526**	0.215	.518**	.635**	-	-	-
Disorganized Attachment	.348**	.412**	.484**	.531**	.489**	.649**	.411**	-	-	
Parental Behaviour Control	.562**	.550**	.254*	.476**	.569**	.646**	.493**	.305**	.522**	.406**
Emotional Breakdown	.433**	.475**	.758**	.653**	.710**	.428**	.483**	.583**	.508**	.506**

Psychological Distress	.670**	.442**	.564**	.765**	.698**	.689**	.677**	.617**	.706**	.733**
Parent-Adolescent Relationship	.471**	.402**	.392**	.434**	.354**	.456**	.234*	0.096	-	-
Sibling Influence	.692**	.830**	.746**	.639**	.849**	.725**	-	-	-	-
Parental Influence	.786**	.832**	.583**	.469**	.835**	.701**	-	-	-	-
Home Based Support	.832**	.820**	.777**	.676**	.561**	.587**	.626**	.775**	.838**	.728**
Drug Use	.315**	.718**	0.450**	.575**	.308**	.566**	.729**	.648**	.561**	.739**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

From Table 3, it is evident that most of the items in each sub-scale significantly correlated with their sub-scale totals, except for a few. For example, all the items in the sub-scales of *Secure Attachment, Avoidant Attachment, Disorganized Attachment, Parental Behaviour Control, Emotional Breakdown, Psychological Distress, Sibling Influence, Parental Influence, Home Based Support and Drug Use* were significantly correlated with their sub-scale totals. It is only in the sub-scales of Ambivalent Attachment and Parent-Adolescent Relationship that one item in each did not significantly correlate with their sub-scales totals. In the case of Ambivalent Attachment sub-scale, Item 5 did not meet adequate validity. Similarly, Item 8 in the sub-scale of Parent-Adolescent Relationship did not meet adequate validity given that it failed to significantly correlate with subscales totals. These two items were excluded from the final analysis of the data given that they had failed the validity test. Nonetheless, given that all other items in each of the sub-scales reached significant levels, it was concluded that the questionnaire items were of adequate validity.

In general, the validity coefficient indicates how accurately an item assesses the subscale's components. Sullivan (2001), on the other hand, claims that an item has strong validity index if its sub-scale total significantly correlates with it. As a test of the validity of the student questionnaire, Table 3 summarizes the Pearson Product Moment Correlation Coefficients for each of the subscales.

Table 4: *KMO and Bartlett's Test of Internal validity*

Subscales	**Kaiser-Meyer-Olkin (KMO index)**	**Bartlett's Test for Sphericity**		
		Approx. Chi-Square	**df**	**Sig.**
Secure Attachment scale	.743	232.287	45	.000
Avoidant Attachment scale	.578	38.747	10	.000
Ambivalent Attachment scale	.547	46.529	21	.000
Disorganized Attachment scale	.585	48.291	21	.001
Parental Behaviour Control scale	.588	128.512	45	.000
Emotional Breakdown scale	.660	224.168	45	.000
Psychological Distress scale	.867	251.929	45	.000
Parent-Adolescent Relationship scale	.667	115.412	28	.000
Sibling Influence scale	.725	254.258	15	.000
Parental Influence scale	.760	226.857	15	.000
Home Based Support scale	.860	498.135	66	.000
Drug Use scale	.596	284.354	45	.000

Source: Survey data (2022), SPSS Analysis

Table 4 displays the findings of the Bartlett's Test for Sphericity and the Kaiser-Meyer-Oklin measure of sampling adequacy (KMO Index) for each subscale of the learners' questionnaire. It demonstrates that the questionnaire had enough sampling. This concurs with Kaiser's (1974) advice that the Kaiser-Meyer-Oklin sample adequacy index > 0.5 be considered as having adequate internal validity. On the other hand, Tabachnick & Fidell (2001) assert that for appropriate internal validity, the Bartlett's Sphericity test statistic should be less than 0.05. According to the table, all of the subscales of the questionnaire have Kaiser-Meyer-Olkin indices that are greater than 0.5 and are significant according to Bartlett's test for sphericity (p 0.001). Therefore, based on the findings, it was accurate to draw the conclusion that each variable in a set was correctly predicted by the other variables. This also implies that the data had sufficient internal validity, making inferential analysis appropriate.

4.8.2: Reliability of Questionnaires

Reliability is the degree to which measurements can be repeated when performed by different people, at various times, under various conditions, and with ostensibly distinct devices that purport to measure the same item. Reliability can be summed up as measurement consistency (Bollen, 1989) or as measurement stability in a range of conditions, where essentially the same results should be produced (Nunnally, 1978). Using the Cronbach's alpha approach, the reliability of the questionnaires used to collect the study's data was guaranteed. Alpha, which is stated as a number between 0 and 1, was created by Lee Cronbach in 1951 to provide a measure of the internal consistency of a test or scale. Internal consistency, which is related to the interrelatedness of the items inside the test (Cronbach, 1951), specifies the extent to which all the items in a test measure the same notion or construct. An accurate estimation of the reliability for a particular test can be obtained using the test reliability technique known as Cronbach's alpha with just one delivery of the test. According to Gliem and Gliem (2003), Cronbach's alpha reliability coefficient typically falls between 0 and 1.

The internal consistency of the scale's items is inversely correlated with how near Cronbach's alpha coefficient is to 1.0. The value of alpha is dependent on both the number of items in the scale and the mean inter-item correlations, according to the formula _ = rk / [1 + (k -1) r] where k is the

number of items considered and r is the mean of the inter-item correlations (Gliem & Gliem, 2003). George and Mallery (2003) offer the following guidelines for interpreting Cronbach's alpha test reliability results: "_ >.9 - Excellent, _ >.8 - Good, _ >.7 - Acceptable, >.6 is Questionable, _ >.5 Poor and _ .5 is unacceptable. (p. 231). The threshold for appropriate questionnaire reliability in the current study is 0.7; therefore, scales with this value or above would be regarded suitable for data collection.

An investigation of the Cronbach's alpha coefficient was performed to look into the internal consistency metric. Internal consistency assesses how closely connected a set of items are as a group and describes the degree of connection or homogeneity among the subscale's items so that they are consistent with one another and assessing the same thing. In this study, the coefficient alpha values of the variables were provided in Table 5 along with the reliability for multi-item opinion items that were computed independently for each subscale in the student surveys.

Table 5: *Internal Consistency: Cronbach's Alpha Results for the Questionnaire*

Scale	**No. Items**	**Cronbach's alpha**	**Conclusion (Reliable/Unreliable)**
Secure Attachment	10	.805	Very good
Avoidant Attachment	5	.659	Acceptable
Ambivalent Attachment	7	.773	Good
Disorganized Attachment	10	.681	Acceptable
Parental Behaviour Control	10	.626	Acceptable
Emotional Breakdown	10	.748	Good
Psychological Distress	10	.854	Very good
Parent-Adolescent Relationship	8	.643	Acceptable
Sibling Influence	6	.817	Very good
Parental Influence	6	.729	Good
Home Based Support	12	.904	Excellent
Drug Use	10	.702	Good

Source: Author (2022), SPSS Analysis.

Table 5 indicate that all the sub-scales met the required level of internal consistency of reliability. It suggests that all the items in each subscale hanged up well with the other items and therefore there was no item deleted from any subscale in the questionnaire. The Cronbach's alpha values ranged from a low of 0.626 (Parental Behaviour Control subscale) to a high of 0.904 (Home Based Support subscale). The Cronbach's alpha for all the subscales reveal that the instruments had acceptable reliability for the study, as recommended by Oso and Onen (2013) that a coefficient of at least 0.60 is of acceptable reliability, implying that the instrument had acceptable inter-item consistency reliability standard. Therefore, the questionnaire was suitable for data collection because it sufficiently measured the constructs for which it was intended to measure and could be replicated to produce same results.

4.9: Trustworthiness of Qualitative Data

The reader's level of confidence that the conclusions and interpretations are supported by the facts is referred to as the trustworthiness of qualitative data and is determined by the level of rigor used in performing qualitative research (Merriam, 2009). The validity of the data is the primary concern of qualitative research, rather than the data itself, according to Lincoln and Guba (1985). Four factors are essential to data trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability.

4.9.1: Credibility

From the viewpoint of the research participant, the credibility criteria entail demonstrating that the findings of qualitative research are credible or trustworthy (William, 2021). Credibility of interview data was confirmed in the qualitative phase of this study, by triangulation and member checks (Devault, 2019). Triangulation and member checks also contribute to trustworthiness by establishing credibility (Devault, 2019). In triangulation, the same research questions are posed to various study participants, and data is gathered from various sources using various techniques to address the same questions.

When doing member checks, researchers ask participants to evaluate the information gathered during interviews and how the information was interpreted. The member check procedure is often welcomed by participants since it provides them a chance to confirm their claims and fill in any blanks from prior interviews. To further assure the validity of interview data, the researcher engaged with and observed the research subjects for an extended period of time (Devault, 2019).

4.9.2: Transferability

Transferability refers to the generalisability of study findings and attempts to apply them to other situations and contexts (Devault, 2019). In the present study, transferability of interview data was ensured by using purposive sampling method to obtain participants (grade 10 learners and class teachers) for qualitative data collection. Purposive sampling was used to maximize specific data relative to the context in which it was collected. Moreover, purposive sampling ensured transferability as it considered the sample subjects' characteristics, which were directly related to the research questions. Moreover, transferability of the qualitative data in the present study was ensured through rich and thick description of the phenomenon being study.

4.9.3: Dependability

The concept of dependability highlights the requirement for the researcher to take into account the constantly shifting environment in which research takes place (William, 2021). Moreover, dependability need not be proven in addition to credibility if both have already been established (Devault, 2019). In the current study, a data audit was used to confirm the dependability of interview data. If the data set is rich and thick, an auditor can decide whether the research situation relates to their situation by conducting a data audit. Moreover, the researcher ensured dependability of interview data in the present study by a detailed description of the methodological procedures for data collection.

4.9.4: Confirmability

The degree to which the findings could be verified or validated by additional sources is referred to as confirmability (Wiliam, 2021). Researchers must create criteria that characterize category qualities and that can ultimately be utilized to support the inclusion of each data bit that is still

allocated to the category as well as to serve as a foundation for future tests of replicability (Lincoln &Guba, 1985). It is critical that other researchers be able to reproduce the findings in order to demonstrate that they were generated by independent research techniques rather than by conscious or unconscious bias. The researcher in the current study made sure that the qualitative data could be verified by including a thorough audit trail of the source of the interviewees' evidence. Moreover, the researcher ensured confirmability of qualitative data by use of multiple methods for collecting data to enable triangulation of the interview data from varied perspectives. In the present study, the researcher compared, contrasted and validated qualitative data from the two perspectives namely; grade 10 learners and class teachers.

4.10: Data Analysis

Data analysis is the process of collecting, modeling, and analyzing data to extract insights that support decision-making (Calzon, 2021). There are several methods and techniques to perform analysis depending on the industry and the aim of the analysis. All these various methods for data analysis are largely based on two core areas: quantitative methods and qualitative methods in research. In the current study, since a mixed methods design is adopted, data was analysed quantitatively and qualitatively.

4.10.1: Quantitative data analysis

Both descriptive and inferential statistics was used in analysing quantitative data. According to Ohri (2021), on one hand, descriptive statistics determines multiple observations that one takes through the research. It is defined as a finding group that fits the research parameters and the groups that are being tested and the use of graphs and stats to summarise the groups' findings. On the other hand, inferential statistics is where a researcher takes the data got from a sample and make predictions if that influences the findings on a larger population (Ohri, 2021). In the present study, inferential statistics, including the Pearson's product moment correlation coefficient, Analysis of Variance (ANOVA), simple and multiple regression analysis was used to test the research hypotheses. All hypotheses testing was done at α=.05. All these analyses were aided by use of the computer analysis programme, the Statistical Package for Social Sciences (SPSS) version 25.0. In this study, the Pearson correlation was used to ascertain the relationship between

independent families based factors and the drug abuse among learners. The Analysis of Variance was used to ascertain the differences in drug abuse from three or more groups of certain independent variables with more groupings.

Linear regression statistical technique was used to learn more about the relationship between an independent (predictor) variable and a dependent (criterion) variable. When one has more than one independent variable in the analysis, this is referred to as multiple linear regressions. In general, regression allows the researcher to ask the general question (Crossman, 2019). When one is conducting a regression analysis with one independent variable, the regression equation is $Y = a + b*X$ where Y is the dependent variable, X is the independent variable, a, is the constant (or intercept), and b is the slope of the regression line (Crossman, 2019). Crossman (2019) emphasizes that when one is conducting a regression analysis in which you have more than one independent variable, the regression equation is $Y = a + b1*X1 + b2*X2 + \ldots + bp*Xp$.

Analysis of Variance was used to evaluate the model fit of a regression equation. R-square, also known as the coefficient of determination is a commonly used statistic to evaluate the model fit of a regression equation. That is, how good are all of your independent variables at predicting the dependent variable. The value of R-square ranges from 0.0 to 1.0 and can be multiplied by 100 to obtain a percentage of variance explained. Finally, Structural Equation Modeling (SEM) was used to analyze the structural relationship between family based factors and drug abuse among learners (Cheung, 2008). Structural equation modeling is a powerful multivariate analysis technique that is widely used in the social sciences (Beran, & Violato, 2010). It provides a flexible framework for developing and analysing complex relationships among multiple variables that allow researchers to test the validity of theory using empirical models (Cheung, 2008). Therefore, in the present study, the structural equation modeling was relevant in quantitative analysis because it helped to produce a model that explained the relationship among varied family based factors and drug abuse among learners.

A diagnostic test was required since the study included statistical tests including the analysis of Variance (ANOVA), Simple and Multiple Regression Analysis, Pearson's Product Moment Correlation Coefficient, and that rely on certain presumptions about the variables that are used in the analysis. According to Berry's (1993) advice, the diagnostic tests for normality, the absence of perfect multi-collinearity, homoscedasticity and heteroscedasticity, and error independence were performed to determine whether the obtained data were appropriate for multiple regression analysis.

4.10.1.1: Normality Test Results

Regression residuals must adhere to a normal distribution in order to yield reliable conclusions. Variables with non-normal distributions alter relationships and the significance of tests. In accordance with Gravetter & Wallnau's (2000) guideline, the study used Shapiro-Wilk's test (S-W) to determine if the variables were normally distributed. In small and medium samples up to n = 2000, Tabachnick and Fidell (2001) advise using the Shapiro-Wilk test rather than the Kolmogorov-Smirnov (K-S) test since it has higher power. The test is based on the correlation between the data and the associated normal scores, with S-W = 1 in the case of a fully normal correlation. As a result, a significantly (p.05) lower S-W than 1 suggests that normalcy is not satisfied. According to Tabachnick and Fidell (2001), the data is normal when Shapiro-Wilk (S-W) is .05. The results of the Kolmogorov-Smirnov and Shapiro-Wilk tests are displayed in Table 6 of the SPSS output.

Table 6: *Test of Normality of the Data Set*

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Secure Attachment	0.117	78	0.060	0.941	78	0.101
Avoidant Attachment	0.139	78	0.051	0.969	78	0.152
Ambivalent Attachment	0.098	78	0.119	0.965	78	0.130
Disorganized Attachment	0.121	78	0.107	0.987	78	0.591

Parental Behaviour Control	0.100	78	0.150	0.978	78	0.347
Emotional Breakdown	0.103	78	0.040	0.980	78	0.245
Psychological Distress	0.116	78	0.011	0.957	78	0.110
Parent-Adolescent Relationship	0.186	78	0.023	0.928	78	0.030
Sibling Influence	0.171	78	0.034	0.885	78	0.074
Parental Influence	0.215	78	0.045	0.799	78	0.047
Home Based Support	0.086	78	0.200	0.965	78	0.282
Drug Use	0.137	78	0.001	0.952	78	0.105

a. Lilliefors Significance Correction

Source: Survey Data (2022).

Two variables, Parent-Adolescent Relationship and Parental Influence, both of which have p 0.05, clearly violate the norm in Table 6. According to Thode (2002), this meant that before they could be utilised in inferential statistics, the skewness that was present in the original data had to be removed. The two variables were transformed using arcsine of the square root of the two variables since they had negative skewness. The rest of the variables, however, showed normal distribution because none of the variables with their corresponding normal scores showed any statistically significant differences (sig 0.05) being bigger than the previously determined value of 0.05.

4.10.1.2: Assumptions of Multi-Collinearity

When two or more items measure the same thing and are hence identical, this is referred to as multicollinearity. According to Tabachnick and Fidell (2001), it describes a scenario in which a predictor variable in a multiple regression model could be linearly predicted from the other variables with a high degree of accuracy. Given that what one regressor explains about the response overlaps with what another regressor or a group of additional regressors explain, this shows that perfect multicollinearity causes redundancy. The assumption of multicollinearity was investigated in this work using tolerance and variance inflationary factor (VIF), despite the fact that correlation matrix can be utilized to examine the pattern of inter-correlation among the variables. The tolerance of the variable is 1-R2, and VIF is its inverse. Multicollinearity issues would be evident

if the tolerance was less than 0.10 or the VIF was higher than 10 (O'Brien, 2007). The SPSS result for Tolerance and Variance Inflation Factors is shown in Table 7.

Table 7: *Tolerance and Variance Inflation Factor (VIF) Statistics*

Model	Collinearity Statistics	
	Tolerance	VIF
Secure Attachment	0.742	1.347
Avoidant Attachment	0.756	1.323
Ambivalent Attachment	0.620	1.614
Disorganized Attachment	0.615	1.626
Parental Behaviour Control	0.704	1.421
Emotional Breakdown	0.529	1.892
Psychological Distress	0.544	1.837
Parent-Adolescent Relationship	0.638	1.568
Sibling Influence	0.456	2.192
Parental Influence	0.349	2.867
Home Based Support	0.652	1.533

a. Dependent Variable: Lecturers' Performance

Source: Survey Data (2022).

Given that each of the variables had sufficient tolerance (tolerance value > 0.10) and a low variance inflation factor (VIF 10), Table 7 reveals that the multicollinearity conditions were satisfied. Tolerance is the percentage of the predictor's variance that cannot be explained by the other predictors. As a result, a small tolerance value means that the independent variable under consideration is almost a perfect linear combination of the other independent variables already in the equation and should not be added to the regression equation because it is insignificant. This result demonstrates that the multi-collinearity assumptions, which are necessary for multiple regression analysis, were not violated.

4.10.1.3: Homoscedasticity and Heteroscedasticity

The hypothesis of homoscedasticity, which states that the variance of mistakes is the same across all levels of the independent variable, was also examined in the study. Heteroscedasticity is evident when the variance of errors varies with the independent variable's values. According to Osborne and Waters's (2002) advice, the assumption of homoscedasticity was verified visually by looking at a plot of the standardized residuals (also known as the errors) against the regression's standardized predicted value. According to Gravetter and Wallnau (2000), if a model is well-fitting, the residuals displayed against the fitted values should not show any trend. Therefore, heteroscedasticity would be implied by the residuals' non-constant variance. This was illustrated visually by comparing residuals to fitted (predicted) values, as seen in the following Figure 6.

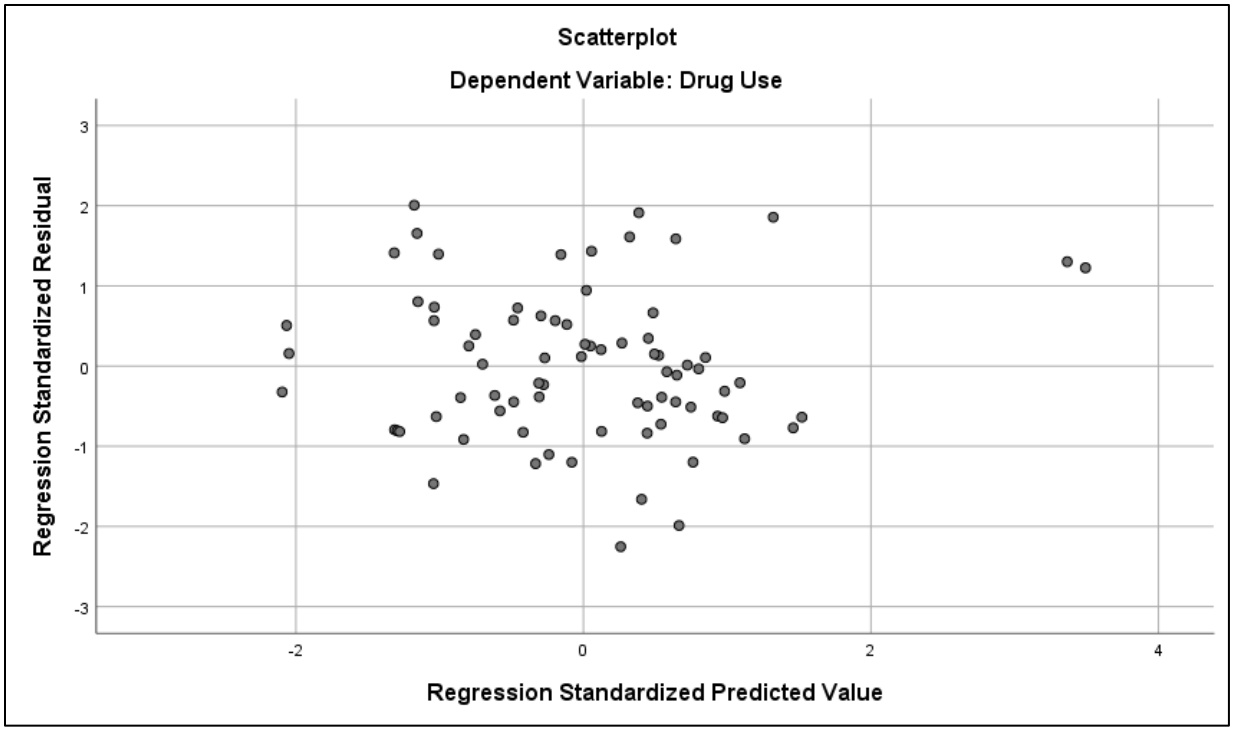


Figure 7: ***Scatter Plot of Standardized Residuals against Standardized Predicted Values***

Source: Survey Data (2022).

The data almost created a patternless cloud of dots in Figure 6, which represents heteroscedasticity or the absence of homoscedasticity. When the scatter is uneven and lacks any discernible patterns, heteroscedasticity is assumed (Gravetter & Wallnau, 2000). As a result, there was little deviation from the premise of homoscedacitisty, which states that there should be similar variance of errors at all levels of the independent variables. The variance around the regression line was therefore assumed to be the same for all values of the predictor variables, proving that errors were distributed uniformly throughout the variables. Regression and correlation analyses were therefore considered to be fit.

4.10.1.4: Test for Independence of Errors

The assumption that errors are independent is typically violated, resulting in unbiased estimates of standard errors and significance but skewed estimates of regression coefficients. The assumption is that the observations in the sample are independent of one another in this way, that is, that no one subject's measurements will be influenced by or connected to those of another subject. Kothari

and Garg (2014)'s recommendations were followed, and the Durbin Watson test was performed to look at the independence of mistakes. The test results are shown in Table 8.

Table 8: *Test of Independence: Model Summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.546a	.298	.181	.58961	1.734

a. Predictors: (Constant), Home Based Support , Avoidant Attachment, Parental Behavioural Control Scale, Kessler Psychological Distress, Secure Attachment, Sibling Influence, Parent-Adolescent Relationship, Disorganized Attachment, Ambivalent Attachment, Emotional Breakdown, Parental Influence

b. Dependent Variable: Drug Use

Source: Survey Data (2022).

Table 8 clearly shows that the data were not auto-correlated; as a result, Tabachnick and Fidell's (2001) proposed Durbin-Watson statistic of 1.734, which is in the range of 1.5 to 2.5, shows that the premise of independence was not broken.

4.10.2. Qualitative Data Analysis

Semi-structured interviews and document reviews yielded qualitative data that was analysed using thematic analysis. When attempting to glean information from a set of qualitative data regarding people's perspectives, opinions, knowledge, experiences, or values, thematic analysis is a useful method. Thematic analysis was used to analyse the qualitative data gathered from semi-structured interviews and the reading of documents following the six stages outlined by Braun & Clarke (2006).

Step 1: *Familiarization of qualitative data*

Knowing the qualitative data was the first step. Before beginning to evaluate specific items, it is critical to acquire a complete overview of all the data that was gathered. This entailed listening to

the audio and transcribing it, reading the text and taking initial notes, and generally browsing the data to become familiar with it (Braun & Clarke, 2006).

Step 2: *Coding*

The data had to be coded after that. Coding is the process of identifying specific text passages, usually phrases or sentences, and assigning brief labels, or "codes," to indicate what those passages are about. With the help of these codes, I was able to quickly summarize the key ideas and expressions that appeared often across the data (Braun & Clarke, 2006).

Step 3: *Generating themes*

The next step was to generate themes and this incolved reviewing the codes that had been developed, search for commonalities among them, and begin formulating themes. This included creating patterns in the qualitative data that were reliable, comprehensible, and appropriate to the study issue (Braun & Clarke, 2006). Themes are typically more expansive than codes. In most cases, multiple codes are merged into a single theme. Some of the codes may now be eliminated if it is determined that they are too nebulous or inapplicable (Braun & Clarke, 2006).

Step 4: *Reviewing themes*

This involves evaluating how well the pre-established themes relate to the coded extracts and the study's goals. To do this, the researcher considered whether the established themes appropriately reflect the research aims in light of the data (Braun & Clarke, 2006). The researcher made sure the resulting themes were accurate and relevant summaries of the data. The researcher then went back to the data set and contrasted the themes with it. When the themes had issues, they were integrated, broken up, discarded, or replaced with new ones, depending on what would make them more accurate and useful (Braun & Clarke, 2006).

Step 5: *Defining and naming themes*

The researcher at this point created a thorough analysis of each theme in relation to the overall research questions, identified each theme's relevance to the research objective, and created a

succinct, clear, informative description for each theme (Braun & Clarke, 2006). The researcher named and described each theme from the final list. While naming themes entailed coming up with a brief and clear name for each subject, defining themes involved articulating precisely what we mean by each theme and determining how it has assisted us in understanding the data (Braun & Clarke, 2006).

Step 6: *Writing up*

The researcher at this point created a thorough analysis of each theme in relation to the overall research questions, identified each theme's relevance to the research objective, and created a succinct, clear, informative description for each theme (Braun & Clarke, 2006). The researcher named and described each theme from the final list. While naming themes entailed coming up with a brief and clear name for each subject, defining themes involved articulating precisely what we mean by each theme and determining how it has assisted us in understanding the data (Braun & Clarke, 2006).

4.11: Ethical considerations

Ethical considerations for this study are important as it involves doing what was morally and legally right in conducting research (Creswell, 2014). It also involved owning up the consequences of the research outcomes which should outweigh any negative developments which may occur (Yin, 2009). The researcher started by obtaining ethical clearance from University of the Witwatersrand Human Research Ethics Committee, then permission from Gauteng Department of Education. Afterwards, the researcher sought permission from the Department of Education and from the school principals. Consent letters were issued to all participants which were the selected learners for the study and consent letters were sent to parents to sign them, then questionnaires were issued to participants. The aspects considered in the ethical considerations in the present study are discussed below:

4.11.1: Informed consent

The participants were informed that their participation was voluntary and that they would maintain their anonymity by having their identities never appear in the research. According to Bhandari

(2021), research involvement must always be voluntary, and no one should ever be forced to take part. Participants received a consent form that details the study's objectives and requests their permission to take part. This has ensured that there is voluntary participation of research participants in the study. In the present study, consent forms were issued to parents/guardians, learners and class teachers to ensure voluntary participation.

4.11.2: Informed Assent

Assent is a term used to express willingness to participate in research by persons who are by definition too young to give informed consent but are old enough to understand the proposed research in general, its expected risks and possible benefits, and the activities expected of them as subjects. Informed assent is the expressive consent of an individual under the age of 18 through their legally authorised representative to participate in a research study without unnecessary incentive or any element of force, deception, coercion or any other form of pressure (Creswell, 2014). In the present study, since some of high school learner participants were below 18 years, then assent form were given to their parents/guardians who provided consent so that they could participate in the study.

4.11.3: Avoidance of harm

The researcher saw to it that the respondents were free from any form of harm or discomfort by making sure that they remain as anonymous as possible and that collection of data was done in the presence of a school counselor so as to deal with any emotional discomforts that may arise. Dane (1990) claimed that an ethical obligation rests with the researcher to protect subjects, within reasonable limits, from any form of physical discomfort that may occur during the research work.

4.11.4: Release or publication of the findings

The study's data and findings were accurately presented to the community of educational researchers in conferences and journal papers. According to Huysamen (1993), it is preferable to deliver the results to the subjects as a sign of appreciation and to preserve long-term positive connections with the community in question.

4.11.5: Debriefing of respondents

The study participants' interviews were followed right away by a debriefing. Salkind (2000) claims that talking about how they felt about the task right away after the session is the simplest approach to debrief participants. Whatever issues the respondents had during the data collection process were addressed right away during debriefing sessions in the current study.

4.11.6: Anonymity

This refers to gathering of data from participants without collecting any personal identifying information (Wiles et al., 2008). Dixon and Quirke (2018) noted that harm could come in research by revealing the identity of the subjects. Therefore, participants should remain anonymous and that in the report there was no link between the participants and the information gathered. In the present study, the researcher used pseudonyms in the questionnaires and interview transcribed data to hide the identities of the research participants. The respondents were informed that their identities were not at any time revealed and that the details remained anonymous.

4.11.7: Confidentiality

This involves the ethical duty of the researcher not to disclose information about a patient without authorization (Merideth, 2007). In the present study, confidentiality was ensured by keeping the quantitative and qualitative data in a safely locked cupboard. Moreover, the electronic transcribed data was stored in a computer whose password was kept by the researcher only, and available to the research supervisor upon request. The stored data would be destroyed after a period of 5 years from the period that the research study ends.

4.12: Conclusion of the Chapter

This chapter presented the research design and methodology of the chapter. In this chapter, the methods adopted in the study have been reported. The details on research tools, their validity and reliability have also been reported. The next chapter, chapter five, presents the quantitative results of the study.

CHAPTER FIVE

5.0: QUANTITATIVE RESULTS

5.1: Introduction

This chapter presents the quantitative results of the study which were obtained from questioannaires. Both descriptive and inferential statistics have been applied to the quantitative data analysis. Means and standard deviation were used as descriptive statistics to explain the respondents' opinions on each sub-scale, and correlation, regression, and Analysis of Variance (ANOVA) were employed as inferential statistics to help draw conclusions. The significance threshold for each test was set at = 0.05. The data were analyzed using Statistical Package for Social Sciences (SPSS) version 26.0.

5.2: Purpose of the Study

The purpose of the study was to examine how family-based Adverse Childhood Experiences (ACE) affect learners' drug abuse in selected Soweto high schools in Soweto. Secondly, it analyzed the kinds of support that are available at home for learners who are involved in drug abuse. Lastly, it investigated possible intervention strategies and a holistic model on how the effects of ACE in the lives of learners can be tackled.

5.2.1 Objectives of the study

The study was guided by the following objectives:

(i) To establish how the biographical factors (parental income, level of education, marital status, and size of family) affect learner drug abuse in selected high schools in Soweto.

(ii) To examine how familial psychological factors (parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders) affect learner drug abuse in selected Soweto high schools.

(iii) To establish how familial social factors (parent–adolescent relationship, sibling influence and parental influence) affect learner drug abuse in selected Soweto high schools.

(iv) To explore the kinds of support that is available at home for learners who are involved in drug abuse.

(v) To develop a structural equation modelling that can explain family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools.

(vi) To establish early home based intervention strategies that could be adopted to assist learners who abuse drugs

5.2.2 Hypotheses of the Study

The study was guided by the following null hypotheses:

$H_0$1: *There is no significant effect of parental income on learner drug abuse in selected Soweto high schools.*

$H_0$2: *There is no significant effect of parental level of education on learner drug abuse in selected Soweto high schools.*

$H_0$3: *There is no significant effect of type of family on learner drug abuse in selected Soweto high schools.*

$H_0$4: *There is no significant effect of type of family on learner drug abuse in selected Soweto high schools.*

$H_0$5: *There is no significant effect of parental behavioral control on learner drug abuse in selected Soweto high schools.*

$H_0$6: *There is no significant effect of parental psychological control on learner drug abuse in selected Soweto high schools.*

$H_0$7: *There is no significant effect of parent-child attachment patterns on learner drug abuse in selected Soweto high schools.*

$H_0$8: *There is no significant effect of parent–adolescent relationship on learner drug abuse in selected Soweto high schools.*

$H_0$9: *There is no significant effect of sibling influence on learner drug abuse in selected Soweto high schools.*

$H_0$10: *There is no significant effect of parental influence on learner drug abuse in selected Soweto high schools.*

$H_0$11: *There is no significant effect of induced psychological disorders on learner drug abuse in selected Soweto high schools.*

$H_0$12: *There is no significant effect of emotional breakdown on learner drug/substance abuse in selected Soweto high schools.*

5.3: Questionnaire Return Rate

Table 9, which indicates the summary of return rate of questionnaires from the respondents, reveals that the return rate of the questionnaires were acceptable for the study.

Table 9: ***Questionnaire Return Rate***

Respondents	Questionnaires	Return rate (%)
Response	78	97.5
Non Response	2	2.5
Total	**80**	**100.0**

Source: Survey data (2022)

The study targeted a total of 80 learners, who had abused drugs, from the four selected public secondary schools in Soweto area, in Johannesburg central district, on whom the questionnaire were administered. Out of this number, a total of 78 questionnaires were appropriately filled and received back. Hence, the overall unweighted response rate for the survey was very high, as translated by an overall response rate of 97.5%. Response rates to specific questions were equally very high. However, hot-deck imputation was used to fill in the missing data points. This was necessary because it was envisaged that missing data could introduce bias, make handling and analysis of the data difficult, and create reductions in efficiency. Imputation was viewed as a way to avoid pitfalls involved with listwise deletion of cases that had missing values.

The reason for the nonresponse bias (2.5%) was that certain questionnaires were disregarded because they had not been completed correctly, as was determined at the data entry stage. According to Oso and Onen (2009), a response rate of more than 60% is appropriate, more than 70% is very good, and more than 80% is exceptional for analysis and reporting on a survey study. This claim implies that the response rate of the current study is excellent. The study's high response

rate was ascribed to the researcher personally handing out questionnaires to identified drug-abusing learners who had been informed in advance of the study's purpose. The questionnaire was also not overly lengthy so that respondents lost interest, and the items were written so that they were simple to understand and answer to. Last but not least, the researcher went above and above to provide clarification on the questions and encourage the respondents to complete the questionnaires.

5.4: Level of Drug Abuse among High School Learners

The study looked into how much drug abuse was there among high school learners. The study defined drug abuse as any non-medical use of drugs as well as the excessive use of prescription or over-the-counter medications. A ten-item questionnaire was given to the respondents in an effort to gauge their probable involvement with drugs over the previous 12 months. As demonstrated in Table 10, tests for drug abuse indicators used five-point Likert scales with responses ranging from "none of the time" to "all of the time."

Table 10: *Level of high school learners' drug abuse*

	Indicators	**5**	**4**	**3**	**2**	**1**	**M**	**SD**
1	Have you used drugs other than those required for medical reasons	5 (6.4%)	20 (25.6%)	31 (39.7%)	19 (24.4%)	3 (3.8%)	3.1	1.0
2	Do you abuse more than one drug at a time?	4 (5.1%)	4 (5.1%)	14 (17.9%)	19 (24.4%)	37 (47.4%)	2.0	1.2
3	Can you get through the week without using drugs?	11 (14.1%)	18 (23.1%)	22 (28.2%)	13 (16.7%)	14 (17.9%)	3.0	1.3
4	Have you had "blackouts" or "flashbacks" as a result of drug use?	5 (6.4%)	3 (3.8%)	14 (17.9%)	23 (29.5%)	33 (42.3%)	2.0	1.2
5	Do you ever feel bad or guilty about your drug use?	18 (23.1%)	19 (24.4%)	13 (16.7%)	5 (6.4%)	23 (29.5%)	3.1	1.6
6	Have you been in trouble at school because of drug abuse?	5 (6.4%)	11 (14.1%)	18 (23.1%)	28 (35.9%)	16 (20.5%)	2.5	1.2
7	Have you gotten into fights when under the influence of drugs?	9 (11.5%)	4 (5.1%)	5 (6.4%)	23 (29.5%)	37 (47.4%)	2.0	1.3
8	Have you engaged in illegal activities in order to obtain	11	2	6	18	41	2.0	1.4

	drugs?	(14.1%)	(2.6%)	(7.7%)	(23.1%)	(52.6%)		
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	4 (5.1%)	20 (25.6%)	8 (10.3%)	26 (33.3%)	20 (25.6%)	2.5	1.3
10	Are you used to taking drugs most of the times?	4 (5.1%)	7 (9.0%)	6 (7.7%)	45 (57.7%)	16 (20.5%)	2.2	1.0
Average level of drug abuse		8 (10.3%)	12 (15.4%)	16 (20.5%)	19 (24.4%)	23 (29.5%)	2.4	0.7

Key: 5-All of the time; 4-Most of the time; 3-Some of the time; 2-A little of the time; 1-None of the time; M-Mean and SD-Standard deviation.

Source: Survey Data (2022)

The summary of findings from the learner respondents about their potential involvement with drugs during the past 12 months showed that, on average, the prevalence rate of drug abuse among the high school learners with history of drug use stood at 2.4 (SD=0.7) in the scale of 1 to 5, suggesting a fairly high prevalence. For instance, 10.3% of respondents agreed that they, all the time, got involved in drug abuse and 15.4% of them agreed that they, most of the times, got involved in drug abuse within the last 12 months. This meant that more than a quarter (25.7%) of the sampled learners were either very frequent or regular users of drugs, which is an indication that they generally got involved in drug abuse. Further, the findings indicated that, there were more than a fifth (20.5%) of the respondents who accepted that, some of the times, they abused drugs within the last one year. In addition, some 24.4% of the participants indicated that they would only abuse drugs a little of the times in the last one year, further suggesting acceptance of being drug abuse.

However, out of all the surveyed high school learners only 29.5% of them insisted that they had never ever abused drugs within the last 12 months. This finding suggest that a significant majority of the respondents (70.5%) generally agreed they had abused drugs within the last 12 months, whether occasionally or all of the times. On average, the study findings indicate that more than seven out of every ten of high school learners who had history of drug use in Soweto area,

Johannesburg central district were still characterized as drug abusers. Further analysis showed that the data had a near normal distribution as shown on Figure 7.

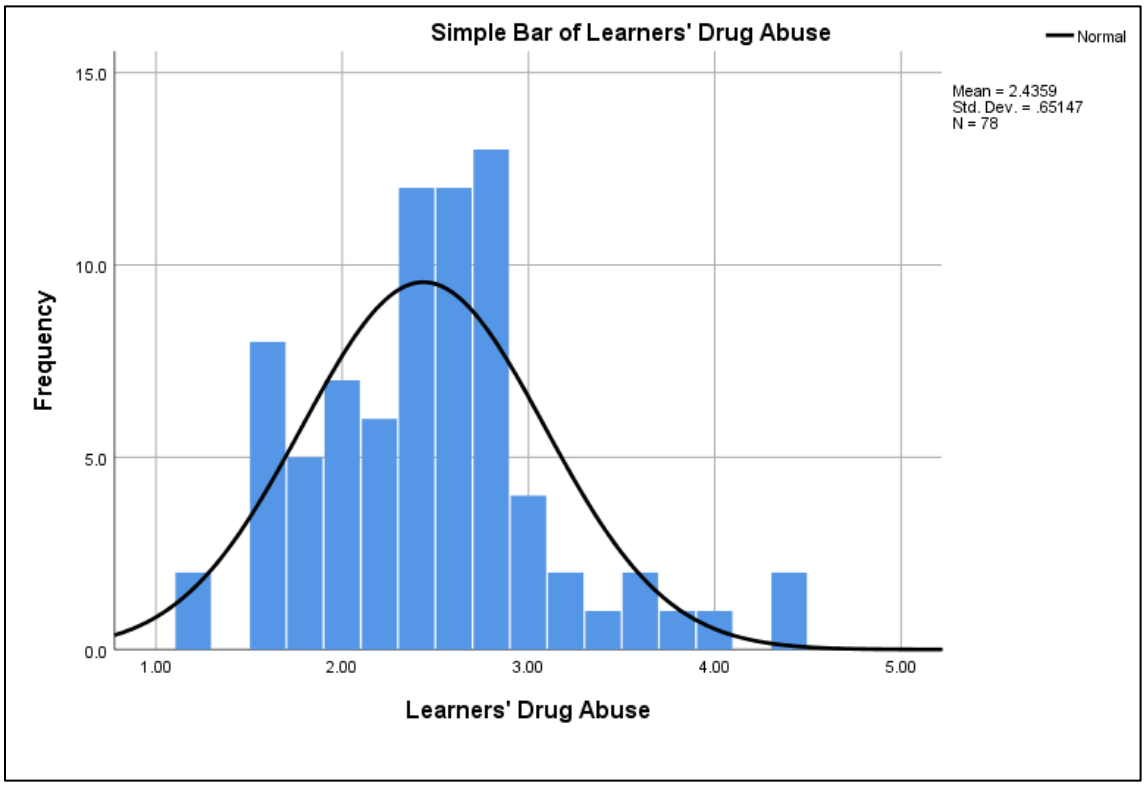


Figure 8: ***Level of Learners' Drug Abuse***

Majority of the responses indicating that drug abuse was prevalent among the high school learners who had history of drug use were distributed about the mean as shown in Figure 7. This is a likely indication that learners who had history of drug use were likely to be involved in drug abuse. However, the slight positive skew in the distribution of scores as reflected by graph indicate that only a few of the respondents agreed that they abuse drugs all the times, but many of them accepted that they abuse drugs though not always.

5.5: Biographical Factors and Learners' Drug Abuse

The first objective of the study sought to establish the effects of biographical factors on learner drug abuse in selected Soweto high schools. The study envisaged that biographical factors have influence on drug abuse among high school learners. The bibliographic factors investigated include, parental income, level of education, type of family and size of family.

5.5.1: Effect of Parental Income on Learner Drug Abuse

$H_0$1: *There is no statistically significant effect of parental income on learner drug abuse*

Parental income was defined as the monthly amount of revenue that a parent receives or earns that is immediately accessible for usage to support the requirements of the family. The hypothesis that "there is no statistically significant effect of parental income on learner drug abuse" was tested in order to investigate the relationship between parental income and learners' drug abuse. Given the learners' parental income, a one-way analysis of variance (ANOVA) was carried out to investigate any variations in drug abuse, as determined by the drug use index questionnaire. The scores on the learners' drug abuse index served as the dependent variable, with parental income serving as the independent variable. According to their monthly income, parents' income was divided into five groups: Group 1: less than R15000; Group 2: between R5001 and R10000; Group 3: between R10001 and R15000; Group 4: between R15001 and R20000; and Group 5: beyond R20000. Table 11 displays a summary of parental income distribution.

Table 11: *Parental Income Group Descriptions: Drug use index (n=78)*

			Std.		95% Confidence Interval for Mean	
	N	Mean	Deviation	Std. Error	Lower Bound	Upper Bound
Less than R5000	30	2.1900	.49435	.09026	2.0054	2.3746
R5001-R10000	26	2.2769	.52407	.10278	2.0652	2.4886
R10001-R15000	6	2.2833	.27142	.11081	1.9985	2.5682
R15001-R20000	9	2.9111	.36209	.12070	2.6328	3.1894
Above R20000	7	3.6000	.72801	.27516	2.9267	4.2733
Total	78	2.4359	.65147	.07376	2.2890	2.5828

Source: Survey Data (2022)

Table 11, which shows group description for learners' drug use index got by each group, revealed that learners whose parental income was above R20000 had the higher mean (n=7, mean=3.60, standard deviation =0.73 and standard error =.07) in drug abuse index than the other groups. Learners whose parental income was less than R5000 had lowest drug use index (n=30, mean=2.19, standard deviation =0.49 and standard error =.09). The ANOVA model in the form $\bar{x}_1 \neq \bar{x}_2 \neq \bar{x}_3 \neq \bar{x}_4 \neq \bar{x}_5$ was necessary to illustrate the samples tested. Where $\bar{x}_1$=2.19, $\bar{x}_2$=2.28, $\bar{x}_3$=2.28, $\bar{x}_4$=2.91, $\bar{x}_5$=3.60, with the null hypothesis H_o1 "*there was no statistically significant influence of parental income on drug use index of secondary school learners*" being tested. Table 12 shows the SPSS One-way analysis of variance (ANOVA) output.

Table 12: *ANOVA Output, Drug Abuse Index by Parental Income (n=78)*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	14.129	4	3.532	13.900	.000
Within Groups	18.550	73	.254		
Total	32.679	77			

According to the findings of the ANOVA on Table 12, there was a statistically significant difference [F (4, 73) =13.900, p.001]. The null hypothesis, which claimed that parental income had no statistically significant impact on learners' drug usage in Soweto high schools, was thus disproved. This required accepting the alternative hypothesis that: Parental income had a statistically significant impact on secondary school learners' drug abuse. It was important to further determine which group of learners was considerably different from which other group in light of the fact that a significant difference had been found. This was accomplished by using the Tukey HSD post-hoc test. Additionally, in the table of multiple comparisons, which presents the findings of the Post-Hoc tests, the statistical significance of the differences between each pair of groups was presented (Table 13).

Table 13: *Tukey HSD Test by Parental Income on Drug Use Index (n=78)*

(I) Parental Income	(J) Parental Income	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
Less than R5000	R5001-R10000	-.08692	.13507	.967	-.4647	.2909
	R10001-R15000	-.09333	.22544	.994	-.7239	.5372
	R15001-R20000	-.72111*	.19159	.003	-1.2570	-.1852
	Above R20000	-1.41000*	.21160	.000	-2.0019	-.8181
R5001-R10000	Less than R5000	.08692	.13507	.967	-.2909	.4647
	R10001-R15000	-.00641	.22831	1.000	-.6450	.6322
	R15001-R20000	-.63419*	.19496	.014	-1.1795	-.0889
	Above R20000	-1.32308*	.21465	.000	-1.9235	-.7227
R10001-R15000	Less than R5000	.09333	.22544	.994	-.5372	.7239
	R5001-R10000	.00641	.22831	1.000	-.6322	.6450
	R15001-R20000	-.62778	.26568	.137	-1.3709	.1154
	Above R20000	-1.31667*	.28045	.000	-2.1011	-.5322
R15001-R20000	Less than R5000	.72111*	.19159	.003	.1852	1.2570
	R5001-R10000	.63419*	.19496	.014	.0889	1.1795
	R10001-R15000	.62778	.26568	.137	-.1154	1.3709
	Above R20000	-.68889	.25404	.062	-1.3995	.0217
Above R20000	Less than R5000	1.41000*	.21160	.000	.8181	2.0019
	R5001-R10000	1.32308*	.21465	.000	.7227	1.9235
	R10001-R15000	1.31667*	.28045	.000	.5322	2.1011
	R15001-R20000	.68889	.25404	.062	-.0217	1.3995

*. The mean difference is significant at the 0.05 level.

The finding of the study shows, as indicated in Table 13, that the drug use index score for learners whose parental income was above R20000 (*M*=3.60; *SD*=.73) was significantly different from the group of learners whose parental income were less than R5000 (*M*=2.19; *SD*=.49), R5001-R10000 (*M*=2.28; *SD* =.52) and R10001-R15000 (*M*=2.28; *SD*=.27). The level of drug use among the learners whose parental income was above R20000 was significantly (p <.001) higher than the other learners, except for the learners whose parental income was R15000-R20000 which did not have a significant difference (p=.062). Equally, learners whose parental income was in the range of R15000-R20000 was significantly (p <.001) higher in drug use index than the learners whose parental income were lower. However, the learners in the other parental income groups did not post any statistically significant difference in drug use index with any group. This suggests that learners who come from families with high parental income tend to indulge in drug use more than their counterparts who come from families with low income.

Calculating the "effect size" (sometimes referred to as the "strength of association") also helped determine the significance of the result. The effect size provides information about the relative size of the mean differences. In other words, it was useful in describing how much of the overall variation in the drug abuse index of the learners could be predicted based on the levels of the learners' parental income. The formula: was used to determine the eta squared, which measures the effect size in the results of the ANOVA.

Eta squared = $\frac{\text{Sum of squares between groups}}{\text{Total sum of squares}}$, was 0.432. This calculated Eta squared (.432) implied that a fairly small proportion (43.2%) of variance in the level of learners' drug use index was explained by learners' parental income.

Calculating the "effect size" (sometimes referred to as the "strength of association") also helped determine the significance of the result. The effect size provides information about the relative size of the mean differences. In other words, it was useful in describing how much of the overall variation in the drug abuse index of the learners could be predicted based on the levels of the learners' parental income. The formula: was used to determine the eta squared, which measures the effect size in the results of the ANOVA.

5.5.2: Effect of Parental Level of Education on Learner Drug Abuse

$H_0$2: *There is no significant effect of parental level of education on learner drug abuse in selected Soweto high schools*

This section sought to establish whether is there any significant effect of parental level of education on learner drug abuse in selected Soweto high schools. It was investigated by use the hypothesis testing, where the null hypothesis that "*there is no significant effect of parental level of education on learner drug abuse*" was tested. Parental level of education was operationalized as the highest level of formal education that the parent had acquired. Parental level of education, which was the independent variable, was categorized into three groups namely; Group 1: University level; Group 2: College level; Group 3: At most Secondary school level. The learners whose parents had primary school level of education or had no formal schooling were put together into Group 3 because of their negligible numbers. A one-way analysis of variance (ANOVA) was conducted to explore the differences in drug abuse among the high school learners given their parental level of education. Table 14 shows mean average learners' drug abuse levels, as measured by drug abuse index questionnaire, for each group of parental level of education.

Table 14: *Learners' Drug Abuse index Given Parental Level of Education (n=78)*

					95% Confidence Interval for Mean	
	N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound
University level	13	3.0077	.96476	.26758	2.4247	3.5907
College level	19	2.6105	.46535	.10676	2.3862	2.8348
At most Secondary school level	46	2.2022	.47772	.07044	2.0603	2.3440
Total	78	2.4359	.65147	.07376	2.2890	2.5828

Source: Survey Data (2022)

It evident that the learners whose parental level of education were at University level had the higher mean (n=13, *M*=3.01, *SD* =0.96) in drug abuse index than the other two groups. Learners whose

parental education were at most secondary school level had the lowest drug use index (n=46, *M*=2.20, *SD* =0.48). However, the data was subjected to inferential statistics to establish whether these differences were statistically significant. The data was in ANOVA model in the form of; $\bar{x}_1 \neq \bar{x}_2 \neq \bar{x}_3$, where $\bar{x}_1$=3.01, $\bar{x}_2$=2.61, $\bar{x}_3$=2.20. The null hypothesis H_o2 that "***there was no statistically significant effect of parent educational level on drug abuse of secondary school learners***" was tested using ANOVA. Table 15 shows the SPSS One-way analysis of variance (ANOVA) output.

Table 15: *ANOVA, Drug Abuse Index Level by Parental Educational Level (n=78)*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	7.343	2	3.671	10.867	.000
Within Groups	25.337	75	.338		
Total	32.679	77			

According to Table 15's ANOVA results, there was a statistically significant difference between the drug abuse index level and parental education level [F (2, 73) =10.867, p.001]. As a result, the null hypothesis, "Parental educational level has no statistically significant effect on learner drug abuse in Soweto high schools," was rejected. The finding that there was a statistically significant relationship between parental educational level and drug abuse among secondary school learners was thus reached, supporting the alternative hypothesis. Since a significant difference had been found, it was necessary to determine which group of learners differed considerably from which other group. To do this, a post-hoc test called the Turkey HSD test was computed.

The table of multiple comparisons, which presents the findings of the Post-Hoc tests, indicates the statistical significance of the differences between each pair of groups (Table 16).

Table 16: *Tukey HSD Test by Parental Educational Level on Drug Abuse (n=78)*

(I) Parental Education Level	(J) Parental Education Level	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
University level	College level	.39717	.20921	.146	-.1031	.8974
	Secondary school level	.80552*	.18257	.000	.3690	1.2421
College level	University level	-.39717	.20921	.146	-.8974	.1031
	Secondary school level	.40835*	.15851	.032	.0293	.7874
At most secondary school level	University level	-.80552*	.18257	.000	-1.2421	-.3690
	College level	-.40835*	.15851	.032	-.7874	-.0293

*. The mean difference is significant at the 0.05 level.

The results shown in Table 16 indicate that the drug abuse score for learners whose parents had at most secondary school level of education was significantly different (*M=2.20, SD =0.48*) from the group of learners whose parents had college education (*M*=2.61; *SD*=.47) and University education (*M*=3.01; *SD* =.96). The level of drug abuse among the learners whose parental education was at most secondary school level was significantly ($p < .001$) lower than that of the learners whose parents had either college or University education. However, the learners whose parents had either college or University education did not post any statistically significant difference in drug abuse level, as reflected by none significant mean difference of .40 (*SE*=.21; *p*=.15).

Nonetheless, the study has established that parental education level has statistically significant effect on the level of drug abuse among the secondary school learners, with learners whose parents having a higher education levels are likely to indulge in drug abuse more than their counterparts whose parents have relatively lower education. This finding concurs with the existing literature on the effect of family social background of children drug use. For instance, Humensky (2010) had recounted that higher parental education is associated with higher rates of binge drinking, marijuana and cocaine use in early adulthood and Milcah and Kimu (2016) observed that the family factors associated with adolescent substance use may include parental education.

Further, the study sought to investigate the effect size of parental education level on learners' drug abuse. Calculated effect size enabled the study to gauge the strength of association between parental level of education and the level of drug abuse among secondary school learners. This was done by abuse of Eta squared, which indicates the relative magnitude of the differences between the means in the level of drug abuse among the learners from different parental education levels. Equally, the effect size indicated the amount of the total variance in the learners' drug abuse level that was predictable from the knowledge of the leaner' parental education level. The calculated eta squared was 0.224, which according to Cohen's (1988) criterion can be classified as large. This suggests that a fairly large proportion (22.4%) of variance in the level of learners' drug abuse was explained by learners' parental educational level. Therefore, in addition to the fact that the effect of parental education on learners' drug abuse level reaches statistical significance, the actual difference in the mean values were fairly large, especially between the learners whose parents had at least secondary school education and those whose parents had University education. The differences in the level of drug abuse between the groups were of practical significance.

5.5.3: Effect of Type of Family on Learner Drug Abuse

$H_0$3: *There is no significant effect of type of family on learner drug abuse in selected Soweto high schools*

The third biographical factor that was envisaged to influence learner drug abuse was learners' type of family. Hence, this section investigated the effect of type of family on learner drug abuse. This was done by testing the null hypothesis, "*that no significant effect of type of family on learner drug abuse".* The independent variable, being type of family, was conceptualized as the structure of the family and categorized into four types as; Group 1: Child headed family; Group 2: Single headed family; Group 3: Nuclear family; and Group 4: Extended family. While the scores on the learners' drug use index was the dependent variable. Hence, a one-way analysis of variance (ANOVA) was conducted to explore whether there is statistically significant difference in learner drug abuse given their family type. Table 17 shows group description for learners' drug abuse index got by each family type.

Table 17: *Mean Drug Abuse Levels given Learners' Type of Family (n=78)*

	N	Mean	Std. Deviation	Std. Error	95% Conf. Interval for Mean Lower Bound	Upper Bound
Child headed	5	2.2600	.54129	.24207	1.5879	2.9321
Single parent	46	2.6196	.67778	.09993	2.4183	2.8208
Nuclear	14	2.0000	.55331	.14788	1.6805	2.3195
Extended	13	2.3231	.43999	.12203	2.0572	2.5890
Total	78	2.4359	.65147	.07376	2.2890	2.5828

Source: Survey Data (2022)

It is evident that the learners who were brought up in a nuclear family had the least indulgence to drugs as reflected by a mean drug abuse index of 2.00 (n=14; SD =0.15), while learners who were living in a single parent headed family seemed to indulge the highest in drug abuse as indicated by a mean drug abuse index of 2.62 (n=46; SD =0.68). The second highest number of secondary school learners who abuse drugs were from extended families (n=13; M=2.32; SD =.44), followed by the learners from child headed families at 2.26 with a standard deviation of .54. However, the data was further interrogated to establish whether these differences were statistically significant. One-way analysis of variance (ANOVA) was used to investigate this difference. This was necessary because the model was in the form of: $\bar{x}_1 \neq \bar{x}_2 \neq \bar{x}_3 \neq \bar{x}_4$; where $\bar{x}_1$=2.26, $\bar{x}_2$=2.62, $\bar{x}_3$=2.00, $\bar{x}_4$=2.32. The null hypothesis H_o3 that "***there was no statistically significant influence of type of family on drug abuse index of secondary school learners***" was tested using ANOVA. Table 18 shows the One-way analysis of variance (ANOVA) SPSS output on whether there significant difference on drug abuse index of high school learners given the type of their families.

Table 18: *ANOVA Output, Drug Abuse Index Level by Type of Family (n=78)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.532	3	1.511	3.972	.011
Within Groups	28.147	74	.380		
Total	32.679	77			

For the four family types, there was a statistically significant difference in the drug abuse index among high school learners at the p.05 level, as shown by Table 18's ANOVA results [F (3, 74) =3.92, p=.011]. The null hypothesis "There is no statistically significant effect of family type on learner drug abuse in Soweto high schools" was thus rejected. The finding that there is a statistically significant influence of family type on drug misuse among secondary school learners was thus established, supporting the alternative hypothesis. The study also tried to determine whether form of family was considerably different from which other type since a significant difference had been observed. To make many comparisons, a post-hoc test was used. The precise location of the variations in the learner drug abuse index between the groups was determined utilizing the multiple comparison with the Turkey HSD test. The results of Post-Hoc tests to determine the statistical significance of the differences between each pair of groups are shown in Table 19, Multiple Comparisons Table.

Table 19: *Tukey HSD Test by Type of Family on Drug Use Index (n=78)*

					95% Conf. Interval	
		Mean			Lower	Upper
(I) Type of family	(J) Type of family	Difference (I-J)	Std. Error	Sig.	Bound	Bound
Child headed	Single parent	-.35957	.29042	.605	-1.1229	.4038
	Nuclear	.26000	.32132	.850	-.5845	1.1045
	Extended	-.06308	.32455	.997	-.9161	.7900
Single parent	Child headed	.35957	.29042	.605	-.4038	1.1229
	Nuclear	.61957*	.18825	.008	.1248	1.1144
	Extended	.29649	.19372	.425	-.2127	.8057
Nuclear	Child headed	-.26000	.32132	.850	-1.1045	.5845
	Single parent	-.61957*	.18825	.008	-1.1144	-.1248
	Extended	-.32308	.23755	.528	-.9474	.3013
Extended	Child headed	.06308	.32455	.997	-.7900	.9161

	Single parent	-.29649	.19372	.425	-.8057	.2127
	Nuclear	.32308	.23755	.528	-.3013	.9474

*. The mean difference is significant at the 0.05 level.

Table 19, which shows post-hoc comparisons using the Tukey HSD test results, confirms that the drug abuse index for single parent headed family learners (*M*=2.62, *SD*=0.68) was significantly different from drug abuse index for nuclear family learners (*M*=2.00, *SD*=0.55). Child headed family learners' drug abuse index (*M*=2.26, *SD*=0.54) did not differ significantly from single parent headed family, nuclear family or extended family leaners. However, the level of drug abuse among the learners who live in single headed was significantly (p <.001) higher than that of the learners who live in nuclear family. However, the learners who live in other type of families did not post any statistically significant difference in drug abuse levels amongst themselves, as reflected by none significant mean differences (*p* >.05). In general, the study has established that the type of family has statistically significant effect (*F*=3.972; *P*=.011) on the level of drug abuse among the secondary school learners, with learners living in well-organized type of family like nuclear are likely to indulge less in drug abuse than their counterparts who live in a single parent family, child headed family and extended family.

However, the study sought to investigate the strength of association between the type of family and the level of drug abuse among secondary school learners. The strength of association was established by computing the effect size using Eta squared, which indicates the relative magnitude of the differences between the means in the level of drug abuse among the learners from different type of families. Despite reaching statistical significance, the actual difference in drug abuse mean scores between the learners from different family types was just moderate, as signified by eta squared effect size of 13, which according to Cohen's (1988) is classified as moderate. In this regard, the actual difference in the learners' drug abuse mean values were moderate, particularly between the learners who live in single headed family and those who live in nuclear family. Generally, from the effect size, it can be concluded that the difference in the level of drug abuse among the type of families of the secondary school learners were of practical significance.

This finding synchronizes with previous studies, for example, when Newcomer and Udry (1987) asserted that there is less parental control in a single-parent family due to the absence of the other parent suggests that learners from a single-parent family is highly exposed to social malpractice such as drug abuse. Equally, Bray and Berger (1993) had observed that children with stepfamilies may lack parent-child interaction causing discipline related issues such as drug abuse. In the same vein, Boyas et al., (2019) established that adolescents living in families without both parents are likely to indulge in non-medical drug use. These findings show that adolescent use of drugs differ with varying family structures, suggesting that type of family has effect on drug abuse among secondary school learners.

5.5.4: Effect of Size of Family on Learner Drug Abuse

$H_0$4: *There is no significant effect of size of family on learner drug abuse in selected Soweto high schools*

The effect of size of family of the learners on learners' drug abuse was anticipated. Hence, the study sought to establish whether is there any significant effect of size of family on learner drug abuse in selected Soweto high schools. It was examined by use the hypothesis test, where the null hypothesis that "***there is no significant effect of size of family on learner drug abuse***" was tested. Size of family was operationalized as the number of people living in a family and being provided by one main bread winner. Size of family was categorized into three groups namely; Group 1: small (1-3 people); Group 2: Medium (4-6 people) and Group 3: Large (7 and above people). A one-way analysis of variance (ANOVA) was applied to explore the differences in drug abuse among the high school learners given their size of family. Table 20 shows mean learners' drug abuse levels, as measured by drug abuse index questionnaire, for each group of size of family.

Table 20: *Learners' Drug Abuse Index given Size of Family (n=78)*

			Std.	Std.	95% CI for Mean	
	N	Mean	Deviation	Error	Lower Bound	Upper Bound
Small (1-3)	14	2.1429	.60601	.16196	1.7930	2.4928
Medium (4-6)	44	2.4659	.67821	.10224	2.2597	2.6721
Large (7 and Above)	20	2.5750	.58479	.13076	2.3013	2.8487

Total	78	2.4359	.65147	.07376	2.2890	2.5828

Source: Survey Data (2022)

It is evident that the learners who come from large families had the highest mean (n=20, *M*=2.58, *SD* =0.58) in drug abuse index than the other two groups. Learners who come from small families had the least drug abuse index (n=14, *M*=2.14, *SD* =0.61), those from medium sized families had drug abuse index of 2.46 with a standard deviation of 68. However, the data was subjected to inferential statistics to establish whether these differences were statistically significant. The data was in ANOVA model in the form of; $\bar{x}_1 \neq \bar{x}_2 \neq \bar{x}_3$, where $\bar{x}_1$=2.14, $\bar{x}_2$=2.46, $\bar{x}_3$=2.58. The null hypothesis H_o4 that "***there is no statistically significant effect of size of family on drug abuse index among secondary school learners***" was tested using ANOVA. Table 21 shows the SPSS One-way analysis of variance (ANOVA) output.

Table 21: *ANOVA Output, Drug Abuse Index Level by Size of Family (n=78)*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.629	2	.814	1.967	.147
Within Groups	31.051	75	.414		
Total	32.679	77			

Despite the differences noted in Table 20, the ANOVA results (Table 21) show that the difference, among the varied family sizes, in the level of drug abuse index was no statistically significant [F (2, 75) =1.967, p=.147 (ns)]. Therefore, the null hypothesis that: "there is no statistical significant effect of parental educational level on learner drug abuse in Soweto high schools", was upheld. Thus, since the study did not have enough evidence to reject the null hypothesis, it *was* concluded that although learners from large families were rated higher in drug abuse index compared to their counterparts from smaller families, there was no statistically significant difference in drug abuse index. This suggests that size of family has significant effect on drug abuse among secondary school learners.

Given that a significant difference was not established, use of a post-Hoc test to investigate where the differences were paramount was not necessary. In addition, use of eta squared to investigate the effect size further confirm that the strength of association between size of family and the level of drug abuse among secondary school learners was negligible. This was signified by the calculated eta squared value of 0.049, which in line with Cohen's (1988) recommendation is classified as very small. Thus family size only accounted for less than 5% of the total variance in the learners' drug abuse level. This suggests that only a small proportion of variance in the level of learners' drug abuse was explained by learners' family size. Therefore, the study concludes that although learners from larger families seemed to be more involved in drug abuse compared to their counterparts from smaller families, the differences in drug abuse index were not statistically significant. The differences in the level of drug abuse between the groups were of no practical significance. Thus, the study has proved that there is no statistically significant effect of size of family on drug abuse index among secondary school learners.

5.6: Familial Psychological Factors and Learners' Drug Abuse

The second objective of the study sought to examine how psychological factors affect learner drug abuse in selected Soweto high schools. The familial psychological factors explored included; parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders.

5.6.1: Parental Behavioral Control and Learners' Drug Abuse

The study conceptualizes parental behavioral control as the processes involving forms of parental control involving child internalizing and externalizing behavior. It is interpreted as the extent to which parents/guardians are in control over their children's behavior.

5.6.1a Parental Behavioral Control Scale

Respondents were asked different questions to establish the level of parental behavioral control over them on a five-point scale ranging from strongly disagree (1 point) to strongly agree (5 points). Table 22 summarizes distribution of responses on different indicators of parental behavioral control perceived by their high school learners.

Table 22: *Level of Parental Behavioral Control Perceived by their High School Learners*

	Indicators	1	2	3	4	5	Mean	SD
1	My parents continue altering the rules and regulations on me.	8 (10.3%)	11 (14.1%)	15 (19.2%)	17 (21.8%)	27 (34.6%)	3.6	1.4
2	My parents get annoyed with me without any warning when I do wrong things.	11 (14.1%)	18 (23.1%)	8 (10.3%)	29 (37.2%)	12 (15.4%)	3.2	1.3
3	When I make a mistaken, I will never predict my parents' respond.	9 (11.5%)	22 (28.2%)	12 (15.4%)	23 (29.5%)	12 (15.4%)	3.1	1.3
4	My parents always discipline me without any explanation.	19 (24.4%)	24 (30.8%)	14 (17.9%)	13 (16.7%)	8 (10.3%)	2.6	1.3
5	My parents' way of doing things in the family is only allowed	6 (7.7%)	8 (10.3%)	24 (30.8%)	32 (41.0%)	8 (10.3%)	3.4	1.1
6	My parents believe that there is only one correct way of doing things—their way.	7 (9.0%)	17 (21.8%)	10 (12.8%)	25 (32.1%)	19 (24.4%)	3.4	1.3
7	My parents always say "no" to anything I suggest to them.	18 (23.1%)	18 (23.1%)	13 (16.7%)	16 (20.5%)	13 (16.7%)	2.8	1.4
8	I'm always allowed to disagree with my parents on ideals which I think are inappropriate.	15 (19.2%)	19 (24.4%)	10 (12.8%)	25 (32.1%)	9 (11.5%)	2.9	1.3
9	My parents always attempt to be in command of all that I do	9 (11.5%)	16 (20.5%)	12 (15.4%)	26 (33.3%)	15 (19.2%)	3.3	1.3
10	My parents believe that they always understand better about everything	11 (14.1%)	3 (3.8%)	10 (12.8%)	29 (37.2%)	25 (32.1%)	3.7	1.3
Average level of Parental Behavioral Control		11 (14.1%)	16 (20.5%)	13 (16.7%)	24 (30.8%)	15 (19.2%)	3.2	0.6

Key: 1-Strongly Disagree, 2-Disagree, 3-Not Sure, 4-Agree, 5-Strongly Agree and SD-Standard deviation

Source: Survey data, 2022

Findings depicted by Table 22 show that, out of the 78 high school learners who took part in the survey, 30.8% of them greed with statements indicating that their parents are in control over their behavior, while 19.2% of them indicated that they strongly agreed with such statements. This meant that a half (50.0%) of the sampled high school learners generally agreed that their parents have overwhelming control over their behaviour. On the other hand, whereas 16.7% of the learner participants were unsure, 20.5% of the respondents disagreed with statements indicating that parents have overwhelming control over their behaviour while 14.1% strongly disagreed to such statements. This gave a total of 34.6% of the 78 learners who generally denied that their behaviour are controlled by their parents. This finding suggests that, on average, many of the high school learners have their parents being in control over their behavior.

This was further corroborated by a composite mean of 3.2 (SD=0.6) in the parental behavioral control scale of 1 to 5, which showed general agreement to the statements. For instance, response in Item 1 show that while only 24.4% of respondents disagreed, majority (56.4%) of them agreed that their parents continue altering the rules and regulations on them, reflecting a mean response rate of 3.6 (SD=1.4). More than one out of every two (52.6%) of the respondents confirmed (*M*=3.2; *SD*=1.3) that their parents get annoyed with them without any warning when they do wrong things (Item 2), only 37.2% of them held a contrary opinion. Equally, 44.9% of the learners who participated in the survey indicated that when they make a mistake, they will never predict how their parents would respond. Only 39.7% of the respondents said they always predict their parents' response when they make a mistake, but 15.4% others remained none-committal on this matter.

Conversly, when Item 4 sought to investigate how parents discipline their children, the results of the survey show that while 27.0% of the sampled learners agreed, majority (55.2%) of them disagreed that their parents always discipline them without any explanation. The item attracted a mean response rate of 2.6 with a standard deviation of 1.3, suggesting that there was a moderate agreement that parents sometimes discipline their children without any explanation. What came out clearly from the results of survey is that most parents' way of doing things in the family is only allowed, as was reflected by a mean response rate of 3.4 (SD=1.1) with only 7.7% strongly disagreeing, 10.3% disagreeing, 30.8% being undecided, 41.0% agreeing and 10.3% of the learners

who took part in the study strongly agreeing to the statement of Item 5. This implies that majority of the respondents confirmed that in their families only parents' way of doing things is allowed. In fact, response in Item 6 show that majority of the parents believe that only their way of doing things is correct. This was reflected by a mean response rate of 3.4 (SD=1.3), with 56.5% of the participants alluding that their parents believe that there is only one correct way, which is their way, of doing things.

Likewise, while 46.2% of the sampled learners disagreed and 16.7% remained undecided, some 37.2% of them either agreed or strongly agreed that their parents always say "no" to anything they suggest to them. This reflected a parental behaviour control scale of 2.8 (*SD*=1.4), suggesting a moderate rating. However, response in Item 8 shows that sometimes parents display a low parental behaviour control. This was mirrored by a mean response rating of 2.9 (*SD*=1.3) in the item, with some 43.6% of the respondents alluding that they are always allowed to disagree with their parents on ideals which they think are inappropriate. But, response in Item 9 confirms that many parents command control of behaviour in their families. This was indicated by a mean response rate of 3.3 (SD=1.3), with majority of the respondents agreeing that their parents always attempt to be in command of all that they do. In fact, a significant majority (69.3%) of the respondents indicated that their parents believe that they always understand better about everything. The statement (Item 10) attracted a mean response rate of 3.7 with a standard deviation of 1.3, suggesting that there was agreement among most of the high school learners that their parents believe that they always understand better about everything.

5.6.1b: Effect of Parental Behavioral Control on Learners' Drug Abuse

$H_0$5: Parental Behavioral Control has no statistical significant effect on learner drug abuse

The goal of the study was to determine whether parental behavioral control affects learner drug abuse in particular Soweto high schools. To test the null hypothesis, "Parental behavioral control has no statistically significant effect on learner drug abuse in particular Soweto high schools," data were collected from the study's target population. Simple linear regression analysis was used to test the null hypothesis. The studied null hypothesis was H0: 5 = 0, and the corresponding alternative hypothesis was H1: 5 0. If the null hypothesis is correct, then E(Y) = 0 + 5X shows that

the population mean of Y is 0 for every value of X, indicating that parental behavioral control (X) has no effect on Y (learner drug abuse) and that parental behavioral control, on the other hand, has a statistically significant effect on learner drug abuse.

According to Sullivan and Artino (2013), the mean response across a set of Likert-type scale responses in the measures of both variables was computed to construct an approximately continuous variable that would be appropriate for the use of parametric data. High scale scores indicated high levels of learner drug abuse and high levels of perceived parental behavioral control, and vice versa. In order to reject the null hypothesis, the significance level was established at 0.05, and if the p-value was less than 0.05, it was determined that parental behavioral control had a significant impact on learner drug abuse in the selected of Soweto high schools. The regression model's coefficient values are displayed in Table 23.

Table 23: *Coefficients- Effect of Parental Behavioral Control on Learner Drug Abuse*

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	4.835	.771		6.269	.000	3.299	6.372
	Parent Behaviour Control	-1.080	.346	-.337	-3.124	.003	-1.768	-.391

a. Dependent Variable: Learners' Drug Abuse

$Y = \alpha + \beta_5 X + \varepsilon$

Table 23 show that the unstandardized coefficients for parental behavioral control was -1.080 units, suggesting that when learners' parental behavioral control rises by one unit the level of learner drug abuse would reduce by 1.080 units, which is 95% within CI (-1.768 -.391).
Similarly, an improvement in parental behavioral control by one standard deviation would results into succeeding fall in the level of drug abuse among the secondary school learners by .337

standard deviations. Thus, the results show a significant *p*-value (*t*= -3.124; *p* =.003) of the independent variable, parental behavioral control, demonstrating that there is sufficient evidence to reject the null hypothesis that $\beta_5 = 0$. Consequently, the null hypothesis that "*parental behavioural control has no statistical significant effect on learner drug abuse in selected Soweto high schools*" was rejected. The null hypothesis was therefore supported, thus, it was concluded that there is statistically significant indirect effect of parental behavioral control on learner drug abuse, with the fitted line regression model as: Learner drug abuse = 4.835 - 1.080 (score of parental behavioral control).

Further, regression Analysis of Variance was conducted to establish whether parental behavioral control was a significant predictor to the level of secondary school learner drug abuse. Table 24 shows the summary of regression ANOVA on effect of emotional breakdown on learner drug abuse.

Table 24: *ANOVA- Effect of Parental Behavioral Control on Learner Drug Abuse*

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.718	1	3.718	9.757	.003[b]
	Residual	28.961	76	.381		
	Total	32.679	77			

a. Dependent Variable: Learners' Drug Abuse

b. Predictors: (Constant), Parent Behaviour Control

From the regression ANOVA output shown in Table 24, it is clear that parental behavioral control is a significant predicator to the level of drug abuse, F (1, 76) = 9.757, p=.003. This result has shown that the regression model significantly predicts the level of drug abuse among secondary school learners. Further, Table 25 shows a summary of regression model on the effect of parental behavioral control on learner drug abuse in secondary schools in Soweto.

Table 25: *Model Summary on the Effect of Parental Behavioral Control on Learner Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.337[a]	.114	.102	.61731

a. Predictors: (Constant), Parent Behaviour Control

The model summary indicates that parental behavioral control accounted for 10.2% (Adjusted R^2=.086) of the variation in the level of drug abuse among high school learners in Soweto. This finding implies that variation in the level of parental behavioral control accounted for about one tenth (10%) of the variability in the level of drug abuse among the secondary schools learners.

5.6.2: Parent-Child Attachment Patterns and Learners' Drug Abuse

This section examined the effect of parent-child attachment patterns on learner drug abuse in selected Soweto high schools.The objective was addressed by, first, using descriptive statistics to explore the distribution of parent-child attachment patterns among the sampled learners. Secondly, inferential statistics was used to establish the effect of parent-child attachment patterns on learner drug abuse.

5.6.2a: Descriptive Statistics: Level of Parent-Child Attachment Patterns among the Respondents

The parent-child attachment patterns; secure attachment, avoidant attachment, ambivalent attachment and disorganized attachment were investigated using 24 itemed parent-child attachment questionnaire measured on a five point Likert scale ranging from strongly disagree (1) to strongly agree (5). The parent-child attachment patterns were investigated separately.

Secure Parent-Child Attachment Patterns

To investigate the extent to which the learners were in secure child-parent attachment relationships with their parents, the respondents were asked to rate, using the scale of 1 to 5, how they relate with their parents considering their relationship during the period when their parent are not ill. The study envisaged that children who are in secure attachment to their parents enjoy being with their parents but are secure enough to explore the world and test the limits of their independence. The study envisaged that those who scored high on secure attachment scale are generally happy and

trusting. However, those who scored low on secure attachment scale preferred to be alone and are generally quiet, reserved, and independent. Table 26 providesa summary of respondents' responses on secure parent-child attachment patterns indicators.

Table 26: *Respondents Ratings on Level of Secure Parent-Child Attachment Patterns*

	Secure Attachment	SA	A	N	D	SD	M	SDev.
1	I share an affectionate, warm relationship with my parents	41 (52.6%)	19 (24.4%)	9 (11.5%)	6 (7.7%)	3 (3.8%)	4.1	1.1
2	If upset, I will seek comfort from my parents	23 (29.5%)	21 (26.9%)	14 (17.9%)	16 (20.5%)	4 (5.1%)	3.6	1.3
3	I value my relationship with my parents	45 (57.7%)	17 (21.8%)	8 (10.3%)	5 (6.4%)	3 (3.8%)	4.2	1.1
4	When my parents praise me, I beams with pride	27 (34.6%)	31 (39.7%)	10 (12.8%)	8 (10.3%)	2 (2.6%)	3.9	1.1
5	I react strongly to separation with my parents	11 (14.1%)	23 (29.5%)	20 (25.6%)	15 (19.2%)	9 (11.5%)	3.2	1.2
6	I spontaneously share information about myself with my parents	20 (25.6%)	13 (16.7%)	21 (26.9%)	8 (10.3%)	16 (20.5%)	3.2	1.5
7	My parents often think about me when at work	23 (29.5%)	20 (25.6%)	21 (26.9%)	4 (5.1%)	10 (12.8%)	3.5	1.3
8	I've noticed that I am copying my parents behavior or ways of doing things	24 (30.8%)	10 (12.8%)	12 (15.4%)	13 (16.7%)	19 (24.4%)	3.1	1.6
9	I openly share my feelings and experiences with my parents	19 (24.4%)	18 (23.1%)	11 (14.1%)	14 (17.9%)	16 (20.5%)	3.1	1.5
10	My interactions with my parents make me feel effective and confident as a child	22 (28.2%)	25 (32.1%)	12 (15.4%)	9 (11.5%)	10 (12.8%)	3.5	1.4
	Mean average level of secure parent-child attachment						3.5	1.3

Key: SD-Strongly Disagree; D-Disagree; N-Neutral; A-Agree; SA-Strongly Agree; M-Mean and SDev. – Standard Deviation

Source: Survey Data (2022)

From the findings of the study, there was divergent of opinions among the respondents on the items of secure attachment. For example, on whether the respondents share affectionate, warm relationship with their parents, as was sought by item 1, it emerged that while 9 (11.5%) of the respondents said that they do not have affectionate nor warm relationship with their parents, majority 60 (77.0%) of them asserted that they always share affectionate and warm relationship with their parents. However, some 9 (11.5%) of the respondents remained undecided on this matter. The item attracted mean response rate of 3.6 (SD=1.3), suggesting that a sizeable proportion of the respondents enjoy affectionate, warm relationship with their parents, indicative of secure attachment. Equally, when item 2 sought to find out where the respondents would seek comfort, when upset, it occurred that majority 44 (56.4%) of the respondents said, if upset, they would always seek comfort from their parents. However, about one out of every four 20 (25.6%) of the learners confirmed that they would not go to their parents when upset, but 14 (17.9%) of them remained non-committal on this matter. This item attracted a mean response rate of 3.6 (*SD*=1.3), signifying that although majority of the respondents enjoy secure attachment to their parents another sizeable proportion of them do not enjoy this parent-child attachment pattern.

On whether the respondents value their relationship with their parents (Item 3), the findings of the study revealed that many of them do. This was reflected by a mean response rate of 4.2 (SD=1.1), with close to four fifth 62 (79.5%) of the learners who were surveyed who agreed that they value relationship with their parents, a sign of a strong secure attachment. However, some 8 (10.2%) of them said they do not value relationships with their parents, a sign of low secure attachment. This finding suggests majority of the respondents' value their relationship with their parents. Likewise, when item 4 sought to find out how the respondents behave when they are praised by their parents, whereas only 10 (12.9%) of the respondents indicated that they never beam with pride, a majority 58 (74.3%) of them said they always beam with a great pride when their parents praise them, reflecting a mean rating of 3.9 (*SD*=1.1).

Conversly, many of the respondents are not disturbed when separated from their parents. For example, responses in Item 5 reveal that while 11 (14.1%) of the sampled learners strongly agreed and 23 (29.5%) others agreed that they always react strongly to separation with their parents, 20 (25.6%) others were undecided, but a respectable proportion 24 (30.6%) of them indicated they do

not react in any way to separation with my parents. This suggests that although majority of the respondents are disturbed when separated from their parents, an indication of secure child-parent attachment, many of them are not disturbed at all when separated from their parents, a sign of moderate level (M=3.3; SD=1.4) of child-parent secure attachment. Similarly, responses in Item 6 indicate that although some learners spontaneously share information about themselves with their parents, others hardly share any information with their parents. This was interpreted from a mean response rate of 3.2 (*SD*=1.5), with 33 (43.3%) of the respondents agreeing, but 24 (30.8%) of them disagreeing that they spontaneously share information about themselves with their parents.

However, responses on Item 7 indicate that although many 43 (55.1%) of the respondents believed that their parents often think about them when at work, some 21 (26.9%) others were not sure and some 14 (17.9%) of them believed their parents never think about them when at work. This response reflected a mean rating of 3.5 with standard deviation of 1.3, suggesting that a fair proportion of the learners believed that their parents hardly think about them. On whether the learners were copying their parents' behaviour or ways of doing things (Item 8), there was a sharp division of opinion on this matter. This was revealed by a mean rating of 3.1 (SD=1.6), with 34 (43.6%) of the respondents accepting that they were copying their parents behaviour or ways of doing things and 32 (41.1%) said they never copy their parents behaviour or ways of doing things. While 12 (15.4%) of them remained unsure whether or not they really copy their parents' behavior or ways of doing things.

Item 9 sought to find out whether or not the selected learners openly share their feelings and experiences with their parents. It emerged that 19 (24.4%) of the respondents and 18 (23.1%) others strongly agreed and agreed, respectively, with the statement that "I openly share my feelings and experiences with my parents". Conversely, some 14 (17.9%)of surveyed learners disagreed and 16 (20.5%) others strongly disagreed with the statement, but 11 (14.1%) remained undecided on this matter, suggesting that although majority of the learners alluded that they openly share their feelings and experiences with their parents, many of them do not. Lastly, it emerged from Item 10 that although majority 47 (60.3%) of the learners who took part in the survey believed that their interactions with their parents make them feel effective and confident as a child, some 9 (34.3%) of them did not believe in this. The response in this item attracted a mean rating of 3.5 with a

standard deviation of 1.4, suggesting that whereas many of the learners displayed a fair strong secure child-parent attachments, others show low secure child-parent attachments pattern.

Avoidant Child-Parent Attachment

The study envisaged that learners with an avoidant attachment style may be emotionally distant, often preferring to play and interact with objects rather than people. It is characterized by learners who are wary of physical contact like hugs and cuddles. Learners who display early signs of independence, wanting to do things themselves rather than seek help from their parents or other adults are high in avoidant parent-child attachment, whereas learners who display tendencies of seeking support or help from their parents or other adults are low in avoidant parent-child attachment. Table 27 gives the summary of respondents' responses on avoidant parent-child attachment patterns indicators.

Table 27: *Respondents Ratings on Level of Avoidant Parent-Child Attachment Patterns*

	Indicators	SA	A	N	D	SD	M	SDev.
1	I am uncomfortable with physical affection or touch from my parents	10 (12.8%)	12 (15.4%)	13 (16.7%)	24 (30.8%)	19 (24.4%)	2.6	1.4
2	I not want to accept help from my parents when I need it	9 (11.5%)	13 (16.7%)	10 (12.8%)	22 (28.2%)	24 (30.8%)	2.5	1.4
3	I feel that my parents treats me unfairly	11 (14.1%)	9 (11.5%)	7 (9.0%)	20 (25.6%)	31 (39.7%)	2.3	1.5
4	When I am misbehaving, I respond to my parents looks or tone of voice	15 (19.2%)	12 (15.4%)	7 (9.0%)	18 (23.1%)	26 (33.3%)	2.6	1.5
5	Despite my best effort, I'm uncomfortable with how my parents and I get along	7 (9.0%)	8 (10.3%)	10 (12.8%)	26 (33.3%)	27 (34.6%)	2.3	1.3
	Mean average level of avoidant parent-child attachment						2.5	0.8

Key: SD-Strongly Disagree; D-Disagree; N-Neutral; A-Agree; SA-Strongly Agree; M-Mean and SDev. – Standard Deviation

Source: Survey Data (2022)

The finding of the study show a low level of avoidant parent-child attachment style, as reflected by a composite mean of 2.5 (SD=0.8) in the scale of 1 to 5. For instance, response on Item 1 show

that although some of the sampled learners indicated that they are always uncomfortable with physical affection or touch from their parents, majority of them alluded that they are at ease with physical affection or touch from their parents. This was reflected by the number of the respondents who agreed (15.4% agreed, 12.8% strongly agreed) and those who disagreed (30.8% agreed, 24.4% strongly disagreed) with the statement that "I am uncomfortable with physical affection or touch from my parents". By the same token, response on Item 2 also reveal that although close to three out of every five 46 (59.0%) the surveyed learners either agreed or strongly agreed that they will always want to seek help from their parents when they need it, some 22 (28.2%) others alluded that they would not accept help from their parents when they need it, but 10 (12.8%) remained none indicative on whether they would seek or not help from their parents when they need it. This suggests a mixture of both high and low avoidant child-parent attachment pattern among the respondents.

Similarly, on the perception of how the parents treat the respondents, the responses on Item 3 reveal that whereas majority 51 (65.3%) of the surveyed learners were satisfied that their I feel that their parents treat them well, a sign of a low avoidant child-parent attachment, some 20 (25.6%) of them held the feeling that their parents do not treat well fairly, suggesting high avoidant attachment. The item attracted a mean response of 2.3 with a standard deviation of 1.5, suggesting a low avoidant child-parent attachment pattern. Moreover, from the Item 4 there is evidence that although a few of the learners respect reprimand from their parents, majority do not care. This was reflected by only 12 (15.4%) and 15 (19.2%) of the learners who agreed and strongly agreed, respectively, that when they are misbehaving, they respond to their parents looks or tone of voice. However, more than one out of two 44 (56.4%) of the respondents accepted that their parents looks or tone of voice do not influence how they behave. The composite mean for this item was 2.6 (SD=1.5), suggesting that there is a varied levels of avoidant child-parent attachment pattern among the sampled learners. On how the respondents get along with their parents (Item 5), it emerged that majority of the respondents are comfortable with how they get along with their parents. This was shown by 53 (67.9%) of the respondents who either strongly agreed or agreed that they are comfortable with how they get along with their parents. Only 15 (19.3%) of them alluded that despite their best effort, they are uncomfortable with how they get along with their parents.

Ambivalent Child-Parent Attachment

In this study, ambivalent attachment is characterized by high levels of anxiety and insecurity. The study envisage that learners with this pattern attachment may give impression of being clingy, and more frequently seek the attention of their parent or caregiver, yet may reject that attention when it is offered and may also be wary of strangers. The study investigated ambivalent attachment among the surveyed learners using their responses from the seven itemed questionnaire. Table 28 gives the summary of respondents' responses on ambivalent parent-child attachment patterns indicators.

Table 28: *Respondents Ratings on Level of Ambivalent Parent-Child Attachment Patterns*

	Indicators	SA	A	N	D	SD	M	SDev.
1	My parents and I always seem to be struggling with each other	18 (23.1%)	13 (16.7%)	9 (11.5%)	21 (26.9%)	17 (21.8%)	2.9	1.5
2	I appear hurt or embarrassed when my parents corrects me	9 (11.5%)	11 (14.1%)	15 (19.2%)	23 (29.5%)	20 (25.6%)	2.6	1.3
3	I try to please my parents	36 (46.2%)	20 (25.6%)	10 (12.8%)	4 (5.1%)	8 (10.3%)	3.9	1.3
4	I remain angry or is resistant after being disciplined	14 (17.9%)	10 (12.8%)	12 (15.4%)	27 (34.6%)	15 (19.2%)	2.8	1.4
5	When I am in a bad mood, I know we are in for a long and difficult day	18 (23.1%)	16 (20.5%)	12 (15.4%)	22 (28.2%)	10 (12.8%)	3.1	1.4
6	I whine or cry when I wants something from my parents	11 (14.1%)	9 (11.5%)	6 (7.7%)	24 (30.8%)	28 (35.9%)	2.4	1.4
7	I expresses myself hurt or jealously when my parents spend time with other children	19 (24.4%)	8 (10.3%)	9 (11.5%)	19 (24.4%)	23 (29.5%)	2.8	1.6
	Mean average level of ambivalent parent-child attachment						2.9	0.7

Key: SD-Strongly Disagree; D-Disagree; N-Neutral; A-Agree; SA-Strongly Agree; M-Mean and SDev. – Standard Deviation

Source: Survey Data (2022)

The results of the survey reveal that there is generally moderate level of ambivalent child-parent attachment pattern among the surveyed learners, as was reflected by a composite mean 2.9 with a standard deviation of 0.7. However, the results of the survey revealed a mixed response on the indicators of ambivalent parent-child attachment pattern. For example, the response in Item 1, attracting a mean of 2.9 (SD=1.5), indicate that while 38 (48.8%) of the learners who took part in the survey denied that they always struggle with their parents, 31 (39.8%) others agreed that they always seem to be struggling with each other. Equally, when Item 2 sought to find out the response of the learners when they are corrected by their parents, the findings revealed that although majority 43 (55.1%) of the respondents held a contrary stand, a respectable proportion 20 (25.6%) of them asserted that they appear hurt or embarrassed when they are corrected by their parents. However, 15 (19.2%) of them remained undecided on the matter and the item computed mean was 2.6 (SD=1.3).

Similarly, the findings in Item 4 show that although majority 43 (55.1%) of the respondents held a contrary opinion, a respectable proportion 24 (30.7%) of them asserted that they always remain angry or become resistant after being disciplined. The Item rating was 2.8 (*SD*=1.4), suggesting that whereas some of the respondents agreed, others denied that they remain angry or resistant after being disciplined by their parents, suggesting a mixed rating on ambivalent child-parent attachment. In fact, a significant majority 56 (71.8%) of the learners who took part in the survey accepted (*M*=3.9; *SD*=1.3) that they always try to please their parents, only 12 (15.4%) of them refuted the claim that they always try to please their parents most of the times. Close to a quarter 18 (23.1%) and 16 (20.5%) of the sampled learners strongly agreed and agreed, respectively, that when they are in a bad mood with their parents, they know they are in for a long and difficult day. However, some 32 (41.0%) of the respondents believed that being in a bad mood, has nothing to do with the day a head.

Item 6, revealed that majority of the respondents refuted that the assertion that they have to whine or cry when they want something from their parents, as reflected by a mean rating of 2.4 (SD=1.4). Only 20 (25.6%) of the respondents accepted that they always whine or cry when they want something from their parents. Equally, response on Item 7 show that although some 27 (34.7%) of the respondents confirm that they usually expresses themselves hurt or jealously when their parents

spend time with other children, more than a half 42 (53.9%) of the learners who were surveyed refuted such argument.

Disorganized Child-Parent Attachment

Disorganized child-parent attachment is characterized by seeking extreme closeness or extreme distance with no in-between, highly anxious of others intentions, inconsistency with their own romantic relationships, fear of abandonment, fear of getting emotionally intimate and low self-esteem. On one hand, learners who score high on disorganized child-parent attachment usually display anger and erratic behavior, depressed, withdrawn, and unresponsive. On the other hand, learners of low disorganized child-parent attachment are generally tolerant to stress and less likely to experience negative emotions like fear, sadness, anxiety, and guilt. This study investigated disorganized child-parent attachment among the sampled selected secondary school learners using seven itemed questionnaire. Their responses on the indicators of disorganized child-parent attachment were summarized in Table 29.

Table 29: *Respondents Ratings on Disorganized Child-Parent Attachment*

	Indicators	**SA**	**A**	**N**	**D**	**SD**	**M**	**SDev.**
1	I am overly dependent on my parents	20 (25.6%)	18 (23.1%)	8 (10.3%)	17 (21.8%)	15 (19.2%)	3.1	1.5
2	I easily become angry at my parents	8 (10.3%)	12 (15.4%)	10 (12.8%)	28 (35.9%)	20 (25.6%)	2.5	1.3
3	I ask for my parents help when I do not need help	7 (9.0%)	8 (10.3%)	7 (9.0%)	29 (37.2%)	27 (34.6%)	2.2	1.3
4	I see my parents as a source of punishment and criticism	2 (2.6%)	12 (15.4%)	12 (15.4%)	21 (26.9%)	31 (39.7%)	2.1	1.2
5	Dealing with my parents drains my energy	6 (7.7%)	14 (17.9%)	19 (24.4%)	21 (26.9%)	18 (23.1%)	2.6	1.2
6	My feelings towards my parents can be unpredictable or can change suddenly	14 (17.9%)	20 (25.6%)	12 (15.4%)	10 (12.8%)	22 (28.2%)	2.9	1.5
7	I am sneaky or manipulative with my parents	0 (0.0%)	0 (0.0%)	21 (26.9%)	36 (46.2%)	21 (26.9%)	2.0	0.7

Mean rating of disorganized child-parent attachment	2.5	0.6

Key: SD-Strongly Disagree; D-Disagree; N-Neutral; A-Agree; SA-Strongly Agree; M-Mean and SDev. – Standard Deviation

Source: Survey Data (2022)

It emerged from the results of the survey that on average many of the respondents had moderate levels of disorganized child-parent attachment among the learners who were surveyed, as was reflected by a mean agreement rating of 2.5 (SD=0.6). For instance, responses on item 1 indicate that while some of the respondents were not overly dependent on their parents (21.8% disagreed, 19.2% strongly disagreed), some of them agreed that they are always excessively dependent on their parents (23.1% agreed, 25.6% strongly agreed), which suggests that close to a half of them fall in the category disorganized child-parent attachment pattern (*M*=3.1, *SD*=1.5). However, 10.3% of the respondents remained undecided on this matter, showing mixed findings. Equally, the results, as shown by responses on Item 2, revealed that while 10.3% and 15.4% of the respondents strongly agreed and agreed, respectively, that they easily become angry at their parents, many of them refuted the claim (35.9% disagreed, 25.6% strongly disagreed) that they easily become angry at their parents. The item had a computed average positive response rate of 2.5 (SD=1.3), suggesting that while some of the respondents showed a low disorganized child-parent attachment pattern, some other were of high disorganized child-parent attachment pattern.

By the same token, the results of the responses on Item 3 revealed that while 10.3% and 9.0% of the respondents agreed and strongly agreed, respectively, that they sometimes ask for their parents help when they do not need help, majority of them disagreed (37.2% disagreed, 34.6% strongly disagreed) that they ask for their parents help when they do not need help. This item generated mean agreement response of 2.2 with a standard deviation of 1.3, suggesting that majority of the respondents did not support the statement. Item 4 sought to find out how respondents view of their parents. The results indicate that while 15.4% of the respondents did not divulge what they thought of their parents, some 18.0% of them agreed (15.4% agreed, 2.6% strongly agreed) that they always see their parents as a source of punishment and criticism, but a majority of them either disagreed

(26.9%) or strongly disagreed (39.7%) that they always see their parents as a source of punishment and criticism. Equally, response on Item 5 which attracted a mean positive response rate of 2.6 (*SD*=1.2) show that some 25.6% of the respondents alluded that dealing with their parents drains their energy, indicating high disorganized child-parent attachment, but half (50.0%) of the respondents denied that dealing with their parents drains their energy, which reflects low disorganized child-parent attachment pattern. This suggests that while some of the respondents showed high disorganized child-parent attachment pattern, many of them are of low disorganized child-parent attachment pattern. However, 24.4% of the respondents were undecided on this statement.

Furthermore, the results of the survey (Item 6) revealed that 12.8% of the respondents disagreed, 28.2% strongly disagreed, 15.4% were undecided, 25.6% agreed and 17.9% strongly agreed that their feelings towards their parents are unpredictable and can change suddenly. Given that the item attracted a mean positive response rate of 2.9 (SD=1.5), suggests that there is fairly moderate agreement that many of learners feelings' towards their parents are unpredictable. Lastly, the responses on Item 7, with a mean positive response rate of 2.0 (SD=0.7), show that although 26.9% of respondents remained none committal, a significant proportion (73.1%) of them either disagreed or strongly disagreed that they are sneaky or manipulative with their parents.

5.6.2c: Parent-Child Attachment Patterns Ratings

Learners' parent-child attachment ratings were computed from their responses in the five point Likert scaled questionnaire. Each parent-child attachment pattern was measured within the scale of 1 to 5, the negatively worded statements were reversed such that 1 represented the least rating while 5 represented the highest level of personality trait scale. Table 30 presents descriptive statistics of parent-child attachment patterns among sampled learners.

Table 30: *Descriptive Statistics of Parent-Child Attachment Patterns among Respondents*

		Mean		Std.		
	N	M	SE	Deviation	Skewness	Kurtosis
Secure Attachment	78	3.5449	.08939	.78948	-.595	-.490

Avoidant Attachment	78	2.4718	.09587	.84667	.500	.233
Ambivalent Attachment	78	2.9121	.07921	.69956	.336	-.360
Disorganized Attachment	78	2.5018	.06777	.59850	-.094	-.249

Source: Survey data (2022)

It is evident from Table 30 that the respondents reached the highest mean score in the secure attachment (*Mean* =3.54; *SD*=.79), followed by ambivalent attachment at a mean of 2.91 (*SD*=.70) in the scale of 1 to 5. The lowest mean score was recorded in avoidant attachment (*M* = 2.47; *SD*=.10). However, disorganized attachment was rated at 2.50 with a standard deviation of .59. These findings suggest that, on average, majority of the learners show high level of secure attachment as being self-contented, social, warm, and easy to connect to. The results of the survey show that they are aware of and able to express their feelings. On the contrary, the fact that they were rated moderate in avoidant attachment suggests that many of the learners who were sampled for the survey neither exhibit strong desire for closeness with others. A look at the skewness of the means, show that secure attachment and disorganized attachment both had a negative skew. This implies that most of the learners had their parent-child attachment scores less than the sample mean scores of each of the attachment styles. However, avoidant attachment and ambivalent attachment pattern all had positive skew of means, suggesting that majority of the surveyed learners' recorded higher scores than the means scores in these children-parent attachment patterns.

5.6.2d: Correlation Analysis of Parent-Child Attachment Patterns and Drug Abuse

Pearson's correlation analysis was used to determine the degree of relationships between parent-child attachment patterns and drug abuse. The scores of all the variables (parent-child attachment patterns) were converted into ratio scaled data by computing mean responses per respondents. Correlations Table 31 presents the mean values, standard deviations and correlations between secure attachment, avoidant attachment, ambivalent attachment and disorganized attachment and drug abuse.

Table 31: *Correlation Analysis of Parent-Child Attachment Patterns and Drug Abuse*

	Descriptive Statistics		Correlation coefficients				
Variable	Mean	SD	1	2	3	4	5
Secure Attachment (1)	3.54	.79	1	-.149	-.187	-.270*	- .547**
Avoidant Attachment (2)	2.47	.85		1	-.021	.043	.030
Ambivalent Attachment (3)	2.9	.70			1	-	.071
Disorganized Attachment (4)	2.50	.60				1	.439**
Drug Abuse (5)	2.69	0.24					1

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

The results of the correlation analysis presented in Table 31 show that there is weak-to-moderate correlation between parent-child attachment patterns and drug abuse in both positive and negative magnitudes. There was a statistically significant negative correlation between secure attachment and drug abuse($r = -.547$, $p<.01$). This implies that there is indirect relationship between secure attachment pattern and drug abuse. Learners who are brought up in high secure child-parent attachment are likely to indulge less in drug abuse and vice-versa. On the contrary, the study established that there is statistically significant direct relationship ($r = .439$, $p<.01$) between disorganized attachment and drug abuse, implying that a learner who was exposed to higher levels of disorganized attachment mostly indulgence in drug abuse. This suggests that children brought up under highly disorganized child-parent attachment have higher probability of abusing drugs. Equally, the findings of the study show that although both avoidant attachment and ambivalent attachment have positive relationship to drug abuse, but their relationships are not statistically significant ($p>.05$).

5.6.2e: Regression Analysis of Parent-Child Attachment Patterns and Drug Abuse

Regression analysis was used to determine the degree of influence of parent-child attachment patterns on drug abuse. Given that parent-child attachments are not mutually exclusive in individuals, use of a multiple regression analysis is not justified. Therefore, the study used simple linear regression where each parent-child attachment pattern was independently regressed on

learners' drug abuse scale scores. The summary of regression analysis results are presented in Table 32.

Table 32: *Regression of Parent-Child Attachment Patterns and Drug Abuse*

	Model Summary		ANOVA		Coefficient		
Variable	R^2	*SEE*	*F*	*p-value*	*b*	*t*	*Sig.*
Secure Attachment (1)	.300	.545	32.505	.000	-0.450	-5.701	.000
Avoidant Attachment (2)	.001	.655	0.067	.796	0.023	0.259	.796
Ambivalent Attachment (3)	.005	.654	0.380	.540	0.066	0.616	.540
Disorganized Attachment (4)	.193	.589	18.156	.000	0.459	4.261	.000

SEE-Standard Error of Estimate

The values of coefficients of determination, as expressed by R^2 values, reveals that the level of influence of parent-child attachment patterns and drug abuse varies. For example, the results of the study show that secure attachment had the highest influence on drug abuse among the high school learners. It accounted for 30%, as signified by *R* Square value of .300 (*SEE*=.54), of the variation in the level of drug abuse among the learners. However, avoidant attachment explained the least variation, $R^2 =$ .001 (*SEE*=0.66) in the level of drug abuse, suggesting that only 0.1% of variation in the level of drug abuse among the high school learners is attributed to their level of avoidant chid-parent attachment. Disorganized attachment accounted for 19.3% (*R-Square*=.193) and ambivalent attachment accounted for only 0.5% (R-Square=.005) of the variance in drug abuse among the high school learners.

The differences in the level of influence of the parent-child attachment patterns and drug abuse were further confirmed by the coefficient values. For instance, secure attachment had the highest coefficient values (*B* = -0.450, *t*= -.5.701, *p* =.000), suggesting that it made the highest reciprocal

impact on drug abuse among the learners. This indicates that for every one unit rise in the level of secure attachment, there is an ensuing decrease in drug abuse rating by .450 units. Disorganized attachment had the second highest coefficient value (B= 0.459, t=4.261, p=.000), implying that when this child-parent attachment rise by one unit there would be successive rise in the level of drug abuse scale, though only by .459 units. On the contrary, changes in the level of the other two chid-parent attachments, avoidant attachment and ambivalent attachment, did not cause any statistically significant changes in the degree of drug abuse among the high school leaners.

Moreover, it is evident from the ANOVA results that whereas secure attachment and disorganized attachment patterns were indeed significant predictors of drug abuse among the high school learners, avoidant attachment and ambivalent attachment were not. Secure attachment and disorganized attachment patterns each had a significant F values (t > 1.96, p<.001), suggesting that the level of avoidant attachment and ambivalent attachment patterns can be used to significantly be relied on to predict drug abuse among the high school learners in Soweto.

5.6.3: Emotional Breakdown and Learner Drug Abuse

This section sought to investigate how emotional breakdown affect the involvement of learners in drug abuse. The objective was addressed by, first, exploring the respondents level of emotional breakdown and, second, by establishing the degree of effect of emotional breakdown on learners' drug abuse.

5.6.3a: Ratings on the level of Emotional Breakdown among the Respondents

The surveyed learners were presented with ten-itemed 5-point Likert scaled questionnaire whose constructs showed signs of emotional breakdown. The respondents were requested to indicate the extent to which they agreed with statements from strongly disagreed (1) to strongly agreed (5). Their responses were summarized as in Table 33.

Table 33: *Rating on Emotional Breakdown*

	Indicators	1	2	3	4	5	M	SDev
1	I find it difficult to sleep	21 (26.9%)	26 (33.3%)	6 (7.7%)	15 (19.2%)	10 (12.8%)	2.6	1.4
2	I get angry quickly	14 (17.9%)	8 (10.3%)	9 (11.5%)	31 (39.7%)	16 (20.5%)	3.3	1.4
3	I feel depressed most of the time	13 (16.7%)	19 (24.4%)	10 (12.8%)	19 (24.4%)	17 (21.8%)	3.1	1.4
4	I always feel paranoid	14 (17.9%)	20 (25.6%)	27 (34.6%)	13 (16.7%)	4 (5.1%)	2.7	1.1
5	I always avoid family and friends.	17 (21.8%)	29 (37.2%)	4 (5.1%)	15 (19.2%)	13 (16.7%)	2.7	1.4
6	I avoid my responsibilities	19 (24.4%)	22 (28.2%)	11 (14.1%)	19 (24.4%)	7 (9.0%)	2.7	1.3
7	I have lost self-respect for personal hygiene	32 (41.0%)	18 (23.1%)	21 (26.9%)	5 (6.4%)	2 (2.6%)	2.1	1.1
8	I have general disinterest in life	12 (15.4%)	16 (20.5%)	20 (25.6%)	19 (24.4%)	11 (14.1%)	3.0	1.3
9	I eat a lot of unhealthy food	4 (5.1%)	14 (17.9%)	6 (7.7%)	37 (47.4%)	17 (21.8%)	3.6	1.2
10	I always feel sick	19 (24.4%)	31 (39.7%)	10 (12.8%)	13 (16.7%)	5 (6.4%)	2.4	1.2
Average rating on emotional breakdown		17 (21.2%)	20 (26.0%)	12 (15.9%)	19 (23.8%)	10 (13.1%)	2.8	0.7

Key: SD-Strongly Disagree; D-Disagree; N-Neutral; A-Agree; SA-Strongly Agree; M-Mean and SDev.-Standard Deviation. Source: Survey Data (2022)

The summary of findings from the learners about their status on emotional breakdown showed that 23.8% of them agreed to the statements measuring emotional breakdown and of all the participants, 13.1% of strongly agreed with statements that indicated that measure emotional breakdown which is a likely indication that they suffer emotional breakdown. Both the "agree" and "strongly agree" responses are an indication that the learners exhibit signs of emotional breakdown. This meant that a total of 45.9% of the learners who took part in the survey had symptoms of emotional breakdown. However, according to the findings, there was an unsure vote of 15.9% participants, which was a likely indication that some of the respondents were ambivalent about their perceptions of their emotional status. They would therefore likely fall on either side of 'agreeing' or 'disagreeing' to experiencing emotional breakdown.

However, out of the 78 study participants, 26.0% disagreed to responses indicating low emotional breakdown, while 21.2% strongly disagreed to the statements. In responding to both 'disagree' and 'strongly disagree' statements, a total of 47.2% of the respondents showed a likely indication of no or low emotional breakdown. It is notable that the percentage of the learners that experienced emotional breakdown and the percentage that did not experience emotional breakdown almost tallied with a 45.9 % ('strongly agree' + 'agree' statements) and 47.2% (strongly disagree' and disagree' statements), while the remaining 15.9% was unsure and could fall on either side. This suggests that whereas some of the learners did not show signs of emotional breakdown, a sizeable proportion of them were suffering emotional breakdown. On average, emotional breakdown among the sampled learners was rated at 2.8 (SD=0.7) in the scale of 1 to 5, suggesting a moderate level of emotional breakdown.

On individual items, response in item 1 show that although many of the respondents refuted (26.9% strongly disagreed, 33.3% disagreed) the claim that they find it difficult to sleep, some of them agreed (19.2% agreed, 12.8% strongly agreed) that they find it difficult to sleep, reflecting a moderate (M=2.6; SD=1.4) emotional breakdown. However, while only 28.2% of the respondents disagreed, majority (60.2%) of them accepted that they sometimes get angry very quickly. Likewise, whereas 41.1% of the surveyed learners denied that they feel depressed most of the

times, many (46.2%) others agreed they feel depressed most of the times. In additionalthough 34.6% remained noncommittal, 21.8% others accepted that they always feel paranoid. Furthermore, at a mean rating of 2.7 (SD=2.7), while majority (59.0%) of respondents denied, 35.9% of them agreed that they always avoid family and friends, which a sign of emotional breakdown. Moreover, 33.3% agreed they had lost self-respect for personal hygiene and 38.5% observed that they had general disinterest in life. On what they eat, the results of the survey show that more than two thirds (69.2%) of the respondents were in agreement that they eat a lot of unhealthy food, which translates to a mean emotional breakdown of 3.6 with a standard deviation of 1.2. On the same note, though at a fairly small rating (*M*=2.4; *SD*=1.2), some of the respondents said that they always felt sick, which is a symptom of some element of emotional breakdown.

Having looked at descriptive statistics employed in this objective, inferential statistics was further used to establish whether the effect of emotional breakdown on learner drug abuse in selected Soweto high schools is statistically significant, as shown in the following sub-section.

5.6.3b: Effect of Emotional Breakdown on Learner Drug Abuse

$H_0$6: Emotional breakdown has no statistical significant effect on learner drug abuse in selected Soweto high schools.

The study sought to investigate the effect of emotional breakdown on learner drug abuse in selected Soweto high schools, the null hypothesis that *"emotional breakdown has no statistical significant effect on learner drug abuse in selected Soweto high schools"* was tested.

The studied null hypothesis was H0: 10 = 0, and the matching alternative hypothesis was H1: 6 0, and the null hypothesis was tested using simple linear regression analysis. If the null hypothesis is correct, then E(Y) = 0 + 6X indicates that emotional breakdown has no effect on learner drug abuse, while the alternative is that emotional breakdown has a statistically significant effect. According to Sullivan and Artino (2013), the mean response across a set of Likert-type scale responses in the measurements of both variables were computed to construct an approximately continuous variable, making them appropriate for the use of parametric data. High scale ratings predicted both high learner drug misuse and high perceived emotional breakdown, and vice versa.

The significance level was set at 0.05, thus if the p-value was less than 0.05, the null hypothesis would be disproved and it would be concluded that emotional breakdown has a substantial impact on student drug consumption in a subset of Soweto high schools. The regression model's coefficient values are displayed in Table 34.

Table 34: *Coefficients- Effect of Emotional Breakdown on Learner Drug Abuse*

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1 (Constant)	1.631	.289		5.650	.000	1.056	2.206
Emotional Breakdown	.286	.099	.313	2.876	.005	.088	.484

a. Dependent Variable: Drug Use

$Y = \alpha + \beta_6 X + \varepsilon$

Table 34 show that the unstandardized coefficients for emotional breakdown was.286 units, suggesting that when learners' emotional breakdown rises by one unit the level of learner drug abuse rises by 286 units, which is 95% within CI .088 .484). Similarly, an increase in learners' emotional breakdown by one standard deviation would results into succeeding rise in the level of drug abuse among the secondary school learners by .313 standard deviations. Suffice, the results show a significant *p*-value (t= 2.876; p =.005) of the independent variable, emotional breakdown, proving that there is sufficient evidence to reject the null hypothesis that $\beta_{10} = 0$. Hence, the null hypothesis that "*emotional breakdown has no statistical significant effect on learner drug abuse in selected Soweto high schools*" was rejected. The hypothesis that emotional breakdown has statistical significant effect on learner drug abuse in selected Soweto high schools was therefore supported. Consequently, it was concluded that there is statistically significant direct effect of emotional breakdown on learner drug abuse, with the fitted line regression model as: Learner drug abuse = 1.631 + .286 (score of learner emotional breakdown).

In addition, regression analysis of variance was conducted to establish whether emotional breakdown was a significant predictor to the level of secondary school learner drug abuse. Table 35 shows the summary of regression ANOVA on effect of emotional breakdown on learner drug abuse.

Table 35: *ANOVA- Effect of Emotional Breakdown on Learner Drug Abuse*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.208	1	3.208	8.272	.005[b]
	Residual	29.472	76	.388		
	Total	32.679	77			

a. Dependent Variable: Drug Use

b. Predictors: (Constant), Emotional Breakdown

According to the results of the regression ANOVA displayed in Table 35, emotional breakdown is a significant predictor of drug abuse, with an F (1, 76) value of 9.296 and a p-value of.003. This finding demonstrates how accurately the regression model can forecast the extent of drug abuse among high school learners. A regression model on the impact of emotional breakdown on learner drug abuse in Soweto high schools is also included in Table 36.

Table 36: *Model Summary on the Effect of Emotional Breakdown on Learner Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.313[a]	.098	.086	.62272

a. Predictors: (Constant), Emotional Breakdown

According to the model summary, emotional breakdown accounted for 8.6% of the variation in the prevalence of drug usage among high school learners, as indicated by the coefficient Adjusted

R2=.086. According to this finding, the difference in the emotional breakdown level among high school learners explained roughly 9% of the variability in the amount of drug abuse.

5.6.4: Psychological Distress and Learner Drug Abuse

The study aimed at finding out if there is any effect of psychological disorders on drug abuse among the secondary schools learners. The objective was addressed by, first, exploring the respondents level of psychological distress and, second, by establishing the degree of effect of psychological distress on learners' drug abuse.

5.6.4a: Ratings on the level of Psychological Distress among the Respondents

Respondents were asked questions with an aim to establish their level of distress. They were presented with Kessler Psychological Distress Scale comprised of 10 questions with a five-level response scale to identify levels of distress. The respondents were requested to indicate the extent to which they agreed with statements from strongly disagreed (1) to strongly agreed (5). Their responses were summarized as in Table 37.

Table 37: *Responses on Psychological Distress Indicators*

	Indicators	5	4	3	2	1	M	SDev
1	In the past 4 weeks, about how often did you feel tired out for no good reason?	13 (16.7%)	13 (16.7%)	26 (33.3%)	10 (12.8%)	16 (20.5%)	3.0	1.3
2	In the past 4 weeks, about how often did you feel nervous?	8 (10.3%)	13 (16.7%)	22 (28.2%)	16 (20.5%)	19 (24.4%)	2.7	1.3
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	7 (9.0%)	10 (12.8%)	23 (29.5%)	8 (10.3%)	30 (38.5%)	2.4	1.4
4	In the past 4 weeks, about how often did you feel	15 (19.2%)	12 (15.4%)	22 (28.2%)	13 (16.7%)	16 (20.5%)	3.0	1.4

	hopeless?							
5	In the past 4 weeks, about how often did you feel restless or fidgety?	12 (15.4%)	11 (14.1%)	21 (26.9%)	6 (7.7%)	28 (35.9%)	2.7	1.5
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?	8 (10.3%)	9 (11.5%)	28 (35.9%)	6 (7.7%)	27 (34.6%)	2.6	1.3
7	In the past 4 weeks, about how often did you feel depressed?	15 (19.2%)	10 (12.8%)	23 (29.5%)	9 (11.5%)	21 (26.9%)	2.9	1.4
8	In the past 4 weeks, about how often did you feel that everything was an effort?	15 (19.2%)	15 (19.2%)	25 (32.1%)	12 (15.4%)	11 (14.1%)	3.1	1.3
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	12 (15.4%)	22 (28.2%)	23 (29.5%)	6 (7.7%)	15 (19.2%)	3.1	1.3
10	In the past 4 weeks, about how often did you feel worthless?	13 (16.7%)	11 (14.1%)	13 (16.7%)	19 (24.4%)	22 (28.2%)	2.7	1.4
Mean Average Distress Level		21 (26.3%)	11 (13.5%)	23 (29.0%)	13 (16.2%)	12 (15.1%)	2.8	0.9

Key: 5-All of the time; 4-Most of the time; 3-Some of the time; 2-A little of the time; 1-None of the time; M-Mean and SDev-Standard deviation

Distress Scale: *Likelihood of having psychological distress: 1-1.9 (Likely to be well); 2.0-2.4 (Likely to have a mild disorder); 2.5-2.9 (Likely to have a moderate disorder); 3.0-5.0 (Likely to have a severe disorder)*

Source: Survey data (2022)

The results of the survey revealed that, on average the sampled learners, suffer moderate disorder, as reflected by a composite mean of 2.8 (SD=0.9) with all the indicators of psychological distress mean ranging from a low of 2.4 to a high of 3.1. Further, summary of findings from the learners' response about their status on level of psychological distress revealed that on average 13.5% of them agreed that most of the times and 26.3% of them agreed that all of the times they suffer psychological distress. Both the "most of the times" and "all the times" responses are an indication that the learners frequently display symptoms of psychological distress. This suggests that a total of 39.8% of the learners who were interviewed had warning signs of psychological distress.

However, the survey results show that 29.0% of the participants were only occasionally distressed, because this group of respondents said that they only sometimes experienced the signs and symptoms of psychological distress. In addition, out of the 78 study participants, 16.2% only felt distressed a little of the times, while another 15.1% alluded that they had never felt distressed at all. It is noteworthy that only 15.1% of the sampled learners did not experience any magnitude psychological distress at any time in the previous four weeks, while the remaining majority of them had at least had felt some level of psychological distress ranging from a little of the times to all the times in the previous four weeks. This suggests that whereas some of the learners did not show signs of psychological distress, a substantial proportion of them were suffering psychological distress. This was not surprising because of the fact that the sampled learners had history of drug abuse, yet generally adolescent dug abuse predicts psychological distress in them.

From the survey results, many of them showed experiences that were commonly troubling, confusing or out of the ordinary, for example change of behavior, heightened emotions in a negative way and poor relationships with the people around them, among others. Their responses on individual items of Kessler Psychological Distress Scale that measures of psychological distress support this acquirement. For instance, out of 78 respondents 33.4% accepted that in the past 4 weeks, they often felt tired out for no good reason, some 33.3% said they experienced this situation some of the times and 12.8% felt it a little of the times. Only 20.5% of them said that in the past 4 weeks, they had never felt tired out for no good reason. Equally, whereas majority of the

respondents agreed, ranging from a little of the times to all of the times, that they often felt nervous in the past 4 weeks, only 24.4% of them believed that they had none of the times felt nervous in the past 4 weeks. In fact, while only 38.5% of the respondents negated, 21.8% agreed that quite often, 29.5% agreed that some of the times and 10.5% agreed that in a little of times in the past 4 weeks, they often felt so nervous that nothing could calm them down, indicative of psychological distress.

A feeling hopelessness attracted a mean response rate of 3.0 (SD=1.4), with only 20.5% of the respondents indicating that they had never felt hopeless in the past 4 weeks, while a majority of the them agreeing that they often felt hopeless (19.2% felt it all of the time, 15.4% felt it most of the times, 28.2% felt it some of the time and 16.7% felt it little of the times). Equally, while only 35.9% of the surveyed learners alluded they had never felt restless or fidgety in the past 4 weeks, some 15.4% said they felt it all of the time, 14.1% agreed that they felt it most of the times and 34.6% of the respondents agreed that in the past 4 weeks, they had occasionally felt restless or fidgety. In fact, 21.8% of the respondents said that in the past 4 weeks they always felt so restless that they could not sit still, some 35.9% of said they had the feeling but only some times. However, 34.6% of them eluded that in the past 4 weeks they had never felt so restless that they could not sit still.

On the feeling of being depressed, while only 26.9% insisted otherwise, a majority of the respondents accepted that in the past 4 weeks, they often felt depressed (19.2% felt it all the times, 12.8% felt it most of the times, 29.5% felt it occasionally and 11.5% felt it at least a little of the times). Similarly, at a mean rate of 3.1 (SD=1.3) a bulk of the respondents agreed that in the past 4 weeks, they often felt (19.2% felt it all the times, 19.2% felt it most of the times, 32.1% felt it occasionally and 15.4% felt it at least a little of the times) that everything was an effort. Only 14.1% of the learners who took part in the survey said that in the past 4 weeks, they had never felt that anything was an effort.

With regards to their moods, the results of the survey show that whereas only 19.2% of the respondents held a contrary feeling, a respectable proportion of them said that in the past 4 weeks,

they often felt (15.4% felt it all the times, 28.2% felt it most of the times, 29.5% felt it occasionally and 7.7% felt it at least a little of the times) so sad that nothing could cheer them up. In fact, about one out of every three (33.4%) learners who participated in the survey agreed that in the past 4 weeks, they always felt worthless. Only 28.2% of them indicated that they never felt worthless in the last 4 weeks. This finding suggests that a significant majority of the learners who took part in the survey were likely to have a mild disorder or even a moderate disorder, as consequences of psychological distress.

Lastly, having explored the responses from Kessler Psychological Distress Scale using descriptive statistics, inferential statistics was further used to establish whether psychological distress has any statistical significant effect on learner drug abuse in selected Soweto high schools. This was done by testing a hypothesis.

5.6.4b: Effect of Psychological distress on Learner Drug Abuse

$H_0$7: Psychological distress has no significant effect on learner drug abuse in selected Soweto high schools.

The study sought to investigate whether there was any statistical significant effect of psychological distress on learner drug abuse in selected Soweto high schools. The null hypothesis that *"**psychological distress has no significant effect on learner drug abuse in selected Soweto high schools**"* was tested. The studied null hypothesis is H0: 7 = 0, and the related alternative hypothesis is H1: 7 0 and the null hypothesis was evaluated using simple linear regression analysis. The population mean of Y is 0 for every value of X if the null hypothesis is correct, indicating that psychological anguish has no influence on learner drug abuse, as opposed to the alternative, which is that psychological distress has an effect on learner drug abuse. If the p-value was less than 0.05, the null hypothesis would be rejected and it would be determined that a significant difference existed. The significant level (p-value) was fixed at .05. If the p-value was more than 0.05, it would be assumed that there is no significant difference. The regression model's coefficient values are displayed in Table 38.

Table 38: *Coefficients- Effect of Psychological Distress on Drug Abuse*

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	T	Sig.	Lower Bound	Upper Bound
1	(Constant)	1.794	.231		7.767	.000	1.334	2.254
	Kessler Psychological Distress	.229	.078	.317	2.918	.005	.073	.385

a. Dependent Variable: Drug Use

$Y = \alpha + \beta_9 X + \varepsilon$

The slope coefficient for psychological distress was .229, suggesting that learners' drug abuse level rises by .229 units which is 95% within CI (.073 .385) for each one unit increase in psychological distress among high school learners. Similarly, a one standard deviation increase in psychological distress causes a direct change of .317 standard deviations in learer drug abuse levels. The explanatory variable, psychological distress, has a significant p-value (t=2.918; p=.005), which makes it clear that there is enough data to rule out the null hypothesis that 9 = 0. Drug Abuse = 1.794 +.229 (score of psychological distress) was the fitted regression model.

Hence, the null hypothesis that "***psychological distress has no significant effect on learner drug abuse in selected Soweto high schools***" was rejected. Thus, it was concluded that there is statistically significant direct effect of psychological distress on drug abuse among learners in secondary schools. However, to establish whether psychological distress was a significant predictor to drug abuse among learners in secondary schools, regression Analysis of Variance was conducted, as suggested by Creswell (2014), as shown in Table 39.

Table 39: *ANOVA- Effect of Psychological Distress on Drug Abuse*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.292	1	3.292	8.513	.005[b]
	Residual	29.388	76	.387		

Total	32.679	77	

a. Dependent Variable: Drug Use

b. Predictors: (Constant), Kessler Psychological Distress

From the ANOVA output shown in Table 39, it is seen that psychological distress is a significant predicator to drug abuse among secondary school learners, F (1, 76) = 8.513, p =.005. This result confirms that the regression model predicts drug abuse among secondary school learners significantly well. In addition, Table 40 shows a regression model on the effect of psychological distress on drug abuse among secondary school learners.

Table 40: *Model Summary on Regression Analysis of Effect of Psychological Distress on Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.317[a]	.101	.089	.62183

a. Predictors: (Constant), Kessler Psychological Distress

From the model summary, the finding of the study show that psychological distress accounted for 8.9%, as signified by coefficient Adjusted R^2=.089, of the variation drug abuse among secondary school learners. This finding suggests that variation in the level of psychological distress explained about 9% of the variability in drug abuse among secondary school learners.

5.7: Familial Social Factors and Learners' Drug Abuse

The third objective of the study investigated how familial social factors affect learner drug abuse in selected Soweto high schools. The familial social factors examined included; parent–adolescent relationship, sibling influence and parental influence.

5.7.1: Parent-Adolescent Relationship and Learners' Drug Abuse

This section investigated how parent-adolescent relationship affects the involvement of learners in drug abuse. The objective was addressed by, first, exploring the respondents level of parent-adolescent relationship and, second, by establishing the degree of effect of parent-adolescent relationship on learners' drug abuse.

5.7.1a: Ratings on the level of Parent-Adolescent Relationship among the Respondents

The study participants were presented with a ten-itemed 5-point Likert scaled questionnaire whose constructs showed signs of parent-adolescent relationship. The respondents were requested to indicate the extent to which they agreed with statements from strongly disagreed (1) to strongly agreed (5). Their responses were summarized as in Table 41.

Table 41: *Ratings on the Level of Parent-Adolescent Relationship*

	Indicators	1	2	3	4	5	M	SDev
1	I think highly of my mother	11 (14.1%)	3 (3.8%)	6 (7.7%)	30 (38.5%)	28 (35.9%)	3.8	1.4
2	My father is the person I want to be like	18 (23.1%)	14 (17.9%)	24 (30.8%)	10 (12.8%)	12 (15.4%)	2.8	1.4
3	I really enjoy spending time with my parents/guardians	8 (10.3%)	5 (6.4%)	18 (23.1%)	30 (38.5%)	17 (21.8%)	3.6	1.2
4	My parents/guardian does praise me for doing well	4 (5.1%)	8 (10.3%)	5 (6.4%)	38 (48.7%)	23 (29.5%)	3.9	1.1
5	My parents/guardians always criticize me and my ideas	17 (21.8%)	21 (26.9%)	14 (17.9%)	18 (23.1%)	8 (10.3%)	2.7	1.3
6	My parents/guardian help me to do things that are important to me	3 (3.8%)	5 (6.4%)	9 (11.5%)	35 (44.9%)	26 (33.3%)	4.0	1.0

7	My parents/guardian always blame me for my problems	10 (12.8%)	14 (17.9%)	17 (21.8%)	25 (32.1%)	12 (15.4%)	3.2	1.3
8	My parents/guardian often make plans with me and cancel for no good reason	12 (15.4%)	29 (37.2%)	16 (20.5%)	11 (14.1%)	10 (12.8%)	2.7	1.3
Average parent-adolescent relationship rating		10 (13.3%)	12 (15.9%)	14 (17.5%)	25 (31.6%)	17 (21.8%)	3.3	0.4

Key: 1-Strongly disagree; 2-disagree; 3-Undecided; 4-Agree and 5-Strongly agree

Source: Survey data (2022)

Summary of responses on parent-adolescent relationship ratings indicate that on average the learners enjoy moderate (M=3.3: SD=0.4) quality relationship with their parents. On one hand for instance, about a third (31.6%) agreed to the statements gauging their relationship with their parents and of all the participants, 21.8% strongly agreed with statements that indicate a positive measure of parent-adolescent relationship which is a likely indication that the learners have some positive relationship with their parents. Both the "agree" and "strongly agree" responses are an indication of good parent-adolescent relationship. This meant that a total of 52.4% of the learners who took part in the survey had quality relationship with their parent.

On the other hand, according to the findings, 17.5% of the participants remained undecided, which was a likely indication that some of the respondents were unsure about their perceptions of their relationship with their parents. They would therefore likely fall on either side of 'agreeing' or 'disagreeing' to parent-adolescent relationship scale. However, out of the 78 study participants, 15.9% disagreed to responses indicating positive parent-adolescent relationship, while 13.3% strongly disagreed to the statements. Summing up both 'disagree' and 'strongly disagree' statements, a total of 29.2% of the respondents showed a likely indication of poor parent-adolescent relationship. It is evident that the percentage of the learners that enjoyed positive parent-adolescent relationship was more than the percentage that seemed to experience poor parent-adolescent relationship. Notwithstanding, this suggests that not all leaners enjoyed positive

relationship with their parents because a substantial proportion of them seemed to have had poor relationship with their parents.

On individual items, response on item 1 shows that although many of the respondents agreed (38.5% agreed, 35.9% strongly agreed) that they always think highly of their mothers, some of them disagreed (3.8% disagreed, 14.1% strongly disagreed) that they think highly of their mothers, reflecting that many of them had a fairly strong positive (*M*=3.8; *SD*=1.4) relationship with their mothers. However, on Item 2, while only 28.2% of the respondents accepted that their father is the person they want to be like, many (41.0%) were not keen to be like their fathers and 30.8% were undecided. Likewise, whereas 60.3% of the surveyed learners alluded that they really enjoy spending time with their parents/guardians (*M*=3.6; *SD*=1.2), some 16.7% others accepted that they do not enjoy spending time with their parents/guardians (Item 3). Similarly, response on Item 4, show that although majority of the sampled learners agreed (48.7% agreed, 29.5% strongly agreed) that their parents/guardians usually praise them for doing well, 15.4% alluded that their parents/guardians never praise them even if they do well, reflecting parent-adolescent relationship rating of 3.9 (*SD*=1.1).

However, on criticism, the responses on Item 5 attracted mean rating of 2.7 (*SD*=2.7), with a significant majority (48.7%) of respondents saying that their parents/guardians hardly criticize them and their ideas, while 33.4% of them indicating that their parents/guardians always criticize them and their ideas, which is a sign of mixed parent-adolescent relationship. On the contrary, although close to four out of every five (78.2%) of them agreed that their parents/guardians always (*M*=4.0; *SD*=1.0) help them to do things that are important to them, some 10.2% of them either disagreed or strongly disagreed that their parents/guardians help them to do things that are important to them. However, to reflect poor relationship, response on Item 7 reveal that 47.4% of the selected learners insisted that their parents/guardian always blame them for their problems and 26.9% of them observed that although their parents/guardian often make plans with them, the plans are always cancelled for no good reason (Item 8), which translates to a mean adolescent-parent relationship of 2.7 with a standard deviation of 1.2.

Having explored the responses of the respondents on adolescent-parent relationship, inferential statistics was further used to establish whether adolescent-parent relationship has statistically significant effect on learner drug abuse in selected Soweto high schools.

5.7.1b: Effect of Adolescent-Parent Relationship on Learner Drug Abuse

$H_0$8: There is no significant effect of parent–adolescent relationship on learner drug abuse in selected Soweto high schools.

The study sought to investigate the effect of parent-adolescent relationship on learner drug abuse in selected Soweto high schools, the null hypothesis that *"parent–adolescent relationship has no statistical significant effect on learner drug abuse in selected Soweto high schools"* was tested. The analyzed null hypothesis was H0: 8 = 0 and the matching alternative hypothesis was H1: 8 0, and the null hypothesis was evaluated using simple linear regression analysis. If the null hypothesis is correct, then E(Y) = 0 + 8X indicates that X (parent-adolescent relationship) has no effect on Y (learner drug abuse), and the alternative is that parent-adolescent relationship has statistically significant effect on learner drug abuse.

To make the measures of both variables suitable for the use of parametric data, as suggested by Sullivan and Artino (2013), the mean response across a set of Likert-type scale responses was computed. This created approximately continuous variables, within an open interval of 1 to 5. High scale scores indicated high learner drug abuse and high learner drug use, and vice versa. In order to reject the null hypothesis, the significance level was established at 0.05, and if the p-value was less than 0.05, it was determined that there was a significant association between parent-adolescent relationships and learner drug abuse in particular Soweto high schools. The regression model's coefficient values are displayed in Table 42.

Table 42: *Coefficients- Effect of Parent-Adolescent Relationship on Learner Drug Abuse*

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound

1 (Constant)	3.705	.430		8.610	.000	2.848	4.562
Parent-Adolescent Relationship	-.374	.125	-.324	-2.990	.004	-.624	-.125

a. Dependent Variable: Drug Use

$Y = \alpha + \beta_8 X + \varepsilon$

It is evident that the unstandardized coefficient for parent-adolescent relationship was negative .374, signifying that the level of learner drug abuse decreases by .374 units at 95% CI (-.624 - .125), for each one unit improvement in parent-adolescent relationship. Similarly, an improvement in parent-adolescent relationship by one standard deviation would results into a reduction of level of drug abuse among the secondary school learners by .324 standard deviations, as reflected by a Beta value of .324.

It is evident that there is a significant p-value (t= -2.990; p =.004) of parent-adolescent relationship, signifying that there is sufficient evidence to reject the null hypothesis that $\beta_8 = 0$. Hence, the null hypothesis that "*parent–adolescent relationship has no statistical significant effect on learner drug abuse in selected Soweto high schools*" was rejected. The hypothesis that parent–adolescent relationship has statistical significant effect on learner drug abuse in selected Soweto high schools is therefore supported, with improvement in parent-adolescent relationship resulting into lower indulgence in leaner drug abuse. Consequently, it was concluded that there is statistically significant reciprocal effect of parent–adolescent relationship on learner drug abuse. The fitted line regression model was: Learner drug abuse = 3.705 - .374 (score of parent-adolescent relationship). However, to establish whether parent-adolescent relationship was truly a significant predictor to secondary school learner drug abuse, regression Analysis of Variance was conducted, as suggested by Creswell (2014) and Tabachnick & Fidell (2001), among others. Table 43 shows the summary of regression ANOVA on effect of parent–adolescent relationship on learner drug abuse.

Table 43: *ANOVA- Effect of Parent–Adolescent Relationship on Learner Drug Abuse*

Model	Sum of Squares	df	Mean Square	F	Sig.

1	Regression	3.439	1	3.439	8.938	.004[b]
	Residual	29.241	76	.385		
	Total	32.679	77			

a. Dependent Variable: Drug Use

b. Predictors: (Constant), Parent-Adolescent Relationship

The parent-adolescent relationship is clearly a significant predictor of the level of drug abuse, as indicated by the regression ANOVA result in Table 43, F (1, 76) = 8.938, p=.004. This finding demonstrates how well the regression model predicts the prevalence of drug abuse among high school learners. A regression model on the impact of parent-adolescent relationships on student drug misuse in Soweto secondary schools is also included in Table 44.

Table 44: *Model Summary on Effect of Parent–Adolescent Relationship on Learner Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.324[a]	.105	.093	.62028

a. Predictors: (Constant), Parent-Adolescent Relationship

The model summary reveals that parent-adolescent relationship accounted for 9.3% (coefficient Adjusted R^2=.093) of the variation in the level of drug abuse among secondary school learners. This finding suggests that variation in the level of parent-adolescent relationship explained about 9% of the variability in the level of drug abuse among the secondary schools learners.

5.7.2: Parental Influence on Learners' Drug Abuse

This section examined how parental influence affects learner drug abuse. The objective was addressed through use of descriptive statistics to understand the views of the respondents on their parental influence and inferential statistics was used to establish the degree of effect of parental influence on learners' drug abuse.

5.7.2a: Ratings on the level of Parental Influence

The sample learners were presented with a six-itemed 5-point Likert scaled questionnaire whose constructs showed signs of negative parental influence. The respondents were requested to indicate the extent to which they agreed with statements from strongly disagreed (1) to strongly agreed (5). Their responses were summarized as in Table 45.

Table 45: *Ratings on the Level of Parental Influence*

	Indicators	1	2	3	4	5	M	SD
1	I have seen my parents take drugs	50 (64.1%)	10 (12.8%)	2 (2.6%)	14 (17.9%)	2 (2.6%)	1.8	1.3
2	My parents always send me to buy drugs	52 (66.7%)	10 (12.8%)	0 (0.0%)	15 (19.2%)	1 (1.3%)	1.8	1.2
3	My parents do not mind me taking drugs	52 (66.7%)	21 (26.9%)	1 (1.3%)	0 (0.0%)	4 (5.1%)	1.5	1.0
4	My parents do not speak out bad about drugs	41 (52.6%)	26 (33.3%)	4 (5.1%)	1 (1.3%)	6 (7.7%)	1.8	1.1
5	My parents have offered me drugs	56 (71.8%)	22 (28.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1.3	0.5
6	My parents allow me to take drugs	53 (67.9%)	24 (30.8%)	1 (1.3%)	0 (0.0%)	0 (0.0%)	1.3	0.5
Average ratings on the level of parental influence		51 (65.0%)	19 (24.1%)	1 (1.7%)	5 (6.4%)	2 (2.8%)	1.6	0.6

Key: 1-Strongly disagree; 2-disagree; 3-Undecided; 4-Agree and 5-Strongly agree

Source: Survey data (2022)

The study findings show that, on average, the level of parental influence on drug abuse was found to be fairly low, as reflected by a composite mean rating of 1.6 (SD=0.6) in the scale of 1 to 5. In overall, although some of the sampled learners agreed (6.4% agreed, 2.8% strongly agreed) with

statements suggesting that parental influence has effect on learners drug abuse, a significant majority of respondents disagreed (65.0% disagreed, 24.1% strongly disagreed) with the statements that suggests that parental influence has effect on learners drug abuse. This finding implies that many of the surveyed learners did not believe that parental influence has any effect on learners' drug abuse.

On individual items, response on Item 1 shows that whereas some 20.5% of the respondents either agreed or strongly agreed that they had seen their parents take drugs, translating to a moderate negative effect of parental influence (M=2.4; SD=1.5) on learners' drug abuse. However, on whether parents send their children to buy drugs, response on Item 2 show that although a significant majority of surveyed learners denied (66.7% strongly disagreed, 12.8% disagreed) that their parents always send them to buy drugs, some 20.5% of the respondents accepted that their parents sometimes send them to buy drugs, translating to a mean response rate of 1.6 (SD=1.0). Likewise, while 33.3% and 52.6% of the respondents disagreed and strongly disagreed, respectively, with the statement "my parents do not mind me taking drugs", 5.1% of the surveyed learners alluded that their parents do not mind them taking drugs (M=1.8; SD=1.1) and another 9.0% others accepted that their parents do not speak out bad about drugs (Item 4).

However, what came out clearly was that none of respondents (Item 5) accepted that their parents had offered them drugs, showing that no parent knowingly would offer hard drugs to their children, translating to a very low parental influence of 1.7 with a standard deviation of 1.1. Similarly, the responses on Item 6 which attracted mean rating of 1.6 (SD=0.9) show that most parents do not allow their children to take drugs. Equally, 30.8% and 67.9% of the surveyed respondents disagreed and strongly disagreed, respectively, that their parents allow them to abuse drugs.

5.7.2b: Effect of Parental Influence on Learners' Drug Abuse

$H_0$9: There is no significant effect of parental influence on learner drug abuse in selected Soweto high schools.

The investigated whether there was any statistical significant effect of parental influence on learner drug abuse in selected Soweto high schools. The null hypothesis that "there is no significant effect

of parental influence on learner drug abuse in selected Soweto high schools" was tested. The null hypothesis was tested using simple linear regression analysis with the investigated null hypothesis being, H0: $\beta 9 = 0$ and the corresponding alternative hypothesis is H1: $\beta 9 \neq 0$. If the null hypothesis is true, then from $E(Y) = \beta 0 + \beta 9X$ the population mean of Y is $\beta 0$ for every X value, which indicates parental influence has no effect on learner drug abuse and the alternative being that parental influence is associated to learner drug abuse. If the p-value was less than 0.05, the null hypothesis would be rejected and it would be determined that a significant difference existed. The significant level (p-value) was fixed at.05. If the p-value was more than 0.05, it would be assumed that there is no significant difference. The regression model's coefficient values for the impact of parental influence on drug abuse are displayed in Table 46.

Table 46: *Coefficients- Effect of Parental Influence on Drug Abuse*

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	T	Sig.	Lower Bound	Upper Bound
1 (Constant)	1.684	.317		5.311	.000	1.052	2.315
Parental Influence	.501	.206	.269	2.435	.017	.091	.910

a. Dependent Variable: Learners' Drug Abuse

$Y = \alpha + \beta_9 X + \varepsilon$

From the model it is evident that parental influence has unstandardized coefficient value of .501, suggesting that learners' drug abuse level rises by .501 units which is 95% within CI (.091, .910) for each one unit rise in parental influence among secondary school learners. Similarly, rise on how parents negatively sway their children by one standard deviation results into proportionate rise in learners' drug abuse levels by .269 standard deviations. It is evident that there is a significant p-value (t=2.435; p=.017) of parental influence, signifying that there is sufficient evidence to reject the null hypothesis that $\beta_9 = 0$. The fitted regression model was: Drug Abuse = 1.684 + .501 (scores on parental influence).

Hence, the null hypothesis that "***there is no statistically significant effect of parental influence on learner drug abuse in selected Soweto high schools***" was rejected. Consequently, it was concluded that there is statistically significant direct effect of parental influence on drug abuse among learners in secondary schools. This suggests that parent's positive opinion, attitude or actions especially with regard use of drugs shapes the child's attitudes towards the use of drugs.

However, to establish whether parental influence was truly a significant predictor to drug abuse among learners in secondary schools, regression Analysis of Variance was conducted, as suggested by Creswell (2014), as shown in Table 47.

Table 47: *ANOVA- Effect of Parental Influence on Drug Abuse*

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.365	1	2.365	5.928	.017[b]
	Residual	30.315	76	.399		
	Total	32.679	77			

a. Dependent Variable: Learners' Drug Abuse

b. Predictors: (Constant), Parental Influence

From the ANOVA output shown in Table 47, it is evident that parental influence is without a doubt a significant predicator to drug abuse among secondary school learners, F (1, 76) = 5.928, p=.017. This result point out that the regression model predicts drug abuse among secondary school learners significantly well. Further, Table 48 shows a regression model on the effect of parental influence on drug abuse among secondary school learners.

Table 48: *Model Summary on Regression Analysis of Effect of Parental Influence on Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	.269[a]	.072	.060	.63157

a. Predictors: (Constant), Parental Influence

The model summary reveals that parental influence accounted for 6.0% (coefficient Adjusted R^2=.060) of the variation drug abuse among secondary school learners. This value measures how much variability of the learners' drug abuse is caused by its relationship to parental influence. This correlation, known as the "goodness of fit," being represented by .06 suggests that 6% of the level of learners' drug abuse is predicted by parental influence. It indicates that variation in the level of parental influence explains a fairly low variability in drug abuse among secondary school learners.

5.7.3: Sibling Influence and Learners' Drug Abuse

Sibling influence was envisaged as having an effect on learners in drug abuse, consequently the study sought to investigate the extent of effect of sibling influence on learners' drug abuse among high school learners. The objective was addressed by, first, exploring the respondents level of sibling influence and, second, by establishing the degree of effect of sibling influence on learners' drug abuse.

5.7.3a: Ratings on the level of Sibling Influence among the Respondents

The study participants were presented with a ten-itemed 5-point Likert scaled questionnaire whose constructs showed signs of parent-adolescent relationship. The respondents were requested to indicate the extent to which they agreed with statements from strongly disagreed (1) to strongly agreed (5). Their responses were summarized as in Table 49.

Table 49: *Ratings on the Level of Sibling Influence*

	Indicators	**1**	**2**	**3**	**4**	**5**	**M**	**SD**
1	I have seen my brothers take drugs	34 (43.6%)	13 (16.7%)	5 (6.4%)	19 (24.4%)	7 (9.0%)	2.4	1.5

2	My brothers always send me to buy drugs	46 (59.0%)	22 (28.2%)	5 (6.4%)	2 (2.6%)	3 (3.8%)	1.6	1.0
3	My brothers do not mind me taking drugs	43 (55.1%)	19 (24.4%)	10 (12.8%)	2 (2.6%)	4 (5.1%)	1.8	1.1
4	My brothers do not speak out bad about drugs	32 (41.0%)	10 (12.8%)	7 (9.0%)	23 (29.5%)	6 (7.7%)	2.5	1.5
5	My brothers have offered me drugs	46 (59.0%)	20 (25.6%)	4 (5.1%)	6 (7.7%)	2 (2.6%)	1.7	1.0
6	My brothers allow me to take drugs	49 (62.8%)	18 (23.1%)	7 (9.0%)	4 (5.1%)	0 (0.0%)	1.6	0.9
Average ratings on the level of sibling influence		42 (53.4%)	17 (21.8%)	6 (8.1%)	9 (12.0%)	4 (4.7%)	1.9	0.6

Key: 1-Strongly disagree; 2-disagree; 3-Undecided; 4-Agree and 5-Strongly agree

Source: Survey data (2022)

Responses on the level of sibling influence indicate that, on average, the surveyed learners rated its influence as very low. This was interpreted by a composite mean of 1.9 (SD=0.6) in the scale of 1 to 5, with the scale items ratings ranging from a low of 1.6 to a high of 2.4. In summary, about a fifth (21.8%) disagreed to the statements insinuating the influence of their sibling on drug abuse and of all the participants, 53.4% strongly disagreed with the statements that indicate a negative measure of sibling influence. Suffice, both the "disagree" and "strongly disagree" responses are an indication of low influence of sibling on learners' drug abuse. This meant that a total of 75.2% of the learners who took part in the survey refuted the claim that sibling has influence on drug abuse among high school learners.

On the other hand, according to the findings, 8.1% of the participants remained undecided, which was a likely indication that some of the respondents were unsure about their perceptions of their siblings' influence. They would therefore likely fall on either side of 'agreeing' or 'disagreeing' to sibling influence scale. However, out of the 78 study participants, 12.0% agreed to statements, while 4.7% strongly agreed to the statements indicating negative sibling influence. Summing up

both ‘agree’ and ‘strongly agree’ statements, a total of 16.7% of the respondents showed a likely indication of respondents who were being influenced by their sibling on drug abuse.

Although, it is evident that the proportion (75.2%) of the learners that believed that their sibling had no influence on them was more than the proportion (16.7%) that seemed to believe that their sibling had influence on them with regard to drug abuse, at least sibling influence has effect on some leaners with regard to drug abuse. These findings were corroborated by individual item responses, where at a mean rate of 2.4 (SD=1.5) about one out of every three (33.4%) of the study participants agreed that they had seen their brothers take drugs, 6.4% accepted that their brothers always send them to buy drugs, 7.7% confirmed that their brothers do not mind them taking drugs and a sizeable proportion (37.2%) of the respondents agreed that their brothers do not speak out badly about use of drugs, translating to a respectable mean (M=2.5; SD=1.5) sibling influence on drug abuse. In fact, on average, about one out of every ten (10.3%) high schools learners asked, agreed that their brothers had offered them drugs and some 5.1% bluntly accepted that their brothers allow them to take drugs, suggesting a persuasive influence of sibling towards drug abuse.

5.7.3b: Effect of Sibling Influence on Learners’ Drug Abuse

$H_0$10*:* Sibling influence has no statistical significant effect on learner drug abuse in selected Soweto high schools.

In order to test the null hypothesis that "Sibling influence has no statistically significant effect on learner drug abuse in selected Soweto high schools," the study attempted to examine the impact of sibling influence on learner drug abuse in particular Soweto high schools. The studied null hypothesis was H0: 10= 0, and the matching alternative hypothesis was H1: 10 0, and the null hypothesis was evaluated using simple linear regression analysis. If the null hypothesis is correct, then E(Y) = 0 + 10X shows that there is no effect of sibling influence on learner drug abuse and that sibling influence has a statistically significant effect on learner drug abuse as an alternative.

In order to produce nearly continuous variables that are acceptable for the use of parametric data, Artino (2013) estimated the mean response across a collection of Likert-type scale responses in the measures of both variables. High scale scores indicated high levels of learner drug abuse and

high levels of perceived sibling influence, and vice versa. The significance level was set at 0.05, and if the p-value was less than 0.05, the null hypothesis would be disproved and it would be concluded that sibling influence has a significant impact on learner drug abuse at selected Soweto high schools. The regression model's coefficient values are displayed in Table 50.

Table 50: *Coefficients- Effect of Sibling Influence on Learner Drug Abuse*

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	1.950	.174		11.194	.000	1.603	2.297
	Sibling Influence	.252	.083	.330	3.049	.003	.087	.417

a. Dependent Variable: Drug Use

$Y= \alpha + \beta_{10}X + \varepsilon$

Results in Table 50 shows the unstandardized coefficient value for sibling effect as .252, demonstrating that the level of learner drug abuse would rise by .252 at 95% CI (.087 .417), for each one unit improvement in sibling effect. Accordingly, a Beta value of.330 indicates that a one standard deviation increase in sibling negative influence will cause a.330 standard deviation increase in drug misuse among secondary school learners. It suffices to say that the sibling impact has a significant p-value (t= 3.049; p =.003), indicating that there is enough data to reject the null hypothesis that 10 = 0. The null hypothesis that "sibling influence has no statistically significant effect on learner drug abuse in selected Soweto high schools" was thus disproved.

The hypothesis that sibling influence has statistical significant effect on learner drug abuse in selected Soweto high schools was therefore supported. Consequently, it was concluded that there is statistically significant direct effect of sibling influence on learner drug abuse. The fitted line regression model was: Learner drug abuse = 1.950 + .252 (scores of sibling influence).

Furthermore, regression Analysis of Variance was conducted to establish whether sibling influence was a significant predictor to the level of secondary school learner drug abuse. Table 51 shows the summary of regression ANOVA on effect of sibling influence on learner drug abuse.

Table 51: *ANOVA- Effect of Sibling Influence on Learner Drug Abuse*

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.562	1	3.562	9.296	.003[b]
	Residual	29.118	76	.383		
	Total	32.679	77			

a. Dependent Variable: Drug Use

b. Predictors: (Constant), Sibling Influence

From the regression ANOVA output shown in Table 51, it is clear that sibling influence is a significant predicator to the level of drug abuse, F (1, 76) = 9.296, p=.003. This result has confirmed that the regression model significantly predicts the level of drug abuse among secondary school learners. Further, Table 52 shows a regression model on the effect of sibling influence on learner drug abuse in secondary schools in Soweto.

Table 52: *Model Summary on the Effect of Sibling Influence on Learner Drug Abuse*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.330[a]	.109	.097	.61897

a. Predictors: (Constant), Sibling Influence

The model summary in table 52 shows that the variation in drug abuse among high school learners was explained by sibling influence in 9.7% of cases (coefficient Adjusted R2=.097). According to this research, close to 10% of the variability in the amount of drug abuse among high school can

be attributed to variations in the degree to which younger siblings imitate the drug-using behaviors of older siblings in the family.

5.8: Findings on Support Available at Home for Learners involved in Drug Abuse

The study's fourth goal was to investigate the different types of assistance that are offered to drug-abusing leaners at home. The study operationalized support as the potential assistance given at home to learnerslearners who take drugs to aid in prevention or risk management. The availability of indicators of help they receive at home was made available, and the respondents were asked to indicate their level of agreement. The responses were summarized in frequency percentages as given in Table 53, with a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree) to 3 (Neutral) used as the response format.

Table 53: *Home Based Support Available for Learners who Abuse Drugs*

	Indicators	1	2	3	4	5	M	SDev
1	My parents communicate clearly with me regarding the dangers and problems of using harmful legal substances.	10 (12.8%)	15 (19.2%)	5 (6.4%)	30 (38.5%)	18 (23.1%)	3.4	1.4
2	My parents are encouraged to establish clear rules and consequences regarding youth use of these substances.	9 (11.5%)	15 (19.2%)	7 (9.0%)	32 (41.0%)	15 (19.2%)	3.4	1.3
3	Parents were encouraged to provide clear messages about their own values and beliefs regarding youth use of legal products to get high.	6 (7.7%)	15 (19.2%)	19 (24.4%)	26 (33.3%)	12 (15.4%)	3.3	1.2
4	My parents have clear family rules about using substances to attain a high, and the ability to monitor compliance with these rules.	5 (6.4%)	2 (2.6%)	24 (30.8%)	28 (35.9%)	19 (24.4%)	3.7	1.1
5	My parents provide rewards or reinforcement when youth adhere to the family rules regarding substance use.	8 (10.3%)	27 (34.6%)	15 (19.2%)	17 (21.8%)	11 (14.1%)	2.9	1.2
6	My parents identify the specific drug and other child and adolescent problems in the home.	10 (12.8%)	16 (20.5%)	20 (25.6%)	20 (25.6%)	12 (15.4%)	3.1	1.3
7	My parents teach values and standards of right and wrong.	4 (5.1%)	2 (2.6%)	5 (6.4%)	44 (56.4%)	23 (29.5%)	4.0	1.0
8	My parents make sure their teens knows the rules and the consequences	5 (6.4%)	12	11	29	21	3.6	1.3

	for breaking those rules — and, most importantly, they really enforce those consequences.			(15.4%)	(14.1%)	(37.2%)	(26.9%)		
9	My parents have a plan to educate their children on the dangers of drug use and abuse.	4	(5.1%)	19 (24.4%)	12 (15.4%)	17 (21.8%)	26 (33.3%)	3.5	1.3
10	My parents make it clear that they disapprove of all alcohol, vamping, nicotine and drug use, and look for opportunities to discuss your feelings about substance use in a productive way:	6	(7.7%)	13 (16.7%)	17 (21.8%)	23 (29.5%)	19 (24.4%)	3.4	1.3
11	My parents generally provide family skills training programs that encourages any adult who cares for their children to attend the program. This could include grandparents, aunts, uncles, older siblings, foster parents, and hired caregivers	11 (14.1%)		8 (10.3%)	21 (26.9%)	25 (32.1%)	13 (16.7%)	3.3	1.3
12	My parents train children on social and emotion-regulation skills, peer resistance skills, problem solving and effective communication.	5	(6.4%)	21 (26.9%)	17 (21.8%)	18 (23.1%)	17 (21.8%)	3.3	1.3
Average availability of HBS for learners in drug abuse		7(9.1%)		14 (17.6%)	14 (18.2%)	25 (33.0%)	17 (22.1%)	3.4	0.86

Key: 1-Strongly disagree; 2-disagree; 3-Undecided; 4-Agree and 5-Strongly agree

Source: Survey data (2022)

The results of the survey revealed that there are respectable amount of home based support available for learners who abuse drugs in Soweto families. This was reflected by a composite mean of 3.4 (SD=0.9) in the scale of 1 to 5, with the scale items agreement ratings ranging from a low of 2.9 to a high of 4.0. On average, 17.6% of the respondents disagreed and 9.1% others strongly disagreed with the statements on support that were available at home for learners who were involved in drug abuse. Therefore, both the “disagree” and “strongly disagree” responses are an indication of lack of or inadequacy of availability of home support for learners who are involved in drug abuse. This suggests that a total of 26.7% of the learners who took part in the survey believed that the home support for learners who abuse drugs are inadequate or not available at all.

Conversly, according to the findings, out of the 78 study participants, 33.0% agreed to the statements and 22.1% strongly agreed to the statements showing that home based support for

learners who abuse drugs are available and adequate. In totality, both 'agree' and 'strongly agree' statements sum up to 55.1% of the respondents showing that more than a half of the surveyed learners were satisfied by the availability and adequacy of home based support for those learners who abuse drugs.

However, 18.2% of the participants remained undecided, which was a likely indication that some of the respondents were unsure about the existence or adequacy of home based support for learners who abuse drugs. These groups of respondents would therefore plunge on either side of 'agreeing' or 'disagreeing' to the existence or adequacy of home based support for learners who abuse drugs scale. Although, it is evident that the proportion (26.7%) of the learners who believed that the home support for learners who abuse drugs are inadequate or not available was less than the proportion (55.1%) who believed that home support for learners who abuse drugs are available and adequate. This implies that even though majority of the respondents were satisfied with the status of home based support for drug abusers, some of them felt that the support is inadequate or totally not available.

Responses to specific items on the scale supported these findings. For instance, while many respondents (38.5% agreed, 23.1% strongly agreed), resulting in a mean agreement of 3.4 (SD=1.4), agreed that their parents should talk to them openly about the risks and difficulties of using harmful legal substances, nearly one-third (32.0%) of respondents disagreed with this statement. Similarly, when it came to the establishment of clear rules and consequences for drug abuse, the majority of respondents (60.2%) generally agreed that parents are encouraged set rules and repurcutions for breaking them as farbas youth use of harmful substances, about 30.7% disagreed and 9.0% were unsure.

The majority of respondents (60.3%) confirmed that their parents have clear family rules about using drugs to achieve a high standard in education, and the ability to monitor compliance with these rules, while another 9.0% indicated that their families do not have clear family rules about using drugs, nor do they have the ability to monitor compliance with these rules. The agreement rating for this group was 3.7 (SD=1.1). While some respondents (21.8% agreed, 14.1% strongly

agreed), many others (34.6% disagreed, 10.3% strongly disagreed) did not believe their parents should reward or encourage them when they follow the household's no-drug policy. This implies that some of the home-based support established by the study's findings includes the usage of rewarding desired behaviors and punishing undesirable ones.

Equally, while 41.0% of respondents said their parents always identify specific drugs and handle adolescent problems related to it in the home, 25.6% were not sure what their parents do, but 33.3% of them said their parents never do this. However, a significant majority (85.9%) of the surveyed learners held a close to unanimous agreement (M=4.0; SD=1.0) that their parents teach values and standards of right and wrong, and a majority of them agreed (37.2% agreed, 26.9% strongly agreed) that their parents make sure they know the rules and the consequences for breaking those rules and that the parents are always quick to enforce those consequences. In fact, at mean rate of 3.5 (SD=1.3) there was in agreement (21.8% agreed, 33.3% strongly agreed) that most parents have a plan to educate their children on the dangers of drug use and abuse. This means that the study has confirmed that use of skills training is a home based support used prevent indulgence in drug abuse.

In addition, the survey's results indicate that many parents are outspoken in their opposition to any kind of drug, alcohol, or tobacco use and actively look for chances to have in-depth discussions about these topics with their adolescent kids. The items mean rating of 3.4 and standard deviation of 1.3 both supported this. The results of the survey also show that certain families consistently promote family skills training programs and encourage any adult who cares for their children to enroll in the course. This may include grandparents, aunts, uncles, older siblings, foster parents, and hired carers, with a mean rating of 3.3 (SD=1.3) and 48.8% of the learners responding positively. Similarly, 44.9% of the learners who participated in the survey believed that their parents should teach them good communication, problem-solving, peer resistance, and social and emotion regulation skills (M=3.3; SD=1.3).

Overall, the survey's findings indicate that learners who take drugs can get some home support. For instance, the study found that open lines of communication between parents and children, skill

development, family prevention programs, consistent development of positive parent-child relationships, and family supervision and monitoring are some of the home-based support programs against drug abuse.

5.9: A structural equation modelling for family-based adverse childhood experiences and learner drug abuse

The last objective of the study sought to develop a structural equation modelling that could explain family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools. The study envisaged that structural equation modelling could help measure and analyze the relationships of family-based adverse childhood experiences and learner drug abuse. In the study, family-based adverse childhood experiences were characterized by biographical factors, familial psychological factors and familial social factors. Biographical factors was comprised of parental income, level of education, marital status and size of family; Familial psychological factors included parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders; and familial social factors included parent-adolescent relationship, sibling influence and parental influence.

Essentially, this study is set on the hypotheses that subdimentions of biographical factors (parental income, level of education, marital status and size of family), familial psychological factors (parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders) and familial social factors (parent-adolescent relationship, sibling influence and parental influence) has influence on learner drug abuse. All the variables used here were constructed from questionnaires that elicited learners' opinion on constructs under each variable and all the variables were measured on a Likert-type scale.

5.9.1: Descriptive Statistics for Variable included in the Model

Descriptive statistics of (mean, standard deviation, minimum and maximum) the variables used in the study are given in Tables 54.

Table 54: *Descriptive Statistics of Variable used in the Path Analysis (N=78*

	Obs.	Min.	Max.	Mean	Std. Dev.
Parental Education Level	78	1.00	3.00	2.42	0.77
Parental Income	78	1.00	5.00	2.19	1.31
Size of Family	78	1.00	3.00	2.10	0.68
Type of family	78	1.00	4.00	2.45	0.85
Secure Attachment	78	1.40	4.70	3.55	0.79
Avoidant Attachment	80	1.00	5.00	2.48	0.82
Ambivalent Attachment	78	1.71	5.00	2.91	0.70
Disorganized Attachment	78	1.00	4.00	2.52	0.62
Parent Behaviour Control	78	1.96	2.92	2.22	0.20
Emotional Breakdown	78	1.50	4.60	2.82	0.71
Kessler Psychological Distress	78	1.00	4.80	2.80	0.90
Parent-Adolescent Relationship	78	1.42	4.50	3.39	0.56
Sibling Influence	78	1.00	4.67	1.93	0.85
Parental Influence	78	1.14	2.66	1.50	0.35
Home Based Support	78	1.00	4.83	3.41	0.87
Learners' Drug Abuse	78	1.20	4.40	2.44	0.65

The descriptive statistics of show that (mean, standard deviation, minimum and maximum) the variables used in the study were varied. Secure Attachment had the highest mean of 3.55 with standard deviation of 0.79, while parental influence attracted the least mean of 1.50 with a standard deviation of 0.35.

5.9.2: Correlation of Variables included in the Model

To develop a structural equation modelling that could explain the relationship between family-based adverse childhood experiences and learner drug abuse, Pearson Product Moment Correlation analysis was used to investigate the correlation between the variables used in the structural model

equations. However, variables which were measured in frequency data and not suitable for Pearson Product Moment correlation (parental education level, parental income, size of family and type of family were excluded from correlation analysis. The PPMC results are shown in Table 55.

Table 55: *Correlation between variables used in SME*

Var.	1	2	3	4	5	6	7	8	9	10	11	12
1	1											
2	-0.149	1										
3	-0.187	-0.021	1									
4	-.270*	0.043	0.153	1								
5	0.155	0.039	0.19	-0.149	1							
6	-0.183	0.087	0.221	.274*	0.101	1						
7	-0.196	-0.115	.275*	.264*	0.077	.616**	1					
8	0.222	0.025	-0.087	-0.205	0.045	-.270*	-.248*	1				
9	-0.17	-0.033	-0.033	0.111	-.375**	.225*	0.057	-0.079	1			
10	-0.123	0.14	-0.025	0.185	-0.163	-0.004	0.134	-0.145	.260*	1		
11	0.073	-0.005	-0.128	-0.181	0.036	0.047	-0.082	0.172	-0.144	-.359**	1	
12	-.547**	0.233*	0.271*	.439**	-.337**	-.313**	-.317**	-.324**	-.330**	-.269*	-0.193*	1

*Correlation is significant at the .05 level, two-tailed.

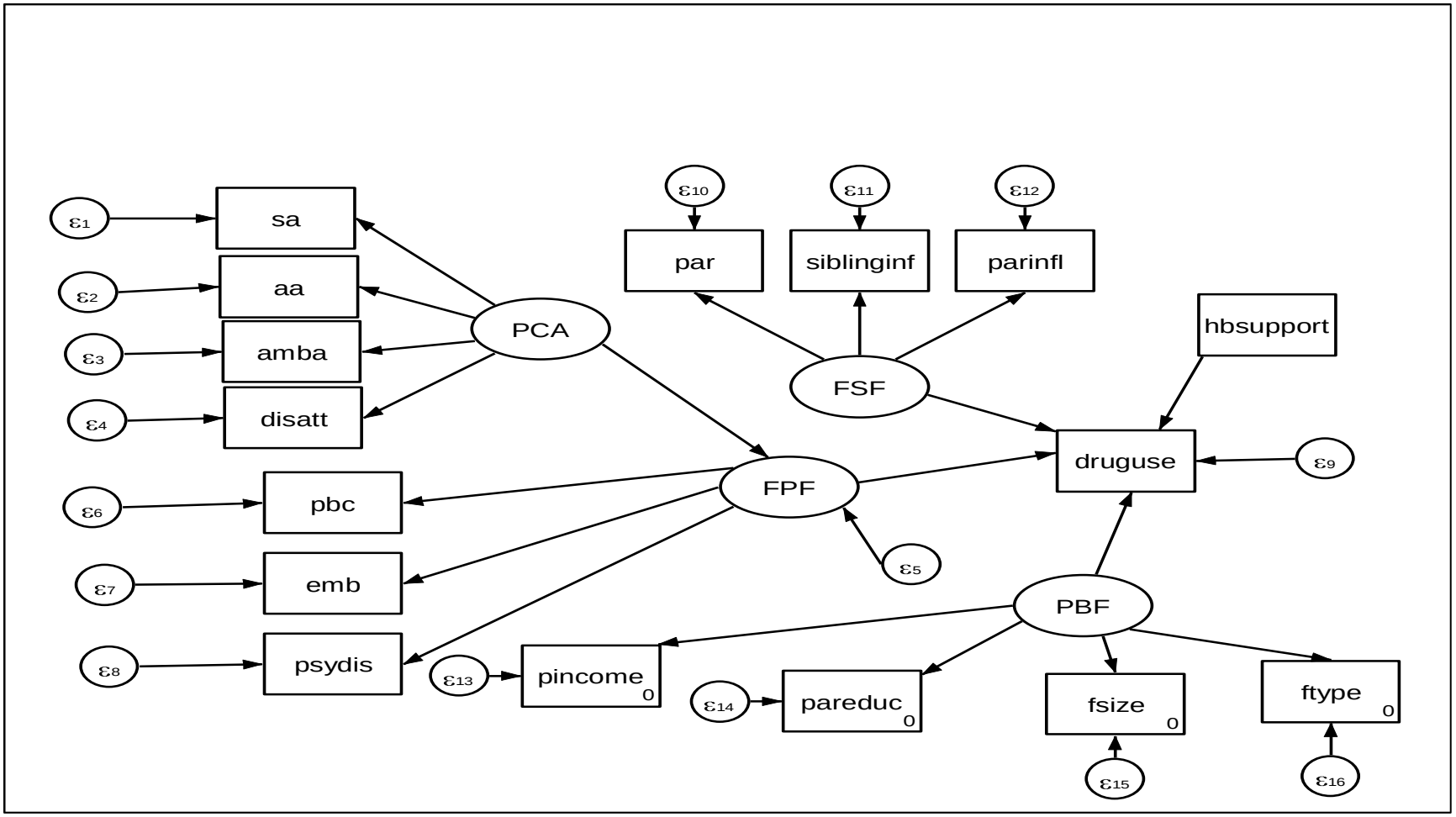
**Correlation is significant at the .01 level, two-tailed.

Key: ***1- Secure Attachment; 2-Avoidant Attachment; 3-Ambivalent Attachment; 4-Disorganized Attachment; 5-Parent Behaviour Control; 6-Emotional Breakdown; 7-Kessler Psychological Distress; 8-Parent-Adolescent Relationship; 9-Sibling Influence; 10-Parental Influence; 11-Home Based Support; 12-Learners' Drug Abuse***

When correlations in Table 55 are analysed, it is evident that there is statistically significant relationship between learner drug abuse and all the dimensions of familial psychological factors and familial social factors ($P < .01$). Secure attachment had the strongest correlation with learner drug abuse (n=78, r=.547), while Home Based Support had the least correlation with learner drug abuse (n=78; r=.193). Among other variables, it came out clearly that all the variables had direct relationship with learner drug abuse, except secure attachment, parent behaviour control and parent-adolescent relationship which had reciprocal relationship with learner drug abuse though statistically significant. Moreover, it is seen that there is a positively significant relation between many of variables ($P < .01$). This suggests that the variables are appropriate for use in structural model equation for career decision making.

5.9.3: Assessment of Model Fit

The study used goodness of fit statistics as a preliminary analysis to examine the validity of the model's measurement component. The Chi-square, the Root Mean Square Error of Approximation (RMSEA), the normed and nonnormed fit indices (NFI, NNFI), and the nonnormed comparative fit indices (CFI) are examples of useful fit indices. According to the established results, the values for NFI, NNFI, and CFI, which were determined from a comparison of a hypothesized model with the independent model having a value larger than 0.90 indicating an adequate fit to the data, varied from 0 to 1. The fact that RMSEA was determined to be less than 0.05 further supported the findings that the model fit the data well. Furthermore, it was discovered that the Chi-square df rate was within acceptable bounds. Using Likelihood ratio to compare model vs. saturated and baseline vs. saturated and having established significant statistics, it was held that the model is suitable and fit for demonstrating the structural relationship between biographical factors, familial psychological factors and familial social factors, and drug abuse among high school learners. Figure below shows the structural equation diagram.



***Key**: sa-Sacure Attachment, aa-Avoidant Attachment; amba-Ambivalent Attachment; disatt-disorganized attachment; pbc- Parental Behavioral Control; emb-Emotional Breakdown; psydis-Psychological Distress; par-Parent Adolescent Relationship; siblinginf-Sibling Influence; parinfl-Parental Influence; hbsupport-Home Based Support**; PCA-Parent Child Attachment; FPF-Familial Psychological Factors; and FSF- Familial Social Factors.*

The results reveal that parental education level (β = -11.50, p <.001), size of family (β = -11.50, p <.001) and type of family (β = -11.50, p <.001), as observed variables, all have statistical significant impact on parental biographical factors which is a latent variable. Only parental income as an observed variable had no significant impact on parental biographical factor. From the results it is shown that parent-child attachment was measured by the level of secure attachment, avoidant attachment, ambivalent attachment and disorganized attachment. Except for secure attachment that was constrained, the three measures of attachment; Avoidant Attachment (β = -11.50, p<.001); Ambivalent Attachment (β = -23.53, p <.001) and disorganized attachment (β = -36.05, p<.001) had significant impact on the overall parent-child attachment variable. Famial social factors which was measured using parent-adolescent relationship, parental influence and sibling influence, had only one of its measures (sibling influence; β =.380, p <.001) having significant impact. In overall, familial psychological factors (β = -4.566, p < .001), parental biographical factors (β = -4.566, p < .001) and home based support (β = -.566, p < .001) were significant predicators of drug use among the students. However, the results show that the relation between FSF and drug use among the students was constrained.

5.10: Conclusion of the Chapter

This chapter presented the quantitative results of the study. The hypotheses were tested, theoretical framework applied on the data, findings compared and contrasted with the existing literature and conclusions made appropriately. The next chapter, chapter six presents the qualitative results of the study.

CHAPTER SIX

6.0: QUALITATIVE RESULTS

6.1: Introduction

This chapter presents the qualitative results of the study obtained through semi-structured interviews gathered from 8 teachers and 16 learners. The themes and sub-themes identified through thematic analysis centered on family-based adverse childhood experiences as a contributing factor to the rising rates of learners' drug usage in selected high schools in Soweto, South Africa.

The study made an effort to respond to the following primary research question: *What is the family-based adverse childhood experiences influencing escalating learner drug abuse in four Soweto high schools in South Africa?*

6.2: Data presentation and discussion of findings

In this chapter, the researcher's goal in the study was to obtain indepth findings on how adverse family experiences of learners as regarding drug use. To that end, interviews were utilised as a method of data gathering. The quantity of data was too great to present and study in its entirety, so the researcher had to choose and categorize particular data strands pertinent to the topics. The researcher provided the respondents' interviews' data verbatim. Thermal analysis was used to investigate the data because, Rourke (2010) argues that qualitative data is requires collection, compilation, and analysis to make sense of.

A summary of the themes that emerged from the data were analysed thematically and was provided with each interview question that elicited perspectives from teachers and learners about learner drug abuse and adverse family experiences. Numerous distinct data strands were used to support each theme that was produced. Therefore, the best inferences may have been made with relatively little evidence. Nevertheless, the participant stories are repeated in this chapter.

6.3: Findings on how biographical factors affect learner drug abuse in selected Soweto high schools

This study looked at how teachers and learners perceived the biographical factors (parental level of income, parental level of education, type of family, and family size) that affect learner drug abuse.

The research data for this objective were mostly derived from the interviews because the teachers' comprehension is totally dependent on their subjective interpretations, views, and understanding of the biographical factors affecting learner drug abuse. The participants' interpretations of the biographical factors and how they affect learner drug abuse were different. Four broad themes on biographical factors were identified from the study's findings: family type (Extended family, Single parent family, blended family, child headed family), family size (Big family size, moderate family size and small family size.), parental level of income (Low parental level of income and moderate parental level of income), and parental level of education (Low parental level of education, Moderate Parental level of education). Within each of the four broad themes on biographical factors, there are sub-themes that have emerged from the analyzed qualitative data. This is shown in the image below, and each major theme is then explained.

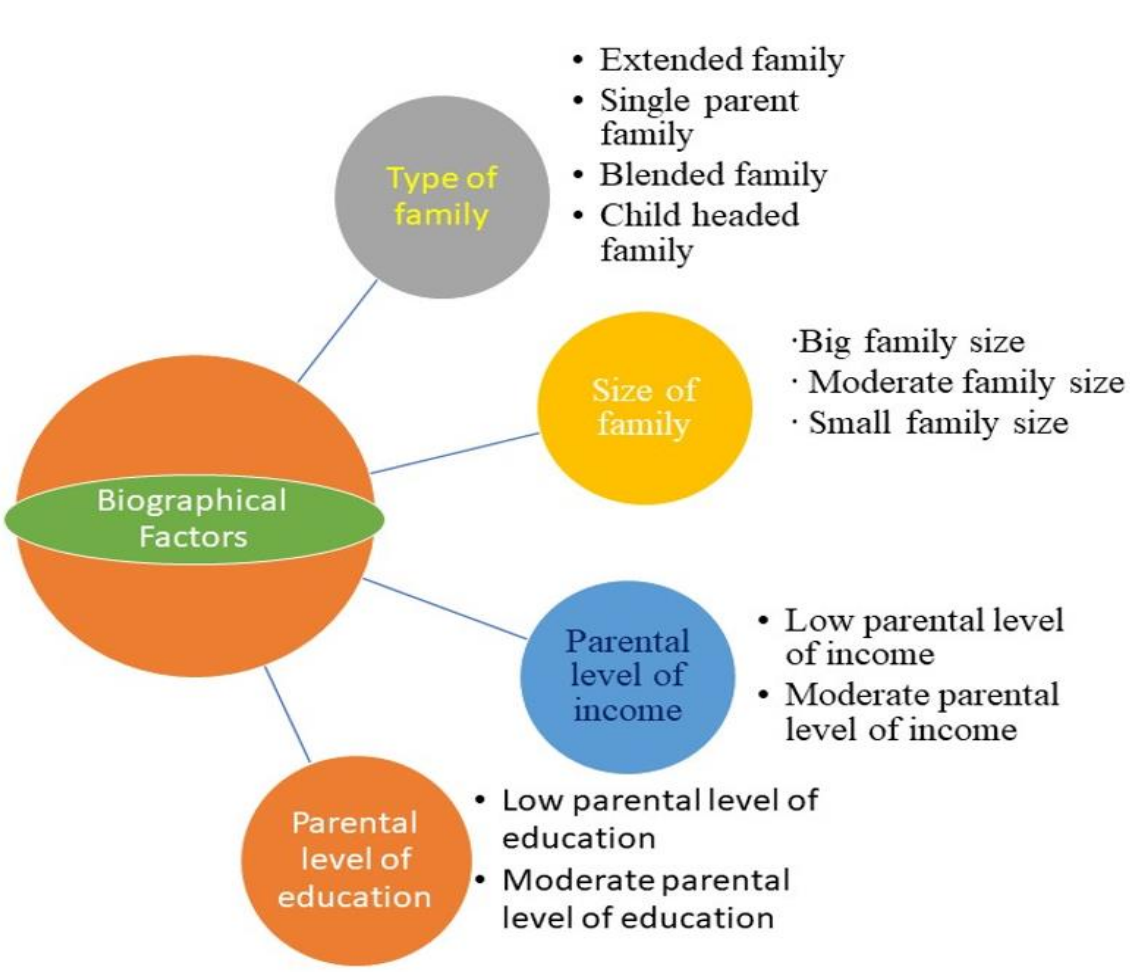


Figure 9: ***Themes and sub-themes on biographical factors influencing drug abuse among learners*** **(Source: Analysed primary data (2022)**

6.3.1: Theme 1- Type of family

Different family structures were now far more accepted than they were in the past, in addition to being more prevalent. The qualitative findings of the study reported that the type of family was one of the major contributors to drug abuse among learners in secondary schools. Four main types of family such as single parent, extended, blended and child headed families were more predominant in the community where the learners live. Being raised by a single mother or belonging to a mixed household is not unusual. The respondents revealed to the researcher their understanding of types of families available in this community and how this contributed to drug abuse among learners. The sub themes are presented as follows:

6.3.1.1: Sub-Theme 1- Extended family

Williams (2011) defines an extended family as a family structure that includes close relatives in addition to the nuclear family in the same residence. The results from qualitative data indicated that most learners were from extended families and there is very little basic needs and support. This made learners from these families to indulge in drug abuse. The interview excerpts from learners are reported as follows: "*At home we are an extended family, so as I have mentioned before that I really believe that large families are susceptible to drug abuse because caring for each other is difficult"* (Learner, 11). Other learners from extended families also reported that:

> *In some families, it happens that if the family is extended, then the children are influenced to do drugs, or if sometimes the family is a mixed family like a family with a stepfather, then there will be problems in that family. It also happens sometimes that some parents receive a government grant, and they consume all the money on drugs and alcohol even though they had big families and that becomes strenuous on the children, and they can end up doing drugs* (Learner, 6).
>
> *We are an extended family because in the house it's my father my mother and my grandfather and myself together with my two siblings and then my uncle and his*

wife are living in the same yard outside the house and there is influence on drugs because it is available (Learner, 5).

From the interview results, it is evident that the learners from some extended families had access to drugs and this influenced them to abuse drugs. In most instances, the learners from the extended families also abuse drugs because parents use all the government grant money on alcohol. Thus, it can be argued that the extended family provided an environment that led to drug abuse among learners in this community.

6.3.1.2: Sub-Theme 2- *Single parent Family*

According to Lindwall, Bailer, and Daly (2011), single parent households consist of a parent or caregiver and one or more dependent children without the presence and assistance of a spouse or other adult partner who is sharing parental responsibilities. The qualitative findings of this study indicated that there were some learners from single parent families who abuse drugs. The learner respondents reported that they indulged in drug abuse due to inadequate parental control and inability of the available parent to meet the basic needs. Some interview excerpts from learners in single parent families and their state of drug abuse are presented as follows:

We are a single parented family because my family is comprised of my mother and us as her children. We also live with my mother's sister. I think this type of family has an influence on drug abuse because sometimes when I ask for something from her, she won't be able to give it to me because she must take care of all of us (Learner, 10)

So it is easy for children who are coming from single parent families to go astray because there is always a void in their lives. In trying to fill this void, some of them will be entangled in behaviours such as drug abuse (Teacher, 8).

From the qualitative results above on single parent families, it is evident that some learners from these families abused drugs because they lacked parental control and adequate monitoring from the available parent. This created a void in these families and made the learners to abuse drugs. Moreover, some learners also abuse drugs out of frustration because the single parent available was not able to provide all basic needs as required.

6.3.1.3: Sub-Theme 3- Blended family

According to Halpern-Meekin and Tach (2008), a blended family consists of two parents, their biological offspring, and half-siblings that are only biologically connected to one parent. The qualitative findings of the study indicated that some learners were from blended families and as such, they abuse drugs because they lack happiness and satisfaction in their lives. The interview excerpts from two respondents on blended families and learners' drug abuse are reported as follows:

> *I would say we are a blended family because we live with our stepfather together with my mum and my siblings. This has affected me into drug abuse because I am not happy that we leave without my father, and this pains me a lot and I sometimes think about killing myself and commit suicide* (Learner 3).
>
> *Another family type that we come across that has a bearing on learner drug abuse are blended families because sometimes the learner would feel attached to only one parent, the biological one. Blended family parents might be doing everything they can to meet the needs of a learner, but sometimes because this is not a biological parent, the child would always feel unsatisfied and angered, and the child would sometimes resort to drug abuse to ease the feeling* (Teacher, 4)

From the interview excerpts above, it could be argued that learners from blended families are unhappy and lack satisfaction. Therefore, such learners resort to drug abuse in an attempt to react to their unhappiness and lack of satisfaction states that they face in the blended families.

6.3.1.4: Sub-Theme -: Child headed Family

According to Phillips (2011), a child-headed home is one in which a chikd has assumed parental responsibilities, particularly for looking after the younger siblings and making decisions about day-to-day activities. The study's qualitative findings also indicated that few learners came from child-headed families, therefore they assumed responsibility for the family. The findings indicated that learners from child headed families abuse drugs because they lack parental supervision. Two interview excerpts from two teachers on child headed families are presented as follows: "Child *headed families and some of these families are dependent on grant and this has influence on learners to abuse drugs"* (Teacher, 1). Another teacher reported that:

> *As I have mentioned before that learners in our school come from child headed families, and I have already alluded to the fact that these type of family, one way*

or the other, they give rise to learner drug abuse as I have explained before (Teacher, 6)

From the interview results from the two teachers, it is evident that, though few, the learners from child headed families abuse drugs because they lacked parental supervision and control. The learners were on their own and because of their young age, they were unable to be resistant towards other learners with bad influence in the community.

Based on the findings of family type and drug abuse among learners, it is possible to draw the conclusion that, on one hand, drug abuse among learners is exacerbated by the prevalence of extended and single-parent families in this community and in the lives of learners. On the other hand, child-headed families and blended families continue to form, albeit on a smaller scale, and they maintain environments that are favorable to learner drug abuse. Therefore, it can be concluded the family type is a very influential factor which affects drug abuse among learners.

*6.3.2: **Theme 2**- Parental level of income*

A parent's income is the money that they earn or receive, as opposed to the money that they have to spend or pay out. Parents devote time and resources to improving their children's "human capital," particularly by investing in their education, but they also spend money on things like excellent health, friendly neighbors, and other "inputs" that will enhance their future well-being. There isn't enough information in the study to draw broad judgments about whether parental income has direct correlation with learner drug abuse, although there is some evidence that suggests income matters more for family wellbeing. There is little evidence in this study to support the idea that learners at this stage are affected differently by income. The qualitative findings of the study reported that parental level of income was not one of the major contributors to drug abuse among learners in secondary schools, contrary to this, it presents an environment that exacerbate learner drug abuse. In the neighborhood where the learners live, two main parental income levels—low parental income and moderate parental income—were more prevalent. High parental income seems to be extremely rare or unheard of among the homes of learners. The researcher received information from respondents about their perceptions of the parental levels of income in this community and in the homes of learners. The following is a presentation of the subthemes:

6.3.2.1: Sub-theme 1 – *Low Parental level of income*

The cut off point for people to be considered to have insufficient consumption spending to meet their daily food needs is low family income (Statistics South Africa, 2015). This category includes very low-income families but is not restricted to them. Several learners' outcomes are found to be negatively correlated with parental level of income, but this appears to be caused less by welfare receipt per se than by parental traits that make some parents more likely to be on welfare than others. The participants gave their views verbatim on their experiences of family-based income in the families of learners and the responses were such that most learner family income is low, and few families receive moderate income and none of the learner families experienced high income. Interview excerpts are reported as follows: *"that those learners that are coming from low earning families, they have a tendency to abuse drugs because they want to relieve the stress of not having enough at home*" (Teacher 8). Other teacher participants stated:

> *In the first place this influences parents first because he/she will not afford all the needs of the family members including the learner. This becomes worse because now these are teenagers who tend to compete with one another and now parents cannot afford to give them what they need to meet the class of their peers* (Teacher1).
>
> *One will realise that some of these learners that are coming from well-off families, that have been raised well, they do drugs not because of the nature of the income in the family, but because of the influences and the choices they made* (Teacher 5).
>
> *I can say yes because most of the time, I realise that those learners that are coming from low earning families, they have a tendency to abuse drugs because they want to relieve the stress of not having enough at home* (Teacher 8).

From the interview results from the four teachers, it is clear that most learners are raised in family environments with low parental income. The learners need to consistently deal with the aftereffects of the lack of parental income in the family and this might lead to leaner stress, and thus learner drug abuse.

Based on the findings of parental level of income and drug abuse among learners, it is possible to draw the conclusion that drug abuse among learners is exacerbated by the prevalence of low parental income in the lives of learners, though no direct correlation between the two phenomena, but low

parental income does create a conducive environment for learner drug abuse. Therefore, it can be concluded that low parental income is a very influential factor which affects drug abuse among learners. Similarly, learner participants also agreed that parental level of income was evident among learners and this influenced them to abuse drugs. Other learner participants stated:

> *Some learners, when they cannot receive money from their homes, and seeing that some of their friends are given money in their homes, they become frustrated and resort into drug use. Some end up not sleeping at home, maybe sleeping under the bridge* (Learner 2).
>
> *It is low, and yes it does influence because when you smoke, then you are relieved from stress and also, I get stressed a lot more especially that when I want something from my parents, like shoes and I cannot get it* (Learner 3).
>
> *My parents' income is low but I do not think that the low income is influencing me to do drugs in anyway, the only thing that is troubling me is that she does not buy food and she does not buy anything for us except that when she receives money she buys alcohol and drugs* (Learner 5).
>
> *Due to these moderate or low income in our families even during instances where one has money, the tendency is that you take the money and buy drugs because now we want to forget about all the things that are happening in the family* (Learner 13).
>
> *Family income at home is low because most of our family members do not have formal employment. Of courses most of my problems at home emanate from money problem at home. No one cares for me at home, I look after myself, so I always have to make sure that I raise money from me to do everything that I want. This life sometimes frustrates me to the point of making wrong behavioral decisions including drug abuse* (Learner 12).

According to the findings from the five learners, it can be concluded that most learners' families have low parental incomes. Low parental level of income presents an environment that is favorable to learner drug abuse. It can therefore be deduced that learners who were brought up in families with low parental income suffer from emotional tension or strain brought on by difficult or challenging conditions and this affect their behavior and cause them to have trouble controlling their emotions and behavior in different situations.

6.3.2.2: Sub-theme 2 – Moderate Parental level of income

The term "moderate income" refers to people who make close to the average income for their population (Cambridge dictionary, 2022). According to recent research family wealth has a relatively minimal impact on children's results when compared to the impact of other factors across nations. The participant (Learner 2) gave his views on his experiences of family-based low income in the families of learners and the responses were such that some learner family income is moderate. Participant stated:

> *I think my parental income is moderate and It does not influence me to take drugs, but I think some leaners are influenced by this more especially when a learner has asked for something from parents, and the parents cannot supply* (Learner 2).

According to the results, some learners' families have a moderate income, who talked about his observations of learner families with a moderate income, in contrast to low parental level of income. The moderate parental level of income does not present an environment that is favorable for learner drug abuse. Therefore, it may be concluded that a tiny proportion of learners were raised in families with moderate parental income, and that this did not influence their decision to use drugs.

6.3.3: Theme 3 - Parental level of education

The education of the parents shows the highest level of education earned by any parent sharing a home with the child. Governments, international organizations, health institutions, and other stakeholders may find it helpful to know how parental education affects learner' drug abuse status when developing effective advocacy and policies for parents and their kids. These adjustments may enhance the well-being, education, and socio-economic status of parents and their kids, resulting in a favorable social change in the neighborhood. According to the studys' qualitative findings, parental education level is one of the main causes of drug abuse among high school learners.

In the community where the learners live, the two main parental education levels—low parental education level and moderate parental education level—were more prevalent. High parental education levels seem to be exceedingly rare in households with learners. Regarding their perceptions

of the educational level of parents in this neighborhood and in the homes of learners, respondents gave the researcher information. The subthemes are presented as follows:

6.3.3.1: Sub-theme 1- Low parental level of education

Lack of information or sophistication would indicate low parental education, undereducated, inadequately or insufficiently educated. The participants (Teacher 1, Teacher 2, Learner 3, Learner 1, Learner 11 and Learner 6) gave their views on their experiences of low parental education level in the families of learners and the responses were such that most learner parents' level of education is low and this has an effect on leaner drug abuse. Interview excerpts are reported as follows: "*Maybe my situation would be better if my parents were educated. Maybe we would be staying in suburbs, away from influences, because sometimes my friends are the biggest influence"* (Learner 1). Other learner participants stated:

> *My grandmother has never done matric, and my mother did manage to do the matric but she never passed matric. I'm not sure how this has affected me, but I think maybe my parents would have been in a position to help me if they were educated* (Learner 6).
>
> *My grandmother did up to grade 6 at school so she is not that learned, but she is able to teach us about drugs and other things concerning life itself, so she has some kind of understanding and knowledge as far as life is concerned even though she is not that educated. I really want to believe so because if I had educated parents, as I have mentioned before that I do not live with my parents I live with my grandmother, things could have been better, and they would have been able to show me some light as far as pertains to what life has in store. Educated people have a better understanding of health concepts relating to drugs and substance abuse* (Learner 11)

It is clear from the aforementioned interview results that learners who have low parental education levels abuse drugs. In a similar vein, teacher participants concurred that learners' seeming low parental education levels contributed to their drug abuse. Additional teacher responders stated the following:

> *Most of these learners who are on drug abuse are coming from poor families. Also, the way I see it from our school perspective, is that these learners who are on drug*

abuse, are the same learners who have problems. For an example, one of the learners that we have in our school who happen to be on drug abuse had a situation at home. I interviewed his mother and I realise that the mother was from Zimbabwe and when she came to South Africa, the father left them and when the father left them, she herself later on died and the learner in question had to take care of self on his own. This child ended up fending for himself and taking care of himself, living only with his grandfather (Teacher 3).

This also becomes problematic because if the parent is not educated, he/she is not in a position to sit down with the child or a learner and teach him/her about drug abuse. The parent himself/herself is stressed and needs counselling (Teacher 1).

Parents in the previous years, most of them did not even reach the metric level because of many factors and one would remember that before, learners were paying school fees and some parents could not get to metric and finish school, but there are few of those parents that have managed to get to the tertiary level (Teacher 2).

From the interview results above, it is evident that there is low parental level of education in learner families that this has an effect on learner drug abuse in that this phenomenon of low parental level of education continues to affect learner behavior in a negative way. It can therefore be concluded that the majority of learners in this community come from families with low parental level of education. In addition, the continuous use of drugs by learners and learner drug abuse, in their families is due to the low educational level of the parents. Low parental education levels offer a setting that is favorable to learner drug usage. Therefore, it can be concluded that learners who were raised in homes with poor parental educational levels experience the effects of these factors, which have an impact on their conduct and make it difficult for them to control their emotions and behavior in a variety of settings.

6.3.3.2: Sub theme 2 – *Moderate Parental level of education*

An average amount, quality, or level of parental education might be referred to as moderate. Leaners who have parents who are well-informed about learner activities are less likely to engage in a variety of undesirable behaviors, according to research. One participant (Learner 13) reported on experiences

of moderate parental level of education in the families of learners and the responses were such that some learner parents' level of education is moderate. Participant stated:

> *In terms of educational level, my mother had managed to attain a matric certificate and she as well possesses a degree qualification. I would say the influence that education has on my life and on my behaviour towards drug abuse is a positive influence because she has the ability to sit down with me and show me dangers associated with drugs and about life generally. She would always tell me to never display bad habits in front of the people like smoking in public etcetera. She would always try and encourage me to focus on positive things in life. Because of her education, I think she is broad minded* (Learner 13).

From the qualitative result above, some of the learner parents' education level is moderate and that the moderate parental level of income does not have a negative influence on learner drug abuse. It is therefore reasonable to draw the conclusion that learners who were raised in homes with moderate parental educational levels experience a positive influence, which has a positive impact on their conduct and makes it manageable for them to control their emotions and behavior in a variety of settings.

6.3.4: Theme 3 - Size of family

The number of members in a family is referred to as family size. The participants gave their views on their experiences of family size, as to whether they regarded them as big, moderate or small in size and how this has influenced learners into drug abuse. The size of the family is one of the key factors influencing drug abuse among high school learners, according to the study's qualitative findings. The three basic family sizes—big families, moderate families, and small families—were more common in the area where the learners reside. Small families appear to be extremely uncommon in the homes of learners. Respondents provided the researcher with information on their opinions of the sizes of learner households in this neighborhood and in the homes of learners. Following is a presentation of the subthemes:

6.3.4.1: Sub-theme 1- Big family size

A big family consists of a father, a mother, and at least four kids. The participants gave almost similar responses to whether learners' big family sizes, does have an influence on learner drug abuse. Almost

all teacher & learner participants' perceptions and experiences concede with regards to big family size of learners to have an influence on learner drug abuse. (Teacher 2, Teacher 4, Learner 16 and Teacher 5) seem to believe that big family sizes do have an influence on learner drug abuse. Interview excerpts are reported as follows: "We *are 13 at home with our family, which has major implications for and influences drug misuse in that we all have different parents and don't receive the same treatment*" (Learner 1). Another interview excerpt from another learner is illustrated below:

> *At home in our family, we are 13 and this has a serious implication and influence on drug abuse in the sense that all of us, we have different parents, and the treatment is not the same to all of us. there are those that are treated special compared to others and this leads to a situation where one would want to do things on his own and would end up being caught up in behaviors such as drugs abuse* (Learner 16).

From the interview results above, it can be argued that learners who have big family sizes tend to abuse drugs. Similarly, teacher participants agreed that learners' big family sizes contributed to their drug abuse. Additional teacher responders stated the following:

> *Family sizes of learners range from anything between 6 and 10 because most of our families are made up of many members including extended families. Somewhere somehow these sizes have an influence towards learner drug abuse because you will realise that some of the siblings are using drugs and even their friends who come in the house they use drugs so children have a tendency to mimic what is happening in the family* (Teacher 2).
>
> *Most of the learners are coming from big families because here in this location, most families have got back rooms where some of the family members would go stay in those back rooms in the same yard and this give rise to big families. In this community we have families from 8 to 15 members living in the same yard. Some families will share a very small room, for instance, a two-roomed house being shared by a family of five, and this presents a very strenuous situation in the life of a child because now in this situation, there is no privacy, there is no space for the child to study and there is no space to do anything* (Teacher 4).
>
> *Also, the issue of the bigger number exerts a problem in the life of a learner because if the family is big or the bigger the family the less likely that the learner will receive*

> *the attention that he or she deserves. In this situation a learner will lose the family touch and will from time from time feel distant from the family touch* (Teacher 5).

From the qualitative results above, it can be argued that large families have an impact on learners' decisions to abuse drugs. Therefore, it may be assumed that the majority of learners come from households with a large number of family members. A large family size has a significant impact on families. Therefore, it is logical to infer that learners who were reared in large families suffer family pressures, which have an impact on learner drug misuse. This has a negative effect on their behaviour and makes it challenging for them to maintain self-control in a number of situations.

*6.3.4.2: **Sub-theme 2-** Moderate family size*

The qualitative findings of this study also indicated that there were moderate family sizes in this community. The findings indicated a prevalence of moderate family size, but there is no clear positive correlation with learner drug abuse. Interview excerpts on moderate family size are reported as follows: "*At home we are 4, its myself, my mother, my big sister and my younger sister. My bigger sister is working as well, and she is a temporal teacher"* (Learner 7). Other excerpts are reported as follows:

> *It's difficult to tell the size of Learner families, but on average, we have families that range from 4 to 5 children without parents, but we also have learner families that are bigger than these because they are extended families* (Teacher 5).

Even while there isn't actually a connection between a moderate family size and learner drug misuse, it is clear from the interview results that this community moderate family size is prevalent. The likelihood of learners abusing drugs due to moderate family size is lower. Therefore, it may be stated that learners in this neighborhood do not experience drug abuse due to moderate family numbers.

*6.3.4.3: **Sub-theme 3-** Small family size*

If a family only has a few (often one to four) children, it is considered to be small. Growing up in a tiny family is acceptable for a child. More parental time and advantages in schooling are given to each child. The participants gave their views on their experiences of small family sizes in the

families of learners and the responses were such that some learner family sizes are small. Participants stated:

> *Well, I think it does, maybe due to quarrels and fighting that sometimes happen in the house even though we are not a big number but the infights in the house they cause stress sometimes, and one ends up doing drugs because you would want to ease the feeling* (Learner 7).

From the qualitative result above, it can be deduced that a small family size does not in itself contribute to learner drug abuse, but rather tensions that may arise in this family may in turn create a conducive environment for learner drug abuse. Therefore, it can be concluded that learners who were raised in homes with small family sizes, though in small percentages in this community, can experience strenuous family relations, which have an impact on their conduct and make it difficult for them to control their emotions and behavior in a variety of settings, and may lead to learner drug abuse.

6.4: Findings on the influence of familial psychological factors on learner drug abuse in selected Soweto high schools

This study examined learner psychological factors that influence learner drug abuse. From interview data, thematic analysis was used to make meaning of the interview excerpts and themes and sub-themes were developed. From the results of the study, three broad themes on familial psychological factors were developed including cognitive factors (Depression, mental exhaustion, curiosity driven and learner cognitive overload), behavioural factors (Identity crisis, low self-esteem and external locus of control) and finally, emotional factors (Learner stress, anxiety disorder, psychological addiction, feelings of loneliness, emotional detachments). Within each of the three broad psychological factors, there are sub-themes which have emerged from the analysed qualitative data. This is presented in the figure below and thereafter, each broad theme is discussed.

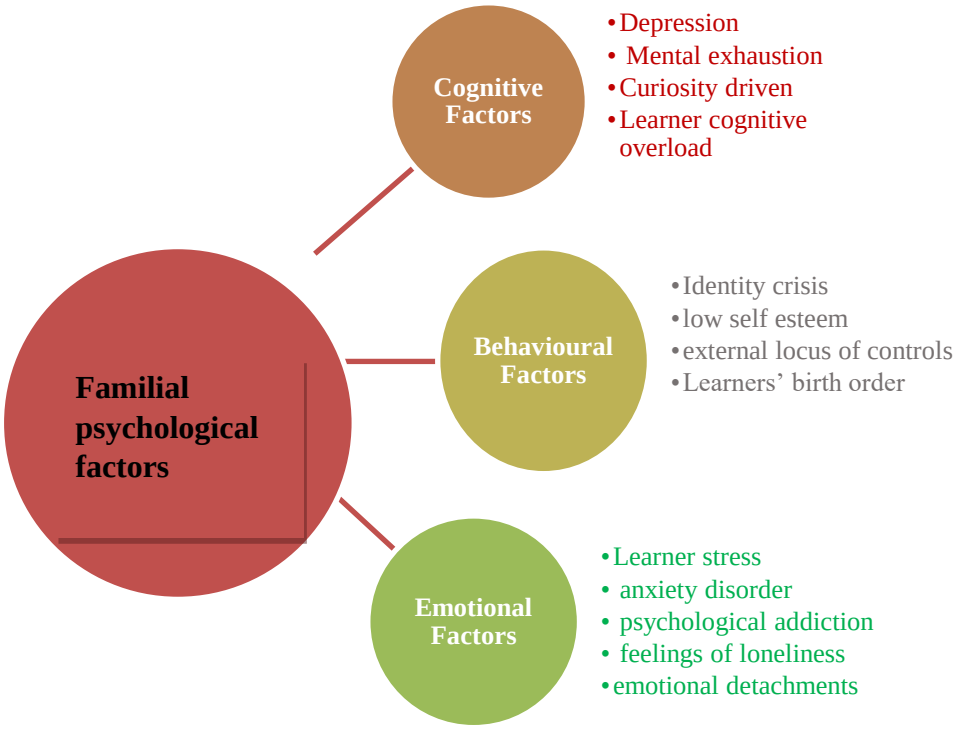


Figure 10: ***Themes and sub-themes on familial psychological factors influencing drug abuse among learners*** **(Source: Analysed Primary data (2022)**

6.4.1: Theme 1- Cognitive factors

Cognitive factors are traits of the individual that have an impact on performance and learning. These elements modulate performance, causing it to either rise or fall. These elements require mental processes including concentration, memory, and reasoning (Danili & Reid, 2006). According to the study's qualitative findings, cognitive factors are one of the main causes of drug abuse among secondary school learners. There were four key cognitive factors (Depression, mental exhaustion, curiosity driven and learner cognitive overload) that were more prevalent in the learners' neighborhood. The cognitive functioning of learners was impacted by growing up in households and situations that presented different difficulties. Respondents provided the researcher with information about their perceptions of cognitive influences in this community and in the households of learners. The following is a presentation of the subthemes:

*6.4.1.1: **Sub-theme 1**- Depression*

Depression is more accurately described as a tendency to enter into and an inability to exit from a depressed or sad mood state than as a specific mood condition (Holtzheimer & Mayberg, 2011). A combination of biological, psychological, and social origins of distress are potential reasons. More and more evidence points to the possibility that these elements could modify how the brain functions, including how certain neuronal circuits in the brain function. Major depression is characterized by a pervasive sense of melancholy or loss of interest, which can result in a variety of behavioral and physical symptoms. Changes in sleep, hunger, energy level, attention, daily behavior, or self-esteem may be among the features that characterize a depressed person. The depression that the learners experienced was brought to the researcher's attention by the participants. According to participant observations, some learners have dealt with depression that has had an impact on their conduct. Interview excerpts are reported as follows: "*When they shout at me, recalling all the wrong things that I have done, I become hurt and depressed in my mind"* (Learner 1). In addition, another learner respondent reported that: *"This gives me stress and at times I think of killing myself and commit suicide"* (Leaner 3). Additional excerpt below show this:

> *Sometimes we face situations at home where you realise that the treatment is not good like, for instance, when they dish out food, they give you small portions or little food, but others will get full plates and sometimes you realise that the treatment general is not favourable towards you and this stresses a lot and sometimes it leads into drug abuse. This will lead to stress and depression, sometimes finding yourself thinking too much about things and finding yourself unable to cope with that and end up trying to ease the Feeling by smoking drugs* (Learner 7).

From the above interview results, it is evident that depressive situations have made learners to indulge in drug abuse. Learners in this community exhibit depressive symptoms due to family pressures that they experience in their families, like the parents treatment that favours other siblings over the other. Based on depression findings, it is possible to draw conclusions that depression exacerbates learner drug abuse in this community.

> *Because of what is happening in their homes or in their families they end up depressed. Some of them you see them when they come to school that they have no*

interest in anything, they are always drowsy, and you would find them lonely all the time (Teacher3).

Depression is one of the psychological factors for an example I have one leaner here who is always depressed because he feels like at home, they do not care about him. This is because in his family they are in an extended family, and he feels that nobody cares about him and that he will always resort into doing drugs (Teacher 2).

Depression is one of the psychological factors affecting learners in the school. Also, stress, strain and anger because sometimes you will find parents coming into the school to report that the child attempted suicide. I think this emanates from a feeling of rejection and a feeling of being a loser (Teacher 4).

The findings from interview data indicate that some learners struggle with depression and persistent interest loss. Additionally, these children show signs of sadness, which affects their conduct and makes it more challenging for them to manage their emotions and behavior in a number of situations. The results also indicate that learners frequently struggle to control their sadness and loss of interest, which are symptoms of an anxiety condition. As a result, learners continue to exhibit negative behaviors like boredom and loneliness, which are thought to be signs of depression and may lead to drug abuse among learners.

6.4.1.2: Sub-theme 2- *Mental exhaustion*

Extreme fatigue, also known as mental depletion, is accompanied by additional emotions including indifference, cynicism, and impatience (Campbell, 2022). The results of this study indicated that some learners had mental exhaustion, and this made them to indulge in drug abuse. Based on remarks made by participants regarding their own personal experiences, the discussion proved that learners indeed experience mental tiredness. One participant (Learner 11) claimed that because they had direct experience with what it's like to live with mental tiredness, this had an effect on how learners behaved in terms of drug addiction. Interview excerpt from (learner 11) is reported as follows: "*Yes, it does happen more especially when I am in need of something and I end up having a breakdown mentally, in the mind. So I can say that it does influence me"* (Learner 11).

The results show that certain adolescents who experience mental exhaustion constantly feel overwhelmed in their minds as a result of overthinking and have a propensity to worry about their surroundings. Individuals find it more difficult to control their conduct and emotions in a range of settings as a result of these behavioral impacts. Physical tiredness can result from mental exhaustion, which can have a negative impact on one's health, similar to how physical weariness or ongoing stress can lead to mental exhaustion, and this could be a breeding ground for learner drug abuse. It can therefore be concluded that learner's mental exhaustion as experienced by some learners in this community is one of the factors leading to learner drug abuse as well.

6.4.1.3: Sub Theme 3- Curiosity driven

Curiosity refers to a burning desire to learn something new. Since curiosity-driven behavior is frequently defined as conduct that results in knowledge acquisition, it should include all actions that improve or enable access to sensory information. Moreover, the need for curiosity makes individuals to make effort at learning things in their social environments. The results from one participant (Learner 3) indicated that curiosity is one of the traits leading to undesirable behavior of drug abuse. Interview excerpt from one learner is reported as follows: *Some young people are influenced by older people but some young people they just take drugs for enjoyment and because of curiosity* (Learner 3).

From the interview excerpt above, it can be argued that some learners are driven by curiosity to engage in drug abuse. Therefore, learners who are driven by curiosity utilize drugs to satiate a deep desire to explore different consciousnesses. As such, such learners driven by curiosity want to occasionally switch consciousness is a natural, innate motivation similar to hunger or sexual drive.

6.4.1.4: Sub-theme 4- Learners cognitive overload

Cognitive overload is regarded as when a person is given too much information at once or too many tasks to complete simultaneously, which prevents them from performing or processing the information as they would if the amount were sustainable (Halarewich, 2016). The interview results from the participants who participated in the discussion on their own experiences with depression revealed that some learners' lives are clearly affected by cognitive overload, and this made them to resort to drug abuse. Participants (Teacher 2 and Learner 11) claimed that they had observed a learner who was overloaded cognitively and that this affected how he behaved in terms of drug addiction.

Interview excerpts are reported as follows: "*This Learner is always overwhelmed in his mind because he is overthinking about the circumstances around his life and in his family and therefore will end up doing drugs just to ease the feeling"* (Teacher 2). The interview excerpt from (learner 11) is reported as follows:

> *We as the people, we have a tendency of stressing with things that we cannot help and end up over thinking things and this hurts us mentally and cognitively. Thinking about money issues repeatedly hurts us mentally and we end up or resorting to drug abuse. This happens when one wants to change the situation at home, but all seems impossible, and this becomes painful in the mind and in the heart of a person and ends up doing drugs* (Learner 11).

The findings from the interview excerpts above indicate that certain adolescents who endure cognitive overload are always overwhelmed in their minds due to overthinking and tend to stress over their circumstances. These behavioral effects make it harder for individuals to control their behaviors and emotions in a variety of situations. It can therefore be concluded that learner's cognitive overload as experienced by learners is one of the factors leading to drug abuse in this community.

6.4.2: Theme 2- Behavioural Factors

Cognitive, emotional, personal, and social processes or stimuli that underlie human behavior are known as behavioral factors (Dessart et al., 2019). In the learners' neighborhood, there were four major behavioral factors (Identity crisis, Learners' birth order, low self-esteem and external locus of control) that were more prominent. Familial psychological characteristics in the families of learners had an impact on how learners behaved. The researcher received information from respondents regarding their opinions of the behavioral elements in this community and in the homes of learners. The presentation of the subthemes is as follows:

6.4.2.1: Sub theme 1- Identity crisis

Identity crisis occurs when a person is uncertain about their abilities and identity. Erikson's phases of development have a fifth stage, which is the time of the identity crisis. A person explores with many personalities and identities while in a crisis (Lawrenze & Villines, 2022). People with identity crisis frequently feel inadequate, unwanted, or incompetent and frequently worry about making errors

or disappointing other people. The qualitative results indicate that identity crisis was experienced by the learners and this had an influence on their behaviours. This is illustrated in the interview excerpt from one learner participant as indicated below:

> *I feel happy when I am high, so I take drugs for pleasure, and I keep myself busy with them. Sometimes it's because of friends because when I am with friends, we always do things together and one does not want to be perceived as coward* (Learner 1).

From the interview results, it can be argued that some learners suffer from an identity crisis and would always feel inadequate and unwanted, they suffer from identity crisis symptoms that affect their behavior and make it harder for them to control their emotions and behavior in a variety of settings. Therefore, some learners often perceive themselves as cowards and unwanted, of which these are symptoms of identity crisis. As a result, learners exhibit troublesome behaviors like concentrating on their flaws while downplaying their accomplishments, which are thought to be signs of identity crisis and could lead to learner drug abuse.

6.4.2.2: Sub theme 2- *Low self esteem*

When people lack confidence in their abilities, they have low self-esteem (Firestone, 2018). Moreover, individuals with low self-esteem frequently feel inadequate, unwanted, or incompetent and frequently worry about making errors or disappointing other people. The results of this study indicate that some learners had low self-esteem of themselves, and this made them resort to drug abuse. For example, participant (Learner 12) asserted that learner behavior with regard to drug abuse was influenced by their personal experience of what it's like to live with low self-esteem. Respondent stated:

> *They make me feel useless because if my sister comes and ask for something from my mother she will receive it, unlike me. For instance, if she asks for money for school excursions, my mother will make sure to raise the money for her and I feel like she's taking sides* (Learner 12).

From the interview excerpt, it can be argued that exposure to low self-esteem can alter the behavior of a learner. Therefore, it makes sense to conclude that low self-esteem has an effect on learner drug usage. This has a detrimental impact on learner behavior and makes it difficult for them to maintain control of it in various situations, as noted by (Learner 12). The participant claims that he frequently

finds it difficult to express his feelings with confidence, which is a sign of low self-esteem. It makes sense to conclude that some learners suffer from low self-esteem, and they continue to engage in undesirable behaviors that are regarded to be indicators of low self-esteem and may eventually end in drug abuse.

6.4.2.3: Sub theme 3- External locus of control

The degree to which a people believe that they, rather than outside factors, have control over how events in their lives turn out is known as their locus of control (Garrido, 2020). One participant (Learner 2) argued that he has felt a sense of external locus of control in his own life, and that this feeling affects how he behaves in terms of drug addiction. The interview excerpt from learner 12 is reported as follows:

> *Sometimes I would wake up in the morning and think that let me go and do something wrong, but a second thought will arise to say no you can't do this, but at the end of the day, I end up doing the same thing and one regrets when it is late already, having done the very same thing and on top of that facing the repercussions of the wrong doing. All this is mind defeating* (Learner 2).

From the interview results above, it can be argued that weak external locus of control, which indicates learners' inability to take control of situations that face them, made them to resort to inappropriate behaviours such as learner drug abuse. Therefore, it can be argued that learners, who are not capable to handle situations that affect them, are most likely to indulge in drug abuse because of helplessness.

6.4.2.4: Sub Theme 4- Learners' birth order

The chronological order in which a person falls in regard to their siblings is referred to as ordinal birth order. In this study, it was reported that learners' birth order played a significant role in influencing their tendency to abuse drugs. One participant (Learner 13) argued that birth order continues to exacerbate undesirable behavior of drug abuse. The interview excerpt from learner 13 is reported as follows:

> *At home I am a second born and I think that this size of family does have an influence on me in terms of using drugs because as we are five at home, the tendency of my parents is that they will favour those that are the last born and*

issues of favouritism are now rife in the family and I ended up feeling side-lined, and you are always told about how bad my behaviour is and therefore you cannot receive certain things unlike my younger sisters so this thing pushes me to exhibit unwanted behaviour like drug use (Learner 13).

From the interview excerpts, it is evident that birth order is one of the familial social factors that contribute to learner drug abuse. Therefore, it is logical to infer that learners who were reared in families that exhibit birth order phenomenon may suffer pressures which may have an impact on learner drug abuse. This may have a negative effect on their behavior and makes it challenging for them to maintain self-control in several situations.

6.4.3: Theme 3- Emotional Factors

The emotional factor is all about how a performer's emotions might affect how any action turns out. This comprises feelings that have an impact on self-assurance, adaptability, and restraint. The community of the learners had five crucial emotional factors that are prevalent, that include Learner stress, anxiety disorder, psychological addiction, feelings of loneliness and emotional detachment. In this neighborhood, familial psychological issues had an impact on learners' emotions. The researcher received information from respondents about their perceptions of emotional factors in this neighborhood and in the homes of learners. The presentation of the subthemes is as follows:

6.4.3.1: Sub theme 1- Learner stress

Stress can be defined as the way we respond when we feel pressured or threatened. It typically occurs when we are in a circumstance that we don't feel in control of or able to manage. When we feel stressed, it may be due an individual, for instance, when they have a lot of duties that they find difficult to manage. The researcher was informed about the stress experiences endured by the learners, which aided teachers in developing a better understanding of the learners. According to the participants' observations, many learners have experienced stressful events, which have an impact on how they behave. The interview excerpts from (Learner 9) are reported as follows:

As I have alluded before, I get stressed too much, like my mind comes under a lot of pressure because I think about my situation too much and I feel pain in my heart. There was this other time when we went to Natal on holidays and on our way back we were told by our neighbors that they saw my father with this woman in the house

> *and she happened to plant a traditional herb in the house, in a sense, to bewitch my mother and from that time on, my mother became ill and she was full of sores all over her body. When I talked about this with my friends trying to vent it out, they told me that we should try and smoke marijuana so as to relieve the stress* (Learner 9).

It is clear from the aforementioned interview results that learner stress has led to drug abuse among learners. Teachers who took part in the study felt that learner stress levels were obvious and that this contributed to their drug abuse. Other teacher respondents also reported that:

> *Learners take a lot of stress from their families because they have goals about life but feel that there is no way out in their situations, and this of course will lead to anxiety. In this regard learners end up being controlled by drugs because they always resort to drugs to ease such feelings* (Teacher 1).

> *What I have noticed by just looking at the relationship that our learners have with one another and with the teachers, you would link or even assume that the child is distressed or is being bothered by something at home. Some of the behaviours that these learners exhibit at school can be linked with some of the psychological challenges or factors. The first assumption when a learner exhibits this behaviour is that something is not well at home and the child is disruptive or not motivated to learn and they don't do the work or homework, and it is these behaviours that enable us to make these assumptions* (Teacher 5).

From the interview results above, it can be argued that learners who have had family-related stresses and experiences, suffer from stress symptoms that affect their behavior and make it harder for them to control their emotions and behavior in a variety of settings. The results also imply that learners often become worried, feel overwhelmed by demands and painful emotions, become disruptive and demotivated as a result, and are reluctant to engage in open and transparent communication in order to protect their feelings. As a result, learners exhibit troublesome behaviors like restlessness, impulsivity, irritability, and poor social skills, which are thought to be signs of stress and could lead to learner drug abuse to ease the stress.

6.4.3.2: Sub theme 2- anxiety disorder

Mental illness characterized by intense feelings of worries, anxiety, or fear that interfere with daily activities (WHO, 2022). The inability to put aside a worry, restlessness, and stress that is out of proportion to the severity of the incident are among the symptoms. The researcher was made aware of the anxiety disorder that the learners had to deal with. According to participant (Learner 1) observations, he has experienced the anxiety disorder that has affected his behavior. The interview excerpt from one learner below demonstrates this:

> *Sometimes if I did something wrong at home, I become so worried about the repercussions such that I only think about spending time with my friends, and we end up doing drugs* (Learner 1).

The qualitative results show that some learners experience anxiety disorders and are constantly preoccupied with worrying about the consequences of their decisions. These learners also exhibit anxiety disorder symptoms that influence their behavior and make it more difficult for them to control their emotions and behavior in a variety of contexts. The results also indicate that learners frequently struggle to regulate their worry and restlessness, which are signs of anxiety disorder. As a result, kids display problematic behaviors like being irritable, which are regarded to be symptoms of anxiety disorders and may result in learner drug misuse.

6.4.3.3: Sub theme 3- Psychological addiction

A phrase used to characterize the emotional or mental aspects of drug use disorder is "psychological addiction," which includes symptoms including intense desires for the substance or behavior and trouble focusing on anything else (Raypole, 2020). Trauma and underlying mental health conditions are the main causes of psychological addiction. Strong cravings, substance fixation, and social isolation are all concurrent symptoms. Psychological addiction is clearly present in some learners' lives, according to the replies of those who participated in the study about their own experiences with it. Participants (Learner 6 and Learner 16) claimed that they had experienced learners who were psychologically addicted, and that this emotion affected how learners behaved in terms of drug addiction. Individual excerpts are as follows: *What pushes me the most to do drugs is addiction. Whenever I feel like smoking drugs, I just look for my friends and then we just smoke drugs like marijuana* (Learner 6). Another learner reported that: *It's a feeling that I do not know how to explain.*

But I just get tired of sitting at home and will look for my company so that we can sit and smoke drugs, marijuana (Learner, 16).

The qualitative results show that some teenagers who experience psychological addiction continue to use drugs just because they feel like it, for no obvious reason. Individuals find it more difficult to control their conduct and emotions in a range of settings as a result of these behavioral impacts. Therefore, it may be argued that one of the elements contributing to learner drug abuse is psychological addiction, as experienced by learners in this community.

6.4.3.4: Sub theme 4- *Feelings of loneliness*

The feeling we experience when our demand for fulfilling social contact and connections is unmet is a frequent description of loneliness. However, being lonely is not always the same as being by yourself. Some people could find it satisfactory to be alone and have a happy life with little interaction from others. Situational aspects like physical isolation, relocation, and divorce are contributing elements to feelings of loneliness. Feelings of loneliness can also result from the loss of a significant someone in a person's life. Internal problems like low self-esteem can also contribute to loneliness. Participant (Learner 12) made the claim that feelings of loneliness at home make bad conduct, like learner drug addiction, worse. The interview excerpt is reported as follows:

> *In my family we are a single parented family, and this has affected me to use drugs because there is no one to talk to me, to sit with me down and speak sense into my mind. It's like I live alone, I do things alone and I am on my own all the time* (Learner 12).

The findings indicate that certain learners who endure feelings of loneliness are always overwhelmed with thoughts of being loneliness because no one wants to associate with them in their lives. These behavioral effects make it harder for individuals to control their behavior and emotions in a variety of situations. It can therefore be argued that learners' feelings of loneliness as experienced by learners in this community is one of the factors leading to learner drug abuse as well.

6.4.3.5: Sub theme 5 - *Learners' emotional detachment*

A person with emotional detachment is psychologically unable to completely interact with their own or other people's feelings (Cherry, 2021). It may be constant, as it is in those who have attachment

disorders, or it may be a brief reaction to a dire circumstance. Being emotionally indifferent can be a coping method for some people, a way to shield them from stress or harm and others may find it difficult to talk about their issues because of a reaction to trauma, abuse, or repressed emotions. Emotional detachment is evident in certain learners' lives, according to the replies from those who participated in the discussion about their personal experiences with it. Participants (Teacher 2, Teacher 8 & Learner 11) reported that they had experienced emotional detachment in the lives of learners, and that this feeling affects how they behave in terms of drug addiction. Interview excerpts from participants are reported as follows: "*Some learners are blaming their families because of the lack of the parental love and because other people have been responsible for their upbringing and hence this will result into drug abuse*" (Teacher 2). In addition, one learner respondent reported that: *"I always feel a pain in my heart. I also feel like my mother does not love us and does not care about us and sometimes I resort into doing drugs*" (Learner 5). Other interview excerpts are reported as follows:

> *Some learners will feel like their stepfather's love is not enough for them and will not accept their stepfathers and this will cause them to feel bad and to feel not accepted or even loved by their stepfathers and these will influence drug abuse in their lives* (Teacher, 8).
>
> *Psychological factors would be anger, sometimes depression due to some of the things that are happening at home for an example my mother is employed, she is married, she lives at the protea Glen, not with me and she does not support me financially. So, this one of the things that causes depression and sometimes anger in my life and would sometimes lead me into drug abuse* (Learner, 11)

The qualitative findings indicate that certain adolescents endure emotional detachment due to various circumstances around their family life and this makes them to indulge in drug abuse in their lives. Thus, the learners with emotional detachment seem to have a void in themselves making them to resort to drug abuse to fill. It can therefore be concluded that mental detachment as experienced by learners in this community is one of the factors leading to learner drug abuse as well.

6.5: Familial social factors affecting learner drug abuse in selected Soweto high schools

The study also explored learner familial social factors that influence learner drug abuse. On the basis of the Bronfenbrenner's ecological systems theory which was adopted as the analytical framework

for qualitative data, codes were identified after which themes were developed. The following themes emerged; parent related factors (Low parental attention, parental separation, unmet physiological needs, neglectful parenting, inappropriate parent models, absent father figures and sibling related factors), sibling related factors (older sibling influence and sibling rivalry), and finally, community related factors (Low academic engagement, unemployed youths, inappropriate role models, peer pressure, community drug culture). The summary of themes are presented in the Figure below and thereafter discussed.

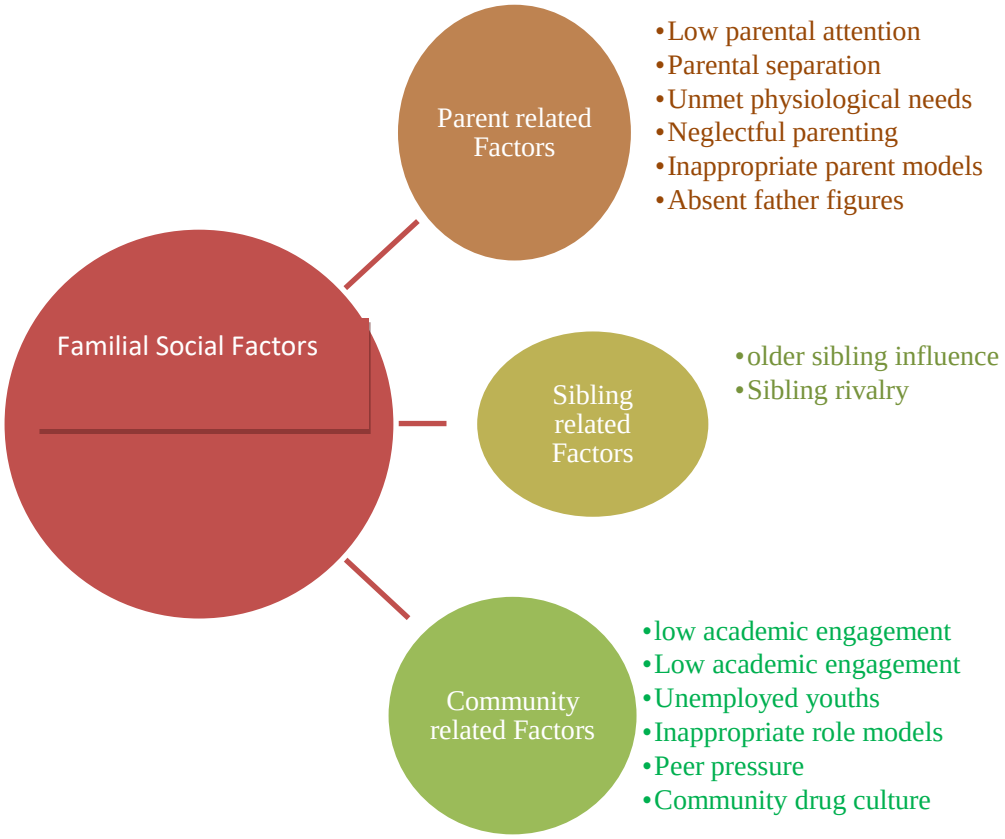


Figure 11: ***Themes and sub-themes on familial social factors influencing learners' drug abuse***

Source: (Analysed interview data, 2022)

6.5.1: Theme 1- Parental related factors

One of the themes that emerged under familial social factors influencing drug abuse among learners is parental related factors. Most participants reported that there were several parent related factors which were responsible for increased incidences in drug abuse among learners who participated in this study. The sub-themes which emerged from this theme of parent related factors include low parental attention, Parental separation, unmet physiological needs, neglectful parenting, inappropriate parent models, and absent father figures.

6.5.1.1: Sub theme 1- Low parental attention

Parental attention is when parents pay to their children, their entire attention, they attentively observe, pay attention to, or consider their children. The qualitative results in this study shows that the learners' conduct varies significantly and frequently dramatically with even slight adjustments in parental attention. This was evident from interview data where low parental attention that some learners experienced made them to easily abuse drugs. Thus, the participants reported that most learners have experienced the low parental attention that has affected their behavior. The excerpts below demonstrate this:

> *Also, very big families exert pressure on learners or even children because of the divided attention in the house. In these families, children cannot receive enough attention and the attention towards learners tend to be divided and can become biased at the expense of other children, and now those who feel rejected in these families would want to go ease the stress or the strain from such family life by smoking or drinking alcohol* (Teacher 4).

> *They are not able to give us the support that we need because they are always busy with work or sometimes busy with other family related things. They cannot support our education and cannot monitor our actions as individuals in the family* (Learner 16).

The results above show that learners with low parental attention experience symptoms of low parental attention that have an impact on their conduct and make it more difficult for them to control their emotions and behavior in a range of circumstances. Therefore, it can be argued that learners with low parental attention frequently become impulsive, disorganized, problems prioritizing, trouble in

multitasking, and are reluctant to engage in open and transparent communication to protect their feelings.

6.5.1.2: Sub Theme 2- Parental separation

One of the most negative childhood experiences is parental separation. Conflict between the parents, which is a common precursor to separation, increases the probability that a child would engage in problem conduct. The qualitative results indicate that some learners experienced parental separation in that their fathers would from time to time become engaged in unwanted behaviours, which has an impact on how learners behave. The interview excerpt from one participant was reported:

> *My mother and father separated because my father has been having too many faults in their relationship. My father drinks a lot and that's one thing I don't like about him because having drank too much alcohol, he will then come home very drunk, cheating and giving all sorts of problems in the house* (Learner 14).

From the interview results above, it is evident that some learners who experience parental separation always regress, exhibit anxiety and depression symptoms, and experience behavioral impacts that make it more difficult for them to control their emotions and conduct in a range of contexts. Therefore, as a result, learners display problematic behaviors such as decreased academic performance and poor psychological adjustment, which are regarded to be indicators of parental separation and may result in learner drug abuse.

6.5.1.3: Sub Theme 3 - Unmet physiological needs

The biological necessities for human survival, such as air, food, drink, shelter, clothes, warmth, sex, and sleep, are known as physiological needs. The participants mentioned unmet physiological needs in the homes of learners. They assert that these unmet physiological needs can get to a point where they cannot take it anymore and can lead to unwanted behaviors like learner drug abuse. Interview excerpts are reported as follows: "*At home we do not get what we want at the time we want it, so this gives me stress and at times I think of killing myself and commit suicide* (Learner 3). The interview excerpts from two respondents, (learner 11) and (Teacher 4) also stated:

For me personally, this is a problem and a big problem because now that I am old enough, there are some things that I would like to have and I cannot have them, as a result I end up doing wrong things and behaving in an uncalled-for manner including interacting with friends for wrong reasons like drug abuse (Learner 11).

Even when learners in child headed families feel like they cannot get enough provision for their siblings, they sometimes reach a cul-de-sac in their minds and become frustrated. This can lead to learner drug abuse as well (Teacher 4).

From the interview results above, it is evident that some learners who are from homes where the basic or physiological needs are not met cause them react to this situation by indulging in drug abuse.

6.5.1.4: Sub Theme 4- *Neglectful parenting*

Neglectful parenting refers to a parenting approach in which parents don't attend to their children's needs or wants beyond the necessities of food, clothes, and shelter. In this study, participants (Teacher 2, Teacher 3, Teacher 4, Teacher 8 and Learner 9) asserted that they had witnessed neglectful parenting in the lives of learners, and that this had an impact on how learners act in terms of drug abuse. Interview excerpts from teachers are reported as follows:

There is also an issue of rights that has come into play in our communities and societies whereby now we cannot reprimand children of wrongdoings because now children and the learners have more personal rights, so, this makes it very hard to reprimand children in our days because the minute you try to reprimand a learner or a child then you will be arrested because learners today have got too much rights (Teacher 2).

I sometimes feel like parents are relegating their responsibility of learners getting out of hand to the teachers. Even the government in this regard, I get the feeling that they are overwhelmed by the situation, the situation of learner drug abuse caught them off guard. So, the government does not really have what it takes to help the children who are doing drugs more especially learners. So, learners, they go out of our schools, and you will realise that they continue to do drugs wherever they are and some of them they end up in the Streets (Teacher 3).

Single parents have a tendency of becoming very busy such that they neglect their responsibility which is to look after the child, to check the child's well-being all the

> *time, including their schoolwork and about life in general. For a healthy development and growth of a child the parent needs to make a follow up on a child more often and if there is a lack of communication due to a busy schedule of the parents, then the child will feel neglected, and the tendency will be to spend more time on uncultured behaviours* (Teacher 8).

> *When this continues to happen, they develop a feeling of thinking that they are rejected by parents because sometimes they do not want to understand or they don't understand that indeed there is not enough at home and they might think that their parents are making excuses of not giving them what they want and this can lead to substance abuse because they want to ease this feeling* (Teacher 4).

The aforementioned interview findings make it very evident that learner drug abuse is a result of neglectful parenting. The study's participant teachers believed that drug abuse among learners was a result of visible neglectful parenting. Additional teacher respondents reported the following:

> *The only thing in my family that I think is causing me pain is my father who seems not to care about us. Only recently I told him that I had a birthday and he never responded positively, and he continues to ignore me. Usually, my father would buy for me clothes and take me out to the mall but now he does not do that anymore. These things cause me a lot of pain and I think about this all the time into such an extended that I end up smoking marijuana just to ease the pain. Sometimes I would find traditional herbs in his room* (Learner 9).

From the qualitative results above, it is evident that neglectful parenting influences learners' decisions to use drugs. This is because some learners are left to raise themselves because they don't get the direction, instruction, and nurturing they need to grow up healthy. It follows that neglectful parenting influences learners' drug abuse since it fosters a favorable atmosphere for drug use. This has a negative impact on their behavior and makes it difficult for learners to behave appropriately in a variety of circumstances.

6.5.1.5: Sub Theme 5- *Inappropriate parent models*

A parents' parenting model is described as a combination of their attitudes and behaviors toward their children as well as the emotional environment in which they behave (Darling & Steinberg, 1993). According to the parental model of developmental intervention, parents continue to have a significant impact on their childrens' early-childhood developmental outcomes even after they enroll them in early intervention. In this study, the responses from participants who took part in the conversation about their own experiences with inappropriate parent models indicated that inappropriate parent models are evident in some learners' lives. Participants (Teacher 3, Teacher 7, and Learner 10) asserted that they had witnessed learners who had inappropriate parent models, and that this had an impact on how learners act in terms of drug abuse. Interview excerpt from teacher 7 is reported as follows: "*Sometimes parents do things that are uncultured with their children, like sometimes they would smoke with the children or drink liquor with their children*" (Teacher 7). Other two participants stated:

> *Parents sometimes exhibit unwanted behaviours like involving themselves with or in an unhealthy relationship, drinking in front of the kids and this continues to have a negative impact on learners and children, and this sometimes may lead to learner drug abuse. Some parents would go to an extent of forcing their children to perform house chores while they themselves go out and enjoy themselves and sometimes parents go to an extend of spending the very little money they have at home with friends and on drugs* (Teacher 3).

> *For me the familial social factors that have influenced me with drugs are older people that are doing drugs in front of us as young people to the extent of sending us to buy drugs for them, like liquor and marijuana* (Learner, 10).

The qualitative results presented above indicate that inappropriate parental models as one of the societal and familial elements that contribute to learner drug abuse. It is logical to assume that some of the young people in this neighborhood are growing up with harmful parental models. Therefore, it is evident that learners who grow up in surroundings with a lot of inappropriate parental models would also be persuaded to use drugs. This has a negative effect on their conduct and makes it challenging for them to control it under various conditions.

6.5.1.6: Sub theme 6- *Absent father figures*

Absent father figures is a situation where the father is not available in the lives of learners in their families. The interview results of this study demonstrated that this community does indeed have absent father figures and this created voids in the lives of learners making them to indulge in drug abuse. In the present study, two participants (Learners 10 and Learner 13) reported that they experienced cases of absent fathers in their lives and that this had an impact on how they behaved in terms of drug abuse. The interview excerpts from two participants are reported as follows:

> *Some of the things that my mother talks about, I do not really take them into consideration or seriously and would care less sometimes, even though I respect my mother, but I still believe that it could have been better if the father was present because I obey her to a certain extent* (Learner 10).
>
> *For instance, your friends can tell you that their fathers were watching them when they were playing a football match and I on my side, I do not have a father figure who watches over me when I am playing games, and this hurts a lot* (Learner 13).

From the interview results above, it can be argued that the absence of fathers in the lives of learners causes them to lack the required parental control and this causes them to indulge in drug abuse. Therefore, it can be concluded that absent father figures create a void in the lives of affected learners causing them to engage in risky behaviours including drug abuse.

6.5.1.7: Sub theme 7- *Inadequate parental love*

Inadequate parental love is a situation when learners feel deprived of love from their parents or guardians. Inadequate parental love makes learners to seek affection from other activities which could include inappropriate ones, such as drug abuse. In this study, one learner participant reported on his own experiences of inadequate parental affection which made them to engage in drug abuse. The participant (learner 12) argued that the experience of living with inadequate parental affection had an impact on how learners behaved in relation to drug abuse. The interview excerpt is reported as follows:

> *The lack of love amongst us as community members to such an extent that no one cares for anyone. It's like a jungle, every man for Himself. Chances for me to stay at home are very limited because I am always preoccupied with making money, so I am always found in the Streets, to such an extent that sometimes I will always*

look for ways to make money which are not always favourable or even honourable (Learner 12).

From the interview excerpt above, it is evident that insufficient parental love was examined as one of the familial factors that contribute to learner drug abuse. This has a detrimental impact on learner behavior and makes it difficult for them to maintain control of it in a variety of situations and can lead to learner drug abuse.

6.5.1.8: Sub Theme 8- Imbalanced parental love

In this study, imbalanced parental love is one of the parental factors which were reported to be influencing learners into drug abuse. One participant (Learner 12) made the claim that having uneven parental affection had an effect on how learners acted in relation to drug abuse. The interview excerpt is reported as follows:

> *This lifestyle continues to hurt me and it pains me a lot because I have realised now that I am preoccupied in my mind with rather uncultured behaviours like making money and be derailed from things like school work etc. It's very painful to realise that every day in the morning my parent give money to my sister to carry to school and not me* (Learner 12).

From the interview results above, it can be argued that some learners in this community have encountered the phenomenon of unbalanced parental love, and this has a big impact on learner drug abuse. Therefore, it can be concluded that learners in homes with imbalanced parental love would likewise be easily influenced to use drugs and be engulfed into learner drug abuse. This has a detrimental impact on their behavior and makes it difficult for them to maintain control of it in a variety of situations.

6.5.2: Theme 2- Sibling related factors

Sibling-related factors are one of the topics that arose under the heading of familial social factors influencing drug abuse among learners. The majority of participants stated that there were a number of sibling-related factors that contributed to the rise in drug abuse among study participants. The sub-themes that developed from this subject of sibling-related issues are presented as follows:

6.5.2.1: Sub Theme 1- Older siblings influence

Older siblings serve as mentors and teachers for their younger siblings, guiding them as they learn about the outside world. Therefore, the lives of their younger siblings are significantly influenced by their older siblings. In this study, participants reported that some learners abuse drugs as a result of the influence of older siblings. The learner participants claimed that because they had direct experience with what it's like to live with older sibling's influence. This had an effect on how learners behaved in terms of drug abuse. Interview excerpts from two learner respondents are reported as follows: "*It's those people who are older than us who exhibited such behaviours Infront of us and now the younger youth tend to follow the trend*" (Learner 12). Another learner reported that:

> *The issue of our brothers that are older than us because they continue to exhibit wrong behaviours like smoking drugs in front of us and this has had a big influence in our lives. I'm talking about those that are old enough to be 25 years and older but who happen to be our brothers and also community members. Sometimes even our friends they exert pressure on us into unwanted behaviours, like drugs abuse so this means that even peer pressure is one of the problems in our community* (Learner 11).

From the qualitative results above, it is evident that older siblings play a significant role in shaping the lives of their younger siblings in their families. Therefore, it can be argued that the influence of older siblings influences learner drug abuse, and this has a detrimental impact on their behavior and makes it difficult for them to maintain control of it in various situations.

6.5.2.2: Sub theme 2- Sibling rivalry

The persistent antagonism between children raised in the same family is known as sibling rivalry. In sibling rivalry, each child is engaged in a competition to establish their unique identity and they search for their unique talents, pursuits, and hobbies as they come to terms with who they are. In this study, one participant reported on their own experiences of sibling rivalry indicated that there is clear antagonism between his siblings at home, and this made them resort to drug abuse. One participant asserted that sibling rivalry experience of living in a competitive household had influenced how learners acted in terms of drug abuse. The interview excerpt from learner 13 stated:

> *For me what stands out is anger due to the treatment that I receive at home compared to other siblings at home, of which this may go to an extent of stressing my mind because of this very same treatment* (Learner 13).

From the interview excerpt presented above, it can be argued that sibling rivalry is one of the social familial factors that contribute to learner drug abuse. So, it stands to reason that sibling rivalry is evident in the learners' lives and has an impact on learner drug use, and this has a negative effect on their conduct and makes it challenging for them to control it under different conditions.

6.5.3: Theme 3- Community related factors

One of the subjects that came up under the title of familial social factors promoting drug abuse among learners is community related factors. Most participants agreed that a variety of factors related to the community played a role in the growth in drug abuse among learners. The following are the sub-themes that emerged from this discussion of sibling-related issues:

6.5.3.1: Sub Theme 1- Low academic engagement

Academic engagement is a measure that combines academic participation and academic identification. In this study, low academic engagement was evident among learners in the community where the research was done. One participant (Teacher 3) reported having observed learners who are idle when not in school and that this had an effect on how they acted in terms of drug abuse. Interview excerpt from (Teacher 3) is reported as follows:

> *Another challenge is that in this community there is a lack of recreation. There are no libraries, non-governmental organisations or non-profit organisations that can help young people or learners. Children here or even learners have got a tendency or a culture of going and sit at the parks just to do wrong things like drinking and smoking* (Teacher 3).

From the interview excerpt above, it can be argued that the lack of academic engagement centers does foster a climate that encourages learner drug use. Therefore, low academic engagement for learners creates situations where they are idle and resort to engaging unproductive activities such as drug abuse.

6.5.3.2: Sub theme 2- *Unemployed youths*

The participants in this study gave their views on their experiences of unemployed youths in this community, and that this contributed as one of the factors responsible for drug abuse. The interview excerpts from two teacher participants excerpts are as follows: "*In the community we are surrounded by young people who are unemployed and that they are going around and smoking."* (Teacher 1). In addition, another teacher respondent reported that:

> *There are lots of young people who have nothing to do in our community, they do not go to school and are unemployed, the only thing that they do is engaging in negative behaviours like sitting in the parks and drink alcohol or smoke dagga* (Teacher 8)

From the qualitative results presented above, it is evident that unemployed youth is one of the social familial factors that contribute to learner drug abuse. Therefore, it is logical to infer that learners who were reared in communities that are infested with high youth unemployment suffer pressures which have an impact on learner drug abuse. This has a negative effect on their behavior and makes it challenging for them to maintain self-control in several situations.

6.5.3.3: Sub theme 3- *Inappropriate role models*

A role model is someone who serves as an inspiration to others and also encourages others to emulate their exemplary behavior, just like a model is something that symbolizes an inspiring ideal. In this study, findings indicated that there were inappropriate role models in the community and this exposure made some learners to abuse drugs. From the interview results, several participants reported that, many learners have been exposed to inappropriate role models in this community, which have an impact on how they behave, with some in drug abuse. This is illustrated in the interview excerpt from the teacher respondent below:

> *Whenever a child sees an older person doing this, he/she will immediately discover something that will relieve him/her from his stressful life. Leaners and children are always curious to know why exactly other people would take drug and, in the process, would end doing drugs* (Teacher 1).

From the interview results above, it can be argued that learners who have inappropriate role models tend to abuse drugs. Similarly, teacher participants agreed that learners'

inappropriate role models contributed to their drug abuse. Additional teacher responders stated the following:

> *I think the culture of smoking in the community. In our community, it is the one thing that influences us as young people to do the same thing as smoking and drug abuse, because most people they just sit there in the corners of the street and smoke and do drugs* (Learner 15).
>
> *I think it's because they see other people doing it, like their friends who are employed and have money to buy liquor, they also want to be seen by their peers that they themselves can afford to buy substances, as well as I and most of us young people do, we learn from them what they do* (Learner 2).
>
> *Sometimes you wake up in the morning and when you go out of the house, you see an older person from next door house smoking. So, when you see older people doing drugs you sometimes think that it's the right thing to do* (Learner 3).
>
> *I think it's the culture of smoking in the community. In our community, it is the one thing that influences us as young people to do the same thing as smoking and drug abuse, because most people they just sit there in the corners of the street and smoke and do drugs* (Learner 8).

From the qualitative results above, it is evident that, inappropriate role models are one of the familial factors that lead to learner drug abuse. It is reasonable to infer that the majority of young people in this community have unhealthy role models in their lives. Therefore,t learners who were raised in environments with a high concentration of unsuitable role models experience pressures that have an effect on their use of drugs and may lead to learner drug abuse. This has a detrimental impact on their behavior and makes it difficult for them to manage their behavior in a number of circumstances.

6.5.3.4: Sub Theme - *Peer pressure*

Peer pressure is when learners in the community influence their one another as friends to act, behave, think, and look in a specific way. In this study, the participants gave their views on their experiences of peer pressure in the lives of learners and the responses indicated that peer pressure is rife in this community and homes of learners. Participants made the argument that from their own experience, many learners have experienced peer pressure, which has an impact on how they behave in terms of drug abuse among peers. The interview excerpt from one learner is as follows: "*One of the biggest*

causes of drug abuse in our communities is peer pressure. As friends we influence one another to do drugs" (Learner 5). Other learners' participants reported that:

> *I think peer pressure is the major influencer in my community. It's easy to do wrong things when I am with friends because, you do things since you want to be part of a powerful group and you don't want to seem like a coward or that you are weak* (Learner 1).

> *It's the peer pressure. Influence of friends, it's when your friends would ask you to do wrong things and if you refuse, they will call you names like you're a coward, or you're not clever enough etc., then you'll end up doing things that they want* (Learner 2).

> *It is because of the company of smoking people and when you are in this company you feel like doing what they are doing. These people are my friends so whenever I'm with them I feel like doing what they do, like smoking marijuana* (Learner 8).

The aforementioned interview results make it very clear that learner drug abuse is a result of their peer pressure. The study's participant teachers believed that drug abuse among learners was a result of evident peer pressure. Additional teacher respondents stated the following:

> *Learner drug abuse is influenced by friends or peer pressure, it has nothing to do with the fact that you do not receive money from home. I think there are familial social factors because you see other people doing it* (Teacher 2).

> *In some cases, parents they go an extra mile in terms of providing for their children what their children need but due to issues of Peer Pressure, you realise that these children end up in drugs and if this continues, the child will end up deep into drugs and will not be able to control him or herself and will become an addict* (Teacher 4).

From the qualitative results above, it can be argued that negative peer pressure was evident among learners in the community, and this made other learners to focus on wrong models that were on drug abuse. Therefore, it can be concluded that pressures from the peers who abuse drugs has an effect on learner drug abuse in this community. This has a detrimental impact on their behavior and makes it difficult for them to manage their behavior in several circumstances.

6.5.3.5: Sub theme 5- *Community drug culture*

A drug culture has its own history of drug use, which is typically passed down orally. It shares a number of common ideals, beliefs, customs, and traditions and also has its own, over time-evolving rituals and behaviors. When a high concentration of problem drug users occurs in one location and the community lacks the capacity to address the issue, there is a community drug problem, and may give rise to community drug culture. In this study, participants reported that drug culture was evident in the community, and this was one of the factors that made learners to indulge in drug abuse. The qualitative findings from two participants (Teacher 5 and Learner 12) asserted that the presence of a drug culture in the community affected learners and caused them abuse drugs. The interview excerpts from two participants are reported as follows:

> *I think the culture and the environment in the society is the one that continues to influence us with negative and unwanted behaviours. It's almost a norm in our society that almost all boys are smoking and drinking, including girls. It's those people who are older than us who exhibited such behaviours Infront of us and now the younger youth tend to follow the trend* (Learner 12).

> *The first influence that I can highlight in the Communities is the status Quo. The current status Quo in our communities encourages a certain type of lifestyle. For instance, a one-year-old baby, when we are doing a birthday for that child, even though the child is one year, you will see people coming in numbers with alcohol to celebrate the child. Now this sets the standard that whenever we do celebrations, we must have alcohol and I think that is the first influence from the community side* (Teacher 5). `

From the qualitative results above, it is evident that, some learners in this neighborhood are in some way impacted by the phenomena of community drug culture. Therefore, it can be concluded that a community's drug culture would have an effect on learner drug abuse. This has a detrimental impact on their behavior and makes it difficult for them to maintain control of it in various situations.

6.6: Findings on kinds of support that are available at home for learners who are involved in drug abuse in selected Soweto high schools

The perspectives of teachers and learners concerning the kind of support that are provided at home for learners who are involved in drug misuse, namely in Soweto high schools, were the main focus

of this study. Since learners' and teachers' perceptions, perspectives, and understandings of the kind of support provided at homes for drug-abusing learners at various Soweto high schools are solely dependent on their own individual interpretations, perspectives, and understandings. The following themes emerged on the types of support that are available at home for learners who are involved in drug abuse: Parental monitoring, parental guidance, family counseling and finally, lack of education support.

6.6.1: Theme 1- Parental monitoring

Parental monitoring encompasses the guidelines that parents set for their teen's conduct, the steps they take to monitor their teen, and the reactions they have when their teen disobeys the restrictions. The qualitative results of this study indicated that parental monitoring as evident in the home of learners. One learner participant reported having gone through parental monitoring and this has positively influenced his behavior. The interview excerpt from one learner is reported as follows:

> *Since my mother works at the clinic, she sometimes tests me for drugs in my body system and she will tell me to stop using drugs, otherwise I'll get very sick or lose school then my future will be ruined* (Learner 1).

From the qualitative results, even though parental monitoring has been reported as one of the techniques parents employ to keep their children from engaging in unwanted behaviors, parental monitoring was not commonly practiced by most parents. However, parental monitoring has a positive impact on their behavior and makes it difficult for kids to behave improperly in a range of circumstances. In as much as parental monitoring was reported as support available, but it was only evident from one learner participant, which indicates it is rarely practiced among many families in this community.

6.6.2: Theme 2- Parental guidance

Parental guidance refers to a program that requires parents or other adults to provide guidance to viewers who are young children. The results from interview data revealed that some parents were engaged in parental guidance in this community to assists learners in identifying goals and potential solutions to issues that upset them emotionally. The participants described how they occasionally encountered parental guidance in which the parents would occasionally sit down with learners and provide counseling, which would influence how they behaved. The interview excerpts are reported

as follows: "*Sometimes my mother would sit down with me and talk to me about drugs and sometimes she will take me to the social work"* (Learner 3). "*From time to time our parents will try to warn us about drugs"* (Learner 1). "*I think the only educational support that is available is when my mother tries to reason with me, talking to me about issues around the dangers associated with drug abuse"* (Learner 13). Other participants stated:

> *Only that sometime parents or guardian will take time to sit down with you and talk to you about drugs, even yesterday my sister was drinking, but telling us while what she is doing, we must not do it and that she can go and hide herself because she was watching TV. She also told us that what she is doing will not do any good in us and that we still need to focus on our future and grow and get old so that we can achieve whatever we want to achieve in life, like buy cars, houses etc.* (Learner 2).
>
> *There is educational support in the sense that my mother likes to always talk to me and shouts at me about unwanted behaviours, including drug abuse. She would always make an example about my cousin brother who has been too much on drugs and has been to rehabilitation centres but cannot be freed from drugs* (Learner 7).
>
> *Usually, my mother would sit down with me, sometimes with both me and my uncle when he has visited us and she will tell us more about the dangers associated with drug abuse and substance abuse in the community around us* (Learner 8).
>
> *Usually, my parents would sit down with me and give counsel concerning my life and my future and tell me that drugs are not good because if I use drugs, I will end up dropping from school and staying in the Streets* (Learner 9).
>
> *From time to time my mother would sit down with me and talk to me about issues around drug abuse and tells me that if I start with drugs, then, there is no turning back and my life will be stuck on drugs abuse* (Learner 10).
>
> *I live with my grandmother, and she is the only one who sometimes sit with me down and talk to me about all the life issues, the things that might affect my future and teach me about the dangers of using drugs* (Learner 11).

From the qualitative results above, it is evident that most learners reported parental guidance to be the support that is available in their homes. Some parents in this community practice effective parental guidance which has a beneficial impact on learner behavior and makes it difficult for learners to behave inappropriately in a range of circumstances. Therefore, it can

be argued that parental guidance is beneficial in reducing drug abuse among learners in this community.

6.6.3: Theme 3- Family Counseling

Family counseling is a technique for creating and preserving strong, effective family ties. Family counseling is intended to address certain problems that have an impact on the psychological well-being of the family, such as significant life transitions or mental health illnesses. In this study, one learner participant reported that they had received family counselling as support against drug abuse and this was helpful in making them choose right decisions about their lives. Interview excerpt according to (Learner 3) is reported as follows: "*There's no educational support except that I always receive counsel from my family members about the dangers of drug abuse."*

From the interview excerpt above, it can be argued that some learner families do exercise learner counseling on their own and this is not very effective as much as it is necessary. It can be inferred that very few learners were raised in homes with family counseling, and even for those who do, the counsel they receive in these families is ineffective. However, it is important to note that family counseling has only been reported in one family, therefore, this implies that most families have not adopted this support for the learners.

6.6.4: Theme 4- Lack of education support

The lack of education support that the learners experienced was brought to the researcher's attention. The qualitative results from the interview data showed that there was a lack of education support in this community to help learners establish goals and potential solutions to problems that emotionally distressed them. The participants talked about the little education they receive from home, which would have an impact on how they acted. The following is a report of the interview excerpts: one teacher respondent reported that there was lack of education on drug abuse in the community. The interview excerpt from (Teacher 1) is reported as follows:

> *To be honest, I don't think there are any preventative measures at the home of learners. As we most of the time sit with learners that are on drugs, we realise that there's little education that they receive from home about drugs and even this education they get it when in fact they are already on drugs. Due to lack of*

knowledge on the part of parents, they tend to deal with a situation very late, just to do damage control (Teacher 1).

From the interview excerpt above, it can be argued that lack of educational support has an impact on learners' decisions to take drugs and can be ascribed as one of the societal and familial factors that contribute to learner drug abuse. It is plausible to assume that some of the learners in this community have dealt with the phenomena of having no assistance for their education. Therefore, it could be concluded that pressures that have an impact on drug abuse are felt by learners who were reared in situations or homes with a high concentration of non-educational support. This has a negative effect on their conduct and makes it challenging for them to control it under various conditions.

6.7: Findings on early home-based intervention strategies that could be adopted to assist learners who abuse drugs.

The perspectives of teachers and learners concerning early home-based strategies that are provided at home for learners who are involved in drug misuse, namely in Soweto high schools, were the focus of this study. Since learners' and teachers' perceptions, perspectives, and understandings of early home-based strategies that could be provided to assist drug-abusing learners at various Soweto high schools are solely dependent on their own individual interpretations, perspectives, and understandings.

In order to achieve the research objectives, interviews generated a lot of data. Participants had a variety of perspectives on the support available at home for learners who use drugs at particular Soweto high schools. The following themes emerged when teachers and learners at specific Soweto high schools discussed the types of support that are available at home for learners who are involved in drug abuse: Referral for professional therapy, referral to rehabilitation centres, Collaboration with South African National Council on Alcoholism and Drug Dependence (SANCA) , establishment of community development centres, re-establishment of community mentorship centres, development of a holistic approach with community stake holders, development of community awareness programmes , development of community recreational centres and development community based guidance centres.

6.7.1: Theme 1- Referral for professional therapy

Professional therapy refers to any service offered by a qualified professional in one of the following disciplines: nutrition, audiology, speech therapy, occupational therapy, or physical therapy. The findings of this study reported that many learners who abuse drugs have not been exposed to suitable professional therapy which could assist them stop this practice. An excerpt from (Teacher 1) is reported as follows: "*Parents should take learners to proper and professional facilities where the learner will get into proper programs concerning drug abuse"* (Teacher 1).

According to the results, it is evident that the teacher respondent suggested that learner families should seek professional therapy and that they need this therapy to assist learners who abuse drugs. Therefore, from this qualitative result, it can be argued that in as much it is suggested that learners should seek professional therapy, it might be challenging to do so because there are financial needs that have to be met for this to happen.

6.7.2: Theme 2- Referral to Rehabilitation Centres

Rehabilitation is a component of care that focuses on assisting the patient in regaining optimal functioning and in achieving their personal objectives. According to the qualitative results of this study, the participants suggested that there is a need to take learners who abuse drugs to rehabilitation centres. This is because participants showed that in this community, there are no known home therapies outside of rehabilitation centers, which has an impact on how learners act in terms of drug abuse. The interview excerpts from participants are reported as follows: "*It's such that parents need to take their children to rehabilitation centres and support them"* (Learner 14)

> *There are but they are not enough because even though some people may be taken through therapy, it's easy for them to relapse because they will come back to the very same community and friends that are in drug abuse* (Learner 2).
>
> *Her family took her into a rehab, and she stayed there for almost two years there and came back having gained some weight but still relapsed. Even if she goes into the house, people follow her because they don't trust her* (Learner 2).

I think learners or children who are doing drugs must be taken to rehabilitation centres because there are many things in the society that can influence them to do drugs, like there are many places that are selling drugs (Learner 5).

From the qualitative results above, it is evident that families must seek rehabilitation therapy to be able to assist learners who abuse drugs. It can be inferred that lack of rehabilitation for learners who abuse drugs is likely to worsen their situation if appropriate corrective measures are not put in place.

6.7.3: Theme 3- Collaboration with South African National Council on Alcoholism and Drug Dependence (SANCA)

The South African National Council on Alcoholism and Drug Dependence (SANCA) was founded in 1956 in response to the need for assistance that communities were expressing to deal with the growing issues associated to alcohol and other drugs. For service users and their families, SANCA provides a continuum of care that includes screening, evaluation, medical treatment, therapeutic treatment, and aftercare services. According to the responses from people who took part in the qualitative study, about their individual experiences with it, the availability of SANCA programs is evident in certain learners' lives. Participants (Learner 8 and Learner 3) argued that extra SANCA programs would aid in reducing some undesirable behavior, such as learner drug addiction. Interview excerpts are reported as follows: *"I think the availability of dialogues in the Communities with community members and young people will help a lot, and also if people or organisations Like SANCA can be involved, this can help as well*" (Learner 8). Other interview excerpts are as follows:

I think if there can be programs that deal with us as young people in such a way that we can be taken to SANCA from time to time so that we can receive counseling and help. This should be an ongoing process (Learner 3).

Not that I know of except that we have SANCA that we always bring our children and our learners to, when they are doing drugs. Some schools will always advise their children to go to SANCA so that they can receive professional help (Teacher 7).

I think if the SANCA officials can from time to time come into our societies for session and follow-ups on young people, this can help reduce learner drug abuse because at SANCA, they have programs that help young people even to the extent of taking them to the rehabilitation centres (Learner 9).

From the qualitative results above, it can be argued that SANCA programmes can influence learners' decisions to use drugs positively. These goals are accomplished through offering primary and secondary preventive services that are incredibly effective, as well as comprehensive treatment programs for chemically dependent individuals and their families. It can be inferred that these SANCA programmes may discourage learner drug abuse.

6.7.4: Theme 4- Establishment of Community development centres

Community development is a process where organizations support residents in identifying and resolving issues that are significant to them. Children and families who are directly involved in community development programmes may enjoy improvements in their knowledge, empowerment, self-efficacy, social inclusion, and sense of community. In this study, participants (Learner 11 and Teacher 7) argued that developmental centre programmes would aid in reducing some undesirable behavior, such as learner drug addiction. The interview excerpts are reported as follows: "*Our government should assist with developmental programmes where learners and the community at large can be taught the skill of life*" (Teacher 7). Participants also stated:

> *I think developmental centres would help in this regard because most of our brothers and big brothers in our society are not educated and because of this they end up doing wrong things like drug abuse because they cannot have jobs so he developmental centres can be developed and be able to give the community some skills I think these I will reduce the rate of drug abuse in our community* (Learner 11).

From the interview excerpts above, it can be argued that learner families and communities should have access to community development centres in order to aid the community and curb learner drug abuse.

6.7.5: Theme 5- Re-establishment of Community mentorship centres

Mentorship can be defined as the direction given by a mentor, especially a seasoned individual in a business or educational institution. The mentorship program's goal is to provide participants the freedom to oversee their own career and personal growth. The qualitative results of the study indicated that? The findings from the interview data showed that learners need mentorship centres to help and give learners direction because there's a lot of information available in the community that

might confuse learners, and thus these mentorship centres will help learners to establish goals and potential solutions to problems that emotionally distressed them. The interview excerpt from (Teacher 2) is reported as follows: "*For me there are many programs that are there in our communities but most of them they could not work. There are lots of materials out there and I think they are not working."*

From the qualitative results above, it can be argued that there exist community mentorship centers to help the community and stop learner drug abuse, however they are ineffective. It can be concluded that as much as this does have an impact on learner drug use, these mentorships are not effective.

6.7.6: Theme 6- Development of a holistic approach with community stake holders

To ensure that a community thrives, a holistic approach takes into account all the spiritual, physical, social, economic, educational, religious, environmental, athletic, and cultural factors. Adopting a holistic understanding of the socio-ecological system will build an awareness and consciousness in the community. This understanding is critical in order to communicate the importance of a sustainable community and its role within the socio-ecological system, which can help build individual consciousness that leads to a realisation of the root cause of community problems. The qualitative results from the interview data showed that there is a lack of a holistic approach with community stake holders in this community to assist learners establishes potential solutions to their problems. (Teacher 5) argued that holistic community programs that incorporate government and parents would help a great deal in curbing learner drug abuse. The interview excerpt from (Teacher 5) is reported as follows:

> *Programmes where the government together with the parents are working together hands-on, can be very effective in terms of learner behaviour, because most of the time learner parents just throw their children into the government or into our schools for the government to rectify the behaviour. Even though the churches are trying to help, but I also believe that churches can do better in trying to combat the predicament in the communities* (Teacher 5).

From the interview excerpts above, it is evident that there should be holistic community programmes existing in the community to help the community and stop learner drug abuse, because those programmes that are available currently are ineffective. The aforementioned respondent claim that

holistic community programmes, can do better in trying to combat the predicament of learner drug abuse in the communities. It can be inferred that some learners are raised in societies with limited access to holistic community programmes.

6.7.7: Theme 7- Development of Community awareness programmes

The term "awareness programmes" refers to community-wide or audience-specific efforts, campaigns, or programmes that raise audience knowledge and facilitate the exchange of knowledge and resources in order to curb undesirable behaviors. In this study, participant (Teacher 4) claimed that poor behavior, such as learner drug addiction, is made worse by the lack of community awareness programmes. The interview excerpt from (Teacher 4) is reported as follows: "*In the community there should be awareness programs that that are developed in order to help learners and other children with learner drug abuse"* (Teacher 4).

From the interview results above, it is evident that learners who abuse drugs should have access to Community awareness programmes in order to curb learner drug abuse. This is because the absence of community awareness programmes does create a climate that is conducive for learner drug abuse. It can be inferred that this does have an impact on learner drug use, thus, it is suggested that there is a need for establishment of community development centres.

6.7.8: Theme 8 –Development of Community recreational centres

A public building where events are hosted, sports are played, and both young and old people can participate in activities is referred to as a recreational centre. Thus, recreational activities aid in stress management and also give one a chance to take care of oneself, promotes equilibrium, and boosts self-esteem, all of which can directly lower anxiety and sadness. In the present study, participants (Learner 12 and Learner 13) argued that lack of recreational centres continue to exacerbate undesirable behavior, such as learner drug addiction. The interview excerpts are reported as follows: "*One should establish recreational centres in our society"* (Learner 12). The other participant stated:

> *The government must introduce more programs in the community so as to assist learners and the youth to be active in sports like football and not just develop these*

programs, but also assist in opening opportunities for the youth to be active participants in the mainstream of football and other sports (Learner 13).

From the interview results above, it is evident that learner communities need community recreation centres to occupy the youth with something worthwhile and significant. It can be concluded that the development of recreational centres would make learners to be productive when at home and this would limit their engagement in risky behaviours such as learner drug abuse.

6.7.9: Theme 9- Development of Community based guidance centres

Guidance generally provides assessment and help to kids with emotional, behavioral, and mental health issues in this center. In this study, one participant suggested that there is a need for development of community guidance centres which could be useful to help learners when at home. One participant (Learner 15) made the case that programms at guidance centres would help to cut down on some unwanted behaviors, like learner drug abuse. The interview excerpt from (Learner 15) is reported as follows: "*I think sessions, guidance sessions should be organised in our communities to teach young people about the dangers of drug abuse"* (Learner 15).

From the qualitative result presented above, it is evident that community-based guidance centres can have a good impact on learners' decisions to use drugs. It makes sense to argue that some school learners in this community do not have access to community-based guidance centres and that such centres could have a positive impact on managing learner drug abuse.

6.10: Conclusion of the Chapter

This chapter presented the qualitative results that emanated from this study. The next chapter, chapter seven presents the discussions, conclusion and recommendations of the study.

CHAPTER SEVEN

7.0: SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

7.1: Introduction

This chapter presents the summary of the research findings and a discussion of the same with literature. The chapter begins with an outline of the PhD thesis, followed by a summary of the study's findings, a discussion of the findings with literature and conclusions. The chapter also presents the study's contributions, policy recommendations for education, and practice suggestions. The chapter concludes with a discussion of the study's limitations, recommendations for additional research, and final thoughts.

7.2: Overview of the Thesis

Using a mixed-methods approach, this PhD study investigated the home-based adverse childhood experiences impacting the escalating learner drug usage in selected Soweto schools, South Africa. The study's rationale, aim, objectives, hypotheses, and research questions were stated in the first chapter, which also served as an introduction to the study. The literature review was presented in Chapter two, and the theoretical framework which form basis for this study was presented in Chapter three. In Chapter four, there is a discussion of the study's methodology and research design. The quantitative findings of this study were reported in chapter five, together with a structural equation model diagram illustrating the impact of early childhood experiences at home on the rate of rising student drug misuse in particular Soweto schools. In chapter six, the topic of qualitative findings was covered. The summary of the study results, conclusions, recommendations, study limitations, and ultimately proposals for additional research are presented in chapter seven.

This study attempted to answer the following research questions.

Research questions

The main research question for this study was:

How does family-based adverse childhood experiences (ACE) factors affect the escalating learner drug abuse in selected Soweto schools?

The following sub-questions assisted in answering the main research question:

(i) How do biographical factors (parental income, level of education, type of family, and size of family) affect learner drug abuse in selected Soweto high schools?

(ii) What is the influence of familial psychological factors (parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders) on learner drug abuse in selected Soweto high schools?

(iii) How do familial social factors (parent–adolescent relationship, sibling influence and parental influence) affect learner drug abuse in selected Soweto high schools?

(iv) Which kinds of support are available at home for learners who are involved in drug abuse in selected Soweto high schools?

(v) Which structural equation modelling can explain family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools?

(vi) Which early home-based intervention strategies that could be adopted to assist learners who abuse drugs?

The summary of the study findings is discussed below.

7.3: Summary of the Study Findings

The summary of the study findings is presented as follows:

7.3.1: Biographical factors and learner drug abuse in selected Soweto high schools

According to the qualitative findings from the study, the majority of learners came from extended families, and there is very little fundamental assistance and needs, and this made the learners from these families to abuse drugs. However, further findings suggested that some learners from single-parent families engage in drug misuse. In addition, the quantitative study findings indicated that learners who were living in a single parent headed family seemed to indulge the highest in drug abuse as indicated by a mean drug abuse.

The qualitative findings of the study indicated that some learners were from blended families and as such, they abuse drugs because they lack happiness and satisfaction in their lives. However, on the level of drug abuse among the high school learners according to the quantitative study, with learners living in well-organized type of family like nuclear, are likely to indulge less in drug abuse than their counterparts who live in a single parent family, child headed family and extended family. The qualitative findings indicated that learners from child headed families abuse drugs because they lack parental supervision.

The quantitative study findings indicated that learners who come from moderate parental income homes tend to use drugs more frequently than their counterparts who come from low-income families. The qualitative findings on the other hand indicated that several learners' outcomes are found to be negatively correlated with parental level of income. The qualitative study further indicates that family income has a relatively minimal impact on learner's results when compared to the impact of other factors. Low family income was found to have a positive correlation with learner drug abuse, whereas the moderate family income was found to have a negative correlation with learner drug abuse.

The quantitative study findings established that parental education level has statistically significant effect on the level of drug abuse among the secondary school learners. On the contrary, the quantitative study findings indicated that learners whose parents with higher education levels are likely to indulge in drug abuse more than their counterparts whose parents have relatively lower education. The qualitative study findings revealed that most learner parents' level of education is low, and this has an effect on leaner drug abuse.

The quantitative study findings reported that size of family has significant effect on drug abuse among secondary school learners. Therefore, the study findings are that although learners from larger families seemed to be more involved in drug abuse compared to their counterparts from smaller families, the differences in drug abuse index were not statistically significant. The difference in the level of drug abuse between the groups was of no practical significance. However, the size of the family is one of the key factors influencing drug abuse among high school learners, according to the study's qualitative findings. Moreover, qualitative findings indicated that the big

family size of learners had an influence on learner drug abuse. However, the qualitative findings indicated a prevalence of moderate family size, but there was no clear influence on learner drug abuse.

7.3.2: Familial psychological factors and learner drug abuse in selected Soweto high schools

The quantitative results indicated that familial psychological factors such as, parental behavioral control, parent-child attachment patterns, emotional breakdown and induced psychological disorders, influenced the learner drug abuse in selected Soweto high schools. The qualitative study findings also showed that familial psychological factors such as cognitive related factors (depression, mental exhaustion, curiosity driven and learner cognitive overload). Moreover, the behavioural related factors (Identity crisis, low self-esteem and external locus of control) and emotional related factors (Learner stress, anxiety disorder, psychological addiction, feelings of loneliness, emotional detachments), all have considerable influence on learner drug abuse in township high school.

The qualitative results of this study revealed that the cognitive functioning of learners was impacted by growing up in households and situations that presented different difficulties. Thus, the study findings indicated that the main perceptions of cognitive influences contributing to learner drug abuse in this community and in the households of learners include depression, mental exhaustion, curiosity and cognitive overload. Moreover, the study findings indicated that there were four major behavioral factors (Identity crisis, Learners' birth order, low self-esteem and external locus of control) that were more prominent, and that familial psychological factors in the families of learners had an impact on how learners behaved, as far as learner drug abuse is concerned. On the same vein, the qualitative study exposed that the community of the learners had five crucial emotional factors that are prevalent, namely (learner stress, anxiety disorder, psychological addiction, feelings of loneliness and emotional detachment). In this neighborhood, familial psychological factors had an impact on learners' emotions, which in turn, give rise to learner drug abuse. The researcher received information from respondents about their perceptions of emotional factors in this neighborhood and in the homes of learners.

The quantitative findings of the study indicated that there is significant effect of parental behavioral control on learner drug abuse in selected Soweto high schools, suggesting that when learners'

parental behavioral control rises by one unit, then the level of learner drug abuse would reduce. Meaning that, an improvement in parental behavioral control by one standard deviation would result into succeeding fall in the level of drug abuse among the secondary school learners. Moreover, that study findings suggested that a sizeable proportion of the respondents enjoy affectionate, warm relationship with their parents, indicative of secure attachment. Also, although majority of the respondents are disturbed when separated from their parents, an indication of secure child-parent attachment, many of them are not disturbed at all when separated from their parents, a sign of moderate level, of child-parent secure attachment. The quantitative results of the study revealed that there is generally moderate level of ambivalent child-parent attachment pattern among the surveyed learners, where ambivalent attachment is characterized by high levels of anxiety and insecurity.

Furthermore, the results of the study show that on average many of the respondents had moderate levels of disorganized child-parent attachment among the learners who were studied. The findings suggested that, on average, majority of the learners show high level of secure attachment as being self-contented, social, warm, and easy to connect to. On the contrary, the fact that the learners were rated moderate in avoidant attachment suggests that many of the learners who were sampled for the study neither exhibit strong desire for closeness with others. The quantitative study findings also indicated that learners who were exposed to higher levels of disorganized attachment mostly indulgence in drug abuse. In addition, the quantitative study concluded that there is statistically significant direct effect of emotional breakdown on learner drug abuse in selected Soweto high schools. Moreover, whereas some of the learners did not show signs of psychological distress, a substantial proportion of them were suffering psychological distress as revealed by the quantitative study. From the model summary, the quantitative finding of the study showed that psychological distress accounted for 8.9%, of the variation drug abuse among secondary school learners.

7.3.3: Familial social factors and learner drug abuse in selected Soweto high schools

The qualitative results indicated that familial social factors such as parental related factors (Low parental attention, parental separation, unmet physiological needs, neglectful parenting, inappropriate parent models, absent father figures and sibling related factors), sibling related factors (older sibling influence and sibling rivalry), and community related factors (Low academic engagement, unemployed youths, inappropriate role models, peer pressure, community drug culture)

influenced learner drug abuse.

The quantitative results indicated that familial social factors such as, parent–adolescent relationship, sibling influence and parental influence, influenced learner drug abuse in selected Soweto high schools. Moreover, the quantitative study revealed that there is significant effect of parent–adolescent relationship and parental influence on learner drug abuse in selected Soweto high schools. The qualitative results indicated that the learners' conduct vary significantly and frequently dramatically with even slight adjustments in parental attention. It was evident from qualitative study that where there was low parental attention, some learners abused drugs. The qualitative results also indicated that some learners experienced parental separation in that their fathers would from time to time become engaged in unwanted behaviours, which had an impact on learner drug abuse. Furthermore, the qualitative study revealed unmet physiological needs in the homes of learners, in that these unmet physiological needs can get to a point where learners cannot take it anymore and would lead to unwanted behaviors like learner drug abuse. In addition, the qualitative study exposed neglectful parenting in the lives of learners, and that this had an impact on how learners acted in terms of drug abuse. Also, the qualitative study findings reported that learners experienced cases of absent fathers in their lives and that this had an impact on how they behaved in terms of drug abuse. In the same study, learners reported their own experiences of inadequate parental affection & Imbalanced parental love which made them to engage in drug abuse.

The quantitative study of the study revealed that sibling influence had significant effect on learner drug abuse in selected Soweto high schools. To add to this, the qualitative study findings reported on sibling rivalry and indicated that there is clear antagonism between his siblings in their homes, and this made them to resort to drug abuse. The qualitative study findings further revealed that low academic engagement was evident among learners in the community where the research was done. The study findings also revealed that learners were idle when not in school and that this had an effect on how they acted in terms of drug abuse. Moreover, the study findings indicated that there were inappropriate role models in the community and this exposure made some learners to abuse drugs. In addition, the qualitative study findings indicated that most learners have experienced peer pressure, which has an impact on how they behave in terms of drug abuse among peers. Moreover, the study findings also reported that drug culture was evident in the community, and this was one of the factors

that made learners to indulge in drug abuse.

7.3.4: Kinds of support are available at home for learners who are involved in drug abuse in selected Soweto high schools

The quantitative study findings indicate that there are some home based supports available for learners who abuse drugs. For instance, the study reported that the skills training, family prevention programs including, consistent development of positive parent-child relationship, family supervision and monitoring, together with open communication lines between parents and children, were established to be some of home-based support programmes against drug abuse. The qualitative study findings indicated that parental monitoring was evident in the home of learners. Also, the study findings indicated that there was parental guidance in which the parents would occasionally sit down with learners and provide counseling, which would influence how they behaved in terms of drug abuse. Also, the same study reported that learners had received family counselling as support against drug abuse and this was helpful in making them choose right decisions about their lives. Contrary to this, the qualitative study findings indicate that there was lack of education support on drug abuse in the community.

7.3.5: Structural equation modelling explaining the relationship between family-based adverse childhood experiences and learner drug abuse in selected Soweto high schools

The quantitative findings of the study revealed that parental education level, size of family and type of family, as observed variables, all have an influence on learner drug abuse. From the model, of the psychological factors, secure attachment had the greatest influence on learner drug abuse in the selected high schools. However, the parental income as an observed variable had no significant impact on learner drug abuse. From the results of the study, the parent-child attachment types namely, secure attachment, avoidant attachment, ambivalent attachment and disorganized attachment had significant impact on the learner drug abuse. Familial social factors which included parent-adolescent relationship, parental influence and sibling influence, had only one of its measures (sibling influence) having the most significant impact. In overall, familial psychological factors, parental biographical factors and home-based support were significant predicators of drug use among the learners. Overall, the results revealed that most of the variables clearly influenced learners drug abuse, hence, the variables is suitable for use in structural equation for escalating learner drug abuse.

7.3.6: Early home-based intervention strategies that could be adopted to assist learners who abuse drugs

The qualitative study findings revealed the following early home-based strategies to manage learner drug abuse: Referral for professional therapy, referral to rehabilitation centres, Collaboration with South African National Council on Alcoholism and Drug Dependence (SANCA), establishment of community development centres, re-establishment of community mentorship centres, development of a holistic approach with community stake holders, development of community awareness programmes, of community recreational centres and community based guidance centres. The qualitative study findings reported that many learners who abuse drugs have not been exposed to suitable professional therapy which could assist them stop drug abuse practice. However, the study findings showed that in this community, there are no known home therapies outside of rehabilitation centers, which has an impact on how learners act in terms of drug abuse. In addition, the qualitative study findings indicated the availability of South African National Council on Alcoholism and Drug Dependence (SANCA) programs were evident in certain learners' lives.

Therefore, it can be argued that there exist community mentorship centers to help the community and stop learner drug abuse. Moreover, the qualitative results indicated that there are no holistic community programmes existing in the community to help the community and stop learner drug abuse. To add to this, the qualitative study findings revealed that lack of recreational centres continue to exacerbate undesirable behavior, such as learner drug addiction. In addition, the study findings indicated that some school learners in this community do not have access to community-based guidance centres and that such centres could have a positive impact on managing learner drug abuse.

7.4: Discussion of Findings

This section presents discussion of findings for the study.

7.4.1: Biographical factors and learner drug abuse in selected Soweto high schools

The study findings demonstrated that biographical factors influenced the learner drug abuse in selected Soweto schools. The study findings on biographical factors are discussed with literature as follows.

7.4.1.1: Type of family

According to the study's qualitative study findings, one of the main causes of drug abuse among secondary school learners was the type of household. According to the quantitative study findings, learners who live in nuclear families, which are well-organized families, are more likely to abstain from drug use than learners who live in single-parent families, families with children, and extended families. This finding is consistent with Cheng et al., (2006) in that a family structure and children's outcomes are more strongly correlated than previously thought, according to studies. To add to this, Harkness et al., (2020) reiterate that learners raised by a single mother often have poor outcomes than children raised by two parents on a variety of fronts, and that the indirect impact of single motherhood on children's outcomes may have diminished as a result of changes in the environment that single-mother families grow up in. Similarly, Azagba, et al., (2021) agreed that teenagers in families with only one parent are more likely to use illegal substances.

In agreement, Bowen (1978) family sytems theory, who posited that the family structure of the child must also be evaluated as part of the assessment of the child. In agreement to this finding, Bowen (1978) theoretical assertation argues that, learners with higher levels of differentiation generally maintain some degree of autonomy in their interpersonal interactions, and people with lower levels of development are more susceptible to external influences on how they behave. Moreover, Hohashi (2019) on family systems theory adds that family members' evaluative cognition leads to deliberate emotions, choices, actions, and physical reactions. Because teenage drug usage varies with different family kinds, our findings show that diverse family types have an impact on drug addiction among high school learners. The implication is that parents should get that essential educational support and advice about parent type of family and learner drug abuse from school management.

7.4.1.2: Size of family

The quantitative study findings indicated that drug abuse among secondary school learners is significantly influenced by the size of the household. The study indicated that although learners from larger households appeared to take drugs more frequently than their peers from smaller homes, the differences in drug abuse index were not statistically significant. Additionally, a qualitative study found that learners with large families were more likely to take drugs. Although there was no obvious

positive association between learner drug misuse and moderate family size, the qualitative data did show a prevalence of moderate family size. In agreement, Dasgupta and Solomon (2018) argue that Children's health is an important factor in determining a child's quality, has not received as much research attention as children's cognitive capacity in the family size literature, according to a recent. Moreover, Sue (2019) contends that despite efforts to understand how family size affects health, the topic is still debatable since experts are divided on whether growing families are better for kids or worse for them.

This finding is in contrast with the Bowen (1978), which asserts that a family is made up of a complicated network of family members, interconnected parts and subsystems, each of which serves a specific role, and each member's actions can have an effect on other members. Based on this assertion, the bigger the family size, could mean more strain into the family system and therefore could give rise to unpleasant children outcomes, but does not include the size of family as a contributing factor to children outcomes in terms of behaviour, only emotional relationships. The implication is that parents should get that essential educational support and advice about size of family and learner drug abuse from school management.

7.4.1.3: Parental level of income

According to the quantitative study findings, learners from moderate income families use drugs more frequently than their counterparts from low-income families. On the other hand, the qualitative findings showed that various learner outcomes were shown to be negatively connected with family income. The qualitative analysis also shows that family wealth has a relatively small effect on children's performance. This finding agrees with Were et al., (2022) study which found a link between socioeconomic position and drug abuse among individuals. This is consistent with Muchiri and dos Santos (2018) study which argued that drug abuse risk variables include protective factors, contextual, variable, and individual risk, as well as fixed markers like gender, biological indicators, and household wealth.

Contrary to family systems theory, family members are emotionally related to one another, their thoughts, feelings, and behaviors are all influenced by one another (Bowen, 1978). Family members respond to each other's wants, expectations, and distress as well as seek out each other's attention,

approval, and support. According to Bowen (1978), the family is a network of emotionally related individuals that uses systems thinking to analyze the intricate relationships and interactions among its members. The implication is that parents should get that essential educational support and advice about parent level of income and learner drug abuse from school management.

7.4.1.4: Parental level of education

The qualitative study found that the majority of learner parents have low levels of education, which has an impact on leaner drug usage. Additionally, the quantitative study has shown that parental education level influences the prevalence of drug usage among high school learners in a statistically significant way. This finding is consistent with Wagner et al., 2010, in Aliyu, (2021) which asserted that inadequate parental education promotes adolescent substance abuse. The amount of parental education is linked to a child's substance abuse, although the relationship does not appear to be linear in that the risk of substance abuse by the child is higher the less educated the parent is (Aliyu, 2021). The implication is that parents should get that essential educational support and advice about parent level of education and learner drug abuse from school management.

7.4.2: Familial psychological factors and learner drug abuse in selected Soweto high schools.

The study findings demonstrated that familial psychological factors influenced escalating learner drug abuse in selected Soweto high schools. The findings are discussed with literature as follows.

7.4.2.1: Cognitive factors

The qualitative study findings revealed that depression was a significant factor in the escalating learner drug abuse and that these learners show signs of sadness, which affects their conduct and makes it more challenging for them to manage their emotions and behavior in a number of situations. Moreover, the quantitative finding suggests that the psychological distress had a direct influence on drug abuse among high school learners. This finding suggests that a significant majority of the learners who took part in the study were likely to have a mild disorder or even a moderate disorder, as consequences of psychological distress.

This finding is consistent with Kimbui, et al., (2018) study that reported that when an individual is

seeking to lift their mood, substance abuse or addiction problems, this may be the result of depression. Similarly, Mason et al., (2018) assert that adolescents who have had the Major Depressive Episode (MDE) use illicit drugs. This finding is consistent with Bandura et al., (1999) in that learners who lack confidence in their capabilities avoid challenging tasks that they perceive as personal threats, have low aspirations and weak commitment to the goals they choose to pursue, and are more susceptible to stress and depression. The implication is that the school counsellors should provide learners with the essential socio-emotional support and advice about depression.

The qualitative results of the study revealed that most learners had mental exhaustion leading to drug abuse and the results show that certain adolescents who experience mental exhaustion constantly feel overwhelmed in their minds as a result of overthinking. Individuals find it more difficult to control their conduct and emotions in a range of settings as a result of these behavioral effects. In agreement, Dukku (2021) presents five basic reasons why learners get into drug and substance abuse and concludes that mental exhaustion is one of them. This is consistent with Miller (2022) which emphasised that learners who are experiencing emotional and mental difficulties frequently turn to alcohol or drugs as a coping mechanism for these emotions (Miller, 2022).

The quantitative results of the study revealed that emotional break down had a significant effect on learner drug abuse. This is consistent with Moran et al., (2004) which assert that experiencing emotional break down can lead to increased risk for adolescent substance use. The qualitative findings also indicated that learner's curiosity is a significant predictor of learner drug abuse in selected high schools and learners who are driven by curiosity utilize drugs to satiate a deep desire to explore different consciousnesses. This finding similar to Maithya's (2009) study that posited that secondary school pupils commonly take drugs for reasons that are largely motivated by curiosity. The study findings also revealed that learners' cognitive overload was a significant factor on the escalating learner drug abuse and that some learners' lives are clearly affected by cognitive overload, and this made them resort to drug abuse.

This finding also agrees with that of Henry (2010), Bryant (2002), and Crosnoe (2006) that all argue that there is a strong positive correlation between drug use and poor academic achievement. This finding agrees with Roza et al. (2003) that while deliberate self-harm behavior is a severe health issue among adolescents, anxiety disorders typically begin in childhood and early adolescence. The

frequency and intensity of their unpleasant emotions are higher among adolescent and adult self-harmers. The implication of this finding is that school counsellors should develop a cognitive behavioural therapy programme meant to assist learners with emotional breakdown.

7.4.2.2: Behavioural factors

The qualitative results of the study showed identity crisis influenced the escalating learner drug abuse in selected Soweto high schools. Learners suffer from an identity crisis and would always feel inadequate and unwanted, they suffer from identity crisis symptoms that affect their behavior and make it harder for them to control their emotions and behavior in a variety of settings. Therefore, some learners often perceive themselves as cowards and unwanted, of which these are symptoms of identity crisis.

This is consistent with De Moor, et al., (2020), study which reported that identity crisis has also been linked to drug abuse in adolescence. Theoretical accounts of this association place an emphasis on the maladaptive nature of drug abuse and assume that it results from abnormal identity structures. Moreover, Sibanda and Batisai (2021) study argue that other youth indulge and use substances inappropriately as they attempt to negotiate their identity by either conforming to the inner group or creating an identity with the out-group. This finding is in line with Bandura et al., (1999) behaviours, personality factors, and the environment constantly interact. Personality factors like mental cognition includes personality, self-efficacy, curiosity, and learning motivation as personal variables. The implication is that the school counsellors should provide essential socio-emotional support and advice about low identity crisis to learners in schools.

The quantitative findings indicated that parent-child attachment patterns are directly linked to learner drug abuse in selected Soweto high schools. The findings indicated that whereas secure attachment and disorganized attachment patterns were indeed significant predictors of drug abuse among the high school learners, avoidant attachment and ambivalent attachment were not. Secure attachment and disorganized attachment patterns each had a significant effect on learner drug abuse, suggesting that the level of avoidant attachment and ambivalent attachment patterns can be used to significantly be relied on to predict drug abuse among the high school learners in Soweto.

A solid amount of research supports the significance of the parent-child bond for the psychological development of children (Mason et al., 2018). One premise in attachment theory is that the child is more likely to feel secure and to develop adequate and effective exploratory behaviour if their early experience of parents is that they are both accessible and comforting when needed (Cassidy, 2008). In agreement, a study carried out in USA showed that the lower quality of parent–child relationship (connectedess) predicted heavier substance use (Ackard, et al., 2006). There is a general consensus that it is the parents' sensitivity to their child, their ability to attune and their recognition and affirmation of the child's communication that helps the child to develop adequate self-regulation, a sense of security and an organised attachment (Fearon & Roisman, 2017). The implication is that school counsellors should provide parents with the essential educational support and advice about parent-child bond from school management.

The qualitative findings showed that escalating learner drug abuse is highly influenced by low self-esteem of learners. It can be argued that exposure to low self-esteem can alter the behavior of a learner. The study finding is consistent with Folayan, et al., (2020) which maintained that self-esteem and other characteristics have been linked to protection against adolescent mental health issues that can lead to learner drug abuse. Moreover, low self-esteem and smoking was linked in the study by (Shah et al., 2021). The implication is that the school counsellors should provide learners with the essential socio-emotional support and advice about low self-esteem.

The study findings also reported that external locus of control was a significant factor when it comes to learner drug abuse. Thus, learners with a weak external locus of control, which indicates learners' inability to take control of situations that face them made them to resort to inappropriate behaviours such as learner drug abuse. This is consistent with a Nighat et.al., (2020) study which argued that the likelihood of abusing drugs like alcohol and heroin may therefore be higher in people with an external locus of control. Furthermore, Nduanya, et al., (2018) argues that differences in locus of control among learners may be connected to concurrent trends toward elevated depression and anxiety, drug misuse, and decreased academic accomplishment. The implication of this finding is that school counsellors should develop a cognitive behavioural therapy programme meant to assist learners with external locus of control.

The quantitative findings also indicated that parental behavioral control is a significant predictor of learner drug abuse. In agreement, parental behavioral control makes an effort to govern or control kids' conduct (Yan, et al., 2020). This is consistent with Ran, et al., (2022) study which stated that, the adolescent addiction behaviors have escalated into public health issues, having detrimental effects on families and society. The implication is that school management should develop educational programmes for parents about Parental Behavioural Control.

The findings also reported that there is a positive correlation between learners' birth order and learner drug abuse in the selected Soweto high schools. The qualitative study revealed that there is a tendency by parents to favour those children that are the last born or first born, and issues of favouritism become rife in the family of learners and may end up feeling side-lined and resort to drug abuse. In contrast to this, Adler (1927) in Valkov (2018) study argue that first-born children experience a sense of particular privilege and entitlement and that they strive to follow the rules precisely and are typically responsible and rule focused. Moreover, De Veld, et al., (2018) study infer that the birth order has also been linked to the risky characteristics of risk-taking behavior. Furthermore, the study argues that birth order has also been associated with indulgence in risky sexual activity, delinquent behavior, smoking, and drug usage. The implication of this finding is that school counsellors should perform psychological assessment on learners' to identify those with birth order that are at risk of indulgence in drugs.

7.4.2.3: Emotional factors

The qualitative results of the study also revealed that emotional factors had a significant effect on learner drug abuse. The study reported five crucial emotional factors that are prevalent and that have a significant effect on learner drug abuse (Learner stress, anxiety disorder, psychological addiction, feelings of loneliness and emotional detachment). The study revealed that learner stress was a significant factor in the escalating learner drug abuse. This finding is consistent with Dover (2020), study which contends that the connection between stress in a familial setting and susceptibility to addiction is nuanced. Moreover, Muchiri and dos Santos, (2018) study argue that the likelihood of drug addiction issues is greatly influenced by a stressful family environment among individual and interpersonal risk and protective factors. This finding is in line with Bandura et al., (1999) in social cognitive theory, which holds that having a strong feeling of efficacy improves stress levels, personal successes, and well-being in a variety of ways. The implication of this finding is that school counsellors

should develop a cognitive behavioural therapy programme meant to assist learners with stress.

The findings also reported that there is a positive correlation between adolescent-parent relationship and learner drug abuse. This finding is consistent with Licanin (2015) which argue that the development of risk behaviors in learner health may be greatly influenced by the adolescent-parent relationships. The same study further demonstrates a significant link between parenting practices and adolescents' risky behaviors linked to drug and alcohol consumption. In agreement, Nespor, (2009) argues that parental practices have a significant impact on adolescents' development. Thus, the increased risk for substance abuse is directly correlated with less parental and friend support (Nespor, 2009).

The qualitative findings also indicated that anxiety disorder is a significant predictor of learner drug abuse. Thus, some learners experience anxiety disorders and are constantly preoccupied with worrying about the consequences of their decisions. This finding is consistent with Cioffredi, et al., (2021) which found a high risk of increasing substance use connected with severe anxiety risk, which is referred to as an anxiety disorder. Moreover, Kuringe, et al., (2019) study also revealed that depressive and anxious symptoms are common among adolescents, and risk factors include substance usage. The implication of this finding is that school counsellors should develop a cognitive behavioural therapy programme meant to assist learners with anxiety disorder.

The qualitative findings also indicated that learner's psychological addiction is a significant predictor of learner drug abuse in the selected Soweto high schools. This finding is in line with Miller (20220) study which reported that using drugs or alcohol temporarily reduces undesirable mental health symptoms like despondency, anxiety, impatience, and negative thoughts, yet over time, it makes them worse and frequently leads to abuse or dependence. In addition, this finding agrees with Richert, et al., (2020) which argues that underlying factors, such as challenging early life experiences or family issues, may be the root of both mental health issues and substance abuse issues. Moreover, Da Costa and Cloete (2022) study posited that the number of young people who are addicted to drugs is rising, and despite efforts to raise awareness, the statistics have hardly changed. The implication of this finding is that school counsellors should develop a cognitive behavioural therapy programme meant to rehabilitate learners who abuse drugs.

The qualitative results of the study revealed that most learners experience feelings of loneliness and this has an effect on learner drug abuse. This finding is similar to Ingram et al., (2020) study which revealed that lonely adolescents are more likely to use alcohol, cigarettes, and illegal drugs. Learners may use drugs for a variety of reasons, including the reduction of negative feelings associated with loneliness, the fact that lonely people have fewer psychosocial resources available to them to cope with stress without drugs, and the likelihood that loneliness increases stress, which in turn contributes to substance abuse (Polenick et al, 2019). The implication is that school counsellors should embrace social cognitive therapy to assist learners overcome loneliness.

The study findings also revealed that learners' emotional detachment was a significant factor in the escalating learner drug abuse in the selected Soweto high schools. This finding is consistent with Mathibela and Skhosana (2021) study, which reported that emotional detachment from family, puts the adolescent in a vulnerable situation where they are more likely to experiment with and become addicted to drugs. Similarly, this finding agrees with Gallegos, et al., (2021) study that found that emotional detachment from family and susceptibility to peer pressure were predictors of teenage substance abuse in earlier research utilizing psychosocial developmental models. The process of individuation, which shows the development of an adolescent's good emotional autonomy and a healthy independence from their parents, is the opposite of emotional detachment, which displays an unhealthy separation from family (Alonso-Stuyck et al., 2018). Thus, the study concludes that an emotional detachment from family puts the learner in a vulnerable position where they are more likely to try with drugs. The implication is that the community leaders should provide parents with the essential socio-emotional support and advice about parental emotional detachment of learners as a result of their children.

7.4.3: Familial social factors and learner drug abuse in selected Soweto high schools

The study finding revealed that the familial social factors like parental related factors (Low parental attention, parental separation, unmet physiological needs, neglectful parenting, inappropriate parent models, absent father figures and sibling related factors), sibling related factors (older sibling influence and sibling rivalry), and community related factors (Low academic engagement, unemployed youths, inappropriate role models, peer pressure, community drug culture), have a

significant effect on learner drug abuse.

This study finding demonstrated that there was a significant relationship between low parental attention and learner drug abuse. This finding is consistent with Roy (2018) which reported that teenagers who experience a lack of parental attention are more likely to indulge in alcohol abuse. Moreover, Isemin, et al., (2022) study reported that parental attention predicted reduced levels of teenage delinquency and was also linked to decreases in adolescent marijuana usage. In addition, Rachel, et al., (2022) argue that parents frequently show a lack of worry or attention because they frequently reject reports of their child's behavior from important individuals, such as teachers who spend time with adolescent learners.

The results indicated that parent-adolescent relationship significantly predicts the level of drug abuse among high school learners. Further, the study indicates the effect of parent-adolescent relationship on learner drug abuse in secondary schools in Soweto. This finding is consistent with Edmonds and Wilcocks (2000) study, which reported that parent–adolescent relationship influence drug abuse among children. In addition, Hunsaker (1996) reiterate that the parent's relationship with their adolescent is a primary mechanism identified in adolescent drug use. The implication of this finding is that there is a need for school management to develop training programmes for parents to enlighten them on adolescent- parent relationships, and their effects on learner drug abuse.

The qualitative findings of the study also indicate that there is a significant relationship between parental separation and learner drug abuse in the selected high schools. This finding is consistent with Muhle (2020) which reported that children should live with both biological parents and that if this does not happen, the children do not receive the essential guidance and occasionally these youngsters become wayward by skipping or dropping out of school and end up using drug. Moreover, Mathibela and Skhosana (2019) study argues that the issue of dysfunctional families as a result of divorce and blended families, with stepparents can be a cause of adolescents abusing drugs because these kids may not be receiving love and care from their biological parents. The implication of this finding is that there is a need for community leaders to provide social training programmes for parents to enlighten them about parental separation and learner drug abuse.

The study findings also revealed that the familial social factors like older sibling influence has statistically significant effect on learner drug abuse in selected Soweto high schools. Thus, siblings are specifically responsible for socialising teenagers' substance use in terms of interpersonal variables among learners (Maiya, et al., 2023). The same study shows that older siblings can influence younger siblings' drug use by giving them access to environments and/or companies that promote use. Older siblings can also act as role models, and research shows that modeling processes increase similarity between siblings' attitudes and behaviors regarding drug use (Maiya, et al., 2023). This substantiates Bronfenbrenner's (1979) assertion that a child's immediate environment in the microsystem has a direct influence on the behaviour of a child. This implies that older siblings should receive essential socio-emotional support and advice about sibling influence as a result of their interactions with younger siblings.

This study finding also demonstrated that there was a significant relationship between unmet physiological needs of learners and learner drug abuse. This finding is consistent with Onceya and Dube (2020) study which reported that the children learn to trust and mistrust people in the environment during the first stage, which lasts from infancy to eighteen months. Thus, according to the same study, the infant develops mistrust when his basic requirements, including feeding, are not satisfied. In agreement, Fleming (2004) in Onceya and Dube (2020) study reported that when the caregivers exhibit traits of affection and regular providing of attention, trust and hope are fostered and this could spare learners from stressors that can lead to learner drug abuse. The implication of this finding is that there is a need for the Department of education to develop functional programmes where learners could have access to physiological needs like nutrition, clothing and shelter that would be beneficial in the fight against learner drug abuse.

The study finding also revealed that the familial social factors like parental influence has statistically significant effect on learner drug abuse in selected Soweto high schools. This suggests that parent’s positive opinion, attitude or actions especially with regard use of drugs shapes the child's attitudes towards the use of drugs. In agreement, Shakya et al., (2012) study also reported that both peer and parental influences have been associated with the use of addictive substances in adolescence. Moreover, Yule et al., (2010) study reported that the family factors that are most strongly associated with an increased prevalence of binge drinking, cigarette use, cannabis use, and illicit drug use were

tolerant parental attitudes. This finding is consistent with Bromfenbreber (1977) in that significant other, such parents, teachers, and friends, have an impact on children's development. This influence can be helpful or harmful to a child's development. The implication is that there is a need for school management to discuss parental influence with parents to enable them to obtain the right information on parental influence and learner drug abuse.

The study findings also indicate that there is a significant relationship between neglectful parenting and learner drug abuse in the selected high schools. This finding is consistent with Ndegwa and Waiyaki (2021) study, which reported that the adolescents who have negligent parents tend to take drugs more frequently. The findings of the same study show that if learners encounter parental conflict and desertion, this influences them to look for coping mechanisms like drug usage (Ndegwa & Waiyaki, 2021). The implication is that there is a need for school counsellors to discuss neglectful parenting with parents to enable them to obtain the right information on neglectful parenting and learner drug abuse.

The study findings also reported that there is a strong relationship between inappropriate parent models and learner drug abuse. This finding is consistent with Tur-Porcar, et al., (2019), which posited that parents' attitudes and behaviors inside the family serve as models for acts that have an impact on the lives of their children. Moreover, Chapiai, et al., (2021) study reiterate that there is a positive correlation between poor parenting and alcohol misuse as well as drug abuse in general. In addition, Rachel, et al., (2022) found that parents' actions influence their children's behavior, attitudes, and beliefs both now and in the future. Children who grow up in households with parents or other adults who abuse drugs, support gangs, abuse alcohol, or engage in other criminal activity learn from and look up to them as role models (Muzi & Ajani, 2021). This finding is consistent with Bronfenbrenner (1979), in that a child's parents may have an impact on the beliefs and behavior of a child. The implication of this finding is that there is a need for the Department of education to develop training programmes for parents on inappropriate parent models and learner drug abuse.

The study findings also revealed that there was a significant relationship between absent father figures and learner drug abuse. This finding is in line with Rusby, et al., (2018) which reported that monitoring and involvement of parents in their children's lives is one of the best ways to prevent

adolescent drug abuse. Moreover, Rachel, et al., (2022) add that parental absenteeism has been identified as one of the factors contributing to teenagers' problematic behavior in rural townships. The implication of this finding is that school management teams need to create programmes and trainings to enhance father-learner relationships as this would boost the capacity of learners to make the right decisions about learner drug abuse.

The study findings also indicated that inadequate parent love is a significant predictor of learner drug abuse in the selected Soweto high schools. This finding is in line with Rohner, (1986) study which asserted that according to interpersonal acceptance and rejection theory, a learner's psychological adjustment or maladjustment will depend on how they interpret their parents' love and rejection. Numerous studies demonstrate that felt paternal love frequently has as great or even more positive effects on children's positive developmental outcomes, including psychological adjustment, than reported maternal love (Rohner, 2001). According to the findings of a meta-analytic research, father love has a cross-culturally significant stronger relationship with children's psychological adjustment than mother love (Khaleque & Rohner, 2012).

This study finding also demonstrated that there was a significant relationship between sibling rivalry and learner drug abuse. This finding is in line with Lohmann (2018) study that stated that survivors of abusive sibling relationships commonly deal with depression, low self-esteem, eating disorders, post-traumatic stress disorder, promiscuity, and drug abuse. Moreover, Kartz & Hamama, (2018) argue that positive sibling relationships and a close sibling bond have positive effects on development and psychological well-being in adulthood, while negative sibling relationships, which are frequently marked by hostility and aggression, have been shown to have negative effects on adult development and psychological well-being.

The study findings also revealed that low academic engagement has a significant effect on learner drug abuse. This finding agrees with Ejodamena and Oginib (2020) study which asserted that one of the repercussions of substance or drug abuse on learners was decreased academic performance. The study by Bugbee, et al., (2019) reiterates that there is a link between poorer grades, lower test scores, a higher chance of skipping class and dropping out of high school, and a reduced chance of enrolling for higher learning. In this regard, schools are a crucial potential intervening condition for learners

who are at risk for substance use problems despite the belief that there is a link between academic achievement and substance use (Manish, et al., 2020). The implication of this finding is that there is a need for school counsellors to guide learners towards achieving greater academic achievements that would best prepare them for their future aspirations and curb learner drug abuse.

The study findings also reported that there is a strong relationship between unemployed youths and learner drug abuse. This finding is in line with Azagba, et al., (2021) who posited that there is evidence that problematic substance abuse, such as the abuse of alcohol, marijuana, and illegal drugs, is substantially correlated with unemployment. Moreover, Muyideen, et al., (2022) study claims that because there aren't enough opportunities for young youth, they try to organise and manage their own personal norms and values in order to create subcultural rules that may conflict with the laws and regulations that are generally upheld and result in antisocial behavior like drug abuse.

This study finding demonstrated that there was a significant relationship between inappropriate role models and learner drug abuse. In this study, findings indicated that there were inappropriate role models in the community and this exposure made some learners to abuse drugs. Ngqela and Lewis (2012) study in South Africa in Muzi & Ajani (2021), children who grow up in homes with parents or other adults who use drugs, support gangs, abuse alcohol, or commit other crimes learn from and look up to them as role models. In addition, Kearney & Levine (2020) argue that learners spend a lot of time away from their families and parents and add that throughout this period kids interact with others, including possible mentors and role models, and these outside influences have a significant and long-lasting impact on how they feel and act.

The findings also indicated that peer pressure is a significant predictor of learner drug abuse in the selected Soweto high schools. This finding is consistent with Mason et al., (2018) which reported that beginning to abuse a drug may result in affiliation with more drug-abusing peers, which in turn exposes the person to other drugs. The results of this study are consistent with Bronfenbrenner's (1979) theoretical assertion that a child's surroundings (peers/friends) and personality traits affect their growth, development, and decision-making. The implication is that there is a need for school counsellors to discuss learner drug issues with learners to enable them to obtain the right information about learner drug abuse.

The study findings also revealed that the community drug culture has a significant effect on learner drug abuse. The study also indicated that it's almost a norm in society that almost all boys are smoking and drinking and sometimes including girls. This finding is consistent with Mahmood, et al., (2019) study which posited a number of factors, including social stigma, cultural values, and the accessibility and availability of drugs to learners, may contribute to learner drug abuse. Moreover, Muzi and Ajani (2021) study maintain that a person's environment during childhood has a significant impact on how he or she behaves. Kok, et al., (2017) study reiterates that interactions between social and environmental variables dictate or impact people's behaviors or habits. The implication of this finding is that community leaders should develop a training programme meant to assist learners' community drug culture.

7.4.4: Kinds of support that are available at home for learners who are involved in drug abuse in selected Soweto high schools

The study findings indicated a correlation between parental monitoring and learner drug abuse in the selected Soweto high schools. Thus, even though parental monitoring has been reported as one of the techniques parents employ to keep their children from engaging in unwanted behaviors, parental monitoring was not commonly practiced by most parents. This finding is consistent with Green, (2016) which found that, family supervision lowers the chance of male youths being drunk by 23 percent and of using illegal drugs by 38 percent (Green, 2016). Furthermore, Green (2016) study reported that, a nurturing home environment, encompassing family supervision and monitoring, together with open communication lines between parents and children, has been empirically determined to be strongly associated with low substance abuse," she noted in the report. The implication of this finding is that there is a need for school management to develop training programmes for parents to enlighten them on parental monitoring for learners against learner drug abuse.

The study finding also indicated a significant positive correlation between home-based support for learners who are on drugs and learner drug abuse. In general, there are some home based supports available for learners who abuse drugs. For instance, the study reported that family prevention programs include consistent development of positive parent-child relationships. This finding is in

line with Edmonds and Wilcocks' (2000) findings that the interaction between parents and adolescents has an impact on children's drug usage. Moreover, Hunsaker (1996) emphasized that one of the main mechanisms linked to adolescent drug use is the parent-child interaction. The implication of this finding is that the school administration should create training programs for parents to inform them about adolescent-parent interactions and their effects on learner drug abuse.

The results of the study revealed that there is respectable amount of home based support available for learners who abuse drugs in Soweto families. This suggests that use of positive reinforcement for wanted behaviors and punishing unwanted behaviors are some of the home-based support established by the study findings. This finding is consistent with that of Ndegwa and Waiyaki (2021), which asserted that adolescents who have inattentive parents use drugs more frequently. The results of the same study demonstrate that learners may turn to drug abuse as a coping strategy if they experience parental conflict and abandonment (Ndegwa & Waiyaki, 2021). The implication of this finding is that school management should talk to parents and provide them with information about family supervision and monitoring so that they may get the correct information about it and learner drug misuse.

The study finding also demonstrated that family counselling has a significant effect on learner drug abuse. In this study, few learners reported that they had received family counselling as support against drug abuse and this was helpful in making them choose the right decisions about their lives in terms of learner drug abuse. The role of the family is crucial for a child's behavior; many drug addicts originate from fractured families (Zinyama, 2019). According to Zinyama (2019), the effectiveness of divine intervention as a long-term cure for the plague of drug dependence is typically contested by researchers. The implication of this finding is that there is a need for school management to develop training programmes for parents to enlighten them on family counselling for the benefit of learners and against learner drug abuse.

The study findings also indicated a correlation between lack of education support and learner drug abuse in the selected Soweto high schools. The study found that several of the learners in this community struggled with the phenomenon of receiving no support for their schooling, which contributed to learners' drug abuse. In agreement, Kumpfer et al. (2003) observed that the most

crucial skills to address in order to prevent delinquency and learner drug abuse are social skills and emotion management abilities. These abilities foster self-reinforcing prosocial actions that enable the kid or teenager to form relationships with wholesome adults, elders, and peers, which will help them stay out of trouble and have more successful outcomes in life. The implication is that there is a need for school counsellors to discuss drug abuse issues with learners to enable them to obtain the right information about learner drug abuse.

7.4.5: Findings on early home-based intervention strategies that could be adopted to assist learners who abuse drugs.

The study findings also demonstrated that many learners who abuse drugs have not been exposed to suitable professional therapy which could assist them stop this practice of learner drug abuse. In adult literature, there are more than 300 controlled evaluations of alcohol dependence treatments (Miller & Wilbourne, 2002). This is in line with Vaughn (2004) study on the treatment of teenage substance abuse, who suggests that a number of strategies are successful in lowering substance usage. For instance, according to Vaughn (2004), significant therapeutic improvements can be produced and maintained for up to a year using multidimensional family therapy.

The study findings also indicated that there is a need to take learners who abuse drugs to rehabilitation centres. This is because participants showed that in this community, there are no known home therapies outside of rehabilitation centers, which has an impact on how learners act in terms of drug abuse. Several nations responded to the United Nations Office on Drugs and Crime's (2017) call by establishing substance abuse treatment centres. In addition, Mohasoa and Mokoena (2019) argued that although the value of prevention is widely acknowledged, there are certain barriers to treatment for substance abuse in South African communities. Moreover, Budy (2018) reiterated that although the value of prevention is widely acknowledged, there are certain barriers to treatment for substance misuse in South African communities. The implication of this finding is that school management should expose learners to a variety of intervention programmes in order to enable them to beef-up the scarce rehabilitation centres.

The qualitative study also revealed that the availability of SANCA programs is evident in certain learners' lives. The South African National Council on Alcoholism and Drug Dependence (SANCA)

was founded in 1956 in response to the need for assistance that communities were expressing to deal with the growing issues associated to alcohol and other drugs. The implication of these findings is that school management should coordinate relations with SANCA so as to refer leaners who are abusing drugs. The study finding also demonstrated that many learner families and communities do not have access to community development centres to aid the community and curb learner drug abuse. In agreement, Patel (2005) emphasizes that programs should be offered through a cooperative relationship involving civil society, NGOs, the corporate sector, and the government. He also notes that satisfying human needs is a national communal obligation.

Moreover, Community-based organizations (CBOs), non-profit organizations (NPOs), and faith-based organizations (FBOs) are the conduits via which these community-based developments in many areas are carried out. As they are thought to be more accessible locally and better positioned to target the vulnerable and impoverished youth, these groups are thought to have a comparative advantage over traditional welfare organizations services (Patel, 2005). The implication of these findings is that school management should coordinate relations with community development centres so as to refer leaners who are abusing drugs for further development. The study findings also indicated that adopting a holistic understanding of the socio-ecological system will build an awareness and consciousness in the community. This understanding is critical in order to communicate the importance of a sustainable community and its role within the socio-ecological system, which can help build individual consciousness that leads to a realisation of the root cause of community problems including learner drug abuse. A single strategy for everyone is less effective than a holistic approach to treatment that addresses the whole person and incorporates the mind, body, and spiritual (Prentiss, 2007). In addition, Priester, et al., (2009) argue that holistic treatments place a strong emphasis on relationships, emotional healing, spirituality, emotional well-being, and nutrition. The implication of these findings is that school management should coordinate the holistic development of learners who are abusing drugs for further development.

The study findings also revealed that poor behavior, such as learner drug addiction, is made worse by the lack of community awareness programmes. In agreement, Riquelme, et al., (2018) posit that addressing self-esteem may be beneficial in adolescent substance abuse prevention programs. Recent users had the lowest self-esteem levels, regardless of the drug kind (Emery, et al., 1993). As a result,

a program to boost teenagers' self-esteem may reduce their use of drugs and alcohol (Donnelly, et al., 2008). The implication of these findings is that school management should coordinate relations with the available community awareness programs to help learners who are abusing drugs. The study finding also demonstrated that lack of recreational centres continues to exacerbate undesirable behavior, such as learner drug abuse. Youth substance abuse can change depending on the vast range of contexts for sports and recreational activities (Williams, et.al, 2020). Different sports and recreational situations can have an impact on young people's substance usage (Zhou & Heim, 2014). However, participation in these activities is generally regarded as beneficial for the development of youth (Guèvremont, et al., 2014). The implication of these findings is that school management should coordinate links with community recreational centres for learners who are abusing drugs.

The study findings also indicated that there is a need for development of community guidance centres which could be useful to help learners when at home. This finding is consistent with World Health Organization (2020) which argues that the process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health outcomes is community engagement and guidance. In addition, Community stakeholders like community guidance centers offer a thorough method for comprehending and resolving issues with substance use and its linked issues (Substance Abuse and Mental Health Services Administration, 2019). The implication of these findings is that school management should coordinate links with community guidance centres for learners who are abusing drugs.

7.5: CONCLUSIONS OF THE STUDY

This section presents the conclusions derived from the findings of this study.

7.5.1: Biographical factors and learner drug abuse in selected Soweto high schools

This study also concludes that extended families are one of the most significant factors giving rise to learner drug abuse in this study. This could have been circumvented if learner parents received appropriate information from the school counsellors about the effects of extended families on learner drug abuse. Consequently, single parent families presented an influence towards learner drug abuse. Due to a lack of parental supervision and proper oversight from the available parent, several learners from these homes abuse drugs. Considering the family background from which these learners come

from, blended families have a significant influence on learner drug abuse. Leaners that abuse drugs do so because their lives aren't fulfilling or happy in these types of families. Also, child headed families has a negetive influence on learner drug abuse, in that they maintain environments that are favorable to learner drug abuse.

Based on the findings of this study, it is concluded that these learners' lives regarding learner drug abuse may have been different if school counseling had been present in this regard. The lack of knowledge regarding different sizes of families affects learner drug abuse, and it also has an impact on learners because families are unable to wisely protect learners from drug abuse due to a lack of access to facilities that could have given them the knowledge and skills necessary to deal with different types of families. It is also concluded that parental level of income has a negative impact on learner drug abuse. Family income has a relatively minimal impact on learner drug abuse when compared to the impact of other factors across nations.

This study also concludes that parental level of education presented an influence towards learner drug abuse. Thus, high parental education levels appear to be incredibly uncommon in learners' households. Learners who were raised in homes with poor parental educational levels experience the effects of these factors and learners who were raised in homes with moderate parental educational levels experience a positive influence. Learners who were raised in homes with small family sizes experience strenuous family relations and opt for drug abuse, at the same time, the likelihood of learners abusing drugs due to moderate family size is lower. The study concludes that family size has an impact on learner drug abuse. The inability of families to wisely protect learners from drug abuse is due to a lack of access to facilities that could have given them the knowledge and skills necessary to deal with different biographical factors. These had an impact on learners because parents were unable to educate themselves on how different biographical factors affect learner drug abuse.

7.5.2: Familial psychological factors and learner drug abuse in selected Soweto high schools

In light of the study findings, this study concludes that learner drug abuse is directly influenced by familial psychological factors that were investigated. The study concludes that the rising learner drug abuse is significantly influenced by depression, and these learners' exhibit indicators of sadness, which impacts their behavior and makes it harder for them to control their emotions and behavior in

a variety of scenarios. Moreover, drug abuse among high school learners is directly influenced by psychological distress. As a result of psychological distress, a sizable majority of the learners are likely to have a mild condition or perhaps a moderate disorder. Moreover, the study concluded that most learners had mental exhaustion leading to drug abuse and that certain learners who experience mental exhaustion constantly feel overwhelmed in their minds as a result of overthinking.

The study concluded that emotional breakdown as well has a significant effect on learner drug abuse. Learners who are experiencing emotional breakdown are susceptible to increased risk of drug abuse use. To add to this, the study concludes that learner's curiosity is a significant predictor of learner drug abuse in selected high schools and learners who are driven by curiosity utilize drugs to satiate a deep desire to explore different consciousnesses. Thus, high school learners in this society commonly take drugs for reasons that are largely motivated by curiosity. The study findings led to the conclusion that, cognitive overload significantly contributes to the rise in learner drug abuse. Some learners' lives are undoubtedly impacted by cognitive overload, which causes them to turn to drug abuse.

This study also concludes that identity crisis influenced the escalating learner drug abuse. Learners in this community often perceive themselves as cowards and unwanted, of which these are symptoms of identity crisis. Parent-child attachment patterns are directly linked to learner drug abuse in this community. The study concluded that secure attachment and disorganized attachment patterns are indeed significant predictors of drug abuse among the high school learners, avoidant attachment and ambivalent attachment are not. However, the study concluded that secure attachment have the strongest correlation with learner drug abuse, and also disorganized attachment patterns each has a significant effect on learner drug abuse. Furthermore, it is concluded that the escalating learner drug abuse is highly influenced by low self-esteem of learners.

The study also concluded that external locus of control was a significant factor when it comes to learner drug abuse. Learners indicated a weak external locus of control, which indicates learners' inability to take control of situations that face them. On top of this, parental behavioral control is a significant predictor of learner drug abuse. The majority of parents, as demonstrated by the learners, are of the opinion that only their method of doing things is appropriate, suggesting that the learners' parents share this opinion. There is also a positive correlation between learners' birth order and

learner drug abuse in the selected Soweto high schools. There is a tendency by parents to favour those children that are the last born or first born.

The results of the investigation supported the hypothesis that learner drug abuse is significantly influenced by emotional factors. The investigation came to the conclusion that learner stress had a substantial impact on the rising learner drug abuse. The study came to the conclusion that there is a link between adolescent-parent relationships and learner drug abuse. According to the study's findings, anxiety disorders significantly predict learner drug abuse. Learners in this community struggle with anxiety problems and are consumed with worrying about the outcomes of their choices all the time. Moreover, the study concludes that learners' psychological addiction is a strong predictor of learner drug abuse. The main causes of psychological addiction include trauma and underlying mental health issues. In addition, most learners experience feelings of loneliness and this has an effect on learner drug abuse. Situational aspects in this community like physical isolation, relocation, and divorce are contributing elements to feelings of loneliness. It's also concluded in this study that learners' emotional detachments are a significant factor in the escalating learner drug abuse in the selected Soweto high schools and it may be constant, as it is in those who have attachment disorders, or it may be a brief reaction to a dire circumstance.

7.5.3: Familial social factors and learner drug abuse in selected Soweto high schools

The results of the investigation supported the hypothesis that learner drug addiction is significantly influenced by emotional factors. Additionally, the study found a strong correlation between student drug addiction in this region and low parental attention.Low parental attention that some learners experienced made them to easily abuse drugs. To add to this, parent-adolescent relationship significantly predicts the level of drug abuse among high school learners. Further, the study concludes that parent-adolescent relationship has an effect on learner drug abuse in secondary schools in Soweto. The study also concludes that there is a significant relationship between parental separation and learner drug abuse in the selected high schools. Some learners experienced parental separation in that their fathers would from time to time become engaged in unwanted behaviours resulting in separation. Moreover, familial social factors, particularly the influence of elder siblings, statistically significantly affect learner drug use. In terms of interpersonal factors, siblings notably are to blame for socialising a child's substance abuse. Also, there was a significant relationship between unmet

physiological needs of learners and learner drug abuse.

Based on the findings of the study, it is concluded parental influence has significant effect on learner drug abuse in selected Soweto high schools. Learner's attitudes toward drug abuse are influenced by their parents' positive opinions, attitudes, or behaviors, particularly when it comes to drug usage. Also, there is a significant relationship between neglectful parenting and learner drug abuse in the selected high schools. This is due to the fact that some learners are left to raise themselves since they do not receive the guidance, education, and caring necessary for a healthy upbringing. The study's findings led to the conclusion that there is a strong relationship between inappropriate parent models and learner drug abuse. The attitudes and actions of parents within their own families in this community serve as role models for actions that affect the lives of their children. Also, it is concluded in the study that absent father figures has an effect learner drug abuse. This study has demonstrated that this community does indeed have absent father figures and this created voids in the lives of learners making them indulge in drug abuse. In addition, the study found that at the selected Soweto high schools, a lack of parental love is a significant predictor of learner drug abuse. Lack of parental love causes children to seek love from other sources, which may involve illegal actions like drug abuse.

The study came to the conclusion that there is a significant relationship between sibling rivalry and learner drug abuse. When learners discussed their personal experiences with sibling rivalry, it became evident that there was hostility between the siblings at home, which led to drug abuse. Also, it was concluded by the study that low academic engagement has a significant effect on learner drug abuse. Again, there is a strong relationship between unemployed youths and learner drug abuse as concluded by this study. One of the societal and familial factors that supports learner drug abuse is unemployed youth in this community. Based on the findings of the study, it was concluded that there was a significant relationship between inappropriate role models and learner drug abuse. Findings showed that there were bad role models in the neighborhood, and that this exposure led some learners to take drugs. Also, the study concludes that peer pressure is a significant predictor of learner drug abuse in the selected Soweto high schools. The argument put forth by participants was that, based on personal experience, many learners have been subjected to peer pressure, which affects how they act in terms of drug abuse among peers. Moreover, the study concludes that the community drug culture has a

significant effect on learner drug abuse. Drug culture was evident in the community of leaners and this was one of the factors that made learners indulge in drug abuse.

7.5.4: Kinds of support that are available at home for learners who are involved in drug abuse in selected Soweto high schools

The study's findings led to the conclusion that parental monitoring has an effect on learner drug abuse in the selected Soweto high schools. Even though parental monitoring has been included as one of the methods parents use to prevent their kids from engaging in undesirable activities, most parents did not regularly use this technique. Moreover, home-based support for learners who are on drugs is concluded by the study to have an effect on learner drug abuse. In addition, the study concludes that there is a commendable level of home-based support provided for learners from Soweto homes who abuse drugs. The quantitative analysis found that when children follow the household's drug usage restrictions, parents provide rewards or reinforcement when they adhere to the family rules regarding substance use.

Based on the findings of the study, it is concluded that parental guidance has a significant effect on learner drug abuse. The study concludes that some parents were actively involved in parental guidance in this community to help learners establish goals and potential solutions to problems that emotionally distressed them. Also, family counselling has a significant effect on learner drug abuse as concluded by this study. In order to help them make the proper judgments regarding their lives in terms of learner drug abuse, learners claimed that they had gotten family counseling as support. The study came to the conclusion that there is a negative correlation between lack of educational support and learner drug abuse in the selected Soweto high schools. The study exposed that several learners in this community struggled with the phenomenon of receiving no education support in this community, which contributed to learner drug abuse.

7.5.5: Findings on early home-based intervention strategies that could be adopted to assist learners who abuse drugs.

The study's findings led to the conclusion that many learners who abuse drugs have not received the proper professional therapy that could help them stop their behavior. The study findings demonstrated that there are no known home therapies outside of rehabilitation facilities in this town,

which affects how learners behave in terms of drug misuse. The study also concludes that many learner families and communities do not have access to community development centres to aid the community and curb learner drug abuse. The study's findings led to the conclusion that recreational centres help to manage stress and offer people a chance to take care of themselves. They also encourage equilibrium and increase self-esteem, all of which have a direct impact on reducing anxiety and depression to curb learner drug abuse. The study concluded that there is a need for development of community guidance centres which could be useful to help learners when at home.

7.6: CONTRIBUTIONS OF THE STUDY

This PhD study contributes to the body of knowledge and understanding of how drug abuse among high school learners in the selected Soweto high schools is influenced by adverse childhood experiences in families as well as the implications for early intervention in this area. First, a proposed 8-drug abuse intervention model for high school learners has been established as a result of the study. The model is built on the most important conclusions from quantitative data on adverse childhood experiences. Since no study has ever used a model like this one, the construction of this model is a unique contribution to literature.

Second, the results of this PhD study have made a significant contribution since they are highly comprehensive due to the implementation of a mixed methods research paradigm, which yielded both quantitative and qualitative findings on the home-based factors influencing learners' drug abuse in Soweto high schools. This contrasts with studies that have been published in the previous studies that only looked at one or two aspects using a single paradigm as opposed to the combined one used for the current study. Thirdly, according to the literature review, no other study on family-based childhood experiences, that influence learner drug abuse that places as much focus on the two elements as this one has been conducted.

As a result, this PhD thesis significantly advances the body of knowledge on drug abuse among learners in the chosen Soweto high schools. This is due to the fact that few researches have a strategy that integrates psychological variables, familial social aspects, and biographical elements, with the majority of studies in literature focusing solely on either psychological or social factors. Additionally, none of the few that had combined aspects created structural equation modeling to improve the

analysis of quantitative data. Therefore, the advancement of structural equation modeling raises this PhD study above studies already published in the literature.

Fourth, this PhD thesis has contributed to the extension of Bronfenbrenner's (1979) Ecological Systems Theory. This is because the study revealed that learners are not passive players in the environment, but continuously apply their cognitive structures in trying to reach their goals. This finding is adding to Bronfenbrenner's (1979) Ecological Systems Theory assertion, which maintains that an individual interacts with many environments throughout their lifespan, which may have a variety of effects on their behaviour and decision-making. Therefore, the extension on the theory would lead to its further development.

7.7: RECOMMENDATIONS

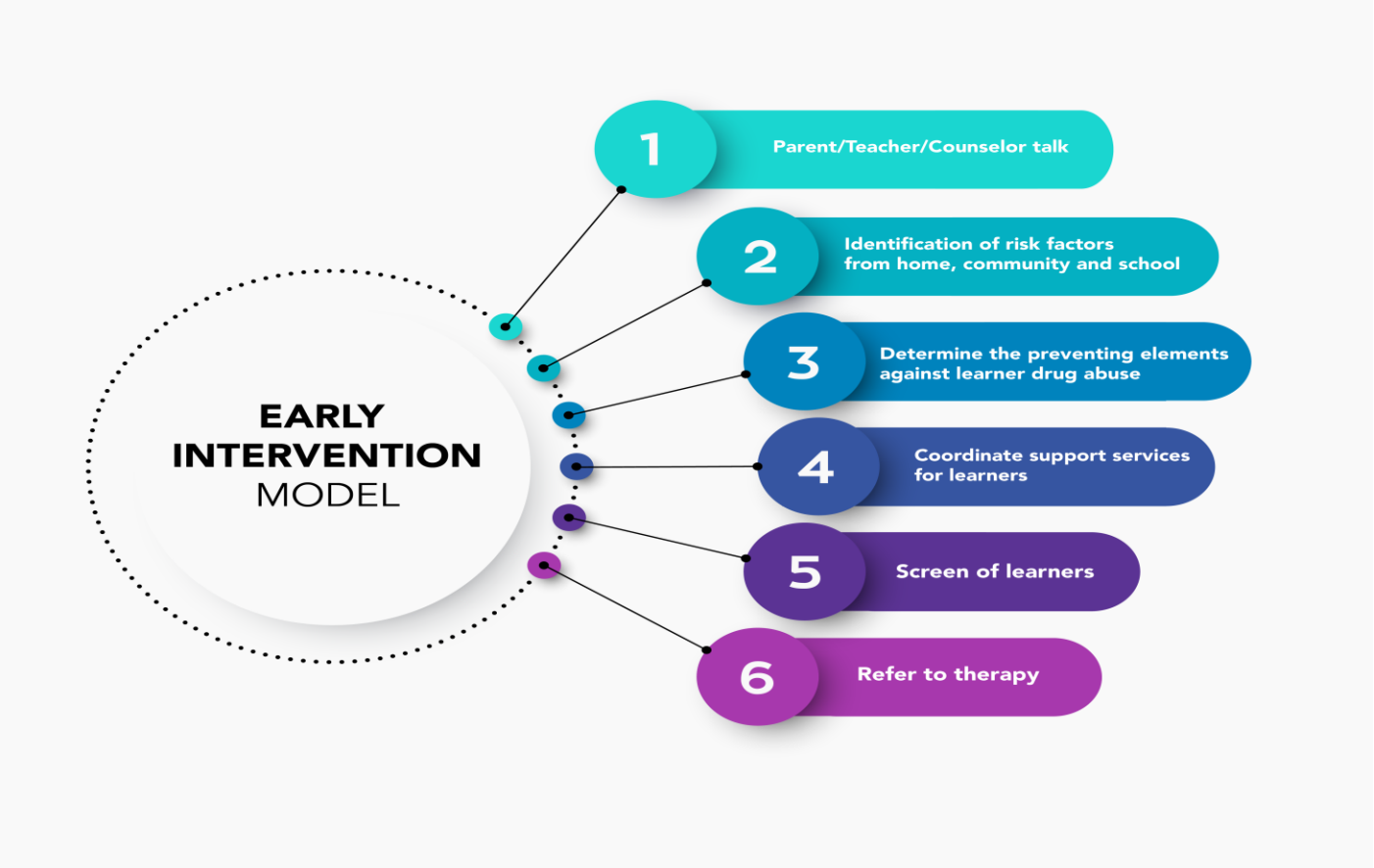
This section includes recommendations for further research as well as recommendations for educational policy and practice. For the objective of understanding the impact of family-based adverse childhood experiences on learner drug abuse in Soweto high schools, these recommendations are based on the study's findings.

Education policy and practice recommendations

From the study findings and conclusions, the following specific recommendations are suggested for practice:

7.7.1: The Proposed six stages of Drug Abuse Intervention Model for High School Learners

One of the major recommendations that have emanated from this study is the development of an early learner drug abuse intervention model for learners in schools. The study proposes a 6-stage early learner drug abuse intervention model which could assist learners in high schools to deal with learner drug abuse. The stages for early drug abuse intervention are as follows: engage in parent/teacher/counsellor talk, identification of risk factors from home, community and school, determine the preventing elements against learner drug, Coordinate support services for learners, screening of learners and refer to therapy. The proposed early learner drug abuse intervention model is as presented in figure 12 below:



Stage one: *Engage in Parent/teacher/counselor talk*

The first stage of the model involves parent/teacher and counselor talk. This stage aims to find out what learners think about drugs and alcohol. Teachers, parents and counsellors ask learers what they would do in various scenarios and pay attention to their responses. Teachers, parents and counsellors may promote an open dialogue by remaining honest and using respectful body language and tone. Parents, counsellors and teachers need to be mindful of stigma while speaking with young people about alcohol, other drugs, or mental illness. Being factual is essential in this regard and would mean that teachers, counsellors and parents must now know a lot more about the long-term negative effects of drug abuse.

The more information they have, the better equipped they'll be to comprehend the difficulties facing learners as well as any potential health risks. They should also maintain a comfortable and casual atmosphere when discussing alcohol and other drugs with learners, as conversation starters, they may utilize news articles, social media updates, song lyrics, or themes from films or TV series. In the

process teachers, parents or counsellors must be able to describe their concerns for them and desire for their wellbeing, and also, they must be able to give directions, i.e., give the learner some escape plans from circumstances where they could feel pressured to use alcohol or other substances.

Stage two: *Identification of risk factors from home, community and school*

To guarantee that young people's health and wellbeing are maximized, it is essential for parents, counsellors, or parents to understand the risk factors associated with drugs within each of these domains, that is, home, community and school, as well as how they can be changed. In this regard, parents, teachers and counsellors will be in a better position to guide learners to be able to protect and navigate their lives against such factors. These consist of unfavorable peer influences, challenging home situations, and low school participation.

Stage three: *Determine the preventing elements against learner drug abuse*

To lessen the possibility that learners will start using alcohol and other drugs, it is important for parents, counsellors or teacgers to determine the preventive factors so as to capitalise on these and foster them around the lives of learners. It is important that parents, counsellors or teacher to create programs that foster participation in organised sports, an increased parental involvement in their children's free time, strengthened parent-child bonds, and parental knowledge of their children's whereabouts, as all of these have a positive impact on lowering drug abuse.

Stage four: *Coordinate support services for learners*

Parents, teachers, or counsellors must find excellent support services in society that concentrate on schools, communities and homes of leaners. Parents need to spend more time and participate in peer social groups and activities in order to deter peer influences which constitute a significant factor in learner drug abuse. In order to prevent or postpone a young person's introduction to alcohol and other drugs, parents, guardians, and other caregivers must take responsibility for that child's development. On other hand schools must adopt programs for drug education that are supported by evidence. To add to this, through community-driven initiatives like athletics, youth cultural organizations, dance clubs, etc., available in our communities, the local community and the surrounding area can prevent or delay the use of alcohol and other drugs by learners, so parents and teachers should liaise these

community structures.

Stage five: *Screening of learners*

Problematic usage patterns frequently start to emerge soon after substance use begins. Learners should be screened for drug availability in their bodies. This can be achieved when school counsellors notice a drug usage or abuse pattern in the life of a learner, begin to refer the learner to SANCA or Social Development for testing. This should be done so that to develop brief interventions in order to act before more dangerous patterns of use emerge. The best way to spot persons who are most at risk for substance-related problems is to screen young people for problematic substance use.

Stage six: *Refer to therapy*

Treatment for problematic or dependent drug use or abuse aims to address excessive or recurrent drug use patterns. Such interventions should typically be targeted at learners by school counsellors, however they may also include family members or other significant figures in a learner's life as well as broader community concerns.

7.7.2: School Governing Bodies should develop training programmes for parents to enlighten them on adolescent- parent relationships

This study recommends that there is need for school management to develop training programmes for parents to enlighten them on developing best adolescent- parent relationships, and their effects on learner drug abuse. The training of parents on best adolescent- parent relationships would help them to utilize appropriate parenting skills to help manage the drug menace among learners. This is necessary because the findings of the study indicated that parent-adolescent relationship significantly predicts the level of drug abuse among high school learners. Further, the study indicates the effect of parent-adolescent relationship on learner drug abuse in secondary schools in Soweto.

7.7.3: The school counsellors should provide essential socio-emotional support and advice about low identity crisis to learners in schools.

This study recommends that the school counsellors should provide essential socio-emotional support and advice about low identity crisis to learners in schools. The provision of socio-emotional support

and advice about low identity crisis to learners in schools would strengthen their own emotions and perceptions so as to manage the drug abuse effects among learners. This is because the findings of the study showed identity crisis influenced the escalating learner drug abuse in selected Soweto high schools. Moreover, learners suffer from an identity crisis and would always feel inadequate and unwanted, they suffer from identity crisis symptoms that affect their behavior and make it harder for them to control their emotions and behavior in a variety of settings.

7.7.4: School counsellors should perform psychological assessment on learners to identify those with birth order that are at risk of indulgence in drugs.

This study recommends that the school counsellors should perform psychological assessment on learners to identify those with birth order that are at risk of indulgence in drugs. The psychological assessment on learners to identify those with birth order that are at risk of indulgence in drugs would help them to evaluate their own cognitive, intellectual, and problem-solving abilities so as to counter psychological patterns susceptible to drug abuse. This is because the study finding reported that there is a positive correlation between learners' birth order and learner drug abuse in the selected Soweto high schools. The study further revealed that there is a tendency by parents to favour those children that are the last born or first born, and issues of favouritism become rife in the family of learners and may end up feeling side-lined and resort to drug abuse.

7.7.5: School counsellors should provide parents with the essential educational support and advice about parent-child bond from school management

The study recommends that the school counsellors should provide parents with the essential educational support and advice about parent-child bond from school management. The provision of educational support and advice to parents about parent-child bond would enlighten them about parent-child bond such that parents can be able to take advantage of these bonds and curb learner drug abuse. This is because the study findings indicated that parent-child attachment patterns are directly linked to learner drug abuse in selected Soweto high schools. Moreover, whereas secure attachment and disorganized attachment patterns were indeed significant predictors of drug abuse among the high school learners, avoidant attachment and ambivalent attachment were not.

7.7.6: School counsellors should develop a cognitive behavioural therapy programme meant to rehabilitate learners who abuse drugs

The study further recommends that the school counsellors should develop a cognitive behavioural therapy programme meant to rehabilitate learners who abuse drugs. The cognitive behavioural therapy programme meant to rehabilitate learners who abuse drugs would help them to manage challenges by altering their thinking and behavior. This is because the study finding indicated that learner's psychological addiction is a significant predictor of learner drug abuse in the selected Soweto high schools.

7.8: Limitations of the study

Any study of this kind will inevitably run across limitations. A summary of the limitations encountered during the data collection for this mixed-methods study is provided below:

7.8.1: Coordination of the participant's information sheet, consent and assent forms

The process of coordinating, disseminating and collection of these research instruments was extremely time consuming, made worse by that some of the learners just lost either consent forms, participation information sheet and/or assent forms. At time parents themselves, because of their low education levels, would drag their feet and would take a considerable amount of time to fill in and sign the forms. This has caused the researcher to take more time than expected during data collection. Considering that the researcher was collecting data in four different schools where socio-economic standards are very low meant that travelling had to be extensive and more printouts needed, and this the researcher did out of his own pocket since the researcher had no external research fund. Also, the researcher had to take some time assisting and explaining to some of the parents who did not understand what was happening or who did not understand what the information sheet was all about, and this was a time constraint.

7.8.2: Resistance from school managers

Another serious setback was when two of the envisaged schools for data collection kept refusing, resisting and coming up will all sorts of excuses whenever I come for data collection and this caused a delay both in the collection and analysis of the data, which further delayed the writing of the

findings. However, the researcher addressed this by applying to do data collection in other schools, of which the data was finally collected in the four schools.

7.9: Suggestions for further research

The following are the suggestions for further research based on the study's findings, conclusions, and limitations:

(i) Further research might look into how well does the drug abuse school policy is effective to reduce leaner drug abuse in township high schools.

(ii) Another study might examine the impact of family-based adverse childhood experiences on learners' drug abuse in higher education.

(iii) Future research could include a larger sample of schools from other cultural backgrounds in South Africa as a variable to be investigated further in relation to family-based adverse childhood experiences and learner drug abuse because this study was restricted to the Johannesburg central district of Gauteng, South Africa.

(iv) A similar study should be expanded to include private schools and the former model C schools, with an emphasis on how family- based adverse childhood experiences affect learner drug abuse.

7.10: Concluding remarks

The current study looked at how drug abuse among learners in four high schools in Soweto has escalated as a result of family-based adverse childhood experiences. According to this study, biographical factors play a significant role in the rising learner drug abuse in the selected Soweto high schools. This study also found that leaner drug abuse is significantly influenced by biographical factors. Except for the family structure, Bowen's (1978) Social Systems Theory, which offers a framework for visualising, analysing, and influencing human behaviour, does not support this in the study's conclusions. Bowen (1978) viewed family emotional relationships as the motivation for all

human behaviour because they strive to strike a balance between closeness and distance. The theory also looks at how learners' personal familial experiences are processed cognitively and emotionally, as well as how these experiences affect how they behave in terms of drug abuse. The study also exposed that learner drug abuse in the selected high schools in Soweto is significantly influenced by familial psychological characteristics (cognitive, emotional, and behavioral). Bandura et al.'s Social Cognitive Theory, which holds that behaviors, personality traits, and the environment constantly interact, supports this.

The study found a substantial link between learner drug abuse and familial social factors in the selected Soweto high schools. It was discovered that the rising drug abuse among high school learners in Soweto high schools was influenced by familial social variables. As far as learner drug abuse is concerned in Soweto High schools, the school, home, and community are all playing a critical role in fostering a certain behavior in a learner's life. This is supported by Bronfenbrenner (1979), in that children inevitably get involved in a number of ecosystems, beginning with their most cherished home ecosystem, moving on to a larger school ecosystem, and finally, to a broader system that encompasses society. The various elements of the Ecological Systems Theory necessarily interact and have diverse effects on one another that affect children's lives.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR LEARNERS

My name is Nzukiso Theophillus Mnyamana (1966218). I am a PhD student studying Psychology of Education Degree at the University of the Witwatersrand Johannesburg. My study topic is "*family-based adverse childhood experiences (ace) as a determinant of an escalating learner drug abuse in three Soweto high schools: Implications for early intervention*". The researcher is only interested in your personal opinion. You do not need to write your name as no respondent will be traced or identified from this study whatsoever as confidentiality and anonymity are guaranteed. There are no right or wrong answers. All data and information generated from this study will be treated as strictly private and confidential. You are therefore kindly requested to complete the questionnaire as honestly as possible. Thank you for participating in this study.

SECTION A: Biographical Information
Please, pick one response from each of the following biographical details:

My age is: ----------years

My Gender:

Male	
Female	

Parental level of education:

University level	
College level	
Secondary school level	
Primary school level	
No formal schooling	

Monthly Family income:

Less than R5,000	
R5,001-R10,000	
R10,001-R15,000	
R15,001-R20,000	
R20,000 above	

Size of family:

Small (1 to 3)	
Medium (4 to 6)	
Large (7 and above)	

Type of family:

Child headed	
Single parent	
Nuclear	
Extended	

SECTION B: Familial Psychological Factors

PART I: Parent-Child Attachment Questionnaire

The following statements have to do with how you relate with your parents, you are to consider your relationship during the period when parent was not ill. Please read all parts of the statements and tick the most appropriate. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

	Secure Attachment	**SA**	**A**	**N**	**D**	**SD**
1	I share an affectionate, warm relationship with my parents	1	2	3	4	5
2	If upset, I will seek comfort from my parents	1	2	3	4	5
3	I value my relationship with my parents	1	2	3	4	5
4	When my parents praise me, I beams with pride	1	2	3	4	5
5	I react strongly to separation with my parents	1	2	3	4	5
6	I spontaneously share information about myself with my parents	1	2	3	4	5
7	My parents often think about me when at work	1	2	3	4	5
8	I've noticed that I am copying my parents behavior or ways of doing things	1	2	3	4	5
9	I openly share my feelings and experiences with my parents	1	2	3	4	5
10	My interactions with my parents make me feel effective and confident as a child	1	2	3	4	5
	Avoidant Attachment					
1	I am uncomfortable with physical affection or touch from my parents	1	2	3	4	5
2	I not want to accept help from my parents when I need it	1	2	3	4	5
3	I feel that my parents treats me unfairly	1	2	3	4	5
4	When I am misbehaving, I respond to my parents looks or tone of voice	1	2	3	4	5
5	Despite my best effort, I'm uncomfortable with how my parents and I get along	1	2	3	4	5
	Ambivalent Attachment					
1	My parents and I always seem to be struggling with each other	1	2	3	4	5
2	I appear hurt or embarrassed when my parents corrects me	1	2	3	4	5
3	I try to please my parents	1	2	3	4	5
4	I remain angry or is resistant after being disciplined	1	2	3	4	5
5	When I am in a bad mood, I know we are in for a long and difficult day	1	2	3	4	5
6	I whine or cry when I wants something from my parents	1	2	3	4	5
7	I expresses myself hurt or jealously when my parents spend time with other children	1	2	3	4	5
	Disorganized Attachment					

1	I am overly dependent on my parents	1	2	3	4	5
2	I easily become angry at my parents	1	2	3	4	5
3	I ask for my parents help when I do not need help	1	2	3	4	5
4	I see my parents as a source of punishment and criticism	1	2	3	4	5
5	Dealing with my parents drains my energy	1	2	3	4	5
6	My feelings towards my parents can be unpredictable or can change suddenly	1	2	3	4	5
7	I am sneaky or manipulative with my parents	1	2	3	4	5

PART II: Parental Behavioral Control Scale

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	My parents continue altering the rules and regulations on me.					
2	My parents get annoyed with me without any warning when I do wrong things					
3	When I make a mistaken, I will never predict my parents' respond.					
4	My parents always discipline me without any explanation.					
5	My parents' way of doing things in the family is only allowed					
6	My parents believe that there is only one correct way of doing things—their way.					
7	My parents always say "no" to anything I suggest to them.					

8	I'm always allowed to disagree with my parents on ideals which I think are inappropriate.					
9	My parents always attempt to be in command of all that I do					
10	My parents believe that they always understand better about everything					

PART III: Emotional Breakdown Scale

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	I find it difficult to sleep					
2	I get angry quickly					
3	I feel depressed most of the time					
4	I always feel paranoid					
5	I always avoid family and friends.					
6	I avoid my responsibilities					
7	I have lost self-respect for personal hygiene					
8	I have general disinterest in life					
9	I eat a lot of unhealthy food					
10	I always feel sick					

PART IV: Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) [1] is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patient by the practitioner.

		All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1	In the past 4 weeks, about how often did you feel tired out for no good reason?					
2	In the past 4 weeks, about how often did you feel nervous?					
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4	In the past 4 weeks, about how often did you feel hopeless?					
5	In the past 4 weeks, about how often did you feel restless or fidgety?					
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7	In the past 4 weeks, about how often did you feel depressed?					
8	In the past 4 weeks, about how often did you feel that everything was an effort?					
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10	In the past 4 weeks, about how often did you feel worthless?					

K10 Score: Likelihood of having a mental disorder (psychological distress) *f* 10 - 19 Likely to be well *f* 20 - 24 Likely to have a mild disorder *f* 25 - 29 Likely to have a moderate disorder *f* 30 - 50 Likely to have a severe disorder

SECTION C: Familial Social Factors

PART I: Parent–Adolescent Relationship Scale

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	I think highly of my mother					
2	My father is the person I want to be like					
3	I really enjoy spending time with my parents/guardians					
4	My parents/guardian does praise me for doing well					
5	My parents/guardians always criticize me and my ideas					
6	My parents/guardian help me to do things that are important to me					
7	My parents/guardian always blame me for my problems					
8	My parents/guardian often make plans with me and cancel for no good reason					

PART II: Sibling Influence Scale

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	I have seen my brothers take drugs					

2	My brothers always send me to buy drugs					
3	My brothers do not mind me taking drugs					
4	My brothers do not speak out bad about drugs					
5	My brothers have offered me drugs					
6	My brothers allow me to take drugs					

PART III: Parental Influence Scale

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	I have seen my parents take drugs					
2	My parents always send me to buy drugs					
3	My parents do not mind me taking drugs					
4	My parents do not speak out bad about drugs					
5	My parents have offered me drugs					
6	My parents allow me to take drugs					

SECTION D: Home Based Support Available For Learners Who Are Involved In Drug Abuse

Please, indicate the extent to which you agree with the following statements. The response format is in a 5 – point Likert Scale. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD).

		Strongly disagree	disagree	Undecided	Agree	Strongly agree
1	My parents communicate clearly with me regarding the dangers and					

	problems of using harmful legal substances.					
2	My parents are encouraged to establish clear rules and consequences regarding youth use of these substances.					
3	Parents were encouraged to provide clear messages about their own values and beliefs regarding youth use of legal products to get high.					
4	My parents have clear family rules about using substances to attain a high, and the ability to monitor compliance with these rules.					
5	My parents provide rewards or reinforcement when youth adhere to the family rules regarding substance use.					
6	My parents identify the specific drug and other child and adolescent problems in the home.					
7	My parents teach values and standards of right and wrong.					
8	My parents make sure their teens knows the rules and the consequences for breaking those rules — and, most importantly, they really enforce those consequences.					
9	My parents have a plan to educate their children on the dangers of drug use and abuse.					
10	My parents make it clear that they disapprove of all alcohol, vaping, nicotine and drug use, and look for opportunities to discuss your feelings about substance use in a productive way:					
11	My parents generally provide family skills training programs that encourages any adult who cares for their children to attend					

	the program. This could include grandparents, aunts, uncles, older siblings, foster parents, and hired caregivers					
12	My parents train children on social and emotion-regulation skills, peer resistance skills, problem solving and effective communication.					

SECTION E: Drug Use Questionnaire

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

		All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1	Have you used drugs other than those required for medical reasons?.					
2	Do you abuse more than one drug at a time?					
3	Can you get through the week without using drugs?					
4	Have you had "blackouts" or "flashbacks" as a result of drug use?					
5	Do you ever feel bad or guilty about your drug use?					
6	Have you been in trouble at school because of drug abuse?					
7	Have you gotten into fights when under the influence of drugs? .					
8	Have you engaged in illegal activities in order to obtain					

	drugs?					
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?					
10	Are you used to taking drugs most of the times?					

APPENDIX II: INTERVIEW SCHEDULE FOR LEARNERS

1. Tell me about yourself, what you are doing in this school/your grade and for how long.
2. What do you think learner drug abuse is?
3. How would you rate your parental income? Is it low, moderate or high? How has the income influenced drug abuse among learners in your family?
4. How would you rate the size of your family? How has this influenced drug abuse among learners in your family?
5. How would you rate the education level of your parents? How do you think this has affected drug abuse among learners in families?
6. How would you describe the type of your family? How has this influenced drug abuse among learners?
7. Which familial psychological factors have influenced drug abuse in your family? For each factor mentioned, explain?
8. Which familial social factors have influenced drug abuse in your family? For each factor mentioned, explain?
9. Which kinds of educational support are available at home for learners who are involved in drug abuse?
10. Which kinds of therapeutically support are available at home for learners who are involved in drug abuse?
11. Which early intervention strategies could be adopted to assist learners who abuse drugs?

APPENDIX III: INTERVIEW SCHEDULE FOR TEACHERS (SBST)

1. Tell me about yourself, what you are doing in this school/the grade you teach and for how long.
2. What do you think learner drug abuse is?
3. How would you rate your parental income of learners? Is it low, moderate or high? How has the income influenced drug abuse among learners in your family?
4. How would you rate the sizes of learner families? How has this influenced drug abuse among learners in your family?
5. How would you rate the education level of learner parents? How do you think this has affected drug abuse among learners in families?
6. How would you describe the types of learner families? How has this influenced drug abuse among learners?
7. Which familial psychological factors have influenced drug abuse in the family of learners? For each factor mentioned, explain?
8. Which familial social factors have influenced drug abuse in learner families? For each factor mentioned, explain?
9. Which kinds of educational support are available at home for learners who are involved in drug abuse?
10. Which kinds of therapeutically support are available at home for learners who are involved in drug abuse?
11. Which early intervention strategies that could be adopted to assist learners who abuse drugs?

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