**Perceived social support of learners at risk of substance abuse at two selected high schools within the Cape metropolitan area.**

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A mini thesis submitted in fulfilment of the requirements
for the degree of Magister Curations in the School of Nursing,
University of the Western Cape

**UNIVERSITY** *of the*
**WESTERN CAPE**

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**Date:** December  2022

**Abstract**

Background

Substance abuse contributes towards mental illness as part of the global burden of disease. In South Africa, substance abuse presents amongst learners at secondary schools. Substance use affects academic performance negatively and disrupts cognitive, emotional, social, and psychological functioning. Social support has been known to ameliorate the deleterious effects of substance abuse. This study aimed to investigate the perceived social support of learners at risk of substance abuse at two selected high schools in Cape Town.

Methods

A quantitative, descriptive survey was used to collect data from a convenience sample of 518 learners from two highs schools in Cape Town. The Multidimensional Scale of Perceived Social Support (MSPSS), a 12-itemed, 7 point Likert type self -reporting, structured questionnaire was used to determine the support learners at risk of substance abuse received from friends, teachers and family. Data was analysed using SPSS v25

Findings and Conclusion

The findings of this study shows that respondents found their friends to be the highest form of perceived social support (Mean 5.08 SD 1.59) followed by family (Mean 5.06 SD 1.50) and the lowest form of perceived support was teachers (Mean 3.65 SD 1.57). The overall findings across the demographics suggested that females received less family support than males (53.8 vs 62.4% for High support). However, the overall support for age was the s across each domain.

Future studies should explore the types of perceived social support required by friends, teachers and family to assist learners to engage and encourage positive behaviour and attitudes decreasing the risk of negative behaviour and substance abuse.

**Keywords**

Family

Friends

Perceived social support

Teachers

Learners

Substance abuse

**Abbreviations**

MHCUs       - Mental Health Care Users

MSPSS      - Multidimensional Scale of Perceived Social Support

SPSS        - Statistical Package for Social Sciences

UNODC      - United Nations of Drug and Crime

WHO         - World Health Organization

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**Declaration**

I hereby declare that the study: *To investigate the perceived social support of learners at risk of substance use at two selected High Schools within the Cape Metropolitan area* is my original work, My study has not been used for any examination or submitted at any other university. I have not plagiarised and have referenced all my work.

Name: Sabiyah Cassiem

Date: December 2022

Signed……………………

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**Acknowledgements**

I would like to thank God Almighty for his ongoing mercy and blessings.

I would like to thank my supervisor, Prof Martin for being an excellent supervisor, displaying humility, and guiding my thoughts with her patience and excellent skills in constructively helping me persevere and overcome challenges I incurred during this study including the constructive feedback regarding my corrections.

To my parents and siblings your belief, prayers and encouragement has given me the strength to complete my studies.
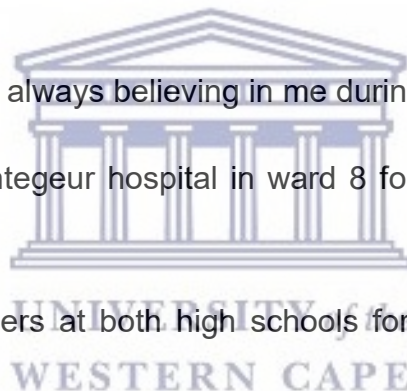
To my husband, thank you for supporting and motivating me during the late nights and early hours of the morning.

To my best friend Nafisa, for always believing in me during difficult times.

To all my colleagues at Lentegeur hospital in ward 8 for supporting me during this process

To the principals and teachers at both high schools for their valued assistance to conduct my study

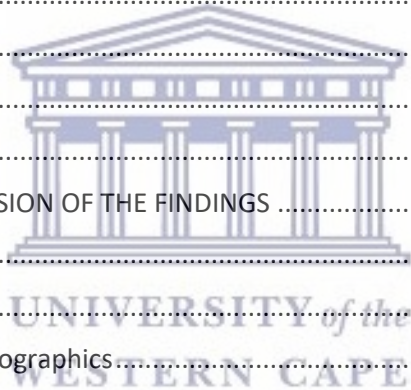To the respondents for participating in my study, thank you.

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# CHAPTER ONE

# ORIENTATION TO THE STUDY

## 1.1. Introduction

Substance abuse is a serious public concern within South Africa as it impacts negatively on the well- being and self -development of adolescents and teenagers (Lebese, Ramakuela, & Maputle, 2014). The negative influences of drugs on learners are a challenge on the Cape Flats in the Western Cape which contributes to delinquent behaviour due to lack of social support systems within a high school (Hlomani-Nyawasha, Meyer-Weitz, Egbe , 2020).The physical and academic performance of a learner are determined through the social environment whereby they are exposed. Social support plays an imperative role within the life of an individual as it promotes, and improves the emotional, psychological, and physical wellbeing of a person (Davids, Roman, & Leach, 2015).

Learners at risk of substance abuse can potentially be impacted by the degree of social support that they receive. (Strickland & Smith, 2014).  Perceived social support refers to an individual or learners' perception or belief of support provided or available and the extent whereby an individual is satisfied with the support obtained (Humm, Kaminer, & Hardy, 2018). Perceived social support is recognised as the perception of the learners' availability, and contentment of support (Song, Bong, Lee, Kim, 2015).

During adolescence, learners spend most of their time within the companionship of their friends and teachers which may influence their behaviour in a positive or negative manner. During this transition period from dependency towards parents to independence, learners develop reciprocity towards their friends, and this may provide positive development (Song et al., 2015).

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Social support and characteristics of one's social network have been shown to be beneficial for abstinence of substance abuse (Shumer, 2017). This demonstrates the important correlation of support networks and high-risk behaviour.

This study will investigate the perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area. The social support provided will include friends/peers, teachers, and significant others (family).
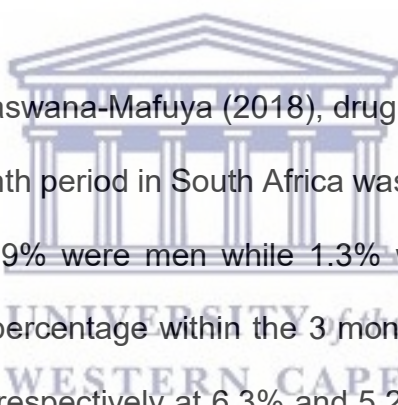
## 1.2. Background

According to the United Nations Office on Drugs and Crime (UNODC), globally there has been a steady increase in the prevalence of narcotic substance use, with 284 million users aged 15 to 65 reported in 2020. Of these, an estimated 35 million are suffering from a drug use disorder(United Nations Office on Drugs and Crime, 2022), of which 10 million are in sub Saharan Africa (Donenfeld, 2019). The UNODC also indicated that the incidence of drug use growing at a faster pace in developing countries and that young adolescents and adults account for the largest population of drug users. They are classified as being the most susceptible to drug use as they are vulnerable.

Since the 1990's, illicit drug trade has become more popular within South Africa. The reasons pertaining to this rapid increase is due to globalisation, transformation of both political and social order.  This change brought about a lift in the expansion of people entering the country, and consumable goods being transported across the borderline. Due to these lifts in trade, the price of illicit drugs dropped tremendously, and it became more readily available to young adolescents still attending school (Hamdulay & Mash,

2011). Funding and resources addressing substance abuse remains limited (Magidson et al 2017)

Adolescents are known to be involved in South Africa to be involved in risky behaviour which results in acts of violence, high school dropouts, risky sexual behaviours and ongoing crime. These acts of high-risk behaviour impede academic performance thus promotes high school dropouts which has a negative impact on a learner's mental and physical health, which includes, anxiety and depression due to the addiction of cannabis, alcohol, and other recreational activity (Morojele, 2016) as well as criminal activity, substance induced psychosis, suicide, and mental health issues among other challenges (James, Reddy, Ellahebokus, Sewpaul, & Naidoo, 2017).

According to Peltzer and Phaswana-Mafuya (2018), drug use amongst youth from 15 years and older over a 3-month period in South Africa was estimated at 4.4% in 2012. Amongst these estimates 7.9% were men while 1.3% were woman. The Western Cape had the highest drug percentage within the 3 months at 7.1% followed by the Eastern and Northern Cape respectively at 6.3% and 5,2%. The study identified that substance use is closely associated to mental illness and that men who are unemployed have the highest percentage of any drug use.

According to the United Nations on Drugs and Crime (UNODC) substance use is higher amongst adolescents than in adults. Research further indicates that substance use amongst youth starts from the early onset of 12-15 years until 15-17 years. It then further fluctuates from 18 -till 25 years of age (Yury & Fedotov, 2018). The South African Community and epidemiology Network on drug use (SACENDU) released a

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report on user profiles attending rehabilitation centres in the Western Cape. This report depicted that the highest percentage of individuals using substances were under the age of 20 years old (Dada, Burnhams, Erasmus, Parry & Bana, 2016).

Ramson and Chetty, (2016) assert that learners or teenagers that reside in low socio-economic environments are often more susceptible to develop high-risk behaviour such as substance use and sexual inappropriate misconduct. This is supported by a study that was conducted by Muchiri & dos Santos, (2018) that assessed possible risk factors and connected it to family care, thereby making a comparison between adolescence and substance use in South Africa. The results of this study highlighted learners who lack parental guidance, divorced or single income parent, were at a greater risk of using recreational substance such as dagga, alcohol, and illicit drug use. However, some learners who are exposed and raised in gang infested environments do not get involved with high- risk behaviour. These choices are measured through anti -social and prosocial behaviour. These behaviours are derived from perceived opportunities whereby the family, environment and learner's attachments are bonded, namely if the parent, guardian, or caregiver users and sells drugs, the learner may perceive this behaviour to be normal and start to replica the same behaviour thereby displaying anti -social behaviour (Catalano et al., 1996).

Lack of support is the greatest contributing factor towards high school dropout and high- risk behaviour as most learners who eventually drop out of school are due to lack of parent or teacher involvement, low socio backgrounds, no income, poor progress and high absenteeism (Burrus & Roberts, 2012).

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It has been reported that good parental support with trust, communication and firm boundaries motivate learners to steer away from negative peer influence. However, learners do not do well with autocratic and strict or controlling parenting styles (Ennett et al., 2001.) If there is conflict amongst parents and learners such as too strict rules and authoritative dictatorship such as domestic violence, learners become more susceptible to high-risk behaviour or if there is no parental control (Themane & Osher, 2014). Close social support promotes comfort and security, not only during times of difficulty, and promotes the individual's ability to overcome challenges. This increases their opportunity towards empowerment and self -growth (Feeney & Collins, 2015).

Peer support assistance aids in identifying the psychosocial problems, decreases probable high -risk behaviour and promotes psychological well-being. It does not act as a substitute for counselling by solving emotional challenges and problems of fellow learners (Elkhalifa et al., 2020). As adolescents transform into teenagers, they tend to rely more on their friends and less on their parents. This develops into a greater sense of dependence towards peers and can be classified as a sense of perceived support from friends (Moore, Cox, Evans, Hallingberg, Hawkins, Littlecot, Long & Murphy, 2018). However, the role of a parent in developing the attitudes and behaviour of an adolescent can play a major role in decreasing high risk behaviour. This can be approached with good parent support, develop effective parent teacher relationships in assisting learners who struggle academically through having extra classes for these learners. This includes, explaining the benefits and importance of engaging in positive activities and to abstain from high-risk behaviour such as substance use (Haghdoost, Abazari, Abbaszadeh, & Rabori, 2014).

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However, what is unknown is whether the perceived support received is adequate and how these support measures can be more effective towards learners at risk of substance use.

**1.3. Problem statement**

High risk behaviour particularly substance use is becoming a growing public concern amongst learners within the Cape Flats. Annecdotal evidence suggests that despite the teacher's efforts to support learners at risk of substance use, the community and parents feel that teachers are not adequately resolving the challenge of substance abuse within the school premises. Learners often cease to engage in high risk behaviour as they do understand the consequences of their action (Kitsantas, Ware, & Martinez-Arias, 2004). It is unknown whether students receive social support or if the support provided is adequate towards students from low socio- economic backgrounds that are at high risk of substance use. The support provided includes, friends, teachers and family.
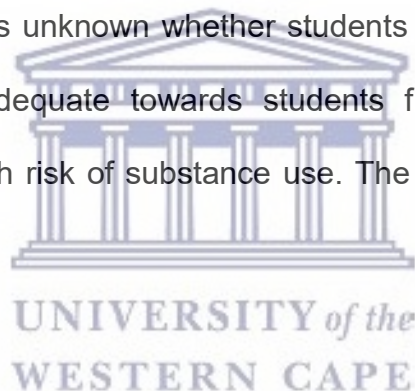
**1.4. Aim of the study**

The aim of the study was to investigate the perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area.

**1.5. Objectives of the study**

i)   To determine the social support learners at risk of substance abuse received from friends.

ii)   To determine the social support learners at risk of substance abuse received from teachers.

iii) To determine the social support learners at risk of substance abuse received from family.

## 1.6. Significance of the study

Substance abuse forms a major part of mental ill health, of which a large burden as stated previously starts in youth. As mental health nursing practitioners it is important that we understand how improving support can assist in addressing this. Through providing an understanding of the challenges of learners, policy makers will be better able to facilitate support networks for students from the results of this study by providing funding. It will inform the Department of Education about developing and promoting improved social support networks within these disadvantaged schools. This study can also identify gaps and inform future studies on where to focus work on with regards social support networks for high school learners.

## 1.7. Operational definitions

The operational terms are defined as follows:

**High risk behaviour:** This includes, promiscuous sexual behaviour, substance abuse and gang violence.

**Perceived social support:** Perceived social support is defined as a learner's perception of the support network available at the school and the manner whereby people are available to provide support (Tomás et al., 2020). In this study, perceived social support is identified as perceived social support of peers, teachers, and significant others namely, parents, siblings, and family which is measured by the 12 items on the adapted MPSS.

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**Substance use:** This includes, alcohol, dagga, methamphetamine and other illicit and over the counter drugs.

**Perceived social support of teachers:** This is considered as a teacher's role to educate, guide, assist, motivate and support learners for personal growth and facilitate their learning process.

**Perceived social support of family:** Including an individual/ parent or family member with legal ties, shared living space, and blood relations (Erlingsson, & Brysiewicz, 2015). In this study family includes parents and siblings.

In this study, family support will be measured by Section B of the adapted MSPSS Multi-dimensional scale of perceived social support (Questions B3, B4, B8 and B11).

**Friends support:** This is identified as the ability to share experiences, stressors, challenges, knowledge, and coping skills to peers that are in the same situation (Hellfeldt, Lopez-Romero & Andershed, 2020).

In this study, friends support will be measured by Section B of the adapted MSPSS Multi-dimensional scale of perceived social support (Questions B6, B7, B9, B12).

**Perceived social support of Friends:** Is conceptualised as a learner's perception of their friends support to understand their emotions and help them solve their problems.

In this study, family support will be measured by Section B of the adapted MSPSS Multi-dimensional scale of perceived social support (Questions B1, B2, B5, and B10)

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## 1.8. Research methodology

A quantitative, descriptive, survey design was used to achieve the aim of this study. The design chosen for this study was to enable the researcher to gain information on the perceived social support of learners within a high school at risk of substance abuse. The population is high school learners in the "Cape Flat" area of Cape Metropolitan area attending 2 High schools. Purposeful sampling was done, Consent (from parents of learners <18 years and learners >18 years) and assent of learners <18 was obtained. Data collection was conducted using an adapted Multidimensional Scale of Perceived Social support (MSPSS) developed by Zimet, Powell, Farley, Werkman, & Berkoff, (1990). A detailed discussion of the methodology is explained in chapter 3.

## 1.9. Data Analysis

The SPSS version 25 was used to analyse the data. The data was cleaned by running frequency distributions. Descriptive statistical analysis was applied to determine the perceived social support of learners. Graphs and percentages were used to present the data. A more comprehensive explanation will be seen in chapter 3.

## 1.10  Ethics

Ethics approval was obtained from the Human Social Sciences. Research Ethics Committee of the University of the Western Cape and Department of Education (Appendix A). Permission was asked from the selected schools governing body to seek permission for the study and the Western Cape Department of Education (Appendix B). Permission was sought from the learners' parents and caregivers to participate in the study. The study was explained to parents (Appendix D) and learners

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by way if an information sheet (Appendix C). The researcher ensured transparency by leaving her contact details at the back of the sheet if the parents required to ask questions. Learners' under the age of 18 whose parents refused to participate in the study were excluded from the sampling frame. Consent was obtained from learners' parents (Appendix F) and assent from the learners (Appendix E) to participate in the study. Learners over the age of 18 signed an informed consent form (Appendix F). The researcher did not infringe on school time and abided by school regulations. The researcher explained that learners could withdraw from the study at any time without fear of reprisal. All research carries risk, which in this study may be feelings of embarrassment. A counsellor was prearranged by the researcher for psychological support of the respondents if they required it. Confidentiality and anonymity was ensured as the survey was anonymous and no names were attached onto the questionnaire. The researcher will discuss the ethics considerations applied in the study in chapter 3.
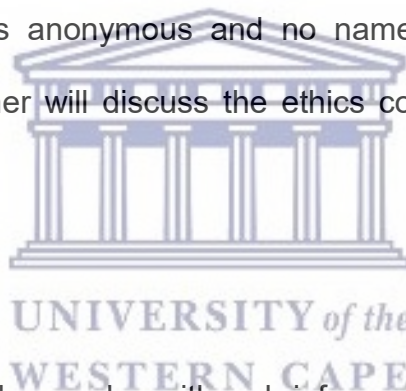
## 1.11    Summary

The background provided the reader with a brief overview about the study. The problem statement, aims, objectives and operational definitions were alluded to. A brief description of the methodology used to achieve the aim of the study and the ethics considerations were mentioned.

## 1.12    Chapter Outline of Thesis

**Chapter 1:** The researcher explained the introduction and background of the study, including the aims and objectives of the study. The operational definitions and

significance of the study were discussed. An outline of the research methodology, and ethics of the study was given.

**Chapter 2:** The literature review focuses on the support networks for learners who are high risk for substance use. Empirical literature on perceived social support by teachers, family and friends is alluded to. An overview of the Bronfenbrenner's ecological systems theory is discussed and how it correlates with high-risk behaviour and social support**.**

**Chapter 3:** A detailed description of the research methodology is provided in chapter 3. It includes, the research approach and design, population, and sample size of the study, including the sampling method and instruments used, namely MSPSS. The reliability and validity of the instrument is discussed. The data collection process, data analysis and ethics were alluded to.

**Chapter 4:** The findings of the study are presented, followed by a discussion of the researchers' findings which is placed within an empirical body of literature.

**Chapter 5:** A summary of the study and conclusion is compiled by the researcher, based on the findings of study. The recommendations and limitations are also discussed.
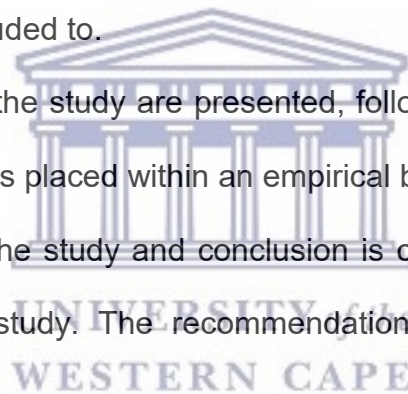
# CHAPTER TWO

# LITERATURE REVIEW

## 2.1    Introduction

The use of illicit substances and drugs is a public concern in schools of the Cape metropolitan area (Chetty, 2015).  The predisposing factors during adolescence which promote this behaviour are social, family and environmental factors. These factors include child- parent relationships, parental conflict, negative peer pressure and gang violence (Degenhardt & Hall, 2012). Learners that have unhealthy relationships with fellow learners, teachers, and parents, present with disruptive behaviour are more likely develop high risk behaviour and drop out of high school (Weybright, Caldwell, Xie, Wegnet & Smith, 2017).  There is a dearth of literature that investigates the support networks of learners within the Cape metropolitan area. The literature review in this part of the protocol will focus on studies which focused on social support.
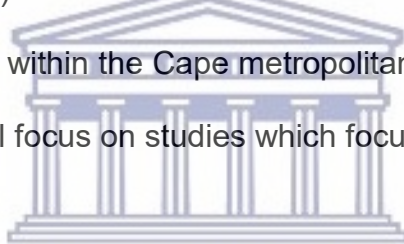
The following databases were used to search for relevant literature: Pubmed, Elsevier, Sabinet, Wiley, Google Scholar, CINAHL and MEDLINE. The studies focused on perceived social support from friends, teachers, and family.  Keywords, Boolean operators, AND, OR BOTH were used when conducting the literature search.

This chapter will be presented as follows:

Bronfenbrenner Ecological Theory

Perceived social support of learners at risk of substance abuse

## 2.2 Bronfenbrenner Ecological Theory

Substance use is a type of behaviour and as with any behaviour, there are theoretical constructs one can use to understand the behaviour better and what might be

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influencing any particular behaviour. One such theory is the Bronfenbrenner Ecological Theory.

## 2.2.1 Understanding the basic elements of the Bronfenbrenner Ecological Theory

This theory appropriately explains the correlation of the three multidimensional levels which play a pivotal role throughout the life of an adolescence. These dimensions include the micro, mesosystem, and macro levels. The microsystem forms part of a crucial network interlinking a child with its immediate environment, and the relationships with their parents, teachers and friends can either have a positive or negative affect managed by the supportive relationship received from the parents. The mesosystem is governed through relationships with each interaction namely, between parents and teachers, whether they have a good parent teacher relationship will impact the development of the child. The macrosystem is an overall component which includes the socio-economic growth, geographical location, status, culture, and ethnicity (Peppler, 2017).

According to Bronfenbrenner's ecological systems theory, the environment of a child influences his or her growth and development. The model identifies how each of the systems, overlap one another and influence all aspects of a child's development. In this study we will be focusing on the micro and meso systems.

### 2.2.2 Relating this theory to our population
The ecologic theory places emphasis on the importance of how an individual's life is shaped through personal relationships which include supportive and nurturing

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relationships with others such as family, school, parents, and communities (Peppler, 2017). It also takes on a bidirectional approach whereby, where there are no caring or supportive relationships the individual associates with negative associations. Relationships can be protective against a negative behaviour or promotive of a negative behaviour (Reininger, Perez, Aguirre, Chen & Rahbar, 2012). When learners receive appraisal, surety and positive reinforcement continuously they steer towards academic performance and achievement (Schlichthorst et al., 2020). Learners therefore develop higher self-esteem, positive social connectedness to the school, family and community thereby reducing the risk of substance use (Gerra, Benedetti, Resce, Potente, Cutilli & Molinaro, 2020). However, learners whose parents do not display a warm, caring relationship and is not interested in their well-being, display domestic violence and abuse substance often have a negative association with learners (Clark, Fleming, Molesen & Rivera, 2012). Furthermore, children develop into adolescence with lack of self -discipline, negative attitudes and behaviour that leads to high- risk behaviour (Niehaus & Adelson, 2014).
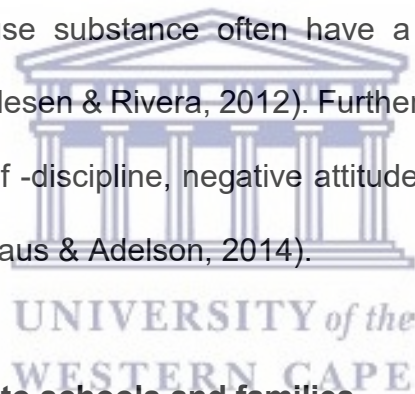
### 2.2.3  Relating this theory to schools and families

The Bronfenbrenner's model indicates that both the school and family play an important role in the mesosystem as adolescents spend a great deal of their time with teachers and friends. Both the school environment and family define how adolescents develop (Watson, 2017).  It is therefore imperative that schools work with parents in promoting good family relations. One of the greatest challenges in the Cape Flats is gang violence and substance use which can cause both teacher and learner to feel unsafe in the school. There is a lack of school policies and parent co-operation, hence teachers become reluctant to build supportive relationships (Sitoyi, 2020).

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### 2.2.4 Relating this theory to communities of the Cape Flats

Communities play a pivotal role in the type of support learners receive within the schools (Ecological Systems Theory, 2017). Learners from the Cape Flats grow up in lower income households whereby substance use, unemployment, gang violence or single parents are common, they do not always have a supportive family. According to a survey, (Department of Basic Education, 2022), 3% of learners under the age of 15 and 9% of learners under the age of 17 dropped out of school in South Africa. This may be due to lack of parental support.

Learners from the Cape Flats display negative attitudes and behaviour due to the role models within their communities. However due to their lack of insight teachers should take a stricter, non- controlling approach, yet supportive when dealing with these learners. Teachers are not trained on how to manage these behaviours of learners and take full control in disabling the negative attitudes and behaviour towards their long -term goals (Chetty, 2015).
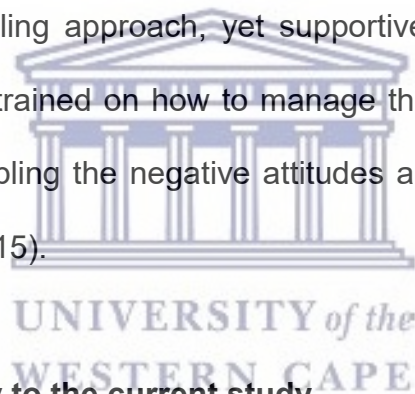
### 2.2.5 Applying this theory to the current study

The Bronfenbrenner's ecological theory has been used in research which examined the interconnectedness between friends, caregivers, schools and community (Panppoulos 2020; Mayberry 2009; Aytur 2022). In my study I proposed to examine the strength of the connection between high school learners at risk of substance abuse, their friends, educators and caregivers. Each of these domains will now be examined in further detail.

**2.3. Perceived social support of learners at risk of substance abuse**

Empirical literature on the perceived social support by teachers, family and friends is discussed.

2.3.1 Perceived social support of friends

Perceived social support within this context refers to the learner's perceptions of the social support provided by the available social support networks (Canty-Mitchell & Zimet, 2000).

Many learners often feel supported and display positive attitudes towards school and their academia when teachers engage in a healthy emotional level, by instilling trust and confidence in learners through understanding and patience. When teachers insult, disrespect or are unsupportive towards a learners' individual needs, learners often tend to feel a lack of emotional social support feel a lack of emotional social support and respond negatively which later may develop into high-risk behaviour (Strati et al., 2017). According to a study, learners who perceive social support towards peers and teachers as positive often perform better at school and engage less in risky behaviour. People who have good social relationships with friends and family often feel more satisfied with life than those who have less or fewer social relationships with family and friends (Siedlecki et al., 2014).

Bronfenbrenner demonstrated that within the microsystem of the individual's environment, family, friends and schooling all play a pivotal role (Watson, 2017). In the school or home environment, learners are often victims of high- risk behaviour when their circle of friends are substance users. The sensation of substance is seen as state of euphoria. This false short -lived state of happiness promotes a sense of arousal and

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excitement and associated with social recreation thereby becoming an addiction (Potberg & Chetty, 2017).

Learners leaning towards high-risk behaviour often find themselves feeling supported by friendships that contribute towards their disruptive behaviour as they feel other peers understand them better. In the life of an adolescent, peer relationships take on a meaningful role. They seek acceptance from fellow peers and can often be misled to negative behaviour such as alcohol and substance use. Learners believe that if their friends are using substances then it should be a normal recreational habit (Somani & Meghani, 2016). Learners that display a lack of interest in school, lack of concern for fellow peers and do not engage with teachers, often lean towards high-risk behaviour and delinquent social relationships with fellow peers. However learners who display good school and social interaction often perform better at school and abstain from disruptive behaviour (Van Zyl, 2013). Research also suggests that during the transition period from primary school to high school, a great amount of social, psychological and emotional well-being comes from peer support. When learners have no friends or are victimised at school, they lose their sense of identity, and this promotes depression and anxiety (Hoferichter, Kulakow & Hufenbach, 2021).

Positive friend support relationships are important amongst adolescents. Learners promote supportive peer relationships by developing trusting relationships with one another as they discuss issues such as substance use and promiscuous behaviour more openly than with an authoritative figure(van Zyl, 2013).This trusting relationship amongst peers can promote emotionally healthy behaviour and decrease high risk behaviour if the support from peers is positive, supervised and not misleading. Therefore, peer support programs in schools should be deemed important. Learners

develop more favourable relationships with fellow peers during high school. Based on the social influence of peers', learners can develop antisocial behaviour. However, if supportive peer relationships are identified at schools, they would be able to share their experience and contribute towards helping fellow peers to manage their challenging circumstances and promote positive coping skills (Schlichthorst, Ozols, Reifels & Morgan, 2020).

A study was conducted between 2011 and 2013 by the Department of Education and Department of Health in the Western Cape with learners that reside in high-risk environments. The aim of the study was to identify whether a peer led program would have a positive outcome on grade 8 learners that receive the training verses a controlled group and to assess the feasibility of a risk reduction program amongst learners. The program called *Listen up* addressed various current problems namely, sexuality, alcohol abuse, healthy choice within relationships, social support and place emphasis on HIV knowledge and transmission. The study found that the learners who had the post intervention, had a better understanding and knowledge of HIV, sexual promiscuity, self-efficacy and healthy relationships. The study findings alluded to peer led programs being effective (Timol,Vawda, Bhana, Moolman, Makoae & Swartz, 2016). Although this study did not focus on learners at risk of substance abuse, it can be deduced that peer led support groups provide understanding of mental health issues such as substance induced psychosis. Physical activity is also an important component is the social support system as learners are allowed to express their physical abilities, promote confidence and positive engagement with fellow peers. Fellow peers and learners are allowed the opportunity to engage in positive competitive activities thereby increasing the confidence and social engagement amongst peers (Kubayi, 2014).

2.3.2 Perceived social support of teachers

According to Erickson, when a child reaches the age of 12 -18 years, they become conflicted with identity versus role confusion. This is understood by the manner in which learners try and find their social space where they are appreciated and feel supported (Eriksson, Ghazinour & Hammarstrom, 2018).

Learners are extremely fragile during the transition period of becoming adolescents and therefore require teachers to display supportive roles to assist them in developing their own individual identity (Maree, 2021). They require support for difficult tasks and not criticism to prevent them from giving up and developing a low self -esteem. Some learners have parents who display disruptive behaviour at home. This behaviour impedes their ability to recognise healthy support networks and therefore engage in similar unhealthy high-risk behaviour that leads to high school dropout (Hong & Espelage, 2012). The role teachers display as guardians does require more firm boundaries towards learners that are exposed to high- risk behaviour. Respect, love and guidance are much needed for these learners to identify positive role models and integrate positive behaviour patterns. These positive behaviours can also promote mental wellbeing (Suldo, Kristen, Shaffer & Riley, 2008).Teachers who display strong support towards learners also assist them with emotional strength and confidence (Joyce & Early, 2014).

Adolescents develop their own sense of autonomy as they shift from pre -school to high school. It is therefore imperative that learners feel teachers are concerned and care for them (Trigueros, Parra, Lopez, Cangas, Gonzalez & Alvarez, 2020).This form of interest allows learners to feel supported thereby gaining a clearer perspective when making lifelong decisions in relation to high-risk behaviour (Shung-King, Lake, Sanders & Hendricks, 2019.) An important variable in the teacher and classroom

environment is the appraisal of learners, good communication and support of peers (Witte, 2015). Positive and meaningful relationships from teachers are important to prevent high school dropouts. Without these tools learners may develop negative attitudes and behaviours towards school. Teachers often display sarcastic, negative, insulting , name calling behaviour towards learners that are struggling academically. This behaviour discourages learners as they develop a  lack of self- esteem, fear and rejection (Strati et al.,  2017).

Govender, Naicker, Weitz, Fanner, Naidoo and Penfold, (2018) avow that social connectedness in schools is an important factor contributing to both friend, teacher and family support. Social connectedness refers to how learners perceive social support from teachers, friends and fellow peers. This includes respect, personal acceptance and to feel included within the school environment (Govender et al., 2018). These researchers conducted a study in Durban on the correlation between perception of school connectedness and how this influences health risk behaviours including substance use, delinquent and promiscuous behaviours in South African schools. The findings of this study alluded to the negative association between learners perceived perceptions of school connectedness and the high-risk behaviours due to lack of teacher support. Learners who had a low perception of school connectedness and teacher support would most likely be influenced by high-risk behaviour. The study concluded that a lack of school connectedness increases the risk of negative associations and behaviour (Govender et al., 2018). Lack of teacher support in the Western Cape schools in low socio economic communities is contributed to limited parent involvement, inability to facilitate one on one learning due to bigger classrooms and burnout, not being equipped with the necessary skills to assist learners who

display delinquent behaviours due to social and peer pressure including limited school resources (Nel, Tlale & Nel, 2016).

Bond, Butler, Dip, Thomas, Carlin, Glover, Bowes and Patton, (2007) examined how both social and school connectedness was associated with substance use and mental health. The study was aimed at high school learners where special programs were implemented at some schools to increase both social and school connectedness for a period of two years. After the implementation of the program, grade ten learners were asked to participate in the survey as well as post one- year secondary learners. The study concluded that learners with good school and social connectedness performed better academically and achieved greater results. Learners that had poor social and school connectedness did not complete grade 12 and dropped out of school. These learners are at a higher risk of substance use and mental health issues. Learners that had poor school connectedness and good social connectedness were at risk of substance use but just managed to achieve a standard pass rate. The study emphasized the importance of teacher support towards a learner. It identified the importance of developing a caring and trusting relationships with learners while conducting a learning session. Literature concludes that teachers should develop a safe environment for learners by developing trusting relationships that may hinder their emotional or psychological behaviour. Teachers should work with parents to ensure that learners succeed in their studies and promote friendships with peer groups and friends in a positive manner. This can be encouraged by developing study groups amongst learners after school hours and having an open -door policy with teachers, whereby learners are able to feel comfortable in discussing their concerns and challenges.

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Developing healthy relationships amongst learners can be identified through the promotion of healthy sport activities. Learners that struggle academically often tend to excel in sport activities which enhances their self-confidence and reduces the risk of high -risk behaviour (Mfidi, 2017). According to a study which determined learners' experiences at selected high schools in the Western Cape using convenience sampling to select the schools, findings concluded that high school learners tend to steer more towards peer support and focus less on teacher support (Bojuwoye, Moletsane, Stofile, Moolla & Sylvester, 2014). However, their form of social support from teachers was dependent on learners obtaining access to school labs and computers, teachers giving extra classes at school and receiving sufficient textbooks. Many learners felt that they received adequate support based on their perception of teacher support, whilst other learners felt that there were a lack of extra mural classes after school especially in Maths and Science. Learners were unable to access the school computer laboratories after school and did not receive sufficient textbooks to assist them with school academia (Bojuwoye et al., 2014).

### 2.3.3 Perceived social support from family

When children commence high school, they tend to become more autonomous which can result in conflicting issues with parents. Often learners that have low self -image and perform poorly at school or come from unstable homes are more prone to high-risk behaviours, such as substance use, sexual promiscuity and aggression (Mfidi, 2017).

According to a study conducted by Potberg & Chetty, (2017) on the experiences of school dropouts with regards to illicit substance use, findings alluded to lack of parental support from parents who were involved in gangsterism. The learners lived with

grandparents. Teachers were perceived to be controlling which negatively impacted on leaners school work, These learners reported seeking support from friends with similar challenges and started using illicit drugs together (Potberg & Chetty, 2017)

Poor family functioning therefore does play a role to high-risk behaviour and may lead to mental health issues. These issues include, parent learner arguments and domestic violence, lack of emotional support and positive reinforcement (Laird & Kuhn, 2014) Learners that have high levels of conflict and domestic violence often have low positive family relations and are more likely to develop high risk behaviours. To ameliorate these problem behaviours, parents should develop good family relations, supportive teacher relationships and exercise healthy communication amongst learners (Strati, Schmidt & Maier, 2017).

Zimet, Powell Suently assist to decrease the potential high -risk behaviour in learners (Haghdoost, Abazari, Abbaszadeh, & Rabori, 2014). Learners whose parents are aware of the whereabouts of their children, often contribute towards learners making informed decisions and participating in less risk behaviour (Matejevic, Dragana Jovanovic, Lazarevic, 2014). According to a study that identified high risk learners through social support of family, friends and teachers, learners who identified that they had strong family support and that they could depend on their families to assist them when required, did not respond to using substances (Gordon, Kutywayo, Frade, Naidoo & Mullick, 2021).

Research shows that single mothers in low socio-economic settings are less likely to pay attention to their learner's emotional needs as they work extra hard to sustain daily living (Haghdoost, Abazari, Abbaszadeh & Rabori, 2014). However, studies also

indicate that parent involvement in adolescents become less as they reach grade 9 due to learners developing their own form of identity and begin to reach out with friends (Mfidi, 2017). The results of a study which compared the type of family relationships and parenting styles which contributed towards substance identified how rejection, overprotection and disengagement of family interest towards learners contribute towards high risk behaviour (Matejevic et al., 2014). Due to these challenges, it is important that parents and teachers have open communication with learners, monitor academic performance, encourage positive peer relationships and obtain community support. This includes the support received from teachers when parents are not able to cope (Laird & Kuhn, 2014) These challenges are heightened when community support towards developing supportive relationships is neglected by not reporting criminal offenses, drug exploitation and violent behaviour, Learners are easily pressurised into using substance as it is  a part of their normal daily lifestyle (Morojele, 2016).

There has been an increase in mental health users using substances over the past 30 years. Some predisposing factors for the increase  include childhood trauma, genetic factors and illicit substance use (Lai, Cleary, Sithartan, Hunt, 2016).

Anecdotal evidence suggests that the learners from the two selected high schools in this study also identified a lack of community and teacher support. This was attributed to learners coming from diverse ethnic communities. A language barrier was reported when offering support to learners from the diverse ethnic groups. Teachers are required to assist and facilitate learners through appropriate channels by using the correct pathways of communication namely, social workers, non-governmental organisations and mental health establishments (Potberg & Chetty, 2017). Communities should be educated and resources used to support learners and

families who require supportive aid and financial assistance. Teachers should be trained to identify learners at risk of substance use and how to cope with challenges. Health promotion and coping skills to parents of learners living in the Cape Flats thereby providing supportive networks (Chetty, 2015). Learners whose parents support them at school perform better academically and feel more motivated to abstain from high risk behaviour (Song, Bong, Lee, Kim, 2015).

## 2.4  Summary

The literature review  describes literature on learner perceived social support. If this is positive  from friends,'teachers and family, learners feel more confident and perform better at school. Learners who perceive social support in a negative manner tend to gravitate towards high-risk behaviour. Due to the increase and availability of substances for use, learners whose perception of social support is deemed positive when associating with delinquent behaviour are often found to have a lack of supportive parents and teacher engagement.

Chapter 3 will discuss the research design and research method.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter will discuss the methods used to meet the objectives of this study. The study comprised a quantitative, descriptive survey design, to understand what support networks learners at risk of substance use receive at two high schools in the Cape Metropolitan area. The research approach and the methodology used namely, population, sampling, sample, sample size, instrument used to collect the data, validity and reliability of the instrument and ethics considerations are discussed. A description of the data analysis conducted is alluded to.

## 3.2 Research Setting

The Cape Metropolitan area is in the Western Cape Province and consists of many areas including a 294km a coastline which stretches from Gordons Bay to Atlantis and "Cape Flats areas" including Athlone, Mitchells Plain and Khayelitsha (Figure 3.1).

The researcher conducted the study at two schools, School A and School B (actual names not used for anonymity) that form part of the Cape metropolitan area and is located in the 'Cape Flats' in the southern suburb area, inland from the Cape Peninsula, Cape Town. During Apartheid the Cape Flats was used as a dumping ground for people of colour. The Cape Flats therefore consists of different low socio-economic areas which are home to many social ills such as poverty, gang violence and drugs. The geographical location of School A and B form part of Athlone, which

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is a smaller suburb located within the east side of the Cape Flats. School A is situated in Silvertown, close to the Athlone stadium, while School B is situated in Belgravia diagonally across from Silvertown.

School A and B are both public secondary schools who cater for learners from any demographic area as the curriculums include Xhosa, English and Afrikaans. The learners who attend the school reside in the surrounding low -socio economic communities. These schools receive support from a Non Governmental Organization (NGO) Life Choice, for learners who present with psychological challenges. A counsellor is appointed once a week to do HIV counselling. They also have a psychologist and social worker who provide weekly counselling.  Learners are required to pay a small fee for counselling services received from another NGO, the South African National Council on Alcholism and Drug Dependency (SANCA).  The learners therefore relapse from the program as their parents cannot afford the counselling service fee.

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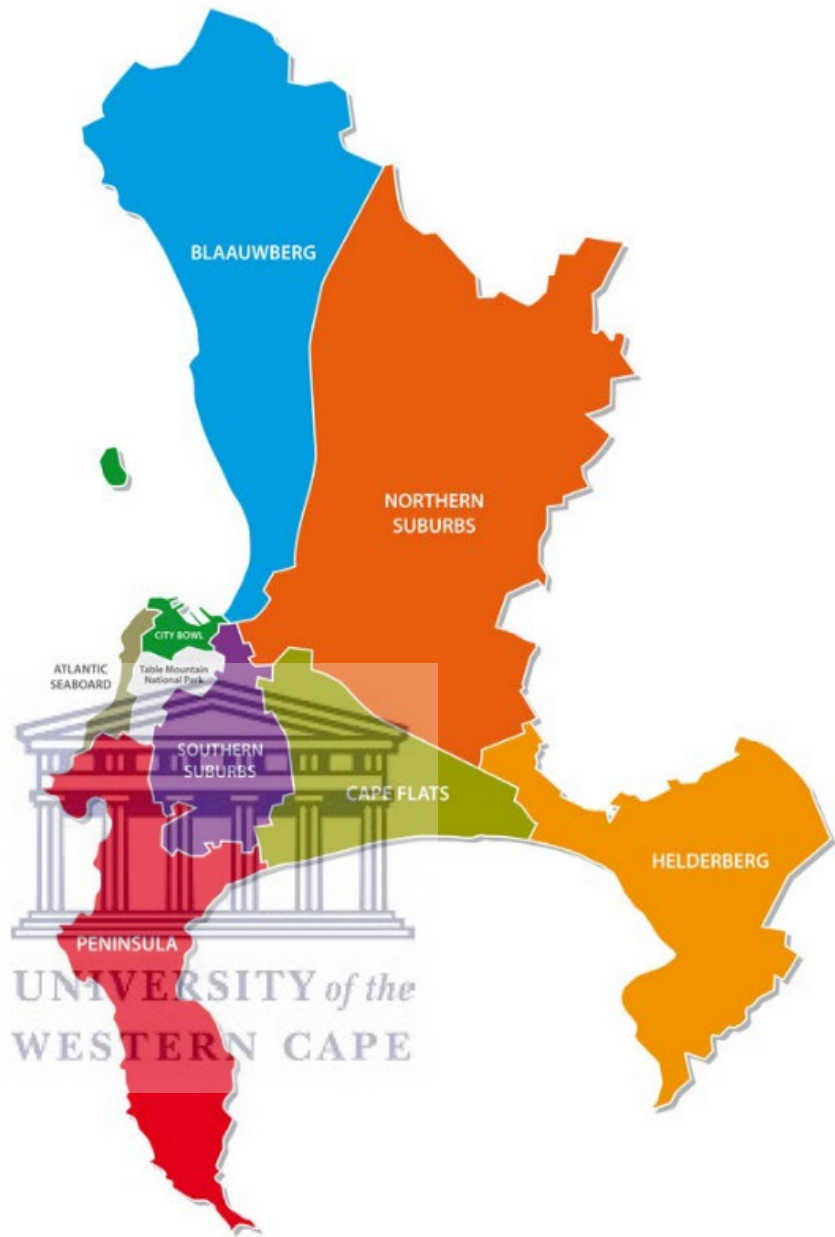
Figure 3.1 Map of Cape Town

**3.3 Research approach**

A quantitative approach was used to achieve the aim of identifying the perceived support networks at two high school in the Cape Metropolitan area.

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Quantitative research allows the researcher to measure or count the data aspects. This approach connects and ameliorates three or more variables namely,' identify cause and effect relationships, incidence, and the connection between two or more ideas' (Grove, 2017).

3.3.1 Research design

According to Burns, Grove, and Grey (2017), research design allows the researcher to receive the most accurate description to answer the research question, which improves control over constituents which may hinder or alter the findings and validity. The research design also formulates the structure to gain subjects, obtain data, examine, and translate the data.

3.3.2 Descriptive research

A descriptive, survey design was used to achieve the aim of the study. Descriptive designs are used when the participants need to identify real life circumstances of a particular situation.

According to Burns, Grove, and Grey (2017), descriptive research is conducted to answer a question related to incidents, prevalence, or frequency of occurrence. It seeks to understand the phenomenon in greater detail as what would happen in a natural setting.

**3.4 Research methods**

The population, sample, sampling method and the sample size is alluded to in the following sections.

3.4.1 Population

The population of a study is referred to as an entire group of individuals, objects, or entity that the researcher has identified for his own interests (Brink, 2012, Jhangiani, et al 2019).

The population for this study was all learners from grade 8 -12 at the two selected high schools. School A consisted of 697 learners and School B at 909. Learners who attended the schools were perceived to be vulnerable to high- risk behaviour especially in the Cape Flats due to prevalence of substance use amongst youth (Dada et al., 2016). The researcher wanted to identify the supportive networks at two individual schools at high risk for substance use.

 *Inclusion criteria:* All learners that attended the selected high schools. Learners whose parents under the age of 18 who gave consent for their participation in the study. Learners under the age of 18 who provided assent as that indicated their willingness to participate in the study. Learners over the age of 18 who participated signed their own informed consent forms.

*Exclusion criteria*: All learners that did not obtain consent from their parents but were willing to participate and vice versa.


3.4.2 Sample, sampling and sample size

Sampling is the process whereby a sample is selected from the population of interest to gain information about relating to the study (Brink,et al 2012, Jhangiani, et al 2019).


Convenience sampling was used to select the sample from School A and B as the number of learners at school were limited due to the Covid restrictions. Convenience sampling is using learners that are present and able to participate in the study (Gray

et al., 2017). At School A, the different grades  attended school twice weekly, and therefore the researcher conducted the study with learners who were keen to participate and obtain informed consent. School B divided their classes into males and females, with both genders attending school on separate days, twice weekly. The researcher handed out 325 questionnaires at School A and 325 questionnaires at school B for incomplete or non-consent. Raosoft sample size calculator was used to calculate the sample size. Margin = 5%, Confidence interval = 95%, population size = 1606.  Based on the calculation, the recommended sample size for this study was 518 learners. Formulae: x=Z(c/100)2r(100-r)n=N x/((N-1)E2 + x)E=Sqrt[(N - n)x/n(N-1)]

Table 3.1: Sample size of respondents

| Setting | Number of learners | Sample size |
|---------|-------------------|-------------|
| School A | 909 | 272 |
| School B | 697 | 246 |

## 3.5  Data collection

Data collection is defined as the process whereby the researcher collects information and measures it to discuss the research problem (Polit, 2012). The instrument including reliability and validity are discussed below.

3.5.1 Data collection instrument

The Multidimensional Scale of Perceived Social support (MSPSS) developed by Zimet, Powell, Farley, Werkman, & Berkoff, (1990) was adapted to collect data to meet the aim of this study. The MSPSS was initially developed to determine the sources of perceived social support from friends, significant others and family.

The MPSS consisted of two sections- Section A, 5 questions on demographic data and Section B, 12 questions on perceived social support.

Section A:  Demographics data, namely, age, gender, grade, area where respondent lives, main care giver.

Section B: 12 close-ended questions in a 7-point Likert scale type questionnaire which relates to perceived social support from three domains: friends, special person and family. The MSPSS scale was adapted by replacing the word 'special person' with the word 'teacher'. The questions remained the same. The scoring key for the MSPSS is depicted in Table 3.2

Table 3.2: MPSS Scoring key

| Mean value | Score |
|------------|-------|
| 1 - <3 | low |
| 3 - <5 | moderate |
| 5 – 7 | high |

3.5.2 Rigour

Reliability refers to how accurately an instrument is measured over time. If a researcher performs a test repeatedly within the same setting, he should receive the same results as previously (Heale & Twycross, 2015). The MSPSS has been proven to have good internal reliability when first used on a study for sources of perceived support in undergraduate learners (Zimet, Dahlem, Zimet, Gordon, & Farley, 1998). A study conducted by Edwards (2004) assessed the psychometric properties for MSPSS of social support within Latino students. The complete MSPSS displayed Cronbach's alpha 0.86 depicting a high consistency amongst the 7 – point Likert scale.

Validity of an instrument refers to how accurately the concept within a study is measured (Heale & Twycross, 2015). Table 3.3 depicts the validity table with objectives and the items on the questions which were used to measure perceived social support received from friends, teachers and family.

Table 3.3: Validity table

| Objectives | items |
|---|---|
| To determine the social support learners at risk of substance abuse received from friends. | 6,7,9,12 |
| To determine the social support learners at risk of substance abuse received from teachers. | 1,2,5,10 |
| To determine the social support learners at risk of substance abuse received from family | 3,4,8,11 |

3.5.3 Pre-test

 A pre-test assists the study as it is conducted prior to the main study to assess any faults and whether the instrument used requires any further interventions to ensure quality and efficiency. The pre-test was conducted using ten participants from school B from grade 8 till 12. The aim of the pre-test was to assess the efficiency of the study through collecting the required information which includes the validity, reliability and understanding the questions. No changes were made to the questions in the questionnaire which was deemed clear, valid and reliable. Data collected during the pretest was not used for the main study.

3.5.4 Data collection process

Data which is collected in a quantitative study provides a precise evaluation of a structured collection of information pertinent to the research aims, objectives, research question and hypothesis relevant to the study (Gray, 2017). The data collection

process allows the researcher to foresee any possible complications within the study and apply preventative measures (Gray, 2017).

Data collection was delayed due to COVID – 19 restrictions and thus collection occurred between August and October 2021.

Data collection commenced after ethics approval was obtained from the Human and Social Sciences Research Ethics Committee at the University of the Western Cape (Appendix A) and permission from the Western Cape Department of Education (Appendix B). Due to Covid 19 restrictions, the selected schools' governing bodies granted permission to access the learners in August 2021. The principals of both schools requested that the researcher conduct a meeting with the Life Orientation teachers to explain the study and obtain buy in. There was resistance from the senior teachers as gatekeepers to become engaged in the study. This warranted repeated visits from the researcher to build rapport. Eventually after much deliberation and explanation of the study, co-operation was obtained. Initially the two schools secretaries were tasked to send out the information sheets(Appendix C & D ), parental consent (Appendix F) and assent forms (Appendix E) to all the learners to request parental consent from the legal guardians and caretakers for learner participation in the study. However, this was ineffective due to secretary's workload and commitment. The researcher then disseminated the forms to the learners. The  principals at the selected high schools requested  the researcher to provide a presentation on mental health awareness during the life orientation class sessions prior to disseminating study information. This was seen as a trade-off for participation in the research study and the researcher conducted the presentations. The data collection process was onerous due to the Covid 19 restrictions as this dictated how and when questionnaires would

be completed. There was also restrictions on how the learners attended school. School A had class for the girls of each grade on Mondays and Wednesdays while the males had classes on Tuesdays and Thursdays to ensure social distancing. The greatest challenge in obtaining parental consent and assent was that the learners lost the parental consent forms or were absent from school. Absenteeism was rife in school B for grades seven and nine who attended school on Mondays, Wednesdays and Fridays. The same situation occurred for grades eight, ten and twelve who attended school on Tuesdays and Thursdays. The researcher would attend the school the entire day and struggled to receive the parental consent forms from learners. The researcher also struggled to obtain the completed parental consent forms from potential respondents in school A due to absenteeism, learner disinterest and disruptive learner behaviour. Three hundred information sheets, consent and assent forms were given to learners at each school. However, due to absenteeism or learners losing both forms, 650 forms were eventually given to learners at each school.

Transparency about the date, time and purpose of the study including the sampling selection were explained in the information sheet that accompanied the consent form. Legal guardians and caretakers were required to complete the consent forms two weeks prior to the data collection date. The purpose, duration and how to complete the questionnaire were explained before commencement of the data collection. The researcher explained to the learners how respondents were selected. Learners were assured that confidentiality and anonymity would not be breached and always protected. Voluntary participation in the study was explained. The learners were familiar with the process of accessing the counsellor if this was necessary. Prior arrangements had been made for a counsellor to be on standby during the study. Due to capacity and Covid 19 restrictions, learners completed the questionnaires during

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the Life Orientation period following standard Covid protocols of, hand and desk sanitisation, wearing masks and practising social distancing.

It took approximately 20 minutes to explain the study and disseminate the questionnaires to the respondents. Pens were available for use by learners to complete the questionnaire. If the learners did not wish to participate during in the study, they were not coerced. All learners who had returned the consent and assent forms were encouraged to participate in the study to ensure an acceptable response rate. After completion, the questionnaires were collected and placed in a sealed box with a slit on the top.

The total number of completed questions collected at each school after 3 months were, 44 questionnaires from school A and 171 questionnaires from school B.

### 3.6 Data analysis

After completion of the data collection process, all the questionnaires were assessed for errors or incomplete answers. The questionnaires were then numbered and coded. A code book  was produced to assist with data capturing and examining the data.

SPSS version 25 was used to analyse the data after it had been captured into SPSS. A statistician and colleague who had experience in data analysis assisted the researcher with analysing the data. Descriptive statistics were used to analyse the data. Graphs and percentages were  used in the presentation of the data. The demographic data of the respondents was summarized by frequencies and proportions for categorical variables and the continuous variables were summarized by means and standard deviation. The summary statistics of the learners were

stratified based on the school they belong to. However these were reported as a cohort.

Analysis of the MSPSS involved item analysis on all the respondents who participated in the study. The analysis included a description of the frequency and proportions of the learner's response to the items per each response category of the 7-point Likert scale; description of the score distribution for the MSPSS subscales (Friends, Teacher, Family). The association between the items was determined using inter-item correlation while the association between the MSPSS subscales was evaluated with inter-subscale correlation.

### 3.7 Ethics
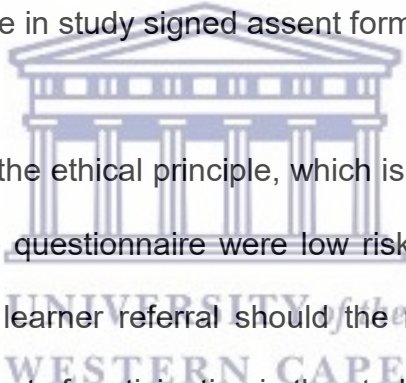
Ethics is an important aspect of research and deals with human moral and values. It distinguishes between acceptable and unacceptable behaviour which can cause the researcher to be held accountable for unethical behaviour namely, displaying the name of participants who wish to remain anonymous (Maier, 2017; Resnik, 2015).
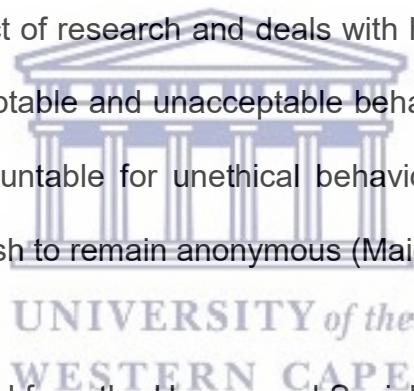
Ethics approval was obtained from the Human and Social Sciences Research Ethics committee at the University of the Western Cape. Approval to conduct the study at both high schools within the Cape Flats was received from the Western Cape Department of Education (Appendix B)  and permission to access the learners  at each school was facilitated by both the principal and school governing body.

Autonomy and informed consent: This study involved minors between the age of 12 to 18 years. Parental consent as well as respondent assent was required prior to data collection as the respondents were minors. Learners who were older than 18 and

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volunteered to participate in the study signed informed consent. Research which involves sensitive topics such as drug use, can waiver parental or substitute permission if evidence can be showed that the community has provided such permission (Resnik, 2015). In this study, permission was obtained from the school governing body as well. Letters were sent out to all legal guardians and caretakers informing them of the study, the researcher's contact details were on the information sheets for learners and parents. This included the ethics considerations and guidelines of the study. Contact details were provided on the information sheet which meant that parents were able to contact the researcher if they were concerned about the study. Learners who parents or legal guardians did not sign the consent form or refuse for their child to participate in the study were excluded from the sampling frame. Learners who were willing to participate in study signed assent forms.

Beneficence is derived from the ethical principle, which is to do good (Resnik, 2015). The questions posed on the questionnaire were low risk. Prior arrangements were made with a counsellor for learner referral should the need arise. Learners were informed that they could opt out of participating in the study at any time without fear of reprisal from the researcher or teachers.

Anonymity and confidentiality: The researcher assured learners that confidentiality would not be breached and that their names would not be associated with the study. The researcher explained that their names would not be placed on the questionnaire and that all questionnaires would be safely locked up in a cabinet whereby only the researcher had access.

Principle of respect for persons: The researcher ensured that all parents of learners under the age of 18 gave permission to participate in the study and no coercion was used. All information letters and consent forms addressing the study were sent out to the parents and learners, two weeks prior to the commencement of the study. Learners who wished to participate in the study participated on their own accord and were able to leave the study at any time (Brink, 2012, Jhangiani, et al 2019).

Principle of justice: The researcher ensured that each respondent who participated with the study received fair and equal treatment (Brink, 2012, Jhangiani, et al 2019). Participants did not receive special treatment when being selected to participate in the study. All learners that initially communicated they wished to participate in the study were not discriminated against or treated differently upon deciding not to participate. Right to privacy: The researcher ensured that no names were on the questionnaires and each participant questionnaire was kept confidential. The researcher did not collect any unnecessary data from the participants.
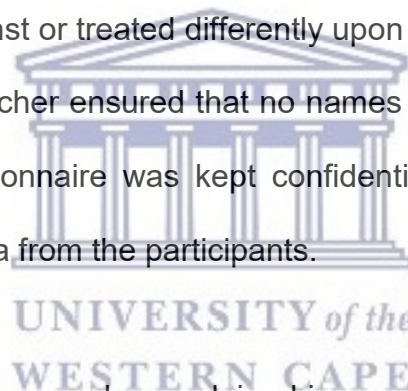
Right to full disclosure: The researcher explained in person and also gave a detailed description of the study on the learner and parent information sheet to all respondents. The researcher also explained the study to all respondents before commencement of data collection. All respondents were fully aware of the responsibility of the researcher and associated low risk. They were also informed they could leave the study at any time should they no longer wished to participate in the study.

**3.8 Summary**

The research design and research methods used to achieve the aim of the study was discussed. The research setting was described. Research methodology which included the study population, sampling and sample size was alluded to. Data collection which included a description of the data collection instrument, reliability and validity, data collection process, data analysis as well as the ethics considerations were described.

The following chapter (Chapter 4) describes the research findings and presents a discussion of the findings with an empirical context.



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# CHAPTER 4

# RESEARCH FINDINGS AND DISCUSSION OF THE FINDINGS

## 4.1 Introduction

In this chapter, the research findings and a discussion of the findings is presented. The aim of the study was to investigate the perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area. The objectives to achieve the aim of the study were:

- to determine the social support learners at risk of substance abuse received from friends;

- to determine the social support learners at risk of substance abuse received from teachers and

- to determine the social support learners at risk of substance abuse received from family.
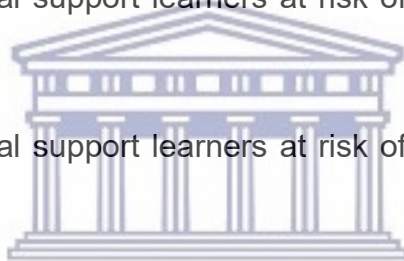
This chapter is presented as follows:

Section A: Demographics

Section B: Results of the Multidimensional Scale of Perceived Social Support (MSPSS)

Section C: Discussion of the findings

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**Section A: Demographics**

**4.2 Sample realisation and demographics**

A total of 650 invitations were sent (325 at each school), of which 230 learners participated in the study yielding a response rate of 39.7%. Of the 230 questionnaires 15 were incomplete and discarded, and 215 were completed (n=44 at school A and n = 171 at school B).

Slightly more than a third (78, 36.3%) of the respondents who participated in the study were under the age of 15 years. Seventy two respondents (33.5%) were 18 years and above in age. The overall mean age of the respondents was 16.4 year (±1.8). The mean age of respondents in school A was 17.4 years and school B was 16.2 years. More than half (130, 60.5%) of the respondents were females and 85 (39.5%) were male. Less than a quarter (30,39.5%) of the respondents were in grade 8 while 72 (35.3%) were in grade 12.

With regards to care givers, less than half (44.2%,95) of the respondents reported that they lived with their parents while 80 (37.2%) reported living with their mothers. Of the respondents who participated in the study, 11.6% (n=25) lived with their fathers, 4.7% (n=10) lived with their grandparents and 0.5% (n=1) lived in foster care (Table 4.1).

Table 4.1: Demographic characteristics of respondents

| Variable | | Overall (N=215) | | School A (N=44) | | School B (N=171) | |
|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % |
| **Gender** | Male | 85 | 39.5 | 18 | 40.9 | 67 | 39.2 |
| | Female | 130 | 60.5 | 26 | 59.1 | 104 | 60.8 |
| **Grade** | | | | | | | |
| | 8 | 30 | 14.0 | 2 | 4.5 | 28 | 16.4 |
| | 9 | 28 | 13.0 | 0 | 0 | 28 | 16.4 |
| | 10 | 47 | 21.9 | 9 | 20.5 | 38 | 22.2 |
| | 11 | 34 | 15.8 | 8 | 18.2 | 26 | 15.2 |
| | 12 | 76 | 35.3 | 25 | 56.8 | 51 | 29.8 |
| **Care giver** | | | | | | | |
| | Mother | 80 | 37.2 | 23 | 52.3 | 57 | 33.3 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Father | 25 | 11.6 | 4 | 9.1 | 21 | 12.3 |
| | Grandparent | 10 | 4.7 | 2 | 4.5 | 8 | 4.7 |
| | Foster care | 1 | 0.5 | 0 | 0 | 1 | 0.6 |
| | Father and mother | 95 | 44.2 | 14 | 31.8 | 81 | 47.4 |
| | others | 4 | 1.9 | 1 | 2.3 | 3 | 1.8 |
| **Age (years) mean (sd)** | | 16.4(1.8) | | 17.4(1.5) | | 16.2(1.8) | |
| **Age group** | | | | | | | |
| | <=15 | 78 | 36.3 | 7 | 15.9 | 71 | 41.5 |
| | 16 to 17 | 65 | 30.2 | 11 | 25.0 | 54 | 31.6 |
| | >=18 | 72 | 33.5 | 26 | 59.1 | 46 | 26.9 |

**Section B: Multidimensional Scale of Perceived Social Support (MSPSS)**

The overall scores according to the three domains is alluded to followed by the findings of the three domains, Domain 1: Social support from friends, Domain 2: Social support from teachers and Domain 3: Social support from family, relating to the sources of perceived social support. Associations between the demographic variables and results of the sources (friends, teachers, family) of social support are also depicted. Table 4.2 depicts the frequency distribution across all the items of the MPSS.

### 4.3 Perceived Social Support

Perceived social support was measured by 12 items classified into 3 domains, friends support, teacher support and family support.

4.3.1 Overall perceived level of support

The overall perceived level of social support was (4.60/7, ±1.09) as depicted in Table 4.3. When classifying the level of support, more than half of the respondents (116, 53.95%) reported moderate support and 81 (37.67%) reported high support. Only 18 respondents reported low support. The average age in each support group can be seen in Table 4.2.

Table 4.2 Overall support categories

| Support | n (%) | Average age Mean (sd) |
|---|---|---|
| Low support (1-<3) | 18 (8.37%) | 15.50 (1.72) |
| Moderate (3-<5) | 116 (53.95%) | 16.41 (1.75) |
| High support (5-7) | 81 (37.67%) | 16.58 (1.81) |
| total | 215 | 16.40 |

When comparing the support groups by gender, except for high support, males were

the bigger proportion in both low and moderate support (Table 4.3).

Table 4.3 Gender (overall support)

| What is your gender? n (%) | Low support n (%) | Moderate support n (%) | High Support n (%) |
|---|---|---|---|
| Males | 8 (9.4) | 47(55.3) | 30(35.3) |
| Females | 10(7.7) | 69(53.1) | 51(39.2) |
| Total | (8.4) | 116(54) | 81(37.7) |

When comparing the subgroups, the perceived level of social support was highest in

the friend subgroup (5.08, ±1.59), followed by the family subgroup (5.06, ±1.50),

significantly lower in the teacher subgroup (3.65, ±1.57) (Table 4.4 and Figure 4.1).

Table 4.4 Average scores for perceived social support domains (n=213)

| Source of support | N | Mean | Standard deviation |
|---|---|---|---|
| Teacher support scale | 215 | 3.65 | 1.57 |
| Family support scale | 215 | 5.06 | 1.50 |
| Friend support scale | 215 | 5.08 | 1.59 |
| Overall support | 215 | 4.60 | 1.09 |
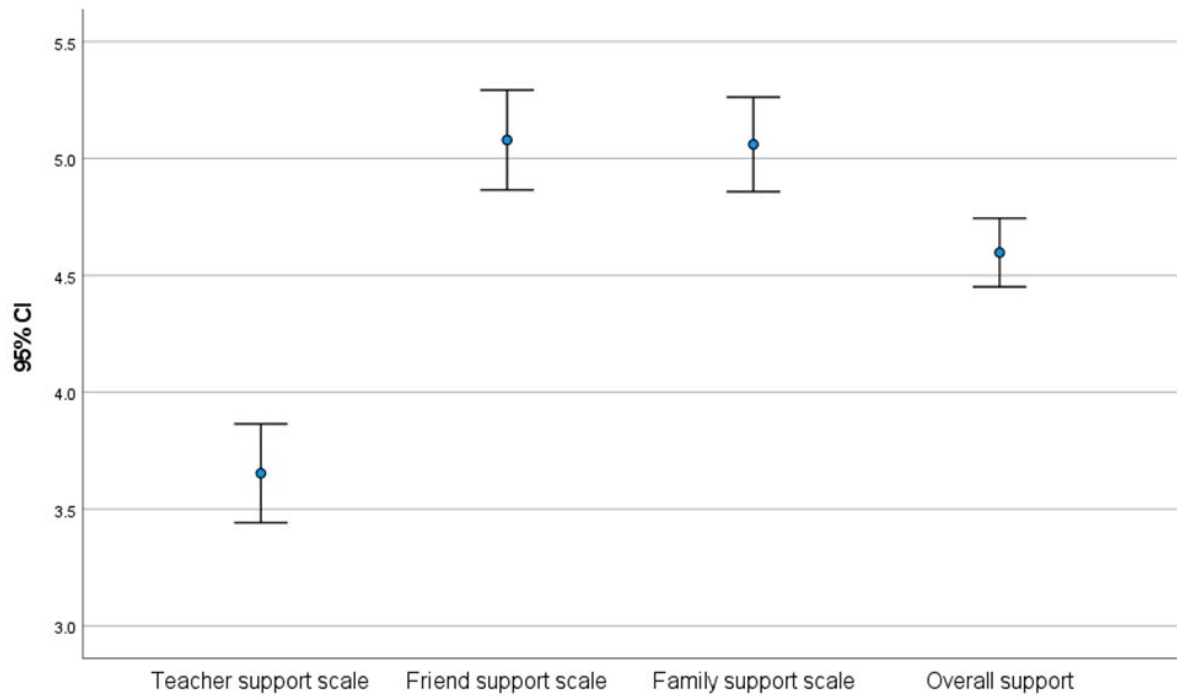
Figure 4.1 Overall perceived support by domain

The level of agreement by domain and individual items can be viewed in Table 4.5.

Table 4.5: MSPSS items frequency distribution of responses

| MSPSS item | Very Strongly Disagree n (%) | Strongly Disagree n (%) | Mildly disagree n (%) | Neutral n (%) | Mildly agree n (%) | Strongly agree n (%) | Very strongly agree n (%) |
|---|---|---|---|---|---|---|---|
| **Friend** | | | | | | | |
| I can count on my friends when things go wrong. | 18 (8.4) | 15 (7.0) | 15 (7.0) | 32 (14.9) | 39 (18.1) | 48 (22.3) | 48 (22.3) |
| I have friends with whom I can share my joys and sorrows. | 15 (7.0) | 5 (2.3) | 5 (2.3) | 27 (12.6) | 34 (15.8) | 56 (26.0) | 73 (34.0) |
| My friends really try to help me. | 18 (8.4) | 5 (2.3) | 14 (6.5) | 39 (18.1) | 43 (20.0) | 39 (18.1) | 57 (26.5) |
| I can talk about my problems with my friends. | 18 (8.4) | 10 (4.7) | 9 (4.2) | 37 (17.2) | 48 (22.3) | 15 (7.0) | 78 (36.3) |
| **Teacher** | | | | | | | |
| There is a teacher who is around when I am in need. | 32 (14.9) | 12 (5.6) | 30 (14.0) | 57 (26.5) | 43 (20.0) | 20 (9.3) | 21 (9.8) |
| There is a teacher with whom I can share joy and sorrow. | 47 (21.9) | 30 (14.0) | 28 (13.0) | 47 (21.9) | 18 (8.4) | 21 (9.8) | 24 (11.2) |
| I have a teacher who is a real resource of comfort to me. | 43 (20.0) | 38 (17.7) | 23 (10.7) | 50 (23.3) | 23 (10.7) | 21 (9.8) | 17 (7.9) |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| There is a teacher who cares about my feelings. | 46 (21.4) | 27 (12.6) | 16 (7.4) | 57 (26.5) | 31 (14.4) | 22 (10.2) | 16 (7.4) |
| **Family** | | | | | | | |
| My family really tries to help me. | 5 (2.3) | 7 (3.3) | 10 (4.7) | 32 (14.9) | 21 (9.8) | 59 (27.4) | 81 (37.7) |
| I get the emotional help and support I need from my family. | 13 (6.0) | 13 (6.0) | 17 (7.9) | 34 (15.8) | 37 (17.2) | 45 (20.9) | 56 (26.0) |
| I can talk about my problems with my family. | 32 (14.9) | 17 (7.9) | 22 (10.2) | 35 (16.3) | 36 (16.7) | 26 (12.1) | 47 (21.9) |
| My family is willing to help me make decisions. | 11 (5.1) | 6 (2.8) | 12 (5.6) | 36 (16.7) | 33 (15.3) | 48 (22.3) | 69 (32.1) |

As can be seen in Figure 4.2, *My family tries to help me* was significantly higher rated than all other items except for *My family tries to help me* and *I got friends with whom I can share my joys and sorrow.* The individual items rating teacher support was significantly lower.
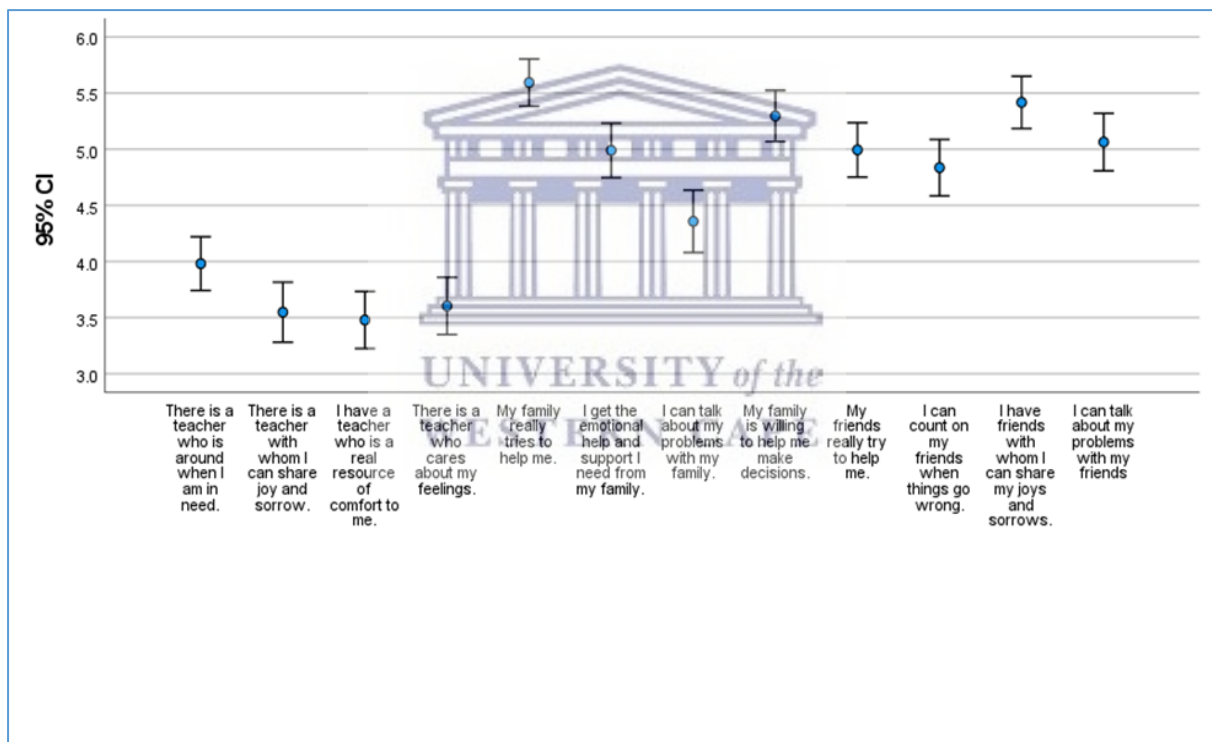


Figure 4.2 MSPSS items frequency distribution of responses

## 4.3.2 Perceived level of Friend support

Four items were used to describe Friend support (Table 4.6). The highest rated item was *I have friends with whom I can share my joys and sorrows* (5.42, ±1.73), followed by *I can talk about my problems with my friends* (5.07, ±1.91). The lowest rated item was *I can count on my friends when things go wrong* (4.84, ±5.09) (Table 4.6).

Table 4.6 Friend support

| Statements | Mean | Standard deviation | LCI | UCI |
|---|---|---|---|---|
| I have friends with whom I can share my joys and sorrows | 5.42 | 1.73 | 5.19 | 5.65 |
| I can talk about my problems with my friends | 5.07 | 1.91 | 481 | 5.32 |
| My friends really try to help me | 5.00 | 1.80 | 4.75 | 5.24 |
| I can count on my friends when things go wrong. | 4.84 | 1.87 | 4.59 | 5.09 |

LCI and UCI 95%

In the Friend domain, similar to the overall support categories, most of the respondents reported having moderate support (116, 53.95%) and high support (81, 37.67%) (Table 4.7)

Table 4.7 Level of Friend support

| Friends support categories | N |
|---|---|
| Low support | 18 (8.37%) |
| Moderate | 116 (53.95%) |
| High support | 81 (37.67%) |
| Total | 215 |

In Friend support domain, there was lower support for male respondents compared to female respondents in the high support category, females 81(62.3%) vs males 43(50.6%).

Table 4.8 Gender (Friend support)

| What is your gender? n(%) | Low support n(%) | Moderate support n(%) | High support n(%) |
|---|---|---|---|
| Male (n=85) | 10(11.8) | 32(37.6) | 43(50.6%) |
| Female (n=130) | 9(6.9) | 40(30.8) | 81(62.3%) |
| Total (215, 100) | 19(8.8) | 72(33.5%) | 124(57.7%) |

4.3.3 Perceived level of Teacher support

Four items were used to describe Teacher support (Table 4.9). The highest rated item was *there is a teacher who is around when I am in need*, (3.98, ±1.78) followed by, *a teacher who cares about my feelings* (60, ±1.89), with the lowest being *a teacher with whom I can share my joy and sorrow*, (3.55, ±1.99) lastly, *I have a teacher who is a real source of comfort to me*, (3.48, ±1.89).

Table 4.9 Teacher support

| Statement | Mean | Standard deviation |
|---|---|---|
| There is a teacher who is around when I am in need. | 3.98 | 1.78 |
| There is a teacher who cares about my feelings. | 3.60 | 1.89 |
| There is a teacher with whom I can share joy and sorrow. | 3.55 | 1.99 |
| I have a teacher who is a real resource of comfort to me. | 3.48 | 1.89 |

In the Teacher support domain, most of the respondents reported having moderate support (94, 43.72%) and low support (78, 36.28%) (Table 4.10)

Table 4.10 Level of Teacher support

| Support categories | N (%) |
|---|---|
| Low support | 78 (36.28%) |
| Moderate | 94 (43.72%) |
| High support | 43 (20%) |
| Total | 215 |

According to gender, in the Teacher support domain, perceived social support was rated lower in females (48, 36.9%) than males (30, 35.3%). Moderate support is rated higher in males (40, 47.1%) than females, (54, 41.5%). High support was rated more in females (28, 21.5%) than in males (15, 17.6%).

Table 4.11 Gender (Teacher support)

| What is your gender? n (%) | Low support n (%) | Moderate support n (%) | High Support n (%) |
|---|---|---|---|
| Male 85 (39.5) | n=30(35.3) | n=40(47.1) | n=15(17.6) |
| Female 130 (60.47) | n=48(36.9) | n=54(41.5) | n=28(21.5) |
| Total 215 (100) | n=78(36.3) | n=94(43.7) | n=43(20) |

4.3.4.Perceived level of Family support

Four items were used to describe Family support (Table 4.12). The highest rated item was *My family really tries to help me* (5.60, ±1.56) followed by *My family is willing to help me make decisions* (5.30, ±170). The lowest rated items were *I get the emotional help and support I need from my family* (4.99, ±180) and *I can talk about my problems with my family* (2.36, ±2.07) respectively.

Table 4.12   Family support

| Statement | Mean | Standard deviation | 95% lower CL for mean | 95% lower CL for mean |
|---|---|---|---|---|
| My family really tries to help me. | 5.60 | 1.56 | 5.39 | 5.81 |
| My family is willing to help me make decisions | 5.30 | 1.70 | 5.07 | 5.53 |
| I get the emotional help and support I need from my family. | 4.99 | 1.80 | 4.75 | 5.23 |
| I can talk about my problems with my family. | 4.36 | 2.07 | 4.08 | 4.64 |

In the Family support domain, most of the respondents reported having high support

(123, 57.21%) and moderate support (78, 32.59%) (Table 4.13)

Table 4.13 Level of Family support

| Family support categories | n (%) |
|---|---|
| Low support | 22 (10.23) |
| Moderate | 70 (32.59) |
| High support | 123 (57.21) |
| total | 215 |

According to gender, in the Family support domain, perceived social support was rated

lower in females (17, 13.1%) than males (5, 5.9%). Moderate support is rated slightly

higher in females (43, 33.1%) than males, (27, 31.8%). High support was rated more

in males (53, 62.4%) than in females (70, 53.8%).

Table 4.14 Gender (Family support)

| What is your gender? n (%) | Low support n (%) | Moderate support n (%) | High support n (%) |
|---|---|---|---|
| Male 85 (39.5) | n=5 (5.9) | n=27 (31.8) | n=53 (62.4) |
| Female130 (60.47) | n=17(13.1) | n=43 (33.1) | n=70 (53.8) |
| Total 215 (100) | n=22 (10.2) | n=70 (32.6) | n=123 (57.2) |

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**Section C: Discussion of the findings**

In this section, the findings are discussed and placed within an empirical context.

**4.4 Discussions of findings**

The role of family, peer and school support in contributing to mental well-being of children and adolescents has been well established in the literature (Butler et al 2022, Chu 2010, Morgan 2008).

Most of the learners who participated in the study were under 15 years of age followed by learners over the age of 18. According to a survey in 2021, 3% of learners under the age of 15 years and 9% of learners under the age of 17 dropped out of school. Although the schools are filled with learners over the age of 18 and 19, for every 10 learners, 3 will drop out of school, and for every 9 learners 4 will drop out of school (Department of Basic Education, 2022). Learners who do not often feel supported by family, friends and teachers tend to navigate towards high- risk behaviours namely, substance use, become disconnected with school academia, remain absent, increased failure rates and eventually lead to high school dropouts (Weybright et al., 2017).

The age of learners showed no significant difference when it came to the mean age of overall support from teacher, family, and friends. Low support in both family 15.86% and friends 15.50% were slightly less in the mean age category of learners. Erickson's theory of a learner's developmental stage, identity verse role confusion explains how important it is that learners require positive family, teacher and friends support during their adolescent age from 12-18 (Eriksson et al., 2018).

Gender amongst teachers within the perceived social support was similar however friends and family support were significantly different. The females received less family support than males. However, more than 60% of females reported friends support which was higher than males who reported 50.6%. These findings are dissimilar to the findings of a study conducted at a rural high school in Limpopo where females received more parental support than males and males received more peer support than females ( Kubayi, 2014). The findings of this study correlates with another study whereby males have less friend support despite a higher family support, tend to lean towards high risk behaviour such as substance use, more frequently than females(Gordon et al., 2021).

With regards to care giving, most of the learners in this study live with both parents while less than a quarter live with their mother. Single mothers often have less time to spend with learners as they are constantly trying to support their families with one income salary.  When learners have both parents who provide for them,  the family support becomes less challenging (Haghdoost et al., 2014). However, the findings of a research study on social support of both parents and guardian employment verses one parent or guardian employment, showed significant results of how it was not the amount of guardians working but having a "*family member who really tries to help me*" that resulted in the amount, of learners using and not using substances.(Gordon et al., 2021).

This study examined high school learners perceived social support of teachers, family, and friends. Significant findings from this study showed that the perceived social support was different between these three categories of people.

Perceived social support from Friends

The overall findings from perceived support of friends showed that respondents from the category , "*can count on my friends when things go wrong'* showed low support. A South African study that looked at social environment and factors surrounding use of substance use also found that respondents showed the low social support to this subscale. The highest category was *friends with whom I can share joy and sorrow*, mean =5.42. The overall friends support was better than family and teachers. The findings of this study support the Bronfenbrenner's systems theory that while family, friends and school all play an imperative role in the learner's environment, learners often feel supported by friends as they feel their friends understand them better (Potberg & Chetty, 2017). An interesting comparison from this study shows that while the highest support came from respondents *sharing their joy and sorrow* the lowest support came from, *could not count on my friends when things go wrong*. According to a study, adolescents who reside in low socio economic environments tend to be stressed and often rely on friends to assist them thereby being influenced through peer pressure to start using drugs to alleviate their stressors (Somani & Meghani, 2016). Another study identified that negative social support which offers substance use is often associated with adolescents feeling insecure in that friendship and was being bullied. However, positive friend support was identified with adolescents that have reduced risk of substance use and have friends who assist them when they are going through difficult times and whom they can rely on (Branstetter et al., 2011). This study found that respondents received more perceived social support from friends. Respondents who *felt they can talk about problems with friends*, mean=5.07, and *friends really try to help me*, mean=5.00.

A systematic review showed that Peer education has positive impat on addressing risk taking behaviours among adolescents (Dodd et al 2022).  Positive support from friends allows learners to develop a sense of identity, develop trust and support one another to excel at school and helps decrease high risk behaviour thereby learners can discuss their concerns and challenges (van Zyl, 2013).

Perceived social support of teachers

In this study, teacher support was reported as being the lowest in the statement '*there is a teacher who is a source of comfort to me*', mean=3.65. A study which identified the perceived social support from teachers and the challenges experienced at a high school reported that when teachers attempted to show emotional support to learners, they made sarcastic remarks and display belittling behaviour to certain individuals. During this attempt to create a supportive environment, the entire class of learners will separate themselves from the class at that moment and disengage (Strati,  Schmidt & Maier, 2017).The highest perceived social support was reported by respondents who verbalised that *there is always a teacher who is around when I am in need*, mean= 3.98. According to a study that described the experiences of learners learning support at a high school in the Western Cape, some learners verbalised that there were teachers who would assist them with schoolwork, if they were struggling with homework and encourage them to ask questions and attend extra classes after school (Bojuwoye et al., 2014). However, majority of the learners within the study verbalised they were scared to ask their teachers for assistance due to the fear of teachers, negative perceptions of the learners, or that the teachers are too busy to help them, including previous dismissive behaviour that teachers had towards learners. In this study, respondents scored slightly lower with, *there is a teacher who cares about my*

*feelings*, mean= 3.60 followed by, *there is a teacher with whom I can share my joys and sorrows*, mean=3.55. The findings of this study may correlate with a study that looked at the perceptions teachers have towards supportive learning. Many teachers often find it challenging to assist learners with social issues or promote one on one teaching, due to the lack of school support and overcrowded classes within low socio-economic communities. While some teachers promote after school classes, learners are often not able to afford taxi fare to stay after school or have a parent collect them after school. Teachers are not equipped with the necessary skills to provide counselling to learners that undergo trauma or are faced with stressful home situations (Nel et al., 2016).

One important thing to consider is that the MSPSS tool (which was published in the 80's) used the term teacher, whereas the more appropriate term would be educator. Whereas a teacher is merely one who impart knowledge, an educator is responsible for a more holistic approach to the learner (Irby and O'Sullivan 2018). If teachers were to adopt a more holistic approach in being educators, it is possible that higher scores would be obtained for this category of support on the MSPSS tool. Theories of change postulate that through using whole school interventions involving educators and learners could result in change in relational dynamics between educators and learners resulting in better behavioural outcomes (Ponsford et al 2022).

Family Support

The findings from this study showed that from the family category, *I can talk about my problems with my family* showed the least amount of support mean=4.36. These findings can be compared to the findings of a study by Potberg & Chetty, (2017) who

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described the experience of high school dropouts in relation to family, friends, and teachers in the Cape Flats of the Western Cape. This qualitative study correlates with the findings of our study whereby respondents are unable to speak to their parents about problems as some of their parents are single and unemployed, using drugs while others are too focused on being single parent bread winners. The highest category for my family really tries to help me, mean=5.30. A different study which looked at social support of both parents and guardian in relation to substance use reported having the lowest category, for the same question. The findings of their study illustrated learners who are using substance did not feel their family tries to help them(Gordon et al., 2021).

## 4.5 Summary

The overall findings of this study illustrate the respondent's response to perceived social support using 3 subcategories, namely, friends, teachers and family. The findings of this study using the MSPSS play an important role in understanding the perceived social support learners receive within the Cape Metropolitan area. The overall support for the age category presented similar percentage across the age subscale for each category. Gender presented with no significant difference between males and females across each subcategory. However, the female's respondents received more support from their friends than males and less support from family. The overall findings for each subscale category from the respondents showed that friends scored the highest, followed by family and teachers who scored significantly lower.

# CHAPTER FIVE

# CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

## 5.1 Introduction

Substance abuse is a major form of ill mental health, which forms a large part of the burden of disease faced by nurses in general. This study looked at one of the societal determinants of adolescent adoption of substance abuse, name that of perceived social support.

## 5.2 Conclusions

This study found that the MSPSS played an important role in understanding the perceived social support from three sources namely, friends, teachers, and family of respondents attending two high schools in the Cape Metropolitan area.

The overall findings from this study showed that Friend support category received the highest support from all ages, followed by family then teachers. This study also showed discrepancies in support between male and female students. These findings have potential implications for educators who perhaps need to reconsider their approach with learners in order that they may feel more supported. Findings from this research also suggest that support by families for female adolescents need to be addressed, which may also be an indicator of more widespread gender discrimination that exists in our society

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**5.3 Limitations**

The study was conducted during the peak of the Covid 19 pandemic which may have contributed to the types of social support received by learners. Many learners at school B did not participate due to covid restriction and the high rate of absenteeism. The questions were close ended which provided a subjective viewpoint about the types of support received. Finally learners under the age of 18 whose parents did not provide consent were also excluded. This may be a source of bias. Future studies should consider consent waiver for minors.

**5.4 Recommendations**

Recommendations focus on research, in-service training and peer led programmes.

5.4.1 Research

There should be more studies replicated that focus on high school populations within low socio-economic communities as current studies are limited within the Western Cape. Both qualitative and quantitative studies should be conducted to have a broader understanding of the gaps and interventions required to support learners. Follow on research into why learners feel less supported by their teachers/educators need to be looked into.

5.4.2 In-service training

Teachers should attend in-service training to be trained with the necessary skills to assist, identify high risk learners and assist them with emotional and positive social support.

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### 5.4.3 Peer led programmes

Learners should attend peer led programs to equip them with the necessary skills to assist fellow peers and friends with current challenges, identify correct referral services and report it to teachers thereby promoting positive peer relationships and shifting negative behaviour towards positive thinking and decision making.

### 5.4.4 Nursing practice, education

Working in the field of prevention should be part of curricula and practice of nurses, especially those specialising in mental health. School health should be prioritised as an essential practice and learning earlier since many behaviours are learnt during adolescence and childhood. Nurses working specifically in the school environment should be trained to look at the status of learner support in the populations that they serve and look at how this can be optimised.

### 5.4.5 Policy development

Drug use is a major societal challenge and current resources are limited. More money needs to be channelled towards preventive strategies such as looking at how the social support structures for students can be enhanced.

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04 September 2020

Ms KS Cassiem
School of Nursing
**Faculty of Community and Health Science**

**Ethics Reference Number:**          HS20/2/21

**Project Title:**          Perceived social support of learners at risk of substance abuse at two selected high schools within the Cape Metropolitan area.

**Approval Period:**          04 September 2020 -04 September 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

**Please remember to submit a progress report by 30 November each year for the duration of the project.**

*The permission to conduct the study must be submitted to HSSREC for record keeping purposes.*

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias*
*Research Ethics Committee Officer*
*University of the Western Cape*

Director:  Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel:  +27 21 959 4111
Email:  research-ethics@uwc.ac.za

*NHREC Registration Number*:  *HSSREC-130416-049*

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

**Western Cape Government**

Education

Directorate: Research

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tel: +27 021 467 9272
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Private Bag x9114, Cape Town, 8000
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**REFERENCE:** 20210428-2563
**ENQUIRIES:** Dr A T Wyngaard

Miss Sabiyah Cassiem
85 Plettenberg Road
Rylands Estate
7764

**Dear Miss Sabiyah Cassiem**

**RESEARCH PROPOSAL: PERCEIVED SOCIAL SUPPORT OF LEARNERS AT RISK OF SUBSTANCE ABUSE AT TWO SELECTED HIGH SCHOOLS WITHIN THE CAPE METROPOLITAN AREA**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:
1.      Principals, educators and learners are under no obligation to assist you in your investigation.
2.      Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3.      You make all the arrangements concerning your investigation.
4.      Educators' programmes are not to be interrupted.
5.      The Study is to be conducted from **05 May 2021 till 30 September 2021.**
6.      No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7.      Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number.
8.      A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9.      Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10.     A brief summary of the content, findings and recommendations is provided to the Director:  Research Services.
11.     The Department receives a copy of the completed report/dissertation/thesis addressed to:
        **The Director: Research Services**
        **Western Cape Education Department**
        **Private Bag X9114**
        **CAPE TOWN**
        **8000**

We wish you success in your research.

Kind regards.
Signed: Dr Audrey T Wyngaard
**Directorate: Research**
**DATE: 29 April 2021**

Lower Parliament Street, Cape Town, 8001          Private Bag X9114, Cape Town, 8000
tel: +27 21 467 9272    fax: 0865902282          Employment and salary enquiries: 0861 92 33 22
Safe Schools: 0800 45 46 47                      www.westerncape.gov.za

# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
*Tel: +27 21-9599345 Fax: 27 21-959 2679*
E-mail: 3254480@myuwc.ac.za

### INFORMATION SHEET: LEARNERS

**Project Title:** Perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area.

### What is this study about?

This is a research project being conducted by Sabiyah Cassiem at the University of the Western Cape. We are inviting you to participate in this research project because your input is important in understanding the support networks in a high school population. The purpose of this research project is to understand the perceived social support of learners at risk of substance abuse from peers, teachers and family.

### What will I be asked to do if I agree to participate?

You will be asked to stay complete a questionnaire which has 12 questions about the perceived social support that you receive from your peers/friends, teachers and families. at the school within the main hall.

The study will last approximately 10-20 minutes, should you wish to leave the study at any time it will be acceptable. A counsellor will be pre-arranged if you feel embarrassed, sad or are traumatised during the completion of the questionnaire or at any time during your participation in the study as all research carries some risk.

### Would my participation in this study be kept confidential?

The researchers undertake to protect your identity. The survey is anonymous and will not contain information that may personally identify you. To ensure your confidentiality, data will be kept stored on a database which is password protected. Paper copies of the completed questionnaires will be locked in a filing cabinet in the researcher's office.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

### What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any

discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the researchers learn more about social support for learners at risk of substance abuse. We hope that, in the future, other people might benefit from this study through improved understanding of providing social support to learners at risk of substance abuse.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**What if I have questions?**

This research is being conducted by Kouther Sabiyah Cassiem from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Kouther Sabiyah Cassiem at: 85 Plettenberg road, Rylands Estate tel: 0783668044 or email: 3254480@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J. Chipps
Head of Department: School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof Anthea Rhoda
Dean of the Faculty of Community and Health Sciences
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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Ethics Committee

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## INFORMATION SHEET: PARENTS/CAREGIVERS

**Project Title: Perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area.**

**What is this study about?**
This is a research project being conducted by Sabiyah Cassiem at the University of the Western Cape. We are inviting your child to participate in this research project because their input is important in understanding the support networks in a high school population. The purpose of this research project is to understand learners at risk of substance abuse perceived social support from teachers, peers and family.

**What will I be asked to do if I agree to participate?**
You will be required to complete the consent form stating that you agree that your child participate in the study.
Completing the questionnaire takes about 10-20 minutes. Your child may withdraw at any time during the study as it is voluntary. A counsellor will be pre-arranged if your child becomes traumatised during completing the questionnaire as all research carries some risk.

**Would my participation in this study be kept confidential?**
The surveys are anonymous and will not contain information that may personally identify you or your child.
To ensure your confidentiality, data will be kept stored on a database which will be pass word protected. The completed questionnaires will be locked away in a filing cabinet to which only the researcher has access.

If we write a report or article about this research project, no names or identifying data will be included.

**What are the risks of this research?**
There may be some risks from participating in this research study.
All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of consenting to your child's participation in the study. Where necessary, an appropriate referral will be made to a pre-arranged counsellor for further assistance or intervention.

**What are the benefits of this research?**

The benefits to you include creating awareness about social support from teachers, family and friends. This research is not designed to help you personally, but the results may help the investigator learn more about social support for learners at risk of substance abuse.  We hope that, in the future, other people might benefit from this study through improved understanding of social support in substance abuse risk.

**Do I have to be in this research and may I stop participating at any time?**

Your child's and your participation in this research is completely voluntary.  You may choose that your child not to take part at all.  If you decide that your child may participate in this research, he/she may stop participating at any time.  If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

**What if I have questions?**

This research is being conducted by Kouther Sabiyah Cassiem from the School of Nursing at the University of the Western Cape.  If you have any questions about the research study itself, please contact Kouther Sabiyah Cassiem at: 85 Plettenberg road, Rylands Estate **tel:** 0783668044 or email:  3254480@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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**ASSENT FORM**

**Title of Research Project:**

**Perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area.**

The study has been described to me so that I understand what I have to do, and I agree to participate in the above research study. I am happy that any questions I asked have been answered. I understand that my name will not be used on any form and that I may stop participating in the study anytime I choose without giving a reason and that I will not be punished in any way for stopping. My parents/caregiver have given consent that I may participate in this study.

**Participant's name……………………….**

**Participant's signature…………………………….**

**Date………………………**

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## PARENTAL CONSENT FORM

**Title of Research Project:**

**Perceived social support of learners at risk of substance abuse at two selected high schools in the Cape metropolitan area.**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my child's participation will involve and I agree to allow my child to participate of my own choice and free will. I understand that my child's identity will not be disclosed to anyone. I understand that my child may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.
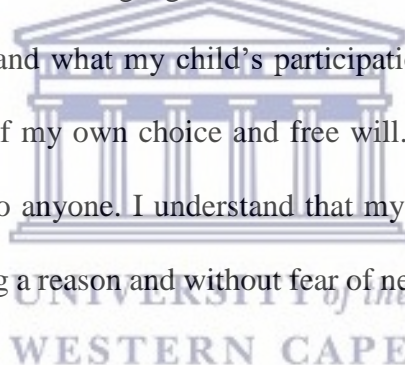
**Participant's name………………………..**

**Participant's signature…………………………….**

**Date………………………**

# QUESTIONNNAIRE

**Section A: Demographic Data**

| Please complete by selecting your response by circling the most appropriate answer. | | |
|---|---|---|
| 1. Age in years…………… | | |
| 1. What is your gender? | 1=Female | 2=Male |
| 2. What grade are you in? | | |
| 3. Which area do you live in? | | |
| 4. Who is the main caregiver (provided financial support)? | 1. Mother | 2. Father |
| | 3. Grandparents | 4. Foster care |
| | 5= Mother and father | 6= Other (please specify) ….. |

**Section B: The Multidimensional Scale of Perceived Social Support(MSPSS)**

| Instruction: We are interested in how you feel about the following statements. Read each statement carefully. Indicate by circling the number on how you feel about each statement. | | | | | | | |
|---|---|---|---|---|---|---|---|
| Items | Very Strongly Disagree | Strongly Disagree | Mildly disagree | Neutral | Mildly agree | Strongly agree | Very strongly agree |
| B1. There is a teacher who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B 2. There is a teacher with whom I can share joy and sorrow. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B3. My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B4. I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B5. I have a teacher who is a real resource of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B6. My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B7. I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B8. I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B9. I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B10.There is a teacher who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B11. My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| B12. I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | | 7 |