STRATEGIES TO MITIGATE SUBSTANCE USE AMONGST LEARNERS OF SECONDARY SCHOOLS IN COLLINS CHABANE MUNICIPALITY, LIMPOPO PROVINCE: PARTICIPATORY RURAL ACTION APPROACH

BY

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A thesis submitted in fulfilment of the requirements for the degree of

DOCTOR OF NURSING

at the

UNIVERSITY OF VENDA

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF ADVANCED NURSING SCIENCE

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February 2026

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DECLARATION

I, **Mabasa Tshikani Elsie**, hereby declare that the thesis entitled ***"Strategies to mitigate substance use amongst learners of rural secondary schools in Collins Chabane Municipality, Limpopo Province: Participatory Rural Action Approach"*** hereby submitted by me for the Doctor in Nursing at the University of Venda, has not previously been submitted for a degree at this or any other university, and that it is my own work in design and in execution, and that all references contained therein have been duly acknowledged.

Signature:  **Date: 20 January 2026**

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DEDICATION

- This work is dedicated to my beloved family, whose unwavering love and support have been my anchor throughout this journey.
- To my husband, Mr Jackson Mabasa, whose patience and encouragement sustained me through every challenge.
- To my children, Dr Nyiko, Tsundzu, Masungulo, and Nsovo, your joy, resilience, and accomplishments inspire me daily. This achievement is as much yours as it is mine.
- To my mentors, Prof M. Maluleke, Dr M.E. Rangwaneni, and Dr N.S. Raliphaswa, whose wisdom and guidance shaped not only my research but also my growth as a scholar.
- Above all, I dedicate this PhD to the pursuit of knowledge and to the generations who will follow, with the hope that it may serve as a testament to perseverance, gratitude, and the transformative power of education.

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ACKNOWLEDGMENT

I wish to express my sincere gratitude to my supervisors, Prof Maluleke, Dr Rangwaneni, and Dr Raliphaswa, for their guidance, support, and invaluable insights throughout this research. I am also grateful to the members of my dissertation committee for their constructive feedback and encouragement.

My appreciation extends to the faculty and staff of the Department of Health Sciences at the University of Venda, whose assistance and resources contributed significantly to the completion of this work. I also acknowledge the contributions of my colleagues in the Research Group: Gladys Tshinanne Thandavhathu, Ndiambani Annah Makhavhu, and Vho Mulatedzi Mulaudzi, whose collaboration and discussions enriched my study.

Finally, I am indebted to my family for their unwavering support and encouragement during this journey.

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LIST OF ACRONYMS AND ABBREVIATIONS

AOD	Alcohol and Other Drugs
MoA	Memorandum of Agreement
NDLEA	National Drug Law Enforcement Agency
NDMP	National Drug Master Plan
PRAA	Participatory Rural Action Approach
SHE	Safety, Health, and Environment
SADAG	South African Depression and Anxiety Group
SU	Substance Use
UDHR	Universal Declaration of Human Rights
WHO	World Health Organization

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ABSTRACT

Background:

Substance use is a global public health concern with profound effects on the health, safety, and socio-economic well-being of societies. In South Africa, the increasing use of substances among secondary school learners undermines teaching and learning, fuels school-based violence, and compromises the overall functioning of school environments.

Purpose:

This study aimed to develop strategies to mitigate substance use among learners in selected secondary schools in Collins Chabane Municipality, Limpopo Province.

Methods:

A qualitative Participatory Rural Action Approach was used, employing an exploratory, descriptive, and contextual design. Guided by the Roy Adaptation Biopsychosocial Model, the study was conducted in multiple phases. Phase one involved a situational analysis in two community-identified problematic secondary schools. Purposive sampling was used to select 32 learners. Data were generated through semi-structured interviews and focus group discussions, supported by audio recordings. A pre-test was conducted with one focus group per school, comprising learners who met the pre-test criteria and were not part of the study. Data were analysed using Tesch's open-coding method. Phase two focused on developing and validating mitigation strategies using BOEM and SWOT analyses. Phase two involved further refinement of strategies guided by Dickoff, James, and Wiedenbach's practice theory, and validation through Chinn and Kramer's criteria.

Results: Three major themes emerged: (1) Learner experiences of substance use, including disruptive behaviour, mental health challenges (anxiety, depression, trauma), poor academic performance, and damaged interpersonal relationships; (2) Factors contributing to substance use, with learners citing peer pressure, curiosity, family conflict, poverty, academic stress, parental separation, and psychological distress as key drivers; and (3) Strategies to mitigate substance use**,** such as strengthening adaptive coping

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mechanisms, enhancing positive learner identity, increasing counselling and awareness programmes, improving school resources (sports, libraries, computer labs), and strengthening community, parental, and school collaboration.

The findings revealed that learners often used substances as a maladaptive coping mechanism, with many attributing their behaviour to external stressors and demonstrating low self-efficacy. Substance use disrupted academic progression, contributed to violence and delinquency, and strained relationships at home and at school.

Conclusion: Substance use among rural secondary school learners is driven by complex social, psychological, and environmental factors. The developed strategies, which focus on counselling, school-based programmes, community support, strengthening coping skills, and promoting a positive identity, have the potential to reduce learner vulnerability and foster safer, more supportive learning environments. A multisectoral approach involving schools, parents, communities, and government stakeholders is critical to sustainably addressing learner substance use.

Keywords: Development; Learners; Participatory Rural Action Research; Strategies; Substance Use; Secondary Schools; South Africa

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CHAPTER 1

STUDY OVERVIEW

1.1 INTRODUCTION

Substance use (SU) among secondary school learners remains a critical public health and educational challenge, undermining teaching and learning, compromising safety, and eroding academic outcomes. Rural communities face distinct vulnerabilities, limited resources, constrained access to prevention and support services, and socio-economic stressors, which can heighten risk and complicate intervention.

Worldwide, SU, particularly among secondary school learners, has long been a matter of scientific, political, and public concern. This concern stems from the potential short- and long-term adverse effects of SU on individual well-being (Onigbogi et al., 2023). In South Africa, SU is a challenge among secondary school learners, with SU reported to be twice the world norm (Nyashanu & Visser, 2022). Over 15% of the population suffers from a SU problem. The figures published by the South African Police Service (SAPS) reveal that SU amongst secondary school learners accounts for 60% of all crime in the country. Learner SU has numerous adverse consequences for both the individual and society (Horák & Verter, 2022).

Within South Africa, the scale and consequences of learner SU are particularly concerning, with reports linking it to violence, absenteeism, grade repetition, and deteriorating school climates. These realities underscore the need for context-responsive, community-engaged responses rather than generic, “one-size-fits-all” measures. This study addresses this need by developing, in partnership with the community, strategies to mitigate SU among learners in selected secondary schools in Collins Chabane Municipality, Limpopo Province. Grounded in a qualitative Participatory Rural Action Approach (PRAA), the study positions learners, parents, school leaders, and local authorities as co-creators of knowledge and solutions.

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1.2 BACKGROUND

Global and national data indicate that adolescent SU carries both immediate and long-term harms, including mental-health burden, interpersonal conflict, and diminished educational attainment. Although multiple school-based and intersectoral initiatives exist (e.g., Life Orientation [LO] curricula, school health services, and law-enforcement outreach), persistent SU within school settings suggests a mismatch between policy intent and lived realities in rural contexts. Communities frequently report easy access to substances near schools, inadequate alignment of interventions with local culture and resources, and limited participation of rural stakeholders in the design of solutions (Mmethi et al., 2024; Shuro & Waggie, 2024; Petersen, Khan & Daniels, 2025; Tshitangano & Tosin, 2016).

According to the statistics and the World Drug Report conducted in 2021, it was revealed that about 5.5% of rural secondary school learners were using substances worldwide, and the population most at risk of using substances were secondary school learners, particularly in low-income countries (Johannessen et al., 2021). In terms of the National Drug and Alcohol Control Laws, many countries have national laws that regulate the use, possession, and distribution of controlled substances. These laws often criminalise the sale, possession, and use of substances, especially among secondary school learners, and apply to all regions, including rural areas. For example, acts like the Controlled Substances Act (in the U.S.) or similar legislation in other countries define substances, penalties, and guidelines for handling youth-related drug offences.

Furthermore, to curb the use of substances by school learners, many strategies, frameworks, and protocols were put in place to mitigate their use on school premises. Some of the protocols included school health services delivered by the mobile health care team, which visited schools monthly, the introduction of the LO subject in schools, and SAPS visits to schools to reduce learners' SU. All these strategies existed, but SU was still happening within the school environment, because they were not participatory action research (PAR). Government Notice No. 1040 of the South African Schools Act (84/1996) was a "one-size-fits-all" policy developed by the Department of Education, Substance Agency, but did not involve the rural community.

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This was supported by Mokoena and Sindane (2020), who stated that many secondary school learners were dropping out of school due to SU. There was still a significant increase in SU among secondary school learners, and a gap remained in the development of strategies to mitigate SU among rural secondary school learners in Collins Chabane Municipality, Limpopo Province. There was also no published PRAA study on this subject. Therefore, this study sought to develop collaborative strategies with the community to mitigate SU among secondary school learners in Collins Chabane Municipality, Limpopo Province.

1.3 THEORETICAL AND CONCEPTUAL FRAMEWORK

Chinn and Kramer (1995) defined a theoretical framework as a logical grouping of related concepts or theories, usually created to draw together several aspects relevant to a complex situation, such as a practice setting or educational programme. According to James (2011), a theoretical framework was used in research to draft probable courses of action or to present a preferred tactic to better understand the nature of the theory and its role in professional research (James, 2011, as cited by Horn & Brem, 2013).

This study is informed by three complementary theoretical lenses that collectively ensure a community-led, holistic, and practice-oriented approach to mitigating SU among secondary school learners in rural settings.

1.3.1 Participatory Rural Action Approach (PRAA)

PRAA emphasises community ownership in problem identification, solution design, implementation, and reflexive learning. It is well-suited to rural settings where social networks, local leadership, and context-bound knowledge shape both risks and protective factors (De Chesnay, 2015). PRAA underpins the study's co-design process with learners, parents, school management, School Governing Bodies (SGBs), and traditional authorities.

1.3.2 Roy Adaptation Biopsychosocial Model

Framing learners as biopsychosocial beings in continuous interaction with changing environments, this model guides the situational analysis and interpretation of how personal

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vulnerabilities, interpersonal dynamics, and contextual forces (family, school, and community) interact to influence SU. It orients strategies toward strengthening adaptive responses and supportive environments.

1.3.3 Practice Theory for Strategy Development

The six elements—context, agent, recipient, dynamics, process, and outcomes—structure the development of practical strategies that specify who does what, with whom, how, and toward what ends (Dickoff, James & Wiedenbach, 1968). Strategy validation draws on Chinn and Kramer's (1995) criteria to appraise clarity, simplicity, accessibility, and pragmatic adequacy. Together, these frameworks ensure the study remains community-led, holistic, and practice-focused, connecting empirical insights to feasible change mechanisms within rural school systems.

1.4 RESEARCH PARADIGM

A paradigm is a worldview or ideology that defines the standards or criteria for assigning value or worth to the discipline's processes and procedures, as well as to the methods of knowledge development within it (Chinn & Kramer, 1999). On the other hand, a paradigm is also defined by De Vos, Strydom, Fouche and Delport (2012) as a set of beliefs that constitute the researcher's perceptions of the nature of reality and of where one stands within it.

The paradigmatic perspectives in this study were based on the assumptions applicable to the research domain: that a phenomenon occurs only when a person experiences it, and that experience must be described (Monyaloue et al., 2014). The purpose of this study was to develop strategies to mitigate SU amongst rural secondary school learners in Collins Chabane Municipality, Limpopo Province. The study is situated within a qualitative, interpretivist paradigm aligned with PRAA traditions. Therefore, this study was guided by three paradigmatic assumptions: meta-theoretical (ontology), theoretical (epistemology), and methodological. These paradigmatic pillars influenced the assumptions fundamental to the theoretical reasoning of this study. Each paradigm is briefly described below.

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- **Meta-theoretical assumptions (Ontology)**

Meta-theoretical assumptions refer to the foundational beliefs or perspectives that guide research or understanding in a given field. Meta-theory is defined as the set of assumptions about the nature of reality (Brink, 2013). This study's point of departure was the assumption that learners in the two selected secondary schools were using substances on school premises. It was also assumed that there were contributing factors leading to the use of substances by the learners and that, in this case, assumptions, as in "realities and experiences," were multiple and diverse. It was also assumed that both participants knew the strategies needed to mitigate learners' SU. The ecological systems theory (Bronfenbrenner) assumes that SU is influenced by interactions across multiple systems: family, school, community, and societal policies.

Again, it was assumed that rural secondary school learners' SU was shaped by community norms, family dynamics, peer influence, and cultural practices. For example, if alcohol or other substances were normalised in the rural setting, learners were more likely to use them. Furthermore, it was assumed that the tight-knit nature of rural communities could offer strong social support but might also contribute to stigma around seeking help for SU. Effective interventions were needed to involve schools, families, and community organisations in addressing SU holistically. Therefore, this study aimed to explore and describe strategies to mitigate SU among learners of the selected rural secondary schools in Collins Chabane Municipality, Limpopo Province.

- **Theoretical assumption (Epistemology)**

Epistemology is the study of knowledge. In this study, it was assumed that learners also knew how to use substances and the factors that prompted their use. Learners were again assumed to know strategies to mitigate SU on school premises.

This study was conceptualised within the Roy Adaptation Biopsychosocial Theory, the grounded theory for strategy development as outlined by Dickoff, James and Weisenbach (1968), and the strategies were outlined and validated by Chinn and Kramer (2011). Each theoretical assumption was briefly described below.

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- **Roy Adaptation Biopsychosocial Model Theory**

The theory focused on how individuals responded to environmental stimuli and adapted to maintain their integrity. Roy's theory highlighted the importance of a holistic approach, focusing not only on behaviour (SU) but also on underlying stressors and the learner's environment. In this study, learners were discussed under three assumptions: humans, the environment, and health. It was relevant to this study because the assumptions focused on learners, their thinking, feelings, and relationships with the environment (George, 2010). The assumptions are discussed below.

- **Learners as adaptive systems**

This theory posited that behaviour was driven by intention, which was influenced by attitudes toward the behaviour, subjective norms, and perceived behavioural control.

This study focused on learners, both as individuals and as groups, from the perspective of shaping human activities within the community. Any of these was considered a human system, each of which was considered by the community to be a holistic, adaptive system (George, 2010).

This study adopted a qualitative approach to provide participants—learners known to be using substances—with the opportunity to share their experiences. Specifically, the study explored their perspectives on SU among school learners, the factors contributing to its use, and the strategies needed to mitigate it.

- **The environment**

Roy defined the environment as all conditions, circumstances, and influences surrounding and affecting the development and behaviour of learners as adaptive systems (George, 2010).

In the context of SU, it is suggested that learners were affected by a range of factors from immediate environments (family, school) to broader social systems (community, culture).

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This study adopted a contextual design and used focus group interviews with the learners to determine their experiences as learners who were using substances.

- **Health**

Roy defined health as a state and a process of becoming an integrated, whole human being. From this perspective, health can exist for persons with physical, emotional, or other changes, rather than merely the presence of a condition or illness (George, 2010). This model focused on promoting health and preventing disease through behavioural change. It emphasised individual and community health promotion strategies.

In this study, learners who used substances were perceived as unhealthy due to their emotional changes and physical behaviours. Therefore, the role of the community, including the school principal, parents, SGB, and community leaders, was to promote good health by fostering healthy adaptive responses among learners. The strategies needed to mitigate SU among school learners were further explored.

- **Methodological assumptions**

In this case, methodology was used to uncover the realities of learners' experiences at SU. The reality about the experiences could only be understood within the context of the group's culture. Based on epistemology, which asks, "How do I get to know the reality regarding these experiences?", the qualitative PRAA was the method of choice, as realities were captured through the group's cultural lens and proper context, given the diverse experiences.

Methodological assumptions are the strategies, plans of action, processes, or designs that underlie the choice and use of methods and link them to the desired outcomes (Ahmed, 2008). The methodological assumptions that guided this study were in line with Botes, Nolte, and Poggenpoel's (2004) functional approach, which implied that research should be functional and contribute to the body of knowledge and to the improvement of quality of life. Strategies developed from the collected data helped learners mitigate SU.

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1.5 PROBLEM STATEMENT

The use of substances among rural secondary school learners was a growing concern (Brown & Green, 2020). It was assumed that factors such as socio-economic challenges, lack of recreational facilities, peer pressure, and limited access to health care and education might be contributing to this issue. Furthermore, it was assumed that SU could lead to various negative outcomes, including poor academic performance, health problems, and increased likelihood of engaging in criminal activities (Jones, 2021).

During the several community engagement visits for situational analysis, the community authorities, namely community members, school principals, tribal authorities, and the SGB, as the primary source of information, identified and prioritised all health/social issues that needed actions to bring social change within the community. SU by the secondary school learners was number one on the priority list.

School management indicated that learners were bringing various substances to school and using them on the school premises daily. As such, they were being unruly in class, disrupting the school routine, and leaving their seats while teachers were teaching. They further reported that the intoxicated learners also fought with each other, even fought and scolded teachers, vandalised school properties, and verbally abused fellow learners. One school principal also reported that two girls in one of the secondary schools were mixing different types of harmful substances and selling them within school premises. Lastly, they shared that because of substance-related behaviours, the schools were rated dysfunctional by the Department of Education.

To curb the use of substances on school premises, the Department of Education has implemented policies and law enforcement strategies to address their use. The strategies include learners' support services, mental health-care services, social services, and pastoral counsellors, who were uniquely placed to implement strategies to mitigate SU within school premises. Although these strategies existed, SU was still occurring in the

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school environment because those policies were developed by the Department of Education, a substantive agency, rather than by PRAA.

Government Notice No. 1040 of the South African Schools Act (84/1996) was a “one-size-fits-all”; secondary schools in rural and urban areas were expected to comply with those policies and guidelines in the same way. The policies were drawn up, finalised, and imposed, but did not involve the rural community. Failure to address SU among learners could result in the school becoming a chaotic and unsafe environment, with increased violence among learners and potential harm to educators. Such instability may contribute to school dropout, increased crime, and persistent poverty, ultimately placing further strain on the country’s economy.

Therefore, the researcher sought to develop, collaboratively with the community, strategies to mitigate learners’ SU, as the previous strategies were not PRAA-based. Therefore, in this study, the researcher was bringing a participatory rural action research developed strategy.

1.6 RATIONALE OF THE STUDY

SU among secondary school learners in rural communities represents a persistent and complex public health and educational challenge. Despite national and provincial policies aimed at addressing SU in schools, the problem continues to undermine teaching and learning, school safety, and learner well-being. This study is therefore justified on conceptual, contextual, and practical grounds.

A PRAA approach is warranted for three primary reasons. First, learners and key community stakeholders—including parents, SGBs, traditional leaders, educators, and local safety structures—possess contextual and experiential knowledge regarding the drivers, patterns, and consequences of SU within their schools and communities. Such tacit knowledge is often absent from centrally developed policies and externally designed interventions. Engaging these stakeholders ensures that lived realities rather than assumptions inform interventions.

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Second, rural contexts are characterised by structural inequalities, limited resources, and unique socio-cultural dynamics that influence learner behaviour. Standardised, “one-size-fits-all” strategies developed at national or provincial levels may not adequately address the contextual complexities of rural schools. Sustainable mitigation strategies must therefore be locally relevant, feasible, and integrated into existing school and community structures.

Third, evidence suggests that co-designed and collaboratively implemented interventions are more likely to achieve acceptability, ownership, uptake, and long-term sustainability than externally imposed programmes. By involving stakeholders throughout the research cycle—from situational analysis to strategy development and validation—PRAA promotes shared responsibility and collective accountability.

Reports from the two selected secondary schools indicated that learners were regularly bringing and using various substances on school premises. Substance-related behaviours reportedly included classroom disruptions, absenteeism, aggression towards peers and educators, vandalism of school property, and verbal abuse. These behaviours negatively affected the teaching and learning environment and contributed to the schools being rated dysfunctional by the Department of Education.

Although the Department of Education had implemented several support mechanisms—including learner support services, mental health-care services, social services, and pastoral counselling—SU persisted. The continued prevalence of SU suggests that existing interventions may not adequately address the contextual drivers in rural settings. Notably, these policies were developed without meaningful participation by rural communities, potentially limiting their contextual relevance and effectiveness.

If left unaddressed, escalating SU within schools may contribute to school dropout, violence, criminal behaviour, and long-term socio-economic consequences such as unemployment and poverty. These outcomes have implications not only for individual learners but also for community development and national socio-economic stability.

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Therefore, this study seeks to develop context-specific, stakeholder-driven strategies, using a PRAA, to mitigate SU among secondary school learners. By grounding strategy development in community participation and local realities, the study aims to produce sustainable, culturally responsive, and practically implementable interventions.

1.7 SIGNIFICANCE OF THE STUDY

The study aimed to contribute to the implementation of strategies to mitigate SU among school learners. The significance of the study is briefly described hereunder.

- **Department of Basic Education (DBE)**

Evidence-informed, community-validated strategies can inform national and provincial guidance tailored to rural schools, strengthening prevention and response in contexts often underserved by generic frameworks.

- **Health care system**

Findings can enhance school-linked referral pathways, counselling, and psychosocial support by clarifying the roles of key stakeholders and practical processes in rural settings.

- **Policymakers**

The study may help empower policymakers to develop policies to mitigate SU among secondary school learners in rural areas.

- **Body of knowledge**

The study's findings may expand nursing knowledge and, consequently, improve nursing and educational practices related to caring for learners with SU disorder. More researchers were encouraged to conduct research on the causes of SU among secondary school learners and their remedies.

- **The community and other stakeholders**

The co-design process may build local capacity and ownership, fostering a shared platform for ongoing prevention and support.

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1.8 STUDY PURPOSE, RESEARCH QUESTIONS, AND OBJECTIVES

1.8.1 Purpose of the study

The purpose of this study was to develop strategies to mitigate SU among learners in rural secondary schools in Collins Chabane Municipality, Limpopo Province, through a qualitative PRAA.

1.8.2 Research questions

The following research questions guided the study:

- What are the experiences of learners who use substances?
- What actors contribute to learners' use of substances?
- What strategies can be employed to reduce learners' substance use?

1.8.3 Objectives of the study

The study objectives were in two phases:

Phase one aimed to:

- Explore and describe learners' experiences with substance use.
- Explore the factors that contribute to learners' substance use.

Phase two aimed to:

- Develop strategies to mitigate the use of substances among the learners in the selected secondary schools in Collins Chabane Municipality, Limpopo Province.
- Validate the developed strategies to facilitate implementation and mitigate SU among learners in the selected secondary schools in Collins Chabane Municipality, Limpopo Province.

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1.9 DEFINITION OF TERMS

The following terms were defined conceptually and operationally:

- **Substance use**

Substance use (SU) refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects (McKnight et al., 2019). In this study, SU referred to the ingestion of any psychoactive compound, used by learners in the selected secondary schools.

- **Community**

Community refers to a group of people with diverse characteristics who are linked by social ties, shared common perspectives, and engaged in joint action in geographical locations or settings (Gonçalves & Majhanovich, 2021). In this study, the community comprised parents of affected learners, school management, learners involved in SU, SGB, and the local leadership of the selected villages in Collins Chabane Municipality, Limpopo Province.

- **Development**

Development is defined as something new that began or occurred; it is also described as an occurrence involving a new phase in changing a circumstance or the course of change, i.e., something positive or desirable (Bakibinga-Gaswaga, 2019). In this study, development was defined as the design of strategies that various structures used to facilitate the mitigation of SU among secondary school learners, to achieve desired outcomes.

- **Learners**

A learner is someone in the process of acquiring new understanding, knowledge, behaviours, skills, values, attitudes, and preferences (Kriegler, 2022). In this study, all learners were secondary school students from the two selected schools.

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- **Participatory Rural Action Approach (PRAA)**

The PRAA is a citizen-centred development method aimed at empowering communities by engaging local residents in identifying issues, implementing solutions, and monitoring and evaluating outcomes (Solano Lara et al., 2018). In this study, PRAA was applied throughout to achieve the study's goal.

- **Strategy**

A strategy is defined as a coordinated set of decisions within an organisation that clearly articulates its objectives, purposes, and goals. It outlines the principal policies and plans for achieving these goals, specifies the scope of activities the organisation intends to pursue, and defines the economic and human value it seeks to create for its shareholders, employees, customers, and the broader community (Grant & Van Sledright, 2020). In this study, a strategy is defined as an action plan that clearly outlines the activities different stakeholders are to adopt and follow when developing strategies to mitigate SU amongst learners.

1.10 RESEARCH METHODOLOGY

A research methodology is a systematic, theoretical analysis of the methods applied to a field of study (Ingwenangu, 2016). In this study, the qualitative research approach was the method of choice, using an exploratory, descriptive, and contextual design. The method also outlined the study setting, research objectives, population, sampling method, data collection method, data analysis, measures to ensure trustworthiness, and ethical considerations. The approach was relevant to the development and validation of strategies to mitigate learners' SU on school premises in Collins Chabane Municipality, Limpopo Province.

1.10.1 Study approach

In this study, a PRAA was employed, in which community members actively participated in identifying SU as a problem affecting learners (De Chesnay, 2015). The study was

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conducted in two phases: phase one, a situational analysis; and phase two, the development and validation of the strategies

1.10.2 Phase One: Situational analysis

This phase involved implementing research methods and a design to answer the research questions formulated in line with the topic under study. The answers obtained in phase one, particularly during interviews with participants, led to the development of strategies in phase two of the research approach to mitigate SU among learners. This was achieved by applying the Roy Adaptation Biopsychosocial Model, as per Dickoff et al.'s six elements of practice theory.

1.10.3 Phase Two: Development and validation of strategies

Phase two focused on developing and validating strategies to mitigate SU among learners, based on the findings from Phase One. The strategies were guided by Dickoff, James, and Wiedenbach's practice-oriented theory, which structured them according to context, agents, recipients, processes, and expected outcomes. Using a PRAA, key stakeholders, including learners, parents, educators, and community leaders, were actively involved in co-designing the strategies to ensure their relevance and contextual appropriateness.

The developed strategies were subsequently validated using the PRAA and an appreciative inquiry design guided by Chinn and Kramer's criteria of clarity, simplicity, accessibility, generality, and importance. Stakeholder feedback was incorporated to refine the strategies, ensuring that they were practical, acceptable, and implementable in rural school settings.

1.11 STRUCTURE OF THE STUDY

This thesis is organised into seven chapters, each addressing a specific component of the research process. The structure is outlined as follows:

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CHAPTER 1: STUDY OVERVIEW

This chapter presents the introduction, background, problem statement, purpose, research questions, objectives, theoretical and paradigmatic foundations, significance of the study, key definitions, methodology overview, and the thesis structure.

CHAPTER 2: LITERATURE REVIEW

This chapter provides a critical review of relevant national and international literature on SU among secondary school learners. It examines theoretical perspectives, contributing factors, consequences, existing interventions, and gaps that justify the need for developing context-appropriate strategies.

CHAPTER 3: RESEARCH METHODOLOGY

Chapter 3 outlines the research approach and design, the study setting, the population, sampling, data collection methods, the data analysis process, measures to ensure trustworthiness, and ethical considerations. It also explains how the Participatory Rural Action Approach guided the research process.

CHAPTER 4: PRESENTATION AND DISCUSSION OF THE FINDINGS

This chapter presents the findings of the situational analysis derived from learner focus groups and individual interviews. Themes and sub-themes are discussed and supported with direct quotations, relevant literature, and the biopsychosocial model.

CHAPTER 5: DEVELOPMENT OF STRATEGIES TO MITIGATE SUBSTANCE USE AMONG SECONDARY SCHOOL LEARNERS

Based on the findings of Chapter 4, this chapter details the development of strategies using BOEM and SWOT analytical frameworks. The strategy development process is guided by the practice theory elements of Dickoff, James and Wiedenbach.

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CHAPTER 6: VALIDATION OF THE DEVELOPED STRATEGIES

Chapter 6 describes the validation of the strategies using Chinn and Kramer's criteria. Feedback from experts and stakeholders is incorporated to refine and strengthen the strategies for clarity, feasibility, and applicability.

CHAPTER 7: EVALUATION, CONCLUSION, LIMITATIONS, AND RECOMMENDATIONS

The final chapter provides an evaluation of the strategies, summarises the major findings, presents the study's conclusions, outlines its limitations, and offers recommendations for practice, policy, and future research.

1.12 CHAPTER SUMMARY

Chapter 1 established the problem's context, articulated the purpose, questions, and objectives, and outlined the theoretical, paradigmatic, and methodological foundations for a participatory, context-responsive strategy to mitigate learner SU in rural secondary schools. The chapter also clarified key terms and provided a concise overview of the research design that guides the subsequent inquiry. Chapter 2 reviews literature relating to the study's topic.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION TO THE LITERATURE REVIEW

SU among secondary school learners is a growing global public health and educational concern, with significant implications for learners' academic performance, mental health, and social development. International literature indicated that school learners were particularly vulnerable to experimenting with substances due to peer pressure, curiosity, socio-economic challenges, and limited parental supervision (UNODC, 2023; World Health Organization [WHO], 2021). As a result, substantial attention has been devoted to developing and implementing strategies to mitigate SU in school settings.

Globally, mitigation strategies have focused on school-based prevention programmes, life-skills education, early identification of at-risk learners, and strong collaboration between schools, families, and communities (Botvin & Griffin, 2014; UNODC, 2018). In sub-Saharan Africa, studies highlighted the importance of community-driven, culturally relevant interventions to address poverty, unemployment, and limited access to psychosocial support services (Peltzer & Pengpid, 2017). Within the South African context, the literature emphasised comprehensive approaches that integrated policy enforcement, learner support programmes, parental involvement, and participatory methods that considered local realities, particularly in rural settings (Morojele et al., 2016; Department of Basic Education [DBE], 2022).

This literature review, therefore, examined global, regional, and local strategies to mitigate SU among secondary school learners, providing a foundation for the development of context-specific, participatory strategies relevant to rural school environments such as those in Collins Chabane Municipality.

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2.2 PURPOSE OF THE LITERATURE REVIEW

The purpose of the literature review was to examine existing global, regional, and local evidence on SU among secondary school learners and the strategies used to mitigate it. This review provided a theoretical and empirical foundation for the study by identifying effective prevention approaches, gaps in current interventions, and best practices relevant to school-based and community-driven contexts. Furthermore, it informed the development of context-specific strategies by grounding the study in established research and policy frameworks (UNODC, 2018; WHO, 2021; Morojele et al., 2016).

2.3 LITERATURE REVIEW METHODOLOGY

A structured literature review was conducted to identify, analyse, and synthesise existing evidence on SU among secondary school learners and on strategies to mitigate it. The literature search was conducted using the following electronic databases: PubMed, Google Scholar, ScienceDirect, and Scopus. A combination of keywords and Boolean operators (AND, OR) was used, including “substance use” OR “drug use” OR “substance abuse” OR “secondary school learners” OR “adolescents” OR “youth” OR “interventions” OR “strategies” OR “prevention programmes” OR “school-based interventions” OR “rural communities” OR “South Africa” OR “sub-Saharan Africa” (“substance use” AND “secondary school learners” AND “interventions” AND “rural”).

The following literature was reviewed:

- Studies published between 2010 and 2025
- Peer-reviewed journal articles, reports, and policy documents
- Studies focusing on adolescents or secondary school learners
- Studies addressing SU and mitigation strategies
- Global, regional (sub-Saharan Africa), and South African contexts

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The following studies were excluded:

- Studies not focused on adolescents or school learners
- Non-English publications
- Articles lacking full text

A comparative approach was used to synthesise findings across global, regional, and national contexts, informing the development of Tables 2.1-2.5 and guiding the identification of research gaps. Furthermore, the literature search was guided by the study objectives, namely :

- **Experiences of learners using SU**
- **Interventions/strategies to mitigate SU among secondary school learners**
- Methodologies used to develop interventions/strategies
- Context where the interventions were developed
- Results of implemented interventions
- **Identified gaps and risks**

2.3.1 Experiences of learners using substances

Globally, secondary school learners worldwide who used substances commonly experienced mental health challenges such as anxiety, depression, and mood instability. SU was also linked to poor academic performance, school absenteeism, and increased engagement in risky behaviours, including aggression and unsafe sexual practices (WHO, 2021; UNODC, 2023).

Regionally, in sub-Saharan Africa, learners reported experiences of social isolation, peer pressure, and involvement in risky behaviours, compounded by socio-economic factors such as poverty and limited access to psychosocial support. SU has been associated with school dropout, delinquency, and early engagement in adult responsibilities (Peltzer & Pengpid, 2017).

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Nationally, in South Africa, South African learners who use substances have reported declining academic performance, absenteeism, conflict with family members, and exposure to violence. Studies also showed a strong link between SU and psychosocial stressors, including family disruption, community violence, and unemployment, which exacerbated learners' vulnerability (Morojele et al., 2016; DBE, 2022). Table 2.1 compares the experiences of learners who use substances worldwide.

Table 2.2: Experiences of learners using substances worldwide

Region	Prevalence	Common Substances	Key Challenges/ Contributing Factors
Globally (International)	25–30% lifetime use	Alcohol, tobacco, cannabis, stimulants	Peer pressure Mental health Easy access (WHO, 2021; UNODC, 2023)
Regionally (sub-Saharan Africa)	25%+ lifetime use	Alcohol, tobacco, cannabis, khat, amphetamines	Poor documentation Stigma Weak health systems (Peltzer & Pengpid, 2017)
Nationally (South Africa)	Early initiation (age 12)	Alcohol, cannabis, tobacco, and illicit drugs	High availability Poor school performance Risky behavior

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Region	Prevalence	Common Substances	Key Challenges/ Contributing Factors
			(Morojele et al., 2016; DBE, 2022)

2.3.2 Interventions/strategies to mitigate substance use among secondary school learners

POPULATION

Interventions aimed at secondary school learners focus on prevention, education, and support. Globally, school-based programmes such as life-skills training, peer mentoring, and awareness campaigns have been shown to reduce initiation and prevalence of SU (Botvin & Griffin, 2014; UNODC, 2018). Regionally, particularly in sub-Saharan Africa, strategies emphasised community involvement, culturally relevant education, and integration of psychosocial support to address both individual and social risk factors (Peltzer & Pengpid, 2017). Nationally, in South Africa, interventions included comprehensive school health programmes, enforcement of policies against SU on school premises, parental engagement, and learner counselling services to promote healthy behaviours and reduce substance-related harm (DBE, 2022; Morojele et al., 2016).

These strategies recognised that secondary school learners were particularly vulnerable to peer influence and social pressures, making early, structured, and participatory interventions critical for prevention and behaviour change.

Below is a comparison table for interventions/strategies to mitigate SU among secondary school learners between the three regions or continents:

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Table 2.3: Strategies to mitigate substance use among secondary school learners between the three regions

Region	Key Strategies	Challenges
Global/ International	Life skills curricula Peer-led programmes Family therapy Community campaigns	Diverse cultural contexts Sustainability (Botvin & Griffin, 2014; UNODC, 2018)
sub-Saharan Africa	School-based awareness Community-driven approaches Participatory rural models	Weak health systems Stigma Poor documentation (Peltzer & Pengpid, 2017)
South Africa	National prevention strategy School counselling Peer education Community partnerships	Early initiation High availability Resource gaps (DBE, 2022; Morojele et al., 2016)

2.3.3 Methodologies used to develop interventions/strategies

The development of interventions/strategies to mitigate SU among secondary school learners typically followed a participatory and evidence-based approach. Globally, strategies were often informed by literature reviews, needs assessments, and behavioural studies to identify risk factors, effective prevention methods, and target populations (Botvin & Griffin, 2014; UNODC, 2018). In regional and national contexts, particularly in sub-Saharan Africa and South Africa, interventions were designed using community-based participatory research methods, involving learners, educators, parents, and community stakeholders in co-creating context-relevant strategies (Peltzer & Pengpid, 2017; Morojele et al., 2016). Methods included focus group discussions, surveys, interviews, and

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workshops to ensure the strategies were culturally appropriate, feasible, and responsive to local challenges.

Furthermore, pilot testing and validation were often employed to refine interventions before wider implementation, ensuring they were effective, accessible, and sustainable for secondary school learners (DBE, 2022).

The following is a comparative table defining the methodology used to develop the interventions within the three regions:

Table 2.4: Methodology used to develop the interventions

Region	Methodology Used	Key Features
International/ Global	Random controlled trials & evidence-based curricula	Structured programmes Longitudinal evaluation Cross-sector collaboration (Botvin & Griffin, 2014; UNODC, 2018)
sub-Saharan Africa	Community-based participatory research and mixed methods	Cultural relevance Policy-driven Limited resources (Peltzer & Pengpid, 2017; Morojele et al., 2016; DBE, 2022)
National/ South Africa	Participatory Rural Action Approach and Survey Designs	Rural focus Stakeholder engagement Integration with education policy (Peltzer & Pengpid, 2017; Morojele et al., 2016; DBE, 2022)

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2.3.4 Context where the interventions were developed

Interventions to mitigate SU among secondary school learners were typically developed within school and community settings, with attention to the socio-cultural, economic, and educational contexts of the target population. Globally, programmes had been designed for both urban and rural school environments, often considering factors such as peer influence, family dynamics, and community norms (UNODC, 2018; WHO, 2021). Regionally, in sub-Saharan Africa, interventions were developed in resource-constrained rural and semi-urban areas, where learners faced socio-economic challenges, limited access to psychosocial services, and heightened exposure to SU in the community (Peltzer & Pengpid, 2017).

Nationally, in South Africa, strategies were contextualised to address local realities such as high prevalence of alcohol and drug use among the learners, school dropout rates, and the need for culturally appropriate, participatory approaches that actively involved learners, educators, parents, and community stakeholders (DBE, 2022; Morojele et al., 2016). This context-sensitive development ensured that interventions were relevant, feasible, and effective in mitigating SU among secondary school learners. The following is a comparison table of the contexts in which strategies were developed across the three regions/continents.

Table 2.5: Context where strategies were developed

Region/Continent	Context for Strategy Development	Key Drivers/Contributing Factors
Global/ International	Public health priority School-based prevention Evidence-based trials UN policy frameworks	Rising secondary school learners use Peer pressure Family dynamics (UNODC, 2018; WHO, 2021)
sub-Saharan Africa	Poverty Weak health systems	Socio-economic vulnerability Stigma

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Region/Continent	Context for Strategy Development	Key Drivers/Contributing Factors
	CBPR School-based life skills	Rural-urban disparities (Peltzer & Pengpid, 2017)
South Africa	National policy framework Participatory rural action Integration into the curriculum	Early initiation School disruption Community partnerships (DBE, 2022; Morojele et al., 2016)

2.3.5 Results of implemented interventions

Globally, School-based and life-skills programmes have been shown to reduce initiation and frequency of SU, improve knowledge about risks, and enhance social and decision-making skills among learners (Botvin & Griffin, 2014; UNODC, 2018). These interventions also contributed to improved self-esteem, peer resistance skills, and academic engagement.

Regionally (sub-Saharan Africa): Interventions that involved community participation and culturally relevant education had resulted in lower rates of alcohol and tobacco use, reduced risky behaviours, and increased awareness of substance-related harms (Peltzer & Pengpid, 2017). Learners reported better coping strategies and more positive peer and family relationships.

Nationally (South Africa): School-based programmes integrated with counselling, parental engagement, and policy enforcement have demonstrated reduced SU prevalence, improved learner attendance and academic performance, and enhanced psychosocial well-being (Morojele et al., 2016; DBE, 2022). Learners also reported feeling more supported by schools and communities, which reinforced healthy behavioural choices.

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Overall, the results indicated that multi-component, context-specific, and participatory interventions were most effective in reducing SU among secondary school learners while promoting holistic learner development.

The following is a comparative table of the results of the implemented interventions across the three regions or continents.

Table 2.6: Results of the implemented interventions

Region	Key Achievements	Persistent Challenges
Global/ International	Life skills training programmes reduced substance use	Cultural adaptation Funding Sustainability
sub-Saharan Africa	Awareness campaigns improved knowledge	High prevalence Weakly structured programmes (Botvin & Griffin, 2014; UNODC, 2018)
South Africa	Peer education and life orientation curriculum show localised success	Rural vulnerability Educator training gaps (Morojele et al., 2016; DBE, 2022)

2.3.6 Identified gaps and risks

Despite the implementation of various global, regional, and national interventions, SU among secondary school learners remained a persistent challenge, particularly in rural and under-resourced areas. Most existing strategies focused on general prevention, life-skills education, or policy enforcement, but few interventions were fully participatory, context-

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specific, and co-created with learners, educators, parents, and community stakeholders (Morojele et al., 2016; Peltzer & Pengpid, 2017; UNODC, 2018).

Furthermore, there was limited empirical evidence on the long-term effectiveness and sustainability of those strategies, especially in rural South African schools like those in Collins Chabane Municipality. This gap highlighted the need for locally tailored, culturally relevant, and community-driven interventions that actively address learners' lived experiences and psychosocial challenges. In fear of stigma, learners hid their SU to avoid punishment. Due to resource inequality, rural schools often lacked trained counsellors and adequate facilities. Conversely, strong peer pressure undermined interventions. For sustainability, many programmes relied on short-term funding.

2.4 SUMMARY/CONCLUSION

Effective prevention required a layered approach. Globally, evidence favoured school-based, skills-focused curricula, combined with family engagement, brief screening and counselling, and supportive policy measures (age limits, restricted availability, and clear school rules). In sub-Saharan Africa, these strategies were contextualised, adapted content to local languages and substances, used low-cost delivery (teacher and community health worker training), and mobilised peer and community leaders to address socio-economic drivers. Nationally (South Africa), the priority was to integrate school health services with referral pathways, pair enforcement of substance-free policies with non-punitive support, and scale participatory, culturally relevant programmes in both urban and rural schools. Sustainability and equity were essential: long-term funding, routine monitoring, and deliberate outreach to low-resource schools determined whether short-term gains became lasting reductions in learner SU.

SU among secondary school learners was a significant global, regional, and national concern, negatively affecting learners' academic performance, mental health, and social well-being. Evidence has shown that school-based, community-driven, and participatory interventions, including life-skills training, awareness campaigns, counselling, parental

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involvement, and policy enforcement, were effective in reducing SU and promoting healthy behaviours. However, gaps remained, particularly in rural and under-resourced contexts, where few interventions were fully context-specific, culturally relevant, and co-created with learners and communities. This highlights the need for locally tailored strategies that address learners' lived experiences, psychosocial challenges, and environmental risk factors, ensuring that interventions are sustainable, accessible, and impactful.

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CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 presented the literature review of the study. This chapter outlines the research methodology employed. The following sub-sections are discussed in detail: the research approach and design (which utilised a qualitative approach), the study setting, the population, the sampling methods, measures to ensure trustworthiness, and the ethical principles adhered to during the study. In addition, the chapter describes the data collection and data analysis processes, followed by a summary of the study.

3.2 RESEARCH APPROACH

The study adopted a qualitative PRAA as the overarching methodological framework. PRAA emphasises community participation, co-creation of knowledge, and the development of context-specific solutions to address local challenges. Within this framework, the study utilised exploratory, descriptive, and contextual research designs. The exploratory design enabled the researcher to gain insight into learners' experiences with SU and identify contributing factors. The descriptive design facilitated a detailed account of participants' experiences and perceptions. In contrast, the contextual design ensured that the findings were understood within the natural setting of the selected rural secondary schools in Collins Chabane Municipality. This integrated approach ensured that the study remained both participatory and methodologically rigorous, enabling the development and validation of strategies grounded in participants' lived experiences.

This approach was guided by the Roy Adaptation Biopsychosocial Model. The model posits that learners are biopsychosocial beings who constantly interact with a changing environment (Daley & Douaihy, 2019). The model considered the worldview of the people under investigation (the participants) and used their outcomes or data as the basis for developing congruent strategies. The approach assisted in developing strategies congruent with participants' human behaviour, and this was regarded as phase one. Phase two

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involved developing strategies aligned with phase one's findings and validating them. A summary of the research process employed in this study is presented in Figure 3.1.

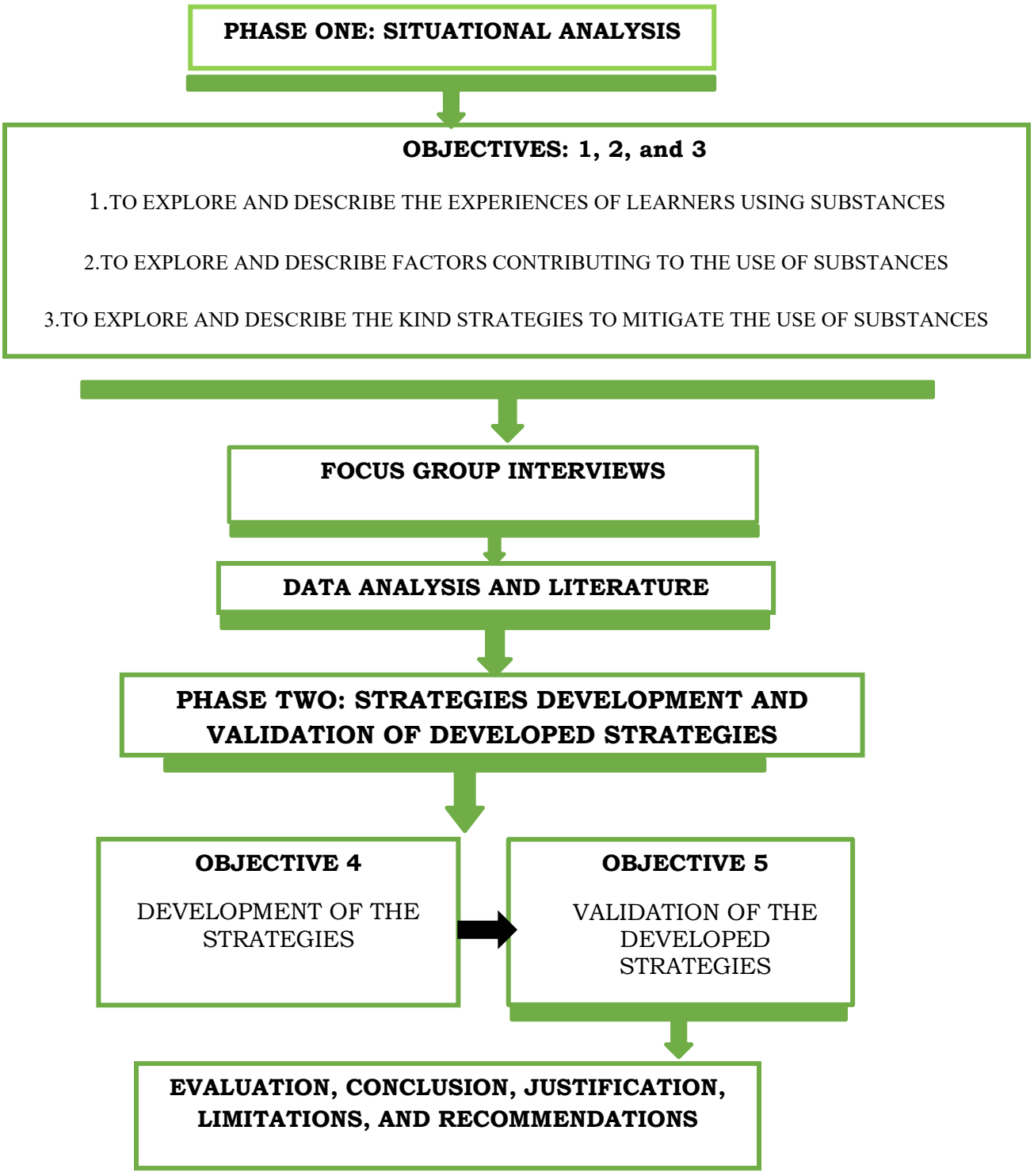


Figure 3.1: Phases of the research process

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Figure 3.1 shows the research process from phase one, which covered situational analysis, through phase two, which covered strategy development, to the study's conclusions, limitations, and recommendations. The figure further illustrates how the research process was structured in line with the identified research objectives as indicated in Chapter 1.

3.3 PHASE ONE: SITUATIONAL ANALYSIS

Situational analysis is a comprehensive assessment of the current and projected health situation and its determinants, which are fundamental to designing and updating national health policies, strategies, and plans according to needs (WHO, 2018). The aim of phase one (situational analysis) was to address the following first three study objectives:

- To explore and describe the experiences of the learners who are using substances in the two selected secondary schools in Collins Chabane Municipality.
- To explore and describe factors contributing to the use of substances by the learners.
- To explore and describe the strategies to mitigate the use of substances amongst rural secondary school learners in Collins Chabane Municipality, Limpopo Province.

Therefore, as outlined in the study paradigm detailed in Chapter 1 (constructivism), a qualitative research approach and design were used.

3.3.1 Qualitative Approach

As described by Burns and Grove (2016), qualitative research is a systemic, subjective, explorative, and descriptive approach used to describe life experiences and give them meaning. Therefore, a qualitative approach was adopted to address the study objectives and purpose as indicated in Chapter 1, which could only be achieved through a qualitative approach.

3.4 THE RESEARCH DESIGN

Polit and Beck (2017) state that the qualitative research approach requires specific designs. In this study, the designs were exploratory, descriptive, and contextual in nature.

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- **Exploratory design**

The exploratory nature of the research was designed to increase the knowledge of the field of study and was not intended for generalisation to large populations (Burns & Grove, 2009). The exploratory research aims to gather facts, collect new data, and determine whether interesting patterns emerge. Furthermore, the exploratory method is typical when a researcher examines a new interest or when the subject of the study is relatively new (Mouton & Marais, 1996; Babbie, 2011).

This study explored learners' experiences with SU, the contributory factors to this behaviour, and strategies to mitigate its use among school learners. The literature was extensively explored during the literature review and the development of the strategies.

- **Descriptive design**

Descriptive research effectively depicts individual or real-life scenarios to reveal fresh insights, delineate existing phenomena and organise data (Burns & Grove, 2016).

In this study, participants described their experiences with SU, the factors contributing to SU, and the strategies needed to mitigate SU. Furthermore, the study's phase one findings are described in Chapter 4. Lastly, the theories that guided the study were described, as was the theory guiding strategy development. The evaluation of the developed strategies, guided by Chinn and Kramer (2013), was also described.

- **Contextual design**

Contextual studies are research projects that allow the researcher to be in the actual setting where participants spend much of their time, to gain a deeper understanding of their situation and to focus on aspects related to the phenomenon under investigation, without the researcher losing focus (Maree, 2012).

The contextual studies focused on specific events in naturalistic settings, meaning the interviews were conducted in settings free of manipulation (Burns & Grove, 2013). The topic, purpose, population, and setting contextualised this study. This research study was

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conducted in a naturalistic context in the selected secondary schools due to their past and present records of SU amongst learners. The focus was only on learners known to be using substances within the selected secondary schools in Collins Chabane Municipality, Mavambe Community, Limpopo Province. Other issues not aligned with the study's purpose were not entertained.

3.5 STUDY SETTING

A specific location is designated as the study setting for data collection. Since the researcher is interested in people's experiences, the setting in a qualitative study is naturalistic fieldwork (Polit & Beck, 2016). This study was conducted in the Collins Chabane Municipality, Mavambe Community, in the Limpopo Province. The study was carried out in two selected secondary schools in the Mavambe community, Collins Chabane Municipality, Limpopo Province. The community selected the schools because of their past and present records of SU amongst the learners. The two secondary schools were selected from among the five in the Mavambe community. The selected secondary schools have a total of 41 educators. The selected community comprises 13 villages and two squatter camps. There is one juvenile prison, and locally stationed clinics are in each village. School health services are also delivered through monthly mobile clinics. SAPS also regularly visit schools in search of substances. There are also taverns, bottle stores, and backyard shops selling liquor and other substances, which are perceived as contributing to this unwanted behaviour amongst learners. The municipality is dominated by a Black African population, comprising the Tsonga and Venda-speaking peoples.

3.6 STUDY POPULATION

Population refers to the set or group of all the units on which the findings of the research are to be applied. In other words, a population is a set of all units that possess the variable characteristic under study and for which research findings can be generalised (Shukla & Satishprakash, 2020).

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- **Target population**

A population, according to Burns and Grove (2016), is the entire group of persons or objects that the researcher is interested in regarding the topic under study. Furthermore, the group meets the criteria that the researcher is interested in studying. The target population was the group the intervention intended to research and draw conclusions from. The target population is the total group of individuals from which the sample might be drawn (McLeod, 2019). The target population for this study was learners known to use substances in Collins Chabane Municipality, Limpopo Province.

3.7 SAMPLE AND SAMPLING METHOD

A sampling method, according to Brink et al. (2017), is a procedure for selecting cases to represent a population to gather data for a research study. Purposive sampling is the process by which a researcher deliberately selects study participants and locations because they are aware of the main topic and research problem (Creswell, 2013).

In this study, a non-probability, purposive, and convenience sampling method was used to select participants who were knowledgeable and experienced in SU. Both sampling methods were based on the researcher's judgment regarding subjects or objects that are typical or representative of the topic being studied or who are especially knowledgeable about the question at issue (Burns & Grove, 2016).

Convenience sampling was also used due to practical and contextual constraints within the school setting, including learners' availability during school hours and the need to minimise disruption to academic activities. Importantly, convenience and purposive sampling were combined to ensure that all participants met the inclusion criteria (learners known to be using substances), thereby maintaining the credibility and relevance of the data. Table 3.1 summarises the stakeholders, sampling methods, and criteria.

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Table 3.1: Sampling method

Stakeholder	Sampling methods	Inclusion criteria	Exclusion criteria
Two rural secondary schools	Purposive sampling	The community selected the schools because of their past and present records of SU amongst the learners.	Secondary schools in Collins Chabane Municipality, Limpopo Province, without records of SU by the learners.
Learners	Purposive sampling Convenient sampling	Known to be using substances	Learners not on SU

Two sampling stages

Sampling occurred in two stages: learners and the selected secondary schools. Each is described below.

3.7.1 Sampling of schools

At the time of the study, two secondary schools were purposefully selected by the community because of their past and present records of SU amongst the learners in Collins Chabane Municipality, Limpopo Province.

Within the PRAA adopted in this study, community members are recognised as key holders of contextual knowledge. However, to ensure rigour and reliability, the community information was not used in isolation; it was verified and triangulated across multiple sources. The identification of the selected schools was based on the following:

- Repeated community consultations during prolonged engagement with stakeholders (e.g., community leaders, SGBs, and parents).
- Consistency of reports regarding SU across different stakeholder groups.

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- Supporting contextual indicators**,** such as reports of learner behavioural challenges, school disruptions, and the Department of Education's classification of schools as dysfunctional.
- Police records indicating that learners were found in possession of substances on school premises.

This process aligns with qualitative research principles of credibility and triangulation**,** which involve using multiple data sources to confirm the accuracy of information as described by Creswell and Poth (2018).

Process Followed to Select the Schools

The selection of schools followed a systematic, participatory, and multi-step process, described below:

1. *Community engagement (prolonged engagement phase)*

Initial engagement meetings were conducted with community stakeholders to identify priority health and social challenges affecting learners. SU by learners at school emerged as a key concern.

2. *Identification of affected schools*

Community members, including parents, local leaders, and SGBs, identified schools perceived by learners to be most affected by SU based on lived experiences and observations.

3. *Verification with school authorities*

The identified schools were approached, and discussions were held with school principals and educators to confirm the presence of SU among learners.

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4. *Assessment against inclusion criteria*

Schools were selected based on:

- Documented or reported cases of SU among learners.
- The two schools with the highest reported cases of substance use, identified from the five schools and classified as dysfunctional by the Department of Education.
- Willingness of school management to participate.
- Accessibility and feasibility for conducting the study.

5. *Final selection*

Two schools that met all the criteria and demonstrated consistent evidence of learner SU as a challenge were purposively selected.

Therefore, the selection of schools was not based solely on unverified community opinion, but on a triangulated, participatory, and systematic process, thereby enhancing the credibility, trustworthiness, and contextual relevance of the study.

Inclusion criteria

- Secondary schools located within the Collins Chabane Municipality.
- Schools with documented or reported cases of SU among learners.
- Schools identified by community stakeholders as significantly affected by SU.

Exclusion criteria

- Secondary schools within Collins Chabane Municipality without known or reported cases of SU among learners.
- Schools that are not identified by the community as being affected by the phenomenon under study.

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3.7.2 Sampling of learners

Two secondary schools in Collins Chabane Municipality, which were declared dysfunctional by the Department of Education, were visited on separate occasions.

- **School A**

Sampling of learners who used substances was conducted purposively and conveniently, with the assistance of the school principals. The school principal invited all learners who were currently known to be using substances from their respective classes, and those who had already quit using substances. They were gathered in one classroom. The first school group visited comprised 17 learners, divided into two groups. They all volunteered to be part of the project and to be interviewed. One group comprised 11 learners and formed one focus group, and the other comprised six learners and also formed one focus group. The two focus groups were interviewed on different occasions. All learners were from different classrooms. The second group was engaged with other school activities while the first group was being interviewed.

- **School B**

The other group was from the other school. The criteria for selecting learners to be interviewed were also facilitated by the school principal, who invited all learners from different classrooms who were currently known to be using substances, and those who had already quit using substances. They were also gathered in one classroom; it comprised 24 learners. Due to activities on the school premises, the researcher was unable to interview all learners. Only 15 learners, who formed two focus groups, were interviewed. One group comprised eight learners, while the other comprised seven learners. The remaining learners voluntarily returned to their respective classes without being interviewed. Among the participants was one female learner who was reportedly using substances at the time.

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Inclusion criteria

- Learners currently using substances or with a history of SU
- Learners enrolled in the selected secondary schools
- Learners willing to participate voluntarily in the study
- Learners who can provide informed consent/assent

Exclusion criteria

- Learners living with physical disabilities
- Learners with medical conditions or mental illnesses
- Learners who are pregnant

- **Sampling size**

Sample size is the actual number of participants or individuals selected to represent the target population (Swartz, De la Rey, Duncan & Townsend, 2011). Although the study initially planned to include 40 participants, the final sample comprised 32 learners, as data saturation was achieved. These participants were drawn from both selected schools and took part in focus group interviews.

3.8 DATA COLLECTION

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objective, questions, or hypothesis of the study (Burns & Grove, 2011). Data collection involved preparation, data collection instruments, pre-test, and the role of the researcher, as discussed below.

3.8.1 Data collection preparation

Permission to conduct the study was requested and granted by the University of Venda Higher Degrees Committee. Ethical clearance and permission from the Department of Education were obtained, supported by the University of Venda's memorandum of agreement (MoA) with the selected secondary schools. School support structures participated in identifying learners who use substances, promoting trust and shared

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ownership. Qualitative tools and visits were jointly planned to ensure ethical, participatory, and minimally disruptive data collection. Participants were identified in collaboration with school support structures, and data collection visits were scheduled to ensure ethical, organised, and minimal disruption to school activities.

3.8.2 Recruitment of participants

Learners were invited to participate in the study after being informed about the research project to be conducted in their schools. The school principals assisted in identifying and securing the names of learners who were known to be using substances and who met the inclusion criteria. The purpose of the study was clearly explained to all potential participants, including the rationale for selecting them: they were considered knowledgeable and experienced regarding the phenomenon under investigation, and their insights were essential for understanding SU among secondary school learners.

Interview appointment dates were arranged in collaboration with the school principals. All interviews were conducted on the school premises, where learners were organised into planned focus groups. Participants were informed that participation was entirely voluntary and that they were free to withdraw from the study at any point without any negative consequences. Before the interviews commenced, the researcher demonstrated how the audio recorder operated to ensure that learners understood its use and could request a pause or stop if they felt uncomfortable at any stage. This procedure helped promote transparency and ensure that participants felt safe, respected, and in control throughout data collection.

3.8.3 Measurement instruments

The researcher served as the primary instrument for data collection. The researcher conversed with participants to establish rapport and clear the ground for participants to feel at ease. Data were collected through focus group interviews with the sampled learners. Data collection was conducted in Xitsonga (Tsonga) and English, depending on participants' language preferences. Xitsonga was frequently used during the interviews, as it is the participants' home language and the commonly spoken language in Collins Chabane

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Municipality. Allowing participants to express themselves in Xitsonga enabled them to share their experiences freely, comfortably, and authentically, thereby enriching and deepening the data.

The interviews were guided by the following central questions, followed by further probing questions posed during the interviews.

"Kindly share with me your experiences as a learner who is using substances."

"In your experience of using substances, what can be the contributing factors towards the use of substances by the learners?"

"In your experience of using substances as a learner, please share with me about what can be done to mitigate the use of substances by learners?"

All interviews were audio-recorded and transcribed verbatim. Where interviews were conducted in Xitsonga or contained mixed language usage, the transcripts were carefully translated into English by the researcher, who is fluent in both Xitsonga and English. To ensure accuracy and preserve meaning, translations were checked against the original recordings, paying close attention to idiomatic expressions and contextual nuances. This process enhanced the credibility, dependability, and confirmability of the data Including Xitsonga during data collection was therefore essential to uphold ethical principles, ensure cultural sensitivity, and generate rich, authentic qualitative data.

THE ROLE OF THE RESEARCHER

The researcher served as the main research instrument for data collection and observed, interviewed, recorded, analysed, and interpreted participants' statements as faithfully as possible, reflecting what participants said as the researcher interacted with them during data collection. Rapport and trust were established, and an attitude of unconditional acceptance, respect, empathy, honesty, openness, and modesty was displayed during the interviews.

Furthermore, the participants were encouraged to feel free to explain their experiences and that no names would be mentioned during the interview. It was also explained that there is

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no right or wrong answer, and the researcher attempted to appear relaxed and as natural as possible. When participants were sharing their experiences, the researcher made a point of ensuring that her non-verbal responses aligned with the flow of the story. Effective communication skills to facilitate the interviews were used as described by Babbie (2011), Brink (2012), and De Vos (2013):

- **Listening**

The researcher employed this technique to collect data by paying close attention to participants' responses to the questions presented. This was carried out during both the study and the interview.

- **Probing**

This was carried out to enrich the data and provide a more thorough answer to the presented query. The researcher employed probing, which involves asking direct questions following a statement. Statements and opinions get more elaborate when important terms are repeated. The researcher employed participant-friendly language and concise, straightforward questions. The use of open-ended questions allowed participants to respond in their own words.

- **Non-verbal responses**

The researcher utilised non-verbal cues, such as nodding and positive facial expressions, as well as maintaining eye contact, to indicate active listening. This approach aimed to encourage participants to take their time and provide more thorough responses, as they were given ample opportunity to reflect on their thoughts before expressing them.

- **Minimal verbal responses**

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Minimal verbal responses, such as “yes,” “uh-huh,” “I hear what you are saying,” and “tell me more,” were used by the researcher to allow free-flowing responses from the participant. This allowed participants to freely express their perceived experiences.

- **Clarification**

The researcher always tried to explain misunderstood statements to avoid assumptions.

- **Reflecting**

The researcher repeated the participant’s statement as a question to ensure the participant understood it accurately and to allow the participant to elaborate. They were then repeated, if necessary, to ensure that the participants understood what was said.

- **Focusing**

The researcher gave participants full attention as they deliberated on their own experiences to help them focus. This was demonstrated by the seating arrangements used during the interviews: the chairs were the same, with no table between them. A non-threatening environment was maintained throughout the interview to enable participants to relate their stories without fear. All interviews were conducted at a time convenient to the participants. The interviews were conducted in a private, comfortable place accessible to the participants as agreed. For learners, the interviews were conducted in a classroom set up for that purpose and free of distractions. Human respect towards the participants was demonstrated, and all these factors kept participants focused on the interview.

- **Paraphrasing**

The researcher rephrased the participant’s words, preserving the same meaning. This encouraged them to give more information. Furthermore, participants' responses were paraphrased before the next question was asked.

- **Validating**

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The researcher observed participants' non-verbal communication; signs, including vocalisations, facial expressions, and body gestures, were interpreted and transcribed for analysis. All non-verbal communication collected during interviews as field notes was transcribed and analysed to give the collected data greater meaning.

- **Use of the silence approach**

The researcher adopted a silent approach, remaining quiet and observing all deliberations to allow the participants to think and continue talking at their own pace without interference. Eye contact and silence were maintained as participants were shown they were being listened to. Awareness and hearing were also demonstrated. Furthermore, active listening to participants' verbal and non-verbal cues was demonstrated. This involved perceiving another person's body movements, facial expressions, and the quality and tone of their voice.

- **Establishing a trust relationship**

The researcher immersed herself in the participants' lifeworld to better understand learners' SU, the support needed, and the intervention required to mitigate learners' SU. Mutual trust was established to secure participants' cooperation and improve the quality of the collected data. Participants were responded to in a manner that showed that they were worthy of their disclosure and were not condemned or opposed. A pleasant interpersonal relationship was maintained throughout the interviews. Data saturation was individual-based, as experiences were diverse and multiple.

3.8.4 Pre-testing

Pre-testing is about verifying the research instrument's ability to collect data and ensuring that its instructions are clear (Brink et al., 2016). In this study, two pretests were conducted. One focus group per school with learners who met the criteria was conducted for pretest purposes and did not form part of the study. They were interviewed to test whether the research question was clear to the participants in this study and to check whether the voice recorder was functioning properly. The interviews were recorded and transcribed verbatim, for the supervisors to check if the questions asked were related to the research topic. The

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transcript was presented to the supervisors, who indicated that probing was insufficient and that some questions were not relevant to the research topic. The second interview was conducted afterwards, and the supervisors observed some improvements in participants' responses following probing.

3.9 DATA MANAGEMENT AND ANALYSIS

3.9.1 Data management

The collected data was monitored by audio recordings. Recorded conversations between the researcher and participants were stored on a voice recorder, a cell phone, a computer, a hard drive, and a USB drive. Data were saved to prevent loss in case any of the gadgets were lost or damaged. The researcher's computer system is password-protected for privacy and confidentiality, so that no unauthorised persons can access it. The data collected was also transcribed as such from the recorded interviews word-for-word.

In qualitative research, data analysis means spending more time trying to understand the data contained in the written word or audio tape. This can be done concurrently with data collection (Brink et al., 2016). In this study, data were analysed after data saturation was reached. This involved transcribing the interviews verbatim and dividing the data into themes, sub-themes, and categories based on participants' responses.

3.9.2 Data analysis

Data analysis involved classifying, organising, manipulating and summarising data and describing it in meaningful terms (Brink et al., 2016). In this study, data were analysed according to the step-by-step format proposed by Tesch (Cresswell, 2017). The whole process started when the MoA was signed between the UNIVEN research team and the community of Mavambe Village, during which the prolonged engagement was being conducted.

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Data analysis guided by Tesch (cited in Creswell, 2014) was used. An independent coder, a cohort team, or a team of experts in the field of research from the University of Venda and the principal investigator followed the steps developed by Tesch to analyse qualitative data, as described below:

- Transcripts were carefully read several times to gain a sense of the whole, become acquainted with the collected data, and jot down ideas that came to mind.
- The most interesting document was picked up and read through to make sense out of it. The underlined thoughts that came out were written in the margin. They were later used to group similar topics.
- All the topics were listed, and similar ones were clustered together. These topics were then organised into columns: major topics, unique topics, and leftovers. Leftovers were placed in a separate file in case they may be needed during the writing of research findings. Different coloured pens were used to simplify the task.
- The list was taken to review the data again. Topics were abbreviated as codes and written next to the appropriate segments of the text. Thereafter, the scheme was organised to see if new categories and codes emerged.
- The most descriptive wording for the topics was selected, then organised into categories or themes and sub-themes. The total list of categories was reduced by grouping related topics, and lines were drawn between the categories to show interrelationships.
- A final decision was made on the abbreviations for each category and code, and they were arranged alphabetically. This was done after going through the codes several times, ensuring that all were noted.
- Data material belonging together was assembled, and a preliminary analysis was conducted. This made it easier for them to develop themes, categories, and sub-categories based on the grouping.
- The existing data were recorded to ensure no data were missing. Themes, categories, and sub-categories were written in tables, and the details will be discussed in Chapter 4.

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3.10 LITERATURE CONTROL

After data analysis, participants' interventions and strategies to mitigate SU by learners on the school premises were identified. Literature control was conducted to validate the findings and also the developed strategies. This is discussed in detail in Chapters 4 and 5.

3.11 ETHICAL CONSIDERATIONS

According to Burns and Grove (2016) and Brink (2016), ethics is a branch of philosophy that deals with morality. It contains a set of propositions for the intellectual analysis of morality and a means of striving for rational ends. Therefore, research ethics ensures that participants' rights are observed, protected, and respected. In this study, ethics will be ensured and observed as follows.

3.11.1 Permission to conduct the study

Permission to conduct this study was obtained from the relevant authorities before data collection. After presenting the proposal to the Department of Advanced Nursing Science, comments were received and addressed, and the proposal was then presented to the School of Health Sciences of the University of Venda. The proposal was then submitted to the University of Venda Ethics office, where an approval letter from UHDC was obtained (see Appendix D). Ethical clearance was issued by the University of Venda research ethics department (see Appendix E). The MoA from the two selected secondary schools was obtained over the prolonged engagement with the community (see Appendix F).

3.11.2 Informed consent

Informed consent involves informing participants about the type of information needed, their level of understanding, and their decision to consent (Brink, 2016). Informed consent ensured that participants fully understood the research project they would participate in before the study commenced (De Vos et al., 2012). Information about the aim of the study and the data collection process was provided to potential participants to obtain their voluntary cooperation. Thereafter, written or verbal permission was requested from the

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participants. Potential participants were assured that verbal permission to participate was acceptable.

The aim, duration, and significance of the study were clearly explained to participants before they could consent to participate. Participants were informed that they may withdraw from the study at any time, and they will not be questioned about their actions. They were requested to sign a consent form. They only gave verbal consent. Learners were given consent forms to sign after they were informed, and all consented.

- **The right to self-determination**

Self-determination is based on the ethical principle that participants have the freedom to decide whether to take part in a study, with full information, and may withdraw at any time without penalty. It means that human beings can control their own destiny, and that people should be treated as autonomous agents, free to conduct their lives as they wish, without external influence. This was ensured by allowing participants to decide whether to participate and by giving them the right to withdraw at any time during the study. Informed consent sheets were issued to learners who volunteered to participate in the study for their written consent. Verbal consent was also accepted for those who did not wish to endorse their signatures but were willing to participate in the study (Brink, 2016).

- **Principle of beneficence**

The principle of beneficence requires the researcher to do well and do no harm to those participating in the study (Swartz, De la Rey, Duncan & Townsend, 2011). In this study, no harm or discomfort, psychological or physical, was inflicted on the participants. This was explained in full detail to participants. All activities that might harm participants' physical health or psychological well-being were avoided throughout the study.

- **Principle of justice**

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The principle of Justice aims to ensure that all participants in the study are treated equally and fairly (Swartz et al., 2011). Participants were chosen randomly in a fair and just manner (Burns & Grove, 2016). They were treated fairly—the decision to participate or withdraw rests with the participants themselves. The principle of justice was upheld throughout the study by not discriminating against participants based on their socio-economic status, educational level, or age. All participants were treated with dignity and respect.

- **Confidentiality**

Confidentiality is a research ethic that ensures information provided by the study's source is made available only to the researcher and prohibits its disclosure to others (Monette, Duane & Deiong, 2008). Ensuring confidentiality entails the researcher's responsibility to prevent data from being divulged or made available to unintended recipients. If the information is requested for use in another study, participants would be informed and asked for permission (Brink et al., 2016). No names were mentioned during the study, and information was made available only to persons involved in the research. The study will be published for the benefit of the researcher, the Department of Health, participants, and the body of knowledge. The information was discussed only with the supervisors since they were part of the study.

- **Privacy**

Grove et al. (2016) define privacy as the participant's freedom to determine the time, circumstances, and extent to which private information will be shared.

The participants' attitudes, opinions, beliefs, medical records, and identity were not shared with anyone not involved in the study. All information was kept from intruders, and all interviews were conducted on the participants' own free will, in their own language and without intimidation from fellow family/community members. Participants were assured that whatever they said would never be used against them or to embarrass them. The researcher explained why an audio recorder was used.

- **Right to anonymity**

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Anonymity defines the ethical principle that participants' identities are not revealed or linked to the data at any stage of the research, ensuring they cannot be identified by the researcher or others (Coonan & Denicolo, 2022). Anonymity prohibits the researcher from making any information available that could lead to the identification of the research participants (De Vos et al., 2012). Actual names were not used throughout data collection. Each participant was provided with a number code, which would be the only thing to identify them. A master list of participants and matching number codes was kept in a safe place, on a password-protected computer, and on gadgets that are not accessible to anyone.

3.12 MEASURES TO ENSURE TRUSTWORTHINESS

According to Polit and Beck (2021), (Brink, van der Walt and van Rensburg 2016), Babbie and Mouton (2010) and De Vos, (2013), trustworthiness encompasses the degree of confidence that the researcher has on the data they have generated During the study the researcher ensured trustworthiness of the study using the following model of Lincoln and Guba (1995): credibility, transferability, conformability and dependability as described below.

- **Credibility**

Credibility refers to the confidence in the truth and accuracy of the research findings, achieved by ensuring that participants' views are accurately represented through strategies such as prolonged engagement, triangulation, and member checking (Creswell & Poth, 2018).

Credibility in this study was accomplished by selecting the target population precisely and by confirming that participants met the set criteria and were conversant with the phenomenon at hand (Lincoln & Guba, 1995). Data were transcribed word-for-word from direct recorded quotations of participants. Participants were interviewed until no new information emerged. Credibility was ensured through prolonged engagement, persistent observation and member checking.

- **Prolonged engagement**

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Prolonged engagements and sustained observation with participants allowed the identification of recurring patterns, themes, and values for validating standpoint (Brink, van der Walt & van Rensburg, 2016). Prolonged engagement refers to the researcher spending adequate time in the field to build rapport with participants, understand the research context in depth, and enhance the credibility and trustworthiness of the findings (Polit & Beck, 2021).

- **Persistent observation**

The researcher ensured she observed all participants' non-verbal communication during the interview sessions. The use of audio recorders enabled the researcher to pay full attention to participants' body language during the in-depth interviews. The researcher attentively observed and listened to participants during interviews; she probed for clarity on issues raised and focused on the elements most relevant to the study. Important points spoken by participants were noted.

- **Member checking**

During interview sessions, the researcher deliberately probed the participants further to gain a clearer, deeper understanding of what they were saying. The preliminary findings were discussed with the participants. After the information was fully analysed, the researcher returned to the participants for a final member check to ensure that the transcribed material accurately reflected what they intended. A summary was made at the end of each interview. The voice recorder was played back to the participants.

- **Transferability**

Transferability refers to the degree to which research findings can be applied to other contexts or settings and is achieved by providing rich, thick descriptions of the research context, participants, and procedures so that readers can determine their relevance to their own setting (Creswell & Poth, 2018).

According to Babbie and Mouton (2010), transferability refers to the extent to which the same kind of study can be repeated by others and yield results similar to those obtained by the previous researcher. The research design, study setting, target population, and

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sampling procedure were clearly explained, allowing the study to be replicated by other researchers in the future and to yield the same conclusion.

- **Dependability**

Dependability ensures that the information presented by the researcher is accurate and that people can depend on it for future use (Babbie & Mouton, 2010). A cohort group from the University of Venda, who are experts in the field of research, was consulted to cross-check the codes and determine whether they would code the data the same way the researcher had. The participants were visited after data analysis to ensure that what was written accurately reflected what they said and meant.

- **Conformability**

Conformability refers to the extent to which the interpretation of the study can be traced back to its original source and does not represent the researcher's ideas but those of the participants (Mouton, 2010). Data recorded during individual and focus group interviews were transcribed without any alterations. The researcher served as a research instrument and did not influence the study's responses or outcomes.

Table 3.2: Measures to ensure trustworthiness

MEASURE	CRITERIA	APPLICATION
Credibility	Prolonged engagement	Participants were contacted in person during the introduction, and detailed information about the study was provided. Sufficient time was spent with the participants during data collection. More time was spent validating data.

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	Member checking	The researcher played back the recorded tape to the participants. Participants were asked whether they had forgotten to mention anything.
	Peer examination	The research proposal was evaluated by departmental, faculty research, and university higher degree committees. Data were co-coded by peer postgraduate students, researchers, and mental health experts. Promoters and internal and external examiners examined the thesis.
	Developed strategies for validation	Research experts validated the developed strategies.
	Structural coherence	The study was guided by Roy's (2010) Adaptation Model. Ethical considerations were adhered to throughout the study. Data were analysed using Tech's method.

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		The strategies were developed using the six elements of practice theory by Dickoff et al. (1968), the SWOT Analysis approach (2014), and the BOEM action plan (2013). The validation of the developed strategies was guided by Chinn and Kramer (2008).
	Researcher's authority	The researcher is knowledgeable in research. The promoters are also research experts. Peer postgraduate students have sound knowledge of research and the best experience in the field of mental health.
Dependability		The research proposal was presented to the departmental and school research committees. The University Higher Degrees Committee (UHDC) examined the proposal. The developed strategies were validated by peers, postgraduate students, promoters, and mental health experts.

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		The nominated external examiners examined the methodology of the thesis.
Confirmability		The research proposal was evaluated by the departmental and school research committees. The UHDC examined the proposal. The nominated external examiners examined the methodology of the thesis.
Transferability		Theories used in the study. Qualitative methodology, study setting, and sampling process were described in detail.
Authenticity		Findings indicated learners' experiences with SU and the strategies needed to mitigate it.

3.13 PHASE TWO: DEVELOPMENT AND VALIDATION OF STRATEGIES TO MITIGATE THE USE OF SUBSTANCES BY LEARNERS

3.13.1 Development of strategies

The development of strategies was informed by the findings from Phase One (situational analysis), in which the emerged themes and categories guided strategy development.

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Furthermore, the strategies development process was guided by the practice-oriented theory of Dickoff, James, and Wiedenbach (1968), which consists of six elements:

- **Context** (where the strategy is implemented)
- **Agent** (who implements the strategy)
- **Recipient** (target group)
- **Dynamics** (motivating factors)
- **Procedure** (implementation process)
- **Outcome** (expected results)

Each strategy was structured according to these elements to ensure clarity and practical applicability.

In line with the PRAA, stakeholders, including learners, educators, parents, SGBs, and community leaders, were actively involved in developing the strategies. This was achieved through collaborative engagement sessions, where participants contributed to identifying feasible, culturally appropriate, and context-specific interventions. The detailed development process is presented in Chapter 5 of this thesis.

3.13.2 Validation of the developed strategies

The PRAA approach was used to validate the developed strategies, alongside an appreciative inquiry design, which was guided by Chinn and Kramer (1995), as follows :

- **Clarity** – Are the strategies clearly stated?
- **Simplicity** – Are the strategies easy to understand and implement?
- **Generalisation** – Can the strategies be applied in similar contexts?
- **Accessibility** – Are the strategies feasible within available resources?
- **Importance** – Do the strategies address key issues effectively?

The methodology for validating the developed strategies is detailed in Chapter 6 of this thesis.

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3.14 CHAPTER SUMMARY

This chapter provides a detailed overview of the research approach and methodology used in phase one (situational analysis) of the study. This included the population and sampling processes, data collection, data management, data analysis, ethical considerations, literature control, and measures to ensure trustworthiness. The study's findings from phase one (situational analysis) are presented in Chapter 4.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

Chapter 3 outlined the research methodology used to conduct this study. This chapter provides detailed information on the presentation and discussion of the findings obtained from the collected and analysed data on the development of strategies to mitigate SU amongst learners in the selected secondary schools in Collins Chabane Municipality,

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Limpopo Province. The findings are presented through themes and sub-themes that emerged from the focus group discussions, supported by verbatim quotations and integrated with relevant literature and the guiding theoretical framework.

SU affects communities globally, including learners in rural settings. In South Africa, SU among young people, particularly secondary school learners, appears to be increasing and is associated with multiple adverse outcomes, such as poor academic performance, risky sexual behaviours, interpersonal conflict, theft, violence, and broader social dysfunction.

Data analysis is the systematic process of organising, reducing, and interpreting research data to generate meaning and draw conclusions. In this study, qualitative data were analysed using Tesch's (2018) descriptive open coding method to identify themes and sub-themes that reflect participants' experiences and perceptions.

The study sample comprised 32 learners from two selected secondary schools in Collins Chabane Municipality, Limpopo Province. Participants were learners who were known to be using substances and who met the inclusion criteria. Learners participated in three focus group discussions (two groups from one school and one group from the second school). The interviews lasted approximately 45–60 minutes**,** were conducted in Xitsonga (participants' preferred language), and were later translated into English for analysis. Ethical principles were observed throughout the data collection process, including informed consent and confidentiality.

Of the 32 learner participants, 29 were males, and 3 were females. Participants ranged in age from 17 to 22 years, with the majority aged 19 to 22**.** The demographic profile is presented in Tables 4.1-4.4. Demographic information is summarised in the tables that follow.

Table 4.1: Learner demographic profile (n=32)

Participant	**Gender**	**Age**	**Grade of Learners**	**Academic Progress**	**Frequent use of Substances**	**Focus Group**

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Participant A	Male	18	11	Repeating classes	Multiple times	01
Participant B	Male	17	10B	Well progressing	Multiple times	01
Participant C	Male	18	11	Borderline performance	Multiple times	01
Participant D	Male	18	10B	Well progressing	Multiple times	01
Participant E	Male	17	10C	Repeating classes	Multiple times	01
Participant F	Male	17	9B	Repeating classes	Once and later quit	01
Participant G	Male	17	10A	Repeating classes	Multiple times	01
Participant H	Male	17	10B	Well progressing	Once and later quit	01
Participant I	Female	17	10B	Repeating classes	Multiple times	01
Participant A	Male	20	11B	Repeating classes	Multiple times	02
Participant B	Male	19	11B	Repeating classes	Multiple times	02

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Participant C	Male	20	11B	Repeating classes	Multiple times	02
Participant D	Male	22	11B	Repeating classes	Now addicted	02
Participant E	Male	18	11B	Borderline performance	Once and later quit	02
Participant F	Male	22	11B	Repeating classes	Now addicted	02
Participant G	Male	20	11B	Repeating classes	During special occasions only	02
Participant I	Female	21	11C	Repeating classes	Multiple times	02
Participant J	Male	18	11C	Borderline performance	Now addicted	03
Participant K	Male	22	11C	Non progressive	Now addicted	03
Participant A	Male	20	11	Repeating classes	Now addicted	03
ParticipanB	Male	18	11	Borderline performance	Multiple times	03
Participant C	Male	22	12	Repeating classes	Multiple times	03

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Participant D	Male	20	12	Repeating classes	Multiple times	03
Participant E	Male	20	11	Non progressive	Now addicted	03
Participant F	Male	20	10	Non progressive	Now addicted	03
Participant G	Male	21	12	Repeating classes	Multiple times	04
Participant H	Male	19	12	Borderline performance	Multiple times	04
Participant B	Male	17	10C	Borderline performance	During special occasions only	04
Participant D	Male	18	11	Borderline performance	Multiple times	04
Participant I	Male	22	11C	Non progressive	Now addicted	04
Participant J	Female	18	11B	Repeating classes	Multiple times	04
Participant K	Male	17	10	Borderline performance	Multiple times	04

Table 4.2: Age and gender-based distribution

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Age Group Distribution	Gender Based Distribution	
	Males	Females
17 – 18 years	7	2
19 – 20 years	10	0
21 – 22 years	12	1

Table 4.3: Demographic profile of male learners (n=29)

1. Age distribution	17 – 20 years		21 – 22 years	
	8	9	8	4
2. Grades of the learners	Grade 9	Grade 10	Grade 11	Grade 12
	1	8	16	4
3. Frequency of substance use	Once and later quit	Multiple times	during special occasions only	Now addicted
	3	17	2	7
4.Academic progress	Well progressing	Repeating classes	Borderline performance	Non progressive
	4	16	6	3

Table 4.4: Demographic profile of female learners (n=3)

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1. Age distribution	**17 – 20 years**		**21 – 22 years**	
	0		**01**	
2. Grades of the learners	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
		01	**02**	
3. Frequency of substance use	**Once and later quit**	**Multiple times**	**during special occasions only**	**Now addicted**
		01	**02**	**00**
4. Academic progress	**Well progressing**	**Repeating classes**	**Borderline performance**	**Non progressive**
	02	**01**	**00**	**00**

4.2 Overview of themes and sub-themes

The study findings were discussed under three themes: learner experiences with SU; factors contributing to SU among learners; and strategies to mitigate SU among school learners. These themes and sub-themes emerged through coding and thematic analysis of focus group transcripts and field notes. These themes and sub-themes were discussed in detail below, with direct quotations from the transcripts and supporting literature. To protect participants' identities, pseudonyms/codes were used (e.g., Participant A, FG1). Table 4.4 provides a summary of the themes, sub-themes and key categories. Each theme is presented with supporting quotations and discussed in relation to existing literature and the theoretical framework guiding this study.

Table 4.5: Themes, sub-themes, and categories

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Themes	Sub-themes	Categories
1. Learner experiences with the use of substances	1.1 Disruptive behaviour display	• Physical abuse/ assault • Verbal aggression • Delinquency
	1.2 Mental health problems	• Violent behaviour • Poor judgment
	1.3 Poor academic performance	• Student at risk behaviour • Retarded academic progress
	1.4 Negative interpersonal relationships	• Family conflict • Peer conflict
2. Factors contributing towards the use of substances by school learners	2.1 Social factors	• Peer pressure • Coping with stress • Curiosity • Avoidance
	2.2 Psychological factors	• Depression • Anxiety • Family dysfunction

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3. Strategies to mitigate substance use by school learners	3.1 Restoring-adaptive mechanisms	• School-based programmes • Counselling • Behaviour expectations
	3.2 Promoting positive identity	• Role modelling • Reinforcement • Rules and boundaries
	3.3 Improving coping strategies	• Extramural activities • Community structures • Self-regulation

4.2.1 Theme One: Learner experiences on the use of substances

This theme reflects the lived experiences of learners who use substances. Four sub-themes emerged: disruptive behaviours, mental health challenges, poor academic progress, and negative interpersonal relationships. Learners consistently described how SU affected their behaviour, emotions, school performance, and social functioning. Each sub-theme is presented with supporting quotations and discussed in relation to existing research. Each sub-theme is presented with supporting quotations and discussed in relation to existing research.

Sub-theme 1.1: Disruptive behaviour display

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Participants described multiple forms of disruptive behaviours associated with SU, including physical aggression, verbal outbursts, delinquent activities such as stealing, and conflict with family and peers. Many learners indicated that the onset of SU was tied to adverse life experiences, such as bereavement, parental conflict, abandonment, and family instability. These stressors often lead them to experiment with substances in an attempt to cope with emotional distress.

During the interview, the majority of the participants' responses suggested they were dependent on substances and were frequent, as such, some of them became heavy users. Their usage averaged from daily consumption of the substance to using it three or more times a day, or even disturbing their sleep during the night. Some of these participants were using more than one of the substances. The participants further indicated that they would steal properties from other people, their homes, and friends to make sure that they had enough substances for the day.

The following are some of the experiences narrated by the participants during interviews:

"Well, I started using substances a long time ago, it was due to the challenges that I was faced with. I lost my mother in 2012, while I was still 5years old. My father abandoned me and went to stay with another woman, so I was taken care of by my grandmother, who also passed away in 2019. I was still 12 years old by then, so I was left in my uncle's care, along with the other family members. I went to stay at my uncle's place and managed to stop smoking for about three months or so, yeah, after that the craving caught me and I went back to smoking again. My uncle's wife couldn't tolerate me, so we ended up fighting." **Participant B, FG2**

Another learner linked his substance to depression and loss of control:

"The reason why I resorted to smoking was that I had issues with my parents, whereby I ended up suffering from depression. I've been to school since 2018. Even now, I'm still in high school, so they always tell me, you are playing, you are playing, but it was something

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beyond my control. I've been trying very hard to make things work for me, but it was not easy." **Participant D, FG2**

Another participant narrated their experience:

"This whole saga started after my mother had passed on, it was in 2016, and I was in grade six. Because of the frustration and confusion I was going through at the time, I used to spend much of my time with my friends, and we used to spend most of our time in the wilderness, so all of my friends were smoking cigarettes. To me, it felt like I was somehow lost or isolated, even though I was in their midst. My friends advised me to take substances so that I could do away with what I was going through at that time, and as such, I was also tempted, and that's how I started smoking." **Participant D, FG2**

Another participant described increasingly hostile home environments:

"Err, substances can create enmity between you and your family. My mother discovered that I was using substances in 2018, and she felt bad about that. We've been fighting since then. Using substances has totally changed my life, even though I'm able to focus on school, but I have anger issues, especially in the early hours of the morning. My siblings know, you don't talk to me anyhow, or else, you get the worst, be it a hit or vulgar words." **Participant J, FG2**

One participant expressed how unresolved trauma contributed to his behavioural changes:

"I lost my mother in 2012, while I was still 5years old, my father abandoned me and went to stay with another woman, so I was taken care of by my grandmother, who also passed away in 2019. I was 12 years old by then, so I was left in my uncle's care with his family. I began to spend most of my time with my friends as I felt I was deserted; those guys encouraged me to use substances so that I could forget about my miserable situation. I began to default on my schooling, coming home very late, showing disrespect towards my uncle and his wife, and sometimes skipping classes." **Participant B, FG3**

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A participant also explained how methamphetamine (crystal meth) severely impaired his judgment and contributed to violent tendencies:

I've been using a certain drug called crystal meth. After taking that drug, I would stay for the whole night without sleeping. Once you use crystalline, all senses in your body become dead. The dangerous part about crystalline is that we might be in the same sport, having conversation together, things might start to change on my site, I might see you as a threat to my life, if I have something with me that I can use as a weapon, I can use that object, be it a knife or anything to kill even a friend, thinking he's a threat and an enemy to my life. When you are under the influence of crystalline, you always look for revenge, even if no one has offended you." **Participant, FG3**

The above findings align with the study by Enos (2022), which examined perceptions of SU among rural secondary school learners. It is also in line with the view of Garakani et al. (2021), who state that SU could be traced to a desire for power to relieve tension, satisfy needs, obtain occasional release from problems, and the need to find a cure for some ailments, which contributed to SU and addiction. In addition to the above statements, findings indicate that a significant negative relationship exists between SU and learners' disruptive behaviour among secondary school learners (Su & Xu, 2025). The reason for the above result is that learners who use substances tend to be addictive to the intake of the substance which often leads to disruptive behaviour in the classroom or at home, and causes mental disorder which effect the learners' brain and in turn make them to exhibits disruptive behaviour, it also brought about continuous wandering of learners from one place to another and eventual mental illness. Learners who are the future of tomorrow, who are supposed to make a great positive impact in society, are wasting their lives in SU because of the effects of SU on their behaviour.

Disruptive behaviour among school learners encompasses a wide range of actions that interfere with the learning environment and interpersonal relationships (Sitota & Tefera, 2024). These behaviours can range from minor interruptions like talking out of turn to more serious issues like physical aggression or disrespect. Learners who use substances may

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experience frequent conflict both at home and at school. SU can exacerbate existing issues, leading to increased aggression, poor communication, and strained relationships. This, in turn, can contribute to a cycle of conflict and SU. Understanding the different types of disruptive behaviours and their potential causes is crucial for educators to collaboratively address them effectively and create a positive learning atmosphere with learners' parents.

Sub-theme 1.2: Mental health problems

During the interviews, learners consistently described their mental health challenges as closely linked to academic pressures, social influences, and personal struggles. Anxiety and stress were frequently mentioned as triggers, with several participants noting that SU initially provided short-term relief but ultimately worsened their emotional state. Peer influence and the desire for belonging emerged as strong motivators, as learners often felt compelled to adopt the behaviours of their social groups.

Participants also highlighted the negative consequences of SU, including declining academic performance, absenteeism, and strained family relationships. Feelings of isolation were common, with many reporting that SU created distance between themselves and supportive networks. Despite these difficulties, some learners identified pathways to recovery, emphasising the roles of counselling, peer support, and healthier coping strategies such as exercise and journaling.

A participant explained:

"At first, I started drinking because it helped me forget about the stress of inability to progress at school and the constant anxiety I felt. My friends are now at university, and I'm still at secondary school, which makes me fight with my parents to not progress at school. So, at first, I thought it was the right thing to do. But over time, I realised I couldn't concentrate in class anymore, and my performance there dropped. I felt more isolated, even though people surrounded me. The substances gave me temporary relief, but my depression got worse, and I started being rejected by teachers at school and my parents as well due to the kind of behaviour I used to display once I got drunk." **Participant E, FG2**

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Another described dependency developing from an emotional void:

"At first, the relief was real; I could forget my worries for a while. I was longing for a father figure in my life, as my parents got separated, I had to stay with my mom alone, and to me it felt like I was stuck. It became a habit for me to start and end a day by using substances, but soon, the substances made me more paranoid. I couldn't sleep, and my depression worsened. What I thought was helping me cope was making me more vulnerable. I started depending on it, and without it, I felt empty and restless." **Participant J, FG2**

Others explained the link between family conflict and psychological distress:

"My grades dropped because I couldn't concentrate anymore. I used to spend most of my time in taverns. Even during the week, I would skip classes, and eventually I felt like I didn't belong in school. My parents noticed the changes, and we fought constantly. Friends who didn't use substances drifted away, and I found myself surrounded only by those who were struggling like me. I was no longer taken seriously by my schoolmates. It felt like isolation, even in a crowd." **Participant B, FG3**

Another participant shared:

"In the beginning, it felt like a relief. The alcohol silenced the racing thoughts in me, and the cigarettes gave me a sense of control. For a few hours, I could forget the panic attacks and the sadness. My parents got divorced, so I had mixed feelings as to whom to cling to. I ended up trusting much in the effect of these substances as I used to feel relieved after using them, but soon, the relief faded away, and the substances started to turn against me. I became paranoid, restless, and more depressed than before. What I thought was helping me cope was making me more vulnerable. I couldn't sleep without drinking, and I couldn't face my challenges without smoking. Dependency crept in quietly until I realised I couldn't function without substances." **Participant L, FG3**

One participant added:

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"My academics suffered. I couldn't concentrate in class, and my grades dropped. I skipped classes because I used to stay in taverns until late, no time for homework, and I'd come back home very late. Hence, I would oversleep and decide to stay home from classes, telling myself I'd catch up later, but later never came. Teachers noticed, and my parents grew worried. Arguments at home became frequent, and I started avoiding family altogether. Friends who didn't use substances drifted away, leaving me surrounded only by those who were struggling like me. I felt isolated and was called names like 'Malala phayiphini,' 'xidakwa,' etc. The substances had built a wall between the people who cared." **Participant D, FG1**

"I have been so unfortunate since I started using substances. The reason for my indulging in substances was curiosity, and I also wanted to belong to the group of boys who seemed to be like bosses at school, so I didn't want to see myself bullied by this group. I began hallucinating following smoking dagga. I was in grade nine by then, and I got admitted at the hospital, and I was put on chronic medication. Recovery has never been easy for me, and it's not instant. There are still some relapses when I try to stop taking the medication; there have been some moments when I wanted to give up. But with counselling from hospital staff, family support, and my own growing self-awareness, I'm starting to rebuild at a very slow rate. I learned that my worth wasn't defined by how well I hid my pain or how much I could drink. It was defined by my ability to face my struggles and grow from them. Today, I still fight anxiety and depression, but I fight differently. Instead of numbing myself, I try to embrace healthier alternatives—writing, running, and connecting with people who lift me up, e.g., getting involved in church activities. My journey taught me that substances don't solve mental health problems; instead, they only mask them. Real healing comes from facing the pain, not escaping it." **Participant K, FG3**

Together, these voices reveal a shared journey: learners turn to substances for relief, belonging, or confidence, but often find themselves trapped in dependency, isolation, and worsening mental health. Yet, through support systems, counselling, and self-awareness, many discover pathways to recovery and healthier alternatives.

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During the interviews, participants described a range of mental health challenges that shaped their daily lives and academic experiences. Anxiety and stress were the most frequently mentioned issues, often linked to academic pressures, examinations, and personal responsibilities. Several learners explained that these feelings led them to seek temporary relief through SU, which they initially perceived as a coping mechanism.

Participants also highlighted the influence of peer dynamics and social belonging, noting that SU was sometimes adopted to fit in or avoid isolation. However, they reported that this often resulted in negative consequences, including declining academic performance, absenteeism, and strained family relationships. Feelings of loneliness and conflict were common, with learners expressing that SU created distance between themselves and supportive networks.

Importantly, some participants shared experiences of recovery and resilience, pointing to counselling, peer support, and healthier coping strategies such as exercise, journaling, and mindfulness. These reflections emphasised the role of self-awareness and supportive environments in helping learners manage mental health problems without reliance on substances.

Together, the participants' voices reveal a shared journey: learners turn to substances for relief, belonging, or confidence, but often find themselves trapped in dependency, isolation, and worsening mental health. Yet, through support systems, counselling, and self-awareness, many discover pathways to recovery and healthier alternatives.

Overall, the narratives reveal that while SU was perceived as a coping mechanism for mental health problems, it often intensified the challenges learners faced. Their reflections underscore the importance of accessible support systems and of promoting healthier alternatives for managing stress and emotional distress.

The participants' experiences reflect a well-established link between adolescent SU and mental health problems. SU among learners is often preceded by depression, anxiety, trauma, and family dysfunction, and in turn exacerbates these conditions. International

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studies consistently confirm that SU can both result from and contribute to emotional distress, creating a cyclic pattern of dependency (Garakani et al., 2021; Lynch, 2022).

South African studies similarly show heightened vulnerability among learners experiencing parental separation, bereavement, or poverty (Mokwena, 2020). Without protective factors such as counselling or supportive family relationships, learners are more likely to use substances as maladaptive coping strategies.

The narratives also reveal low self-efficacy and limited access to mental-health support, key constructs in the Health Belief Model. Learners believed substances helped them manage stress, indicating perceived benefits**,** while their continued use despite negative consequences reflects perceived barriers to quitting.

Sub-theme 1.3: Poor academic progress

During the interview, learners pointed out that they often miss classes, which results in inefficient test and examination performance and forces them to repeat grades every year. As evident from the profile presented by the school principal, none of the learners implicated in this study would complete their study programme in record time, and some would drop out of school. Learners described a clear pattern of academic decline linked to SU, including missing classes, poor concentration, reduced motivation, and repeated grades.

A participant stated:

“I’ve been to school since 2018, even now I’m still at secondary school, so my parents always tell me, you are playing, but this is something beyond my control. I’ve been trying very hard to make things work for me, but it was not easy. It’s hurting because all my friends are at tertiary schools and some are now working, but here I am still at secondary school. My parents always kept on talking, and they didn’t choose which words were good for others, but Jaa, those words were hurtful, so I decided that if I smoke, eintlik, I’ll relieve that stress, but surely I have seen that it doesn’t help because it’s hurting me. Sometimes I would buy, maybe seven cigarettes, you know, I would be smoking the whole night, although I

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used not to smoke before, but I resorted to smoking due to the depression that I had." **Participant E, FG2**

Another participant added:

"After the death of my mom, my father abandoned me and went to stay with another woman, so I was taken care of by my grandmother, who also passed away while I was still 12 years old, so I was left in the hands of my uncle, together with the other family relatives. After my uncle's wife realised that I was using substances, she alleged that I was disrespectful and that everyone else around me, including her kids, would do the same, and then, because of that, I decided to move on with my own life in the absence of family relatives. I quit schooling and went to stay with a friend at his own home." **Participant B, FG2**

A female participant opined:

"My experience with substances is that I used to be arrogant towards my teachers and my parents, and I could not concentrate in class, which made me repeat grades, and my behaviour was unacceptable. I also used to have anger issues." **Participant L, FG3**

Narrations from this study corroborate those of Ashley (2017), which stated that decreased academic performance is often one of the first noticeable signs of SU among secondary school learners. SU by learners causes grades to slide because you're no longer able to keep up with your studies and perform to the best of your abilities. Louw (2010) also stated that substances can affect a learner's concentration and, in turn, their interest in school and extracurricular activities. This leads to increased absenteeism and higher dropout rates.

SU itself may impair cognitive development, which, in turn, reduces academic achievement and disrupts academic progression (Qiu et al., 2022). Recent studies have shown that heavy SU can impair working memory and attention by altering brain activity in learners. Learners who use substances tend to perform poorly in school. Using substances often compromises judgment and physical abilities, making a learner unable to perform in a variety of contexts: academics, athletics, music, or dramatic arts. This is the case whether

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the learner is using marijuana or harder substances such as cocaine. Moreover, SU is negatively associated with educational attainment. In the US, SU is higher among dropouts than among students still in secondary school. Approximately 27% of dropouts report using substances in the previous month, compared with 22% of those who are still in school. The negative association between SU and educational attainment is generally robust to controlling for observable characteristics, including ethnicity, family income, gender, parental education, race, and urban status.

Several cross-sectional and prospective studies focusing on SU have found an association with lower grades, lower scores on measures of academic functioning, a greater likelihood of skipping school and dropping out of secondary school, and a lower likelihood of enrolling in college.

Sub-theme 1.4: Negative interpersonal relationships

The narrations from FGDs indicated that SU amongst the learners is associated with numerous social problems such as crime and other antisocial activities, high-risk sexual behaviour, impairment of academic performance, and an increased risk of suicide, accidents, contagious diseases and psychological distress.

During interviews, participants pointed out negative interpersonal relationships with fellow learners and, at times, with teachers and/or parents. Participants reported using substances to enhance their performance in class. As a result, there is absenteeism in class, leading to them taking too long to complete their studies. Some learners usually pick fights with teachers.

Learners reported strained relationships within families, communities, and peer groups. SU created conflict, mistrust, and even violence.

Several learners described conflict at home:

“After my grandmother passed away, as she was the only one I was living with after my mom had also passed away, I was left in the hands of my uncle. As I had already started

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smoking due to frustration, my uncle's wife couldn't tolerate me, so we ended up fighting, and that made me run away from the house. I opted to go and stay at a friend's place, and by that time, I was no longer attending school." **Participant B, FG2**

Another participant narrated his story:

"After I started using substances, the cravings turned me into a thief and a criminal at the same time, because at times I would want to smoke but had no money to buy the stuff, and that's where I started stealing from people, and that made me become the people's enemy; everybody within the community began to dislike me. I also used to undermine other people while under the influence of substances." **Participant H, FG3**

Another participant added:

"Substances have created enmity between my family. My mother discovered that I was using substances in 2018, and she felt bad about that. We've been fighting since then, and we haven't been able to see eye to eye. Using substances has totally changed my life, even though I'm able to focus on school, but I have anger issues, especially in the early hours of the morning. My siblings know, you don't talk to me anyhow, or else, you get the worst, be it a hit or vulgar words." **Participant J, FG2**

In conclusion, literature indicates that there are serious problems of ongoing violence within schools in South Africa. These problems are not of major concern to the government, the teaching profession, or civil society. On the contrary, according to Polonyana and Moosa (2024), "there is increasing concern within South Africa that primary and secondary schools are the sites of widespread violence." Where schools have been constructed as spaces where children can come and learn in a safe and protected environment, this is unfortunately not the case in the majority of schools within South African society. According to Walters and Espelage (2023), the problem of school-based violence is not a new phenomenon. However, what is becoming evident is the increasingly serious nature of the violence in this context. For example, types of violence have shifted from cases of bullying to more serious forms of victimisation that involve violence. This is evident in the case of the random killing

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of 16-year-old Jacques Pretorious by Morne Harmse with a samurai sword at a technical high school in the western part of Gauteng. School violence is a problem of particular significance in South Africa. Shootings, stabbings, and physical and emotional violence have taken place in both public and private schools (Dewan, 2024).

A report by the South African Institute of Race Relations found that only 23% of South African learners reported feeling safe at school. In contrast, research suggests that schools in Norway, Denmark, and Sweden were the safest in the world, with approximately 20% of learners reporting feeling safe at school. Since children spend approximately half their time at school, schools can serve as the second most important socialising mechanism after the home. Khairaat (2020) argues that schools are important environments in which children not only gain knowledge but also learn about themselves, how to behave, and how to interact with other children. In this way, learners who are exposed to this context will tend to model this behaviour. Schools can therefore be either a negative or a positive reinforcer.

4.2.2 Theme Two: Factors contributing towards the use of substances by school learners

This theme captures participants' perceptions of the factors that influenced their initiation and continued use of substances. Two sub-themes emerged: social factors and psychological factors**.** Learners overwhelmingly attributed their SU to environmental factors, interpersonal influences, and emotional stressors. Notably, most participants externalised responsibility, attributing their use to contextual pressures rather than internal decision-making. Each sub-theme is discussed below.

Sub-theme 2.1: Social factors

The participants perceived that social factors had a negative influence on their lives; they used substances because of various social factors, such as peer and academic pressure, family issues like poverty, and fights between parents. None of the participants took responsibility for using substances. They sought external reasons for starting to use substances rather than assuming personal accountability. This suggests that they lacked

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self-insight into their internal motivations for using the substances. They also reported taking substances because they would feel good after using those substances, although it was for a short while or temporarily. The following responses support the overall theme:

One participant highlighted how parental conflict shaped his behaviour:

"My parents used to pick fights while I was watching them, such a behaviour really condemned my character. They ended up getting divorced, and dad could no longer take care of us, I mean myself, my brothers and our mother. And all of these left me addicted." **Participant I, FG1**

Another described pressure from siblings:

"I was the youngest in the house and still at the primary school level. I was staying with my two brothers and a friend, who used to smoke with him. Each day they used to smoke dagga inside the house, and I was offered the stuff so that I could smoke also, but I used to refuse the offer. Sometimes I would get out of the room, but they would call me names like a coward and a sell-out, etc." **Participant C, FG2**

Another participant shared:

I stopped using substances a long time ago; it was for a short while, and I didn't see anything good in it. I used to hide while smoking so that my parents would not see me; in fact, I was just curious to taste the flavour used in the so-called 'Okka pipe,' and the process was just for a month. So, the bad part about substances is that you don't have time to take care of yourself, and poor personal hygiene leads the way." **Participant M, FG1**

Another participant further expressed:

As for me, it was just curiosity, as those who were smoking did it differently. Those guys were having a glass-like gadget and a gun lighter, so I was told that the stuff they were using was called crystal, and I was convinced that the stuff is good for the starters, those who are

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new in this world of drugs and that you will be able to focus on your studies." **Participant B FG1**

Another participant expressed:

"I can say that substances are a good thing if you want to engage yourself in studying or perform heavy duties. Substances can sustain you for a longer period without feeling exhausted, so, according to me, it is good to use substances even when you are a school learner, and that is the reason why I got hooked on the stuff." **Participant B, FG1**

Another participant added:

"The thing is, when other people are happy or laughing, they also laugh, they can even cry for no apparent reason and sometimes fail to make a move without staggering. Sometimes, those people go to the extent of sleepwalking, and one finds themselves lost in the bush, not knowing who brought them there. I engaged myself in substances in order to have an experience of what other guys are feeling as they smoke." **Participant G, FG1**

The above findings are consistent with those of Yosef and Getachew (2020), who stated that SU is prevalent and associated with academic performance among secondary school learners. Keyzers et al. (2020) similarly found that early exposure within the home normalises SU, making adolescents more vulnerable. In rural South African contexts, the availability of substances within communities—especially in informal settlements further reinforces risky behaviours. Chakona's (2020) South African study found that many learners are introduced to substances by peers or family members, and that substances are easily accessible near schools or in households where adults use them openly.

Similar findings indicated that learners who used substances became notorious and ruinous. Some of the notorious and ruinous behaviours included bullying, stealing, looking dirty and scruffy. Difficult family situations or a lack of a bond with your parents or siblings may increase the risk of addiction, as can a lack of parental supervision. Few studies have

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examined the association between abstinence from all substances and academic achievement.

On the contrary, Dorji et al. (2020) posited that SU is historically common among young people. However, the only difference today is the increased availability of substances and the decrease in age of initiation. Many learners start using substances in the early years of their lives due to their accessibility. Society or community plays a significant role in learners' involvement in substances. Communities make legal and illegal substances more accessible, and as a result, learners are more likely to use them. Public drinking by others also contributes to the learner's engagement in SU. When learners see their elders drinking in public, they tend to become curious and experiment. Some studies found that the majority of the school principals and educators agreed that substances are readily available and accessible within the school environment, making it easy for learners to access them.

From a theoretical perspective, these findings align with the Health Belief Model (HBM).

- Learners perceived the benefits of using substances (relaxation, focus, acceptance).
- Their perceived barriers to quitting included stigma, fear of isolation, and ongoing environmental triggers.
- Low self-efficacy was evident when they attributed their SU to external forces.

Collectively, the narratives demonstrate that SU is not a personal weakness but a behaviour embedded in broader social and familial contexts.

The study's findings reveal that participants lack self-efficacy (self-confidence). Akdoğan and Toprak (2024) suggest that if an individual does not realise they can change their behaviour, they are likely unable to take responsibility for their actions, which suggests poor self-image and self-efficacy.

Sub-theme 2.2: Psychological factors

Social and psychological factors were reported to contribute to SU among secondary school learners. Participants perceived that those psychological factors, such as stress and

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depression, had a negative influence on their lives. Academic stress and depression were also reported as one of the reasons for using substances. Participants stated that they find academic work stressful, especially where support from the family, parents in particular, is poor; they used substances to cope. On the other hand, the participants did not realise the consequences of SU on their health when they began to use substances, so they continued to use substances as a coping mechanism. The following are comments from participants to support this sub-theme:

One participant explained:

"*Err, mm, the reason why I resorted to smoking was that I had issues with my parents, whereby I ended up suffering from depression. Err, I've been to school since 2018. Even now, I'm still in high school, so they always tell me, you are playing, you are playing, but it was something beyond my control. I've been trying very hard to make things work for me, but it was not easy. They kept on talking, and they didn't choose which words were good for others, but Jaa, those words were hurtful, so I decided to smoke."* **Participant E, FG2**

Another participant responded:

"*Um, I started smoking, both cigarettes and dagga, in 2017, when I was in grade seven. The reason why I started this was because of the emptiness or void in my life; I had lost a father figure. Like, my father ran away from my mom, went to stay with another woman in the same village as ours, and he was the only source of income at home. I felt bad about that. I used to spend much of my time with my friends because I was getting frustrated. So, yeah, the situation at home was not good, and that made me remain angry at all times, and I decided to do what my friends were doing, smoking substances, and by so doing, I could forget about the home situation. Like, err, since my father was the breadwinner at home, I was forced to find ways to put bread on the table for my mom and me. I was able to generate funds by selling cigarettes and dagga, and I felt focused at school after smoking."* **Participant J, FG2**

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Another participant narrated:

"*I was the youngest in the house and still at the primary school level. I was staying with my two brothers and a friend, with whom they used to smoke. Each day they used to smoke dagga inside the house, and I was offered the stuff so that I could smoke also, but I used to refuse the offer. Sometimes I would get out of the room, but they would call me names like a coward and a sell-out. So, yeah, life was no longer easy for me in the house until I joined them."* **Participant C, FG3**

Another participant expressed:

"I started using substances due to family issues. My parents used to pick fights while I was watching them; such behaviour really damaged my character. They ended up getting divorced, and dad could no longer take care of us, I mean myself, my brothers and our mother. And all of these left me addicted." **Participant I, FG3**

Another participant added:

"One girl once killed her newborn baby, thinking that it was a rat. Can you imagine how painful it is? So, it damages your mind, eventually you feel like everyone is against you, so, so eish, you think a lot, and you become paranoid of the people who live around you. You don't trust them anymore, and you start doubting everyone close to you. So, the reason for her indulgence in substances was frustration as she had no other source of income to cater for the baby, so she had to use these in order to forget about her problems." **Participant H, FG1**

Another participant further opined:

"Some participants indicated that some do indulge in substances because of their home situations, i.e, poverty. They explained that this was because they were discriminated against by friends at school, so they wanted to forget about home situations and to fit into the group, and thus, they decided to use and sell some stuff as well." **Participant H, FG1**

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Therefore, the above findings correlate with a study conducted by Zabin (2021), who reports that learners take substances to deal with stress, which is a negative coping mechanism. This unhealthy coping strategy causes more stress, thus exacerbating the problem. The use of substances affects secondary school learners on a global scale, and South African youth have a history of excessive SU. SU by secondary school learners in South Africa is twice the global average, and an estimated 15% of South Africans have a substance dependence problem. According to Mokwena, the use of substances has been on the rise amongst secondary school learners. These authors suggest that peer influence is one reason certain substances are popular. Perceptions and knowledge of the use of different substances are important for understanding patterns of SU. The evidence suggests that SU is high among younger generations, particularly secondary school learners, but knowledge about SU among school learners is low. The high levels of consumption among learners highlight the need for effective prevention and treatment interventions. There are various risk factors for SU, ranging from personality traits to affective and problem behaviours. In addition to intrapersonal risk factors, there are interpersonal factors such as peer pressure and a lack of parental monitoring.

In conclusion, factor analyses have shown that risk factors for learner SU can be divided into four categories: 1) Psychological functioning; 2) Familial environment; 3) Social relationships; and 4) Life stressors. In terms of psychological functioning, SU and psychological distress (e.g., depression and anxiety) tend to co-occur in secondary school learners (Lynch, 2022). Regarding the familial environment, some studies have found that the nature and quality of familial relationships significantly predict learner SU (Stull & Lanza, 2025), with parental monitoring level a protective factor. During adolescence, peer relations are significant; the degree to which learners believed that their close friends frequently used substances significantly predicted their onset of SU. Psychologically and physically stressful life events (i.e., divorce, victimisation, health problems) have been associated with increased SU over time (Assari et al., 2024). Some studies have found that SU could be predicted among secondary school learners who witness violence or who were victimised physically and sexually (Viera et al., 2022).

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The findings also align with the Health Belief Model, particularly:

- Perceived susceptibility: learners felt overwhelmed by emotional distress.
- Perceived benefits: substances offered temporary relief from depression or anxiety.
- Low self-esteem**:** learners believed their psychological state left them with no choice but to use substances.

This reveals that psychological vulnerabilities interact with environmental pressures to increase the risk of SU.

4.2.3 Theme Three: Strategies to mitigate substance use by school learners

This theme reflects learners' perspectives on strategies that may help reduce SU among secondary school learners. Three sub-themes emerged: restoring adaptive mechanisms**,** promoting positive identity**,** and improving coping strategies**.** The participants' suggestions centred on the need for supportive school environments, counselling, constructive activities, and strong social support systems. These strategies align with existing evidence on substance-use prevention among adolescents.

Sub-theme 3.1: Restoring adaptive mechanisms

Learners highlighted the need for programmes and resources that strengthen coping skills, reduce cravings, and provide alternatives to SU. They emphasised that practical support—such as counselling, health education, and structured activities—could help them manage cravings and rebuild healthier habits.

Learners often resort to SU as a maladaptive coping mechanism for stress, anxiety, or peer pressure. Implementing school-based programmes that teach healthy coping strategies can mitigate this risk. These programmes focus on helping learners manage their feelings constructively and also building the capacity to recover from setbacks. Research indicates that such interventions can reduce the likelihood of SU by enhancing learners' ability to handle stress and peer influences effectively.

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The participants narrated:

"Or maybe because you are from the department, you can help us through sessions like health talks or awareness campaigns, or even give us some pills that will relieve us from craving, because really now we have become slaves and we really want to stop or even quit, but we can't as we are now addicted." **Participant D, FG2**

Another participant narrated her story by saying this:

"To overcome the craving, keep yourself busy at home or engage yourself in activities in order to do away with the craving. Go to church on Sundays and minimise the rate of your smoking." **Participant H, FG3**

Another participant added:

"I volunteer to be of assistance to those who are willing to quit, as I also have been in this battle, and through God's mercy I managed to escape and win." **Participant K, FG2**

Another participant added:

"Once you decide to stop using substances, it is better to stay at home rather than continue hanging around with fellow learners you used to smoke with, or going to church, learn to discipline yourself, wait for the right time, distance yourself from friends that are still using substances and avoid staying with extra cash." **Participant C, FG2**

Another participant shared:

"Uhm, resources like sports ground, library, computer literacy classes and laboratories at schools will be of benefit to us as learners rather than just wandering at large." **Participant C, FG3**

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Sub-theme 3.2: Promoting positive identity

Promoting positive identity among secondary school learners who are using substances is crucial for their personal development and recovery (Murigu, 2022). A positive self-identity can foster resilience, improve self-esteem, and reduce reliance on harmful coping mechanisms, such as SU.

To promote positive identity, learners should understand who they are outside of SU and be able to discuss the impact of labels (e.g., “addict”) and how to replace them with positive, growth-oriented identities, and equip learners with strategies to manage stress, trauma, and negative emotions in healthy ways, providing alternatives to SU as well.

Participants narrated their views:

“According to me, a person must have self-discipline, one must learn to accept changes, have a goal in life and also hold on to what you are aiming at and never give up, even when the craving becomes so strong, just hold on until you win the fight.” **Participant A, FG 1**

Another participant added:

“I think at school, if there are people who can motivate and convince us that these things are deadly, and they have negative consequences on someone’s future, I don't think people can still want to continue ruining their own future. Drugs can make u go crazy. Eintlik, once you use these things, you are no longer a complete or normal person anymore, you are a dangerous animal, yes.” **Participant C, FG 1**

Another participant shared:

“You know what? A person needs to be a role model of their own self, limit the number of cigarettes per day, and by so doing, you will be paving a way towards your own brighter future.” **Participant E, FG 2**

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Sub-theme 3.3: Improving coping strategies

Improving coping strategies for secondary school learners who are using substances is a key step in reducing dependency, promoting resilience, and guiding them toward healthier life choices (Sibichen, 2021). Many of the school learners use substances to cope with emotional distress, trauma, peer pressure, or environmental challenges—so equipping them with healthier alternatives is critical.

A participant narrated:

"One more other thing is that if people like you, who know the dangers of substance use, if you can keep on visiting the school, highlighting us now and then about the dangers of using substances, I think some of us can still be saved from the danger of getting addicted, because truly speaking some of us here, we don't know how to get out of the cage we are in now. Drugs are everywhere nowadays, even in the spaza shops, so there's no way you can say you can hide away from that, but I think through the health talks and continuous motivations, we can become victorious."

Participant C, FG 1

Another participant added:

"Um, you can stop using substances only if the reason or the problem that made you start smoking or drinking has been resolved, for example, poverty at home. If the situation is still the same, you can temporarily pretend and ultimately go back to smoking because nothing has changed. Unless maybe the social workers can intervene." **Participant C, FG 2**

The use of substances by learners is a major public health problem internationally. SU among public secondary school learners is increasing rapidly and with negative consequences such as school dropouts, injuries, loss of lives, destruction of properties, and compromised academic standards. The use of substances by learners is a major public health problem internationally (Ayenigbara, 2023). Educators in schools face the challenge of learners' misconduct and assume that this abnormal behaviour results from SU by these learners.

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SU among learners is increasing rapidly in schools. Research shows about 190 million SUrs globally, resulting in around 40 million serious illnesses or injuries reported each year (Olashore et al., 2022). In the first South African national youth survey conducted among Grade 8-11 learners, the prevalence rate was 31.8% for alcohol, 23% for binge drinking, and 9.1% for cannabis use. Similarly, a study conducted by Peltzer and Phaswana Mafuya found that the past 3 months of SU among 15-year-olds and older was 4.4%, which was higher than the 2008 national survey.

SU is a matter of serious concern in secondary schools, and several factors are believed to be perpetuating the behaviour. The government should implement strict measures to ensure the appropriate use of substances for the intended purpose. Teachers' inadequate knowledge of the contributory factors to SU among learners could mean they cannot educate them about substance-related harm.

SU is associated with poor academic performance, a serious barrier to reaching the goals of the education system. The findings of a significant association between SU and risky sexual behaviour confirm the negative impact of SU on secondary school learners. The significant association of learner SU with a range of anti-social behaviours, such as physical fights, serious problems with parents and friends, poor academic performance, trouble with police, learners exposing themselves to risky behaviours, and regretted the next day, poses a serious concern to the progress and development of society at large.

The findings of this study are consistent with those of a study by Yosef & Getachew (2020), which found that the prevalence of SU among the study participants was 47%. Of those using substances, the highest proportion consume alcohol (87%), followed by cigarettes (45%) and 24% dagga smoking, and these findings are similar to the findings reported in previous studies. These findings place learner SU at the centre of the various problems experienced in South African schools and communities. These associations also identify the need to target learner SU as a barrier to overall social development because the outcomes, be they academic, physical health, social, and/or mental, have long-term implications for the affected learners.

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Alcohol, cannabis, and cigarettes were found to be the most commonly used substances, which is similar to another study conducted in Durban, South Africa (Waring et al., 2024). The ease of access to these substances increases the challenges, as this cannot be addressed without the involvement of other sectors, including law enforcement and behavioural scientists. The complexity of the situation underscores the urgency for stakeholders to work together to develop interventions that address both prevention and management. Currently, there are no such interventions accessible to the general learner in any South African public school setting.

Despite the challenges of SU in schools, it does not seem that the Department of Education has any specific intervention to address the problem, other than relying on the LO learning area, which aims to address a wide range of learner developmental areas, which include personal, psychological, neuro-cognitive, motor, physical, moral, spiritual, cultural, and socio-economic areas (Madhanlal & Nakedi, 2025). However, the delivery of LO has been reported to pose serious challenges due to constraints at the individual, interpersonal, school, and community levels (Karasova & Kleckova, 2023). Another shortcoming of LO as a resource for SU is that it is general and does not address personal experiences, limiting its ability to assist learners with SU challenges. Of serious concern is that the DBE's policy on the management of SU in schools is neither known nor implemented, suggesting that there is little at the school level to address the serious problem of SU among learners (Sheehan et al., 2022).

Stakeholders in this case play a central role in the fight against SU among secondary school learners. Care is a holistic action that comprises activities that meet learners' survival needs and includes physical, emotional, and social care (Florou & Alexopoulos, 2017). Care also means making the necessary resources available to learners so they can reach their full potential. Given the negative social/environmental conditions that secondary school learners experience (for example, poverty, lack of parental guidance, peer pressure and personal challenges), a concerted effort is needed to promote their resilience (Cheung, 2024). Secondary school learners who are resilient adjust and function well despite adverse environments, without giving in to negative influences that can lead to dysfunctional coping

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behaviours. The protective factors identified by Wyman et al. (2000) include individual, family, and community influences that can positively affect learners' adaptation and development in negative social/environmental conditions and enhance cognitive-affective well-being. Some participants appeared to regret their behaviours. They stated that addiction is a hard thing to beat and that they needed help. They regretted losing friends and family members, engaging in criminal activities and living in a drug-induced haze. The following measures were considered to be the factors to enhance the mitigation of the use of substances by the learners:

4.3 CONCLUSION AND RECOMMENDATIONS

Substance Consumption as a status offence among secondary school learners and a social problem worldwide is increasing in prevalence. Its widespread nature is so alarming and dangerous that it has far-reaching consequences for future generations. Hence, there is a need for rapid responses to the problem of substance consumption. Based on the study's findings regarding the prevalence of substance consumption among secondary school learners, the following recommendations can be put forward:

- **Awareness and education campaigns**

There is a need for sustained awareness and education campaigns to educate secondary school learners on the risks and consequences of substance consumption. These campaigns should target secondary school learners through various media channels, including social media, radio, and television.

- **Parental involvement**

Parents have a significant role in preventing learners' SU. They should be educated to recognise and address early warning signs of SU in their children. They should also be encouraged to engage in open and honest conversations with their children about the risks and consequences of SU.

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- **Government intervention**

The government should implement policies and programmes targeting learners' SU. This includes increasing funding for learners' SU prevention programmes in schools and communities, enforcing laws against the sale of illicit substances, and increasing penalties for those who sell substances to secondary school learners.

- **Access to counselling and treatment**

Learners struggling with SU should have access to counselling and treatment services. The government and non-governmental organisations should provide these services in schools and communities to ensure learners have access to them.

- **Collaboration and partnerships**

Collaboration and partnerships among various stakeholders, such as the government, non-governmental organisations, parents, schools, and communities, are crucial to addressing SU among rural secondary school learners. These partnerships can help create a supportive, coordinated approach to prevention and intervention efforts. In conclusion, addressing the problem of SU among secondary school learners requires a multifaceted approach that involves the active participation of all stakeholders. By implementing these recommendations, it is possible to reduce the prevalence of SU among secondary school learners and create a healthier, safer environment in which they can grow and develop.

4.4 CHAPTER SUMMARY

This chapter presented the findings that emerged from the data analysis. Three themes were identified: learner experiences with SU, factors contributing to SU, and strategies to mitigate SU among school learners. Transcribed data and literature control supported the findings. Chapter 5 will present the development of the strategies.

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CHAPTER 5

DEVELOPMENT OF STRATEGIES TO MITIGATE SUBSTANCE USE AMONG SECONDARY SCHOOLS' LEARNERS

5.1 INTRODUCTION

This chapter translates the empirical findings from Chapter 4 into a coherent, context-appropriate strategy package to mitigate SU among secondary school learners in Collins Chabane Municipality. Strategy development followed a participatory pathway anchored in the PRAA and was theoretically scaffolded by Roy's Adaptation Biopsychosocial Model and Dickoff et al.'s Practice Theory. Strategies were refined using the SWOT analysis and framed through the BOEM action approach. The chapter highlighted the collaborative role of educators, caregivers, and communities in mitigating SU among learners and enhancing learners' overall well-being. The six elements of practice theory outlined by Dickoff et al. (1968), the SWOT analysis, and the BOEM action plan (Vhuromu, Maputle, Lebese & Goon, 2017) informed the development of the strategies. The strategies respond directly to three evidence-based domains identified in Chapter 4: (1) Learner experiences; (2) Contributing factors; and (3) Mitigation levers (adaptive mechanisms, positive identity, coping)—and are designed for feasible implementation within rural school and community systems.

5.2 THEORETICAL FRAMEWORK FOR THE DEVELOPMENT OF STRATEGIES

The PRAA employed strategies that were co-created with learners, parents, educators, SGBs, School-Based Support Teams (SBSTs), traditional leaders, and local services (clinics, SAPS). PRAA ensures ownership, cultural fit, and sustainability. Objective 3 aims to develop strategies to mitigate SU among secondary school learners in the selected schools. The theoretical framework for the development of strategies was outlined through the six elements of practice theory as outlined by Dickoff et al. (1968). They are agents, recipients, context, dynamics, process, and outcomes. The elements are discussed below:

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5.2.1 The agent

According to Dickoff et al. (1968), an agent is any individual whose actions achieve the goal. In this study, the agents are the individuals responsible for implementing the strategies. These include educators, school health personnel, counsellors, psychologists, social workers, and community support partners, including parents. They facilitate prevention programmes, provide guidance, and create supportive environments that discourage SU. Their effectiveness depends on their competencies, training, communication abilities, and commitment to promoting learner well-being. By clearly identifying the agents, the practice framework ensures that responsibility is shared among all stakeholders who contribute to a coordinated and multi-sectoral approach.

5.2.2 The recipient

Recipients are those who receive action from agents and benefit from the activity (Dickoff et al., 1968). The recipients in this context are secondary school learners who are vulnerable to or currently affected by SU. These learners may experience various emotional, social, psychological, and academic challenges that increase their susceptibility to engaging in substance-use behaviours. Recognising learners as recipients ensures that the proposed strategies are tailored to their developmental stage, unique needs, and specific risk profiles. Understanding the characteristics and experiences of recipients is essential to ensuring that interventions are learner-centred, developmentally appropriate, and sensitive to the realities of the school and community environment.

5.2.3 The context

The context is viewed through the lens of a matrix of activities. According to Dickoff et al. (1968), it is viewed in light of other elements, such as people and other activities, and how those elements interact to form an organism, unity, or overall context of activity. Context refers to the setting, location, and physical structure that constitute the elements of the situation in which the activity occurs.

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In this study, the context refers to the school environment, broader community settings, and socio-economic conditions in which learners live. Factors such as peer pressure, family challenges, community norms, and availability of substances shape the need for targeted strategies.

5.2.4 The dynamics

Dickoff et al. (1968) refer to dynamics as an energy source behind an activity. Dynamics involve the forces, motivations, and pressures that drive action and shape how interventions are delivered. In the case of SU among secondary school learners, dynamics include factors such as peer pressure, emotional distress, academic stress, family instability, poor coping skills, availability of substances, and negative community influences. These dynamics exert powerful effects on learners' decisions and behaviours. Understanding them helps guide the design of strategies that address root causes rather than merely react to SU symptoms. It also ensures that interventions are responsive to learners' lived realities and psychosocial challenges.

5.2.5 The process

Dickoff et al. (1968) describe the process as a protocol that guides activities. The process involves a set of guiding steps to achieve the goal. It aims to provide sufficient information to enable the activity to be carried out and to safeguard the agent, recipient, and institution by providing knowledge, thereby lessening the risk of criticism. This also refers to the planned activities, methods, and processes to mitigate SU. These include life-skills education programmes, psychosocial support, counselling services, mentorship initiatives, awareness campaigns, referral systems, and consistent enforcement of school policies. Procedures outline *how* agents will implement interventions and the specific steps required to achieve desired outcomes. A clear articulation of procedures enhances coordination, ensures accountability, and provides a structured roadmap for action. It also supports the sustainability of interventions by establishing routine practices and systems that reinforce prevention efforts.

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5.2.6 The outcome

The outcome represents the desired outcomes or end goals of the strategies. In this study, the outcome includes reduced SU among secondary school learners, improved coping skills, strengthened resilience, enhanced mental and emotional well-being, and safer, more supportive school environments. It also includes long-term goals such as improved academic performance, better decision-making, and reduced substance-related disciplinary issues. Defining the outcome provides direction and purpose for all interventions, ensuring that every aspect of the strategy aligns with the ultimate aim of promoting healthy, adaptive behaviours and protecting learners from the harmful effects of SU.

Table 5.1: Dickoff et al. matrix

Six Elements of Dickoff et al.	Application to the Study
Agents	• Teachers, school health nurses • Social workers • Psychologists • Caregivers • peer educators • Relevant government departments (DBE, DOH, DSD)
Recipients	• Secondary school learners who are at risk of or currently using substances
Context	• School environment • community setting • Home environment • Existing policy environment (e.g., DBE policies, School Safety Framework)
Dynamics	• Peer pressure • Family dysfunction

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Six Elements of Dickoff et al.	Application to the Study
	• Lack of communication • Accessibility of substances • Socio-economic hardships • Availability of support services • Motivation of learners • Willingness of staff • Community involvement
Procedure	• Screening learners • Providing counselling • Conducting awareness campaigns • Implementing school-based prevention programmes • Referral pathways • Debriefing sessions • Capacity building of staff
Outcome	• Reduced SU among learners • Strengthened adaptive coping mechanisms • Improved mental health • Safer school environments • Empowered learners with positive identity and resilience

5.3 SWOT ANALYSIS APPROACH

The strategies were developed using a SWOT analysis to identify the strengths, weaknesses, opportunities, and threats relevant to mitigating SU among secondary school learners. SWOT analysis, as described by Bezuidenhout (2014), is a structured process that identifies strengths, weaknesses, opportunities, and threats and evaluates them. During

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SWOT analysis, the six elements of practice as outlined by Dickoff (1968), that is, context, agents, recipients, dynamics, procedure, and outcomes, were applied.

5.4 APPROACH USED TO DEVELOP THE STRATEGIES

This section focuses on developing strategies to mitigate SU among school learners in the selected secondary schools in Collins Chabane Municipality, Limpopo Province, South Africa. To develop strategies, a SWOT analysis was used to identify strengths, weaknesses, opportunities, and threats within and outside the school environment, addressing both individual learner needs and systemic factors. According to Sammut-Bonnici and Galea (2015), a SWOT analysis assesses an organisation's external opportunities and threats, as well as its internal strengths and weaknesses. During the SWOT analysis, the six elements by Dickoff et al. (1968) will be applied.

5.5 FACTORS INVOLVED IN THE SWOT ANALYSIS

SWOT analysis ensured that the strategies developed in this study are realistic, context-specific, and responsive to both the strengths that can be leveraged and the challenges that must be addressed. This alignment enables the development of comprehensive, sustainable approaches to mitigating SU among learners.

The internal factors (strengths and weaknesses) and the external factors (opportunities and threats) in the SWOT analysis need attention because they can positively or negatively influence the process of mitigating SU among learners in the schools studied (Chen et al., 2025). The researcher conducted the SWOT analysis during data collection in in-depth individual interviews and focus group discussions. After analysing the data provided by participants, the strengths, weaknesses, opportunities, and threats were identified.

5.5.1 Internal factors: Strengths and weaknesses

Internal factors are elements within an organisation, programme, or system that directly influence its performance. These are aspects that the organisation can control, improve, or modify. Strengths and weaknesses are internal factors which will focus on human resources, competencies, financial costs and services emerging from this study.

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5.5.1.1 Human resources

- **Strengths**

The strengths identified in the school environment include the availability of dedicated, skilled human resources. The information was derived from the setting (the selected secondary schools), where the researcher was profiled with the human resources allocated. The results of this study indicated that schools already have a solid foundation for implementing effective prevention and intervention programmes. Many teachers, LO educators, and support staff possess valuable experience and knowledge in learner development, counselling, and behavioural management. Their commitment to learner welfare constitutes an important foundation for implementing preventive and supportive programmes. Additionally, strong leadership from the School Management Team (SMT) and SGB fosters consistency in decision-making and provides a supportive organisational climate for enforcing school policies on discipline and SU.

- **Weaknesses**

Internal weaknesses are limiting the schools' ability to fully implement effective strategies. One major challenge is the shortage of adequately trained staff who specialise in SU identification, early intervention, and psychosocial support. While general teaching personnel are knowledgeable, few have received specialised training in addressing substance-related behaviours. Heavy workloads further exacerbate this limitation, leaving teachers with insufficient time to provide consistent follow-up and guidance to affected learners.

Limited infrastructure also presents a significant weakness. The schools lack dedicated counselling rooms, private spaces for learner support, or secure areas to prevent the circulation of substances on school grounds. Inadequate surveillance, insufficient security personnel, and the absence of learner support centres weaken the school's internal capacity to respond promptly and effectively to substance-related incidents.

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5.5.1.2 Competencies

- **Strengths**

In this study, the competencies involved dynamics such as effective communication, motivation, willingness, determination, proactiveness, and debriefing. One of the critical strengths identified in the school environment is the availability of dedicated, skilled human resources. Furthermore, existing collaborations with external stakeholders, such as the Department of Health, the SAPS, and local community organisations, strengthen the school's ability to offer comprehensive support to learners at risk of SU. These partnerships enhance the school's capacity by providing counselling services, educational workshops, and community-based support systems.

- **Weaknesses**

The study revealed weak communication structures within the schools, which also contributed to the challenge. In some cases, coordination among teachers, parents, and external stakeholders is inadequate. Delayed incident reporting, limited parental involvement, and fragmented communication channels reduce the school's capacity to respond proactively. Furthermore, low motivation and burnout among teachers, often linked to heavy workloads and limited support, hinder the successful implementation of health-promotion strategies.

5.5.1.3 Financial costs

- **Strengths**

The study found that schools could benefit from established policies, such as the Code of Conduct and safety guidelines, that outline clear expectations for learner behaviour. The tools would serve as formal frameworks that would guide preventive and disciplinary procedures. Furthermore, existing collaborations with external stakeholders, such as the Department of Health, the SAPS, and local community organisations, would strengthen the school's ability to offer comprehensive support to learners at risk of SU. The partnerships

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would enhance the school's capacity by providing counselling services, educational workshops, and community-based support systems.

- **Weakness**

Financial constraints would further undermine the implementation of prevention programmes. Budget constraints would limit the availability of educational materials, awareness campaigns, staff development workshops, and extracurricular activities that could otherwise serve as protective factors for learners. At the organisational level, inconsistent enforcement of school policies remained a challenge. Although policies exist, their effectiveness would be reduced by irregular application, limited monitoring, and poor follow-through on disciplinary actions.

Limited infrastructure also presented a significant weakness. The schools lack dedicated counselling rooms, private spaces for learner support, or secure areas to prevent the circulation of substances on school grounds. Inadequate surveillance, insufficient security personnel, and the absence of learner support centres weaken the school's internal capacity to respond promptly and effectively to substance-related incidents.

SUMMARY

Above all, the analysis of internal factors revealed that the school possesses several key strengths that could be harnessed to support strategy development, including strong staff commitment, policy frameworks, and supportive partnerships. However, these strengths need to be balanced against existing weaknesses such as staff shortages, financial limitations, weak enforcement capacity, and communication gaps. Addressing these internal weaknesses would be essential for creating sustainable, evidence-based strategies that would effectively mitigate SU among school learners.

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5.5.2 External factors: Opportunities and threats

In this study, external factors refer to environmental conditions, societal influences, and broader contextual forces that exist outside the school system but significantly shape the success or failure of strategies designed to mitigate SU among learners. External factors include opportunities and threats that negatively affect the services provided in the facility or school system (Bezuidenhout, 2014). Opportunities are characteristics that benefit the institution and are useful in implementing strategies to mitigate the use of substances among learners. Unlike internal factors, which can be directly controlled by the school, external factors require adaptation, collaboration, and strategic alignment with external stakeholders, policies, and socio-economic trends. Threats refer to anything that can jeopardise or negatively impact the smooth functioning of an activity. Understanding these opportunities and threats gives a broad overview of the SWOT analysis. It interprets these findings to identify all factors that impact strategies to mitigate learners' SU in the selected secondary schools, and to enable the development of responsive, contextually grounded strategies that prevent the effective implementation of school-based strategies.

5.5.2.1 National and provincial policies

The availability of national and provincial policies that prioritise child protection, school safety, and SU prevention. Legislation such as the South African Schools Act, the Child Justice Act, and various DBE guidelines provides a supportive legal framework for schools to strengthen their interventions. These policies not only outline schools' responsibilities but also mandate collaborative efforts among schools, government departments, and communities. Such policy backing enhances the legitimacy and sustainability of intervention strategies aimed at reducing SU among the learners.

5.5.2.2 External support systems and professional networks

Partnerships with government departments such as health, social development, and SAPS—as well as NGOs, faith-based organisations, and community forums provide additional expertise and resources. These stakeholders offer awareness workshops,

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rehabilitation referrals, counselling services, and community mobilisation programmes. Their involvement extends the school's capacity beyond its internal limitations, ensuring that learners receive holistic support that encompasses prevention, early intervention, and reintegration.

5.5.2.3 Technological advancements

Technological advancements also offer opportunities to strengthen prevention programmes. Digital platforms, mobile health applications, social media campaigns, and virtual counselling services can enhance communication with learners and caregivers. They provide innovative ways for schools to disseminate educational content, monitor learner behaviour, and connect families with support services. Additionally, increased public awareness of SU through national media, health campaigns, and community discussions creates a favourable environment for reinforcing the importance of mitigating SU among the learners.

5.5.2.4 High availability and accessibility of substances

A major threat is the high availability and accessibility of substances within communities surrounding schools. Factors such as unregulated taverns, drug trafficking networks, and localised crime create an enabling environment for SU. Schools often struggle to counteract these external pressures, especially when learners return to environments where SU is normalised or socially acceptable.

5.5.2.5 Socio-economic challenges

Socio-economic challenges constitute another pervasive threat. High levels of poverty, unemployment, and family instability contribute to vulnerability among learners. In communities where households face financial difficulties, learners may resort to SU as a coping mechanism or become targets for drug dealers. Additionally, limited parental supervision due to long working hours, single-parent households, or household stress

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reduces the protective role caregivers should play, leaving learners more exposed to risky behaviours.

5.5.2.6 Peer pressure

Peer pressure remains a serious external threat, especially during adolescence when belonging and social acceptance are highly valued. Learners may feel compelled to experiment with substances to fit in, gain status, or escape emotional difficulties. The influence of social media, which sometimes glamorises SU, further increases learners' exposure to risky lifestyles.

5.5.2.7 Structural limitations in community services

Structural limitations in community services also posed threats. While external organisations offered support, many communities were still experiencing shortages of mental health professionals, long waiting periods at clinics, and inconsistent outreach programmes. These gaps delayed early intervention and reduced the effectiveness of referral pathways between schools and community service providers.

5.5.3 Summary

The external environment presented both opportunities and threats that significantly influenced the development of strategies to mitigate SU among school learners. While supportive legislation, community partnerships, technological advancements, and growing public awareness provided fertile ground for effective intervention, schools must also navigate threats related to substance availability, socio-economic instability, peer influences, and service delivery gaps. A comprehensive understanding of these external factors ensured that strategies were contextually appropriate, adaptable, and designed to respond to both enabling and constraining forces within the broader environment.

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5.6 SWOT ANALYSIS MATRIX

The above discussion presented the study's results, and a SWOT matrix was subsequently produced. The matrix displayed the internal and external factors that influenced the development of strategies to mitigate SU among school learners. The SWOT analysis results from the study, outlined in the discussion above, are summarised in Table 5.1.

Table 5.2: SWOT analysis matrix

	STRENGTHS	**WEAKNESSES**
INTERNAL FACTORS	• Existing policies and codes of conduct addressing SU. • Strong communication systems within the school. • Positive relationships between learners and educators. • Supportive school environment that encourages counselling and life-skills programmes.	• Shortage of trained staff to manage substance-related cases. • Limited financial or material resources for prevention programmes. • Inadequate counselling services and referral systems. • Poor implementation or monitoring of school policies. • Weak collaboration between educators, parents, and community stakeholders. • Low staff motivation or high workload affecting programme participation. • Lack of continuous professional development on substance-use interventions.

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	OPPORTUNITIES	THREATS
EXTERNAL FACTORRS	• Availability of government policies and programmes supporting substance-use prevention. • Partnerships with NGOs, social workers, psychologists, and community health services. • Community awareness campaigns promoting substance-use prevention. • Supportive law enforcement and local safety initiatives. • Access to external training, workshops, and funding opportunities. • Parents and community members are willing to collaborate with schools. • Media platforms promoting anti-substance-use messages.	• High availability and accessibility of substances within the community. • Peer pressure and social groups that encourage SU. • Unsafe neighbourhoods and high crime rates. • Weak enforcement of laws related to substance distribution and use. • Poverty and socio-economic challenges increase vulnerability. • Family instability, neglect, or SU within the home environment. • Negative media influences that glamorise SU.

5.7 BOEM ACTION PLAN

The information derived from the SWOT matrix informed the development of the BOEM action plan. BOEM is an acronym representing **B**uilding on strengths, **O**vercoming weaknesses, **E**xploring opportunities, and **M**inimizing threats (Pearce, 2010).

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Table 5.3: BOEM action plan

	STRENGTHS	BUILDING ON STRENGTHS
INTERNAL FACTORS	**KEY FINDINGS FROM THE STUDY**	**ACTIONS TO BE TAKEN**
	Committed leadership that prioritises learner well-being.	Ensure school and community leaders actively champion learner well-being by allocating resources, enforcing supportive policies, and modelling a strong commitment to SU prevention.
	Availability of trained or knowledgeable teachers and support staff.	Provide continuous training for teachers and support staff to enhance their capacity to identify, prevent, and respond effectively to SU and related learner well-being challenges.
	Presence of SBSTs.	Strengthen SBSTs to provide coordinated identification, referral, and ongoing support for learners at risk of SU.
	Existing policies and codes of conduct addressing SU.	Review, strengthen, and consistently enforce school policies and codes of conduct on SU, ensuring they are clear, learner-centred, and aligned with

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		supportive intervention approaches.
	Strong communication systems within the school.	Enhance strong school communication systems to ensure timely information sharing, early identification of SU risks, and coordinated responses among learners.
	Positive relationships between learners and educators.	Promote positive learner-educator relationships through trust-building and open dialogue, enabling early support, guidance, and SU prevention.
	Supportive school environment that encourages counselling and life-skills programmes.	Create a supportive school environment that integrates counselling services and life-skills programmes to strengthen learners' coping skills and reduce vulnerability to SU.
	WEAKNESSES	**OVERCOME WEAKNESSES**
	KEY FINDINGS FROM THE STUDY	**ACTIONS TO BE TAKEN**

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	Weak coordination between schools, communities, and service providers.	• Establish a school–community steering committee on SU prevention. • Strengthen intersectoral collaboration with Health, Social Development, SAPS, and traditional leaders. • Conduct joint outreach and prevention campaigns.
	Teachers feel ill-equipped to manage substance-related cases.	• Provide professional development training on counselling skills and behavioural management. • Develop and implement clear school policies and protocols. • Improve coordination between SMT, SBST, and community agencies.
	Lack of psychosocial support services within schools.	• Build the capacity of teachers to identify and refer at-risk learners. • Strengthen SBSTs. • Establish referral pathways with local clinics and social workers.

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	Limited recreational opportunities for youth in rural areas.	• Introduce structured after-school activities and mentorship programmes. • Partner with NGOs, churches, and local sports coordinators. • Create youth empowerment and leadership initiatives.

EXTERNAL FACTORS	**OPPORTUNITIES**	**EXPLORING OPPORTUNITIES**
	KEY FINDINGS FROM THE STUDY	**ACTIONS TO BE TAKEN**
	Availability of government policies and programmes supporting substance-use prevention.	• Utilise government programmes and policy support for substance-use prevention.
	Partnerships with NGOs, social workers, psychologists, and community health services.	• Explore partnerships with NGOs, health professionals, and social workers.

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	Availability of external funding, workshops, and training opportunities.	• Actively seek grants and partnerships while organising workshops and training programmes to build skills and secure sustainable funding.
	Availability of law enforcement and community safety structures.	• Strengthen partnerships with law enforcement and community safety structures to improve surveillance, reporting, and rapid response to substance-related activities affecting learners and schools.
	Availability of community awareness initiatives and campaigns.	• Implement regular community awareness campaigns to educate parents, learners, and community members about the risks of SU and to promote collective responsibility for prevention.

EXTERNAL FACTORS	**THREATS**	**MINIMIZING THREATS**
	KEY FINDINGS FROM THE STUDY	**ACTIONS TO BE TAKEN**

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	High availability and easy accessibility of substances within the community.	• Collaborate with SAPS, CPF, and local leaders to reduce illegal substance availability near schools. • Promote community surveillance and reporting mechanisms. • Advocate for the enforcement of relevant by-laws. • Reduce the impact of high community substance availability through strengthened security and awareness programmes.
	High prevalence of SU among learners.	• Offer alternative after-school programmes (sports, arts, debate). • Implement continuous awareness and education campaigns within schools. • Integrate SU content into LO lessons. • Use culturally relevant messaging aligned to local

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		contexts (Collins Chabane Municipality).
	Unsafe neighbourhoods and high crime rates.	Increase community policing, improve street lighting and surveillance, and support crime-prevention programmes that engage local residents.
	Inadequate parental supervision, family instability, neglect, or SU within the home environment, and limited communication between parents and learners.	• Conduct parental empowerment workshops. • Promote improved parent–child communication strategies. • Provide early family support through counselling, substance-use treatment, and social services to stabilise homes and protect children. • Strengthen school-parent partnerships through community meetings and WhatsApp groups.
	Negative media influences that glamorise SU.	• Counter negative media influences with positive messaging and school campaigns.

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	Peer pressure and social groups as a driver of substance experimentation.	• Establish peer-support groups and youth clubs. • Train peer educators to model positive behaviour. • Mitigate peer pressure by implementing peer education initiatives.
	Poverty and socio-economic challenges increase vulnerability.	• Address socio-economic challenges through referrals and community support networks.
	Weak enforcement of laws related to substance distribution and use.	• Increase inspections, improve inter-agency coordination, and ensure swift, consistent penalties for violations.

5.8 DEVELOPMENT OF STRATEGIES

In this study, a SWOT analysis outlined the strengths, weaknesses, opportunities, and threats for mitigating the use of substances among school learners in the selected secondary schools. Information gathered from the SWOT matrix was used to develop strategies to mitigate SU among school learners (Guillory & Galindo, 1995). The building on strengths, overcoming weaknesses, exploring opportunities, and minimizing threats (BOEM) action plan, as outlined by Pearce (2010), was used to develop strategies to mitigate the use of substances by school learners in the selected secondary schools.

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The table below outlines the structure of the strategies developed to mitigate the use of substances among learners.

Table 5.4: Developed strategies to mitigate the use of substances among secondary school learners, Limpopo Province

KEY POINTS	THEMES	STRATEGIES
1. Poor coping skills	Inability to manage academic stress	The learner should do the following: • Make a daily study plan. • Write down homework and test dates. • Study a little every day and do not wait until the last day. • Breaking big tasks into small steps. • Divide assignments into small parts. • Finish one part at a time, as this will make the work feel easier. • Reduce distractions, like putting the phone away while studying. • Study in a quiet place. • Plan your work, stay calm, and ask for help when needed.
	2. Experiences of negative peer pressure	The following should be done: • Learners should exercise assertiveness by practising simple words like: “No, I don’t want it. “I don’t drink.” • Learners should stay close to friends who do not drink. • Learners should report any form of bullying or forcing behaviour immediately.

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KEY POINTS	THEMES	STRATEGIES
		• Learners should avoid places where substances are used.
	3. Experiences of positive peer pressure	• Learners who do not use substances must be awarded. • Learners should choose friends with good behaviour. • Allow learners to become class monitors, club leaders, or peer mentors. • Mentor learners who are not coping • Awards learners who are performing well in class. • Invite successful people to talk to learners, e.g. role models.
2. Poor academic progress	Failure to progress to the next grade	Learners should do the following: • Attend classes regularly. • Complete homework as expected. • Ask questions when they do not understand. • Set personal and academic goals. • Stay focused and avoid distractions. • Participate actively in class. • Formulate study groups. • Join the group of achievers. • Request extra help when needed arises. • Attend class and extra lessons. • Choose the subjects correctly according to the stream.

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KEY POINTS	THEMES	STRATEGIES
		• Sit in the front seat where he can see and hear clearly. • Avoid sitting near friends who can distract him. Learners should do the following: • Attend classes regularly. • Complete homework as expected. • Ask questions when they do not understand. • Set personal and academic goals. • Stay focused and avoid distractions. • Participate actively in class. • Formulate study groups. • Join the group of achievers. • Request extra help when needed arises. • Attend class and extra lessons. • Choose the subjects correctly for your stream. • Sit in the front seat where he can see and hear clearly. • Avoid sitting near friends who can distract him. Educators should do the following: • Identify learners at risk of failing on time. • Identify learners who are not coping. • Offer remedial classes for those at risk and for those failing.

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KEY POINTS	THEMES	STRATEGIES
		• Offer guidance regarding career and stream choices. • Simplify difficult topics. • Use different teaching methods, e.g. giving homework, class exercises, tests, etc. • Assist learners in choosing a stream based on their learning capabilities. • provide clear explanations to the learner; • Give extra exercises. • Check understanding regularly. • Invite the parents/guardians on board to assist the learner. • Praise the learner's effort, not just correct answers. • Encourage the learner to start with easy questions and praise small contributions. Parents should do the following: • Avail themselves of the school and liaise with it regarding the child's progress. • Attend parents' meetings. • Provide a quiet place for a learner to study. • Monitor homework and test dates. • Encourage and motivate the learner, and avoid shouting. • Give emotional support to the learner.

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KEY POINTS	THEMES	STRATEGIES
		• Communicate with educators regularly regarding the learner's progress.
3. Poor self-awareness	Lack of self-confidence, self-esteem, and self-identity	The following should be done: 1. The learner should • Reflect on your strengths and areas for improvement. • Talk about feelings and ask for help. • Accept responsibilities (class helper, group leader). • Try to participate even in small ways. 2. The educator should • Give feedback on performance. • Teach life skills lessons. • Assign small leadership roles. • Conduct peer pressure awareness sessions. 3. Parents should • Support learner participation. • Praise effort and improvement. • Create open communication at home. • Avoid comparing the learner to others.
4. Parental and Caregiver Lack of knowledge regarding SU	Information sharing with parents and educators Collective support	The following should be done: • Community health nurses should conduct outreach awareness campaigns for parents and the community.

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KEY POINTS	THEMES	STRATEGIES
		• They should give community health talks about the dangers of substance abuse. • School health nurses should visit schools and teach about the danger of learner SU. • The community should work hand in hand with structures like SAPS and the Community Policing Forum to regulate the use of substances within the community. • School health nurses, with the help of educators, should organise parent workshops at schools. • Parents should learn to talk to their children regarding SU. • During Imbizo, the community should invite Nurses to speak about substances. • Nurses should also inform the community and schools about available resources. • Parents should spend daily time talking and listening to their children without judging them. The following should be done: • Community health nurses should conduct outreach awareness campaigns for parents and the community. • They should give community health talks about the dangers of substance abuse.

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KEY POINTS	THEMES	STRATEGIES
		• School health nurses should visit schools and teach about the danger of learner SU. • The community should work hand in hand with structures like SAPS and the Community Policing Forum to regulate the use of substances within the community. • School health nurses, with the help of educators, should organise parent workshops at schools. • Parents should learn to talk to their children regarding SU. • During Imbizo, the community should invite Nurses to speak about substances. • Nurses should also inform the community and schools about available resources. • Parents should spend daily time talking and listening to their children without judging them.

5.9 CHAPTER SUMMARY

This chapter dealt with the development of strategies to mitigate learners' SU. SWOT analysis was used to identify internal factors, which are strengths and weaknesses that may influence the implementation of the developed strategies. On the other hand, PESTLE analysis was used to identify external factors that may influence the developed strategies, through opportunities and threats. Dickoff et al. ’s six elements were incorporated into the results and strategies discussions. The action plan was formulated by building on strengths, overcoming weaknesses, exploring opportunities, and minimizing threats (BOEM) to

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develop strategies that will mitigate learners' SU. The following chapter presented the validation of the developed strategies.

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CHAPTER 6

VALIDATION OF THE DEVELOPED STRATEGIES

6.1 INTRODUCTION

This chapter presents the validation of the developed strategies to mitigate SU among secondary school learners in Collins Chabane Municipality. Validation was guided by the evaluative criteria of Chinn and Kramer (2013), which assess clarity, simplicity, generality, accessibility, and importance of theoretical and practice-based interventions.

The purpose of validation was to ensure that the developed strategies were:

- Contextually relevant
- Practically feasible
- Culturally appropriate
- Theoretically coherent
- Suitable for implementation in rural school settings

In alignment with the PRAA, validation was conducted through stakeholder engagement to enhance credibility, applicability, and ownership of the strategy.

6.2 METHODOLOGY FOR STRATEGY VALIDATION

6.2.1 Research approach

A qualitative PAR approach was employed to validate the developed strategies to mitigate SU among secondary school learners. In line with the PAR process, validation was conducted through collaborative engagement, structured group discussions, and reflective dialogue with key stakeholders. The approach enabled validators to participate actively as co-researchers in examining, refining, and confirming the suitability of the strategies.

6.2.2 Research design

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The research design used was appreciative inquiry, which involved participatory reflection and consensus-building processes. Stakeholders assessed the strategies for contextual relevance, cultural appropriateness, and practical feasibility in rural school settings. Consistent with the principles of PAR, the validation phase strengthened stakeholder ownership, enhanced the credibility of the strategies, and supported their readiness for implementation. Furthermore, the validation process was guided by the evaluative criteria outlined by Chinn and Kramer (2013): clarity, simplicity, generality, accessibility, and importance.

6.2.2 The setting

Validation sessions were conducted:

- Physically at selected secondary schools
- Virtually via Microsoft Teams

The validation of the developed strategies was conducted through a combination of physical and virtual PAR sessions to enhance flexibility, inclusivity, and stakeholder engagement. A total of three validation sessions were conducted. Two sessions were conducted face-to-face, one per participating secondary school within Collins Chabane Municipality**,** while one session was conducted virtually via Microsoft Teams**.**

The physical validation sessions were deliberately conducted within the school environment to facilitate direct interaction, collaborative dialogue, and observation of non-verbal communication, which are essential components of qualitative PAR. These face-to-face engagements created a familiar and supportive setting for school-based stakeholders, including educators, learners, parents, and members of the School-Based Support Teams, thereby encouraging open reflection and meaningful evaluation of the proposed strategies. Furthermore, through appreciative inquiry design, it provided qualitative feedback, enhancing the accessibility, feasibility, and adoption before its implementation, as supported by Chinn and Kramer (2013)

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The virtual validation session was conducted via Microsoft Teams to accommodate stakeholders who experienced time constraints, geographical distance, or logistical challenges, particularly community representatives and professionals who were unable to attend the physical meetings. The virtual platform ensured continued participation without compromising the depth of reflection and collective feedback.

The blended validation approach enhanced inclusivity, promoted broader stakeholder involvement, and supported cost-effective participation. Overall, the use of both physical and virtual platforms strengthened the credibility, contextual relevance, and practical applicability of the validated strategies, consistent with the principles of qualitative PAR. This triangulation of validation approach is in line with Creswell and Poth (2018) and Lincoln and Guba (1988).

6.2.3 Population and sampling of validators

The validation sample comprised key external stakeholders with direct knowledge and experience relevant to learner well-being and SU prevention within Collins Chabane Municipality. These included two secondary school principals, two members of the two school principals, two teachers, two learners, two parents, two SGB members, one community leader, and one ward councillor. These stakeholders were purposefully selected for their contextual expertise and practical involvement in school- and community-based initiatives to address SU among learners.

The primary researcher and research promoters were not included as participants in the validation process. Their role was limited to providing academic supervision, methodological guidance, and oversight, and they did not participate in the validation sessions or contribute evaluative input. This separation ensured objectivity, avoided conflicts of interest, and upheld ethical and methodological rigour during the validation phase.

In this study, purposive sampling was used to select validators for the developed strategies. Validators were intentionally chosen based on their roles, experience, and involvement in

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learner well-being, SU prevention, and community development within Collins Chabane Municipality. A total of fourteen (n=12) validators participated in the validation process, as reflected in Table 6.1.

This information-rich sample was considered appropriate for a qualitative PAR design, which prioritises depth of understanding, contextual relevance, and diverse stakeholder perspectives instead of statistical representativeness. The validators were: two school principals, two teachers, two learners, two parents, two SGB members, one community leader, and 1 ward councillor. These validators ensured inclusiveness, comprehensive validation, and credibility in validating the developed strategies.

6.2.3 Profile of validators

Table 6.1: Profile of Validators (n=12)

Category of Validator	Number (n)	Role in the Study Context
School Principals	2	Provided leadership and policy implementation perspectives within schools.
Teachers	2	Contributed insights on learner behaviour and school-based substance use challenges.
Learners	2	Reflected lived experiences and acceptability of proposed strategies.
SGB members	2	They help identify appropriate participants such as learners, educators, and other stakeholders.
Parents	2	Provided home and family-based perspectives on learner substance use.
Community Leaders	1	Offered contextual and cultural insights on substance use within the community.
Ward councilor	1	Offer contextual insight on substance use by learners

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Category of Validator	Number (n)	Role in the Study Context
Total	**12**	

6.2.4 Recruitment of validators

The recruitment of validators was conducted with the assistance of school and community structures within the Collins Chabane Municipality. School principals and members of the School-Based Support Teams assisted in identifying relevant school-based stakeholders, while community leaders supported the identification of appropriate community participants. This approach ensured that validators were knowledgeable, experienced, and contextually relevant to the study focus. The role of the research promoters was limited to providing academic and methodological guidance to the researcher throughout the process. The promoters were not involved in the direct recruitment, selection, or participation of validators. This separation was maintained to uphold ethical standards, avoid conflicts of interest, and ensure the objectivity of the validation process.

All validators voluntarily agreed to participate in the validation sessions. Validators were recruited purposively, targeting key stakeholders with relevant experience in learner well-being and SU prevention within the two selected secondary schools. Invitations were extended through schools, health and social services, municipal structures, and community leadership to ensure diverse, context-specific participation and alignment with the study's participatory principles. Participation in validation sessions was voluntary. Validators were informed about the purpose of the validation, the confidential handling of discussions, and their right to withdraw. No personal identifiers were recorded in reporting validation outcomes.

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6.2.5 Data collection

Validation was conducted through facilitated PAR sessions with a PowerPoint presentation of the developed strategies and a structured evaluation checklist based on Chinn and Kramer's criteria (clarity, simplicity, generality, accessibility, and importance)

The developed strategies were presented to selected validators through facilitated group discussions and guided feedback sessions, allowing participants to reflect on their relevance, feasibility, and applicability within the local context. Validators provided inputs through open-ended discussions, consensus-building activities, and structured validation checklists, ensuring that the strategies were refined based on collective stakeholders' perspectives. Field notes were taken during all sessions. Feedback was systematically documented and synthesised across sessions.

6.3 PRESENTATION OF STRATEGIES

The developed strategies were presented to validators through facilitated participatory sessions, using clear, simple language and visual summaries. In line with the PRAA, the presentation encouraged open discussion, reflection, and collective critique, enabling validators to assess the relevance, feasibility, and applicability of the strategies within the local school and community context.

The purpose of the validation sessions was to improve the quality and richness of the study's findings on strategies to promote the well-being and prevent SU in the two selected secondary schools. The following five crucial questions served as the basis for validating the strategies. Furthermore, the criteria for strategy validation were selected since they are based on empirical evidence. The validation of strategies was based on the following five critical questions:

1. How clear are the strategies?
2. How simple are the strategies?
3. How general are the strategies?
4. How accessible are the strategies?

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5. How important are the strategies?

6.4 SUMMARY OF VALIDATION OUTCOMES

First validation session (face-to-face)

During the first session, validators provided initial feedback on the relevance, clarity, and feasibility of the proposed strategies. Participants highlighted key community concerns, suggested practical improvements, and emphasised the importance of collaborative, learner-centred interventions. Validators further noted that some strategies were not sufficiently aligned with promoting learner well-being and preventing SU, and recommended removing them, retaining only the most relevant strategies.

1. ***How simple are the strategies?***

Validators indicated that the strategies were simple, clearly articulated, and easy to understand, making them practical for schools and community stakeholders to implement without requiring complex resources or procedures. Strategies that were indirectly related to promoting learners' well-being and preventing SU by learners were removed. It was mentioned that implementing strategies to overcome that could be a challenge.

2. ***How clear are the strategies*?**

Validators reported that the strategies were clear, well-structured, and logically presented, enabling stakeholders to easily understand their purpose, steps, and expected outcomes. To keep the strategies clear, mention only what is applicable in the context. All items that do not apply to the selected context should not be mentioned, such as the Bathopele Principles, because they focus more on patients' rights than on promoting the learner's well-being and preventing SU.

Second validation session (virtual)

This session was conducted virtually with the validators. The researcher prepared a PowerPoint presentation. Validators were the same as in the first session.

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COMMENTS OF THE SECOND VALIDATION SESSION

1. ***How general are the strategies*?**

During the second validation session, validators agreed that the strategies were general enough to be applied across different schools and communities, while still allowing flexibility to adapt them to local contexts and specific learner needs.

2. ***How accessible are the strategies*?**

The strategies are highly accessible because they rely on existing school and community resources, use simple and culturally appropriate language, and actively involve learners, educators, parents, and community stakeholders. They do not require specialised equipment or significant financial investment, making them practical and easy to implement in rural school contexts such as the Collins Chabane Municipality.

3. ***How important are the strategies*?**

The strategies are critically important as they address SU among secondary school learners through early prevention, community involvement, and learner empowerment. They help reduce risky behaviours, improve learners' mental health and academic performance, and strengthen collaboration among schools, families, and the community, thereby promoting a safer, healthier school environment.

After the presentations and corrections, it was generally agreed that the strategies can be implemented with the permission of the relevant authorities.

Third validation session (face-to-face)

The third validation session was conducted with eight staff members from the two selected secondary schools. During this session, the developed strategies were presented to the participating staff members for review and feedback. The categories included two school teachers, two school principals, two security officers, and two general cleaners.

Following the three validation sessions, several refinements were made to strengthen the developed strategies. Redundant strategies were removed to avoid duplication and

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enhance coherence, while contextually irrelevant elements were excluded to ensure alignment with the local rural school setting. The language of the strategies was simplified to improve clarity and accessibility for all stakeholders. In addition, roles and responsibilities were clearly delineated to support accountability during implementation. Attention was also given to strengthening the implementation feasibility by ensuring that the strategies relied on existing school and community structures. After incorporating these revisions, the final strategies were approved for implementation, subject to obtaining the necessary institutional permissions.

6.5 CHAPTER SUMMARY

This chapter presented the systematic validation of developed strategies using Chinn and Kramer's (2013) evaluative framework within a participatory paradigm. Through multi-level stakeholder engagement and qualitative synthesis of feedback, the strategies were refined to ensure contextual relevance, feasibility, theoretical coherence, and operational clarity. The validation process enhanced credibility, strengthened community ownership, and ensured implementation readiness in rural secondary school settings. Chapter 7 presents the study's overall conclusions, limitations, and recommendations.

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CHAPTER 7

EVALUATION, CONCLUSION, LIMITATIONS, AND RECOMMENDATIONS

7.1 INTRODUCTION

Chapter 6 focused on validating the strategies using the approaches outlined by Chinn and Kramer (2013). This chapter presents the final evaluation of the study, drawing together the key findings, the developed and validated strategies, and their anticipated contributions to reducing SU among secondary school learners in Collins Chabane Municipality. The chapter provides a consolidated conclusion, acknowledges the study's limitations, and offers recommendations for practice, policy, and future research. The evaluation reflects the participatory and context-responsive nature of the study, which was conducted using PRAA and anchored in the Roy Adaptation Model and Practice Theory.

7.2 EVALUATION OF THE STUDY `

The purpose of this study was to develop and validate strategies to mitigate SU among rural secondary school learners. The evaluation considers the study's methodological rigour, the relevance of its findings, and the feasibility of the strategies designed.

7.2.1 Purpose of the study

The purpose of this study was to develop and validate strategies to mitigate SU among secondary school learners in Collins Chabane Municipality, with the aim of providing practical, contextually appropriate, and effective interventions to support learners' well-being and academic success. The researcher explored and described participants' views on the strategies to mitigate SU among secondary school learners in Collins Chabane Municipality, Limpopo Province.

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7.2.2 Objectives of the study

The objectives of the study were as follows:

Phase one

- To explore and describe the experiences of secondary school learners using substances in Collins Chabane Municipality, Limpopo Province.
- To explore and describe factors contributing to the learners' use of substances.

Phase two

- To develop strategies to mitigate SU among the secondary school learners in Collins Chabane Municipality, Limpopo Province.
- To validate the developed strategies aimed at promoting learners' well-being and preventing the use of substances within the selected secondary schools.

The study was carried out in two phases: phase one was a situational analysis, and phase two was the development and validation of the strategies. The approach used in phase one was qualitative, using exploratory, descriptive and contextual designs. Data were generated through in-depth individual interviews and focus group discussions to capture participants' multiple realities. Data were analysed using Tech's method to meet the objectives of this study. The study's findings were described and supported by the literature. The objectives of the study were achieved as participants narrated diverse, individually constructed experiences and identified the contributing factors towards the challenges they faced. Participants also explored strategies to mitigate SU by learners on school premises.

Study findings in phase one informed phase two, which focused on developing strategies to mitigate SU among secondary school learners in the two selected secondary schools in Collins Chabane Municipality, Limpopo Province. The developed strategies were informed by the six elements of practice theory outlined by Dickoff et al. (1968), namely, agents, recipients, context, process, dynamics, and outcomes. A SWOT analysis was used to identify the strengths, weaknesses, opportunities, and threats that influenced the

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implementation of the strategies developed to promote learners' well-being and prevent SU on school premises. In contrast, the BOEM action plan was used to develop the strategies.

The strategies were validated by a panel of academic experts in research and mental health care, using Chin and Kramer's (2011) five evaluative questions: how clear the strategy is, how simple the strategy is, how general the strategy is, how accessible the strategy is, and how important the strategy is, as indicated in Chapter 6 of this study.

- **Development of strategies**

The strategies were developed based on findings from learners' and parents' experiences, addressing identified factors contributing to SU and ensuring contextual relevance, practicality, and effectiveness for schools in Collins Chabane Municipality. The six elements of practice as outlined by Dickoff et al. (1968), namely, context, agents, recipients, processes, dynamics, and outcome; the SWOT analysis; and the BOEM action plan, were applied to develop strategies to mitigate the use of substances by secondary school learners of the two selected secondary schools in Collins Chabane Municipality, Limpopo Province.

VALIDATION OF THE DEVELOPED STRATEGIES

The developed strategies were validated through a participatory process involving key stakeholders, including educators, parents, and community representatives. Validation sessions focused on assessing the clarity, relevance, feasibility, and contextual appropriateness of the strategies. Feedback from stakeholders was used to refine the strategies, thereby enhancing their credibility, acceptability, and readiness for implementation to mitigate SU among learners. However, some limitations related to participation and contextual factors were noted. Based on stakeholder feedback, the study recommended collaborative implementation, ongoing refinement, and sustained stakeholder engagement to effectively mitigate SU among learners.

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7.3 CONCLUSION

This section concludes the validation phase by summarising the key outcomes and stakeholder confirmations regarding the developed strategies. It reflects on how the validation strengthened the credibility and readiness of the strategies for implementation.

Following the conclusion, three themes with sub-themes emerged from the analysed data: learner experiences on the use of substances, factors contributing to the use of substances by school learners, and strategies to mitigate SU by school learners.

- **Learner experiences with the use of substances**

From the analysed data, four sub-themes emerged: disruptive behaviour display, mental health problems, poor academic progress, and negative interpersonal relationships.

During data analysis, learners described disruptive behaviours such as absenteeism, lack of concentration in class, aggression, disrespect toward educators, and involvement in conflicts. These behaviours were often linked to SU and were reported to negatively affect the learning environment, peer relationships, and academic progress.

During data analysis, learners narrated experiences of early exposure to substances, peer pressure, and easy access to alcohol and drugs within their communities. SU was reported to negatively affect their academic performance, behaviour, and relationships, while some learners described using substances as a coping mechanism for stress, family challenges, and social acceptance.

- **Factors contributing to learners' use of substances**

From the analysed data, two sub-themes emerged: social factors and psychological factors. During data analysis, learners identified several factors contributing to SU, including peer pressure, curiosity, and the desire for social acceptance. Additional factors included family challenges, stress, exposure to SU within the community, easy access to substances, and limited parental supervision, which collectively influenced learners' engagement in SU.

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In this regard, learners perceived SU as largely influenced by social and environmental pressures rather than by personal choice alone. Many viewed peer influence, community norms, and family challenges as key drivers, and some perceived SU as a way to cope with stress**,** emotional difficulties, or a sense of belonging, while recognising its negative effects on their health, behaviour, and academic performance.

- **Strategies to mitigate SU by school learners**

From the analysed data, three sub-themes emerged: restoring adaptive mechanisms, promoting positive identity, and improving coping strategies. Learners suggested several strategies to mitigate SU, including peer support programmes, life-skills education, and awareness campaigns on the effects of SU. Learners emphasised the importance of parental involvement, positive role models, accessible counselling services, and safe recreational activities at school and in the community to support healthy choices and reduce SU.

Learners perceived strategies to mitigate SU as most effective when they are supportive rather than punitive. They valued peer-led initiatives, guidance from trusted adults, open communication with parents and educators, and access to counselling and recreational activities. Learners believed that such approaches can help them make healthier choices, feel supported, and reduce SU within the school environment.

7.4 LIMITATIONS

This study had several limitations. The following factors might have influenced the outcomes of the study:

- **Findings were based on self-reported data**

The study relied on self-reported data from learners, who shared their experiences, behaviours, and perceptions of SU. While this provided valuable first-hand insights, it may have been influenced by recall bias, social desirability, or underreporting, which could affect the accuracy and completeness of the findings. As a result, the outcomes reflected

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participants' perspectives but might not have fully captured all behaviours or contributing factors.

- **The study was conducted in a limited geographical area**

Conducting the study in a limited geographical area, such as Collins Chabane Municipality, could mean the findings were specific to the local context and may reflect particular cultural, social, and school-related factors unique to that area. As a result, the outcomes might not have been fully generalisable to other municipalities, regions, or broader populations of learners, limiting the extent to which the strategies could be applied universally.

- **Time and participant availability constraints might have influenced the depth of data collected**

Time and participant availability constraints may have limited the opportunity for in-depth discussions and follow-up with learners and parents, resulting in less detailed or nuanced data. This may have affected the results by providing a narrower understanding of experiences, perceptions, and contributing factors, and limited the identification of all possible challenges and effective strategies related to SU.

7.5 CONTRIBUTIONS OF THE STUDY

- Developed contextually relevant strategies to mitigate SU among learners.
- Provided insights into learner and parent experiences and key contributing factors.
- Offered validated, practical interventions to guide educators, policymakers, and community stakeholders.

7.6 RECOMMENDATIONS

These recommendations are based on the study findings and outline actions and activities in terms of who, where, what, when, how, and why, as explained below:

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School-Based Context

Who: School principals, educators, and SBST members

What: Implement the validated SU developed strategies through:

- Life-skills education
- Peer support programmes
- Awareness and prevention campaigns

When: Immediately after approval by the relevant education authorities and ongoing

Where: Within secondary school premises

Why: To prevent the use of substances by learners

How: Integrate developed SU strategies into existing life skills curricula

Nursing Practice

Who: School health nurses

What: Participate actively in SU prevention through:

- Health education
- Early identification of SU risks
- Counselling and referral services

When: During routine school health visits and community outreach programmes

Where: In schools

Why: To prevent the SU by secondary school learners

How:

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- Conduct school-based health talks
- Collaborate with educators to identify learners using substances
- Establish referral pathways for specialised care

Authorities and Community Stakeholders

Who: Department of Education and community leaders

What: Support and strengthen the implementation of the developed strategies

When: Immediately after approval by the relevant education authorities and ongoing

Where: At the secondary school-community interface and municipal structures

Why: To ensure sustainability and alignment with broader development goals

How: Provide resources and logistical support

Further Research

Who: Researchers

What: Implement and evaluate the developed strategies to mitigate SU by learners

When: Post-approval of the developed strategies

Where: In Collins Chabane Municipality, Limpopo Province

Why: To evaluate the impact of the developed strategies

How: Use qualitative, quantitative, or mixed methods

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7.7 CHAPTER SUMMARY

This chapter synthesised the study's evaluation, conclusions, limitations, and recommendations, demonstrating that mitigating SU among rural secondary school learners requires a collaborative, participatory, and multi-sectoral approach. Despite certain limitations, the study produced validated, contextually appropriate strategies with strong potential for real-world impact. The clearly specified recommendations provide a practical roadmap for implementation, supporting sustainable improvements in learner well-being in rural South Africa.

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ANNEXURES

APPENDIX A: MEASUREMENT INSTRUMENT

Central questions

- **Learners**

➢ What are the factors contributing to substance use by learners at rural secondary schools?

➢ What are the experiences of learners who are using substances?

➢ What kind of strategies can be employed to mitigate substance use amongst the learners at rural secondary schools?

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APPENDIX B: LETTER OF INFORMATION UNIVERSITY OF VENDA

Title of the Research Study: Strategies to mitigate substance use amongst learners of rural secondary schools in Collins Chabane Municipality in Limpopo Province: Participatory Rural Action Approach Research.

Principal Investigator/s/ researcher: Mabasa TE

Co-Investigator/s/Promoter/s : Prof M. Maluleke

: Dr M.E. Rangwaneni

: Dr N.S. Raliphaswa

Brief Introduction and Purpose of the Study:

You are invited to participate in the study mentioned above. The purpose of this study is to develop strategies to mitigate substance use among learners in rural secondary schools in Collins Chabane Municipality, Limpopo Province, using Participatory Rural Action Research.

The study objectives are:

- To explore and describe the experiences of learners who are using substances at rural secondary schools in Collins Chabane Municipality, Limpopo Province.
- To explore and describe factors contributing to the use of substances by the learners at rural secondary schools in Collins Chabane Municipality, Limpopo Province.
- To explore and describe strategies to mitigate the use of substances amongst rural secondary school learners in Collins Chabane Municipality, Limpopo Province

Outline of the Procedures: Data will be collected through semi-structured interviews. After obtaining ethical clearance and permission from the selected rural secondary schools, permission to use audiotapes will be obtained from the participants, who will sign the

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consent form upon agreeing to participate in the research study. The interview will take 30 to 60 minutes and will be conducted only with a participant who has given written consent. The appointment will be made telephonically with the school principals, who will provide participants with the date and venue for data generation.

Risks or Discomforts to the Participant: There will be no physical risks, but you may feel uncomfortable expressing your feelings.

Benefits: The potential benefit from this study is that you would be able to voice your concerns about when determining strategies to mitigate the use of substances amongst rural secondary school learners anonymously. The information obtained will assist in developingstrategies to mitigate the use of substances among rural secondary school learners in Collins Chabane Municipality, Limpopo Province.

A report on the findings will be written and presented to the University of Venda and the Department of Education; it will also be published in conference papers and journal articles.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation is voluntary. If you are willing to participate, you will complete the consent form. Participants have the right to withdraw from participation at any time without penalty.

Remuneration: Participants will not receive any reward or money for participating in this study

Costs of the Study: Participants are not expected to cover any costs during this study project.

Confidentiality: Anonymity and confidentiality are ensured by not including your name or identifiable information with the information you provide.

Research-related Injury: No injury is anticipated during the study. If the participant gets injured, there will be no compensation.

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Persons to Contact in the Event of any Problems or Queries: Please contact the researcher, Ms Mabasa TE (073 590 3583; Elsiemabasa65@gmail.com), my promoter, Prof M. Maluleke (076 394 9752), and my co-promoters, Dr M..E Rangwaneni (072 5584705), Dr N. Raliphaswa (082 262 7809), or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director of Research and Innovation, Prof GE Ekosse, on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za.

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APPENDIX C: CONSENT FORM

Statement of Agreement to Participate in the Research Study:

I…….hereby confirm that I have been informed by the
researcher, (Mabasa TE), about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number:

1. I have also received, read, and understood the above-written information (Participants Letter of Information) regarding the study.
2. I am aware that the results of the study, including personal details such as my sex, age, date of birth, and initials, will be processed anonymously into a study report.
3. In view of the research requirements, I agree that the data collected during this study can be processed in a computerised system by the researcher.
4. I may, at any stage, without prejudice, withdraw my consent and participation in the study.
5. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
6. I understand that significant new findings developed during this research, which may relate to my participation, will be made available to me.

Full Name of Participant Date Time Signature

……. ……. …… ……..

I (Mabasa TE) hereby confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher……. Date……. Signature……

Full Name of Witness (If applicable)

……. Date ……. Signature…….Full Name of Legal Guardian (If applicable)…… Date…… Signature……

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APPENDIX D: ETHICAL CLEARANCE CERTIFICATE



ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms TE Mabasa

STUDENT NO:
23038826

PROJECT TITLE: Strategies to mitigate substance use amongst learners of secondary schools in Collins Chabane Municipality, Limpopo Province: "Participatory rural action approach"

ETHICAL CLEARANCE NO: FHS/24/PDC/30/2910

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof M Maluleke	UNIVEN, Advanced Nursing	Supervisor
Dr ME Rangwaneni	UNIVEN, Advanced Nursing	Co – Supervisor
Dr NS Ralphaswa	UNIVEN, Advanced Nursing	Co – Supervisor
Ms TE Mabasa	UNIVEN, Advanced Nursing	Investigator-Student

Type: Master's Research
Risk: *Minimal risk to humans, animals, or environment* (Category 2)
Approval Period: April 2025– April 2026

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process,
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: April 2024

Name of the HCTREC Chairperson of the Committee: Prof NS Mashau

Signature:

UNIVERS F VEND
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2025 -04- 15
Private Bag X5050
Thohoyandou 0950

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APPENDIX E: LETTERS OF PERMISSION

Request letter to the Department of Education

University of Venda
Advanced
Nursing Science
P/BagX5050
Thohoyandou
0950

Department of Education
P/ Bag X2250
Thohoyandou
0950

Dear Sir/Madam

Requisition for permission to conduct research in selected rural secondary schools

I, Mabasa Elsie, a PhD student in Nursing Science at the University of Venda, request permission to conduct research at Mahuntsi and Shirilele secondary schools in Collins Chabane Municipality, Limpopo Province.

The title of the study: Strategies to mitigate substance use amongst learners of rural secondary schools in Collins Chabane Municipality, Limpopo Province: A Participatory Rural Action Research.

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Purpose of the study

The purpose is to develop strategies to mitigate substance use amongst learners of rural secondary schools in Collins Chabane Municipality, Limpopo Province.

Significance of the study

The study might benefit the Department of Basic Education in developing National Strategies to mitigate substance use amongst learners in rural secondary schools, in collaboration with other stakeholders. The study's findings might contribute to the body of knowledge, thereby improving nursing and educational practices. The study might assist policymakers in developing policies to prevent substance use among secondary school learners.

I am looking forward to a positive response from your office

Thank you in advance.

Mabasa T.E 073 590 3583

elsiemabasa65@gmail.com

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DEPARTMENT OF
EDUCATION

CONFIDENTIAL

Ref: 2/2/2 Enq: Makola MC Tel No: 015 290 9448 E-mail:MakolaMC@edu.limpopo.gov.za

MABASA TE
P.O.BOX 1766
GIYANI
0826

Elsiemabasa65@gmail.com [073 590 3583]

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

1. The above bear's reference.

2. The Department wishes to inform you that your request to undertake research titled: **"STRATEGIES TO MITIGATE SUBSTANCE USE AMONGST LEARNERS OF SECONDARY SCHOOLS IN COLLINS CHABANE MUNICIPALITY, LIMPOPO PROVINCE: PARTICIPATORY RURAL ACTION APPROACH"** has been approved

3. The following conditions should be considered:

3.1 The research should not have any financial implications for Limpopo Department of Education.

3.2 Arrangements should be made with the Circuit Office and the School concerned.

3.3 The conduct of research should not in any how disrupt the academic programmes at the school(s).

3.4 The research should not be conducted during the time of Examinations, especially in the fourth term.

Cnr 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X 9489, Polokwane, 0700
Tel:015 290 7600/ 7702 Fax 086 218 0560

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3.5 During the study, applicable research ethics should be adhered to; in particular the principle of voluntary participation (the people involved should be respected and treated with dignity).

3.6 Upon completion of the research, the researcher shall share the final product of the research with the Department.

4 Additionally, you are expected to produce this letter at School(s)/Office(s) where you intend to conduct your research as evidence that permission has been granted for access to the research site(s).

5 The Department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.

MC Makola PhD — **Date** 28/07/2025

Molope NM — **Date** 29/07/2025

Acting DDG: CORPORATE SERVICES

Cnr 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X 9489, Polokwane, 0700
Tel:015 290 7600/ 7702 Fax 086 218 0560

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APPENDIX F: LANGUAGE EDITING CERTIFICATE

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Editorial Certificate

To Whom It May Concern,

This certificate confirms that the PhD dissertation entitled **"STRATEGIES TO MITIGATE SUBSTANCE USE AMONGST LEARNERS OF SECONDARY SCHOOLS IN COLLINS CHABANE MUNICIPALITY, LIMPOPO PROVINCE: PARTICIPATORY RURAL ACTION APPROACH"** by **Mabasa Tshikani Elsie (student no: 14008509)** was edited by an expert English editor with a PhD. The following issues were corrected: grammar, spelling, punctuation, sentence structure, phrasing, and formatting.

Signed on behalf of NIM Editorial by:



.....

Dr N.I. Mabidi

Founder & Chief Editor

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mabasa e

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