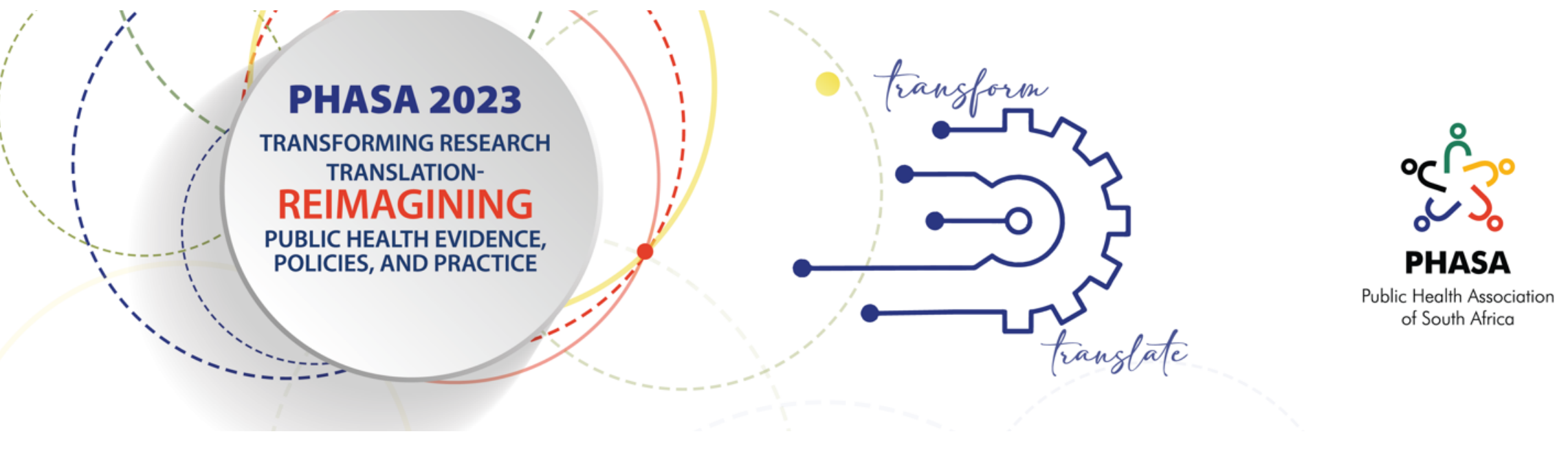


Factors contributing to health seeking behaviours among secondary school learners who use alcohol and other drugs in the Western Cape

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BACKGROUND

Alcohol and other drug use among South African adolescents remain a growing public health concern, considering the noticeable differences in substance use trends and treatment admissions indicating that the largest proportions of adolescent admissions were in the Eastern Cape, Western Cape and Gauteng (Dada et al., 2018). As highlighted in the Sustainable Development Goals -SDG 3.5, there is an urgent need for substance use prevention and treatment programmes for youth to be prioritised and given the attention it deserves (Mokitimi et al., 2022). The mismatch in proportions of adolescents who need substance use treatment and the proportion of those who received it speaks access to services and health seeking barriers and facilitators (Leijdesdorff et al., 2021).

Effective prevention and treatment programmes that target youth should be based on the evidence pertaining to determinants of adolescent substance use behaviours and health seeking behaviours among adolescents (van Pinxteren et al., 2021). Understanding the social and contextual factors for seeking health care would improve the utilisation of services; make it equitable, accessible, acceptable, appropriate and importantly youth-friendly. Earlier research on adolescent health seeking behaviour has primarily focused on and sexual reproductive health care, with little and few research focusing on the health seeking behaviour for mental health problems, including substance, use among adolescents. Research on health seeking behaviour for mental health services among adolescents does however highlight low levels of mental health literacy and an underutilization of mental health services among adolescents.

Factors influencing health seeking behaviours can be classified into two levels namely the user and service. User level barriers include a lack of knowledge of services, perceived accessibility, fear of judgement from family, negative attitudes towards mental health and lack of awareness and need for care. Literature indicates that common user level facilitating factors are social influences and encouragement, positive attitude and religiosity. There appear to be more user level barriers than facilitators. Service level barriers include physically inaccessible (in terms of geographic location). The attitudes and behaviours of health care providers may also be barrier to care in terms of breach in confidentiality and their hostile interaction towards adolescents (Otwombe et al., 2015).

AIM OF THE STUDY

The aim of the study is to identify and describe factors that facilitate or hinder health seeking behaviours among secondary school learners.

METHODOLOGY

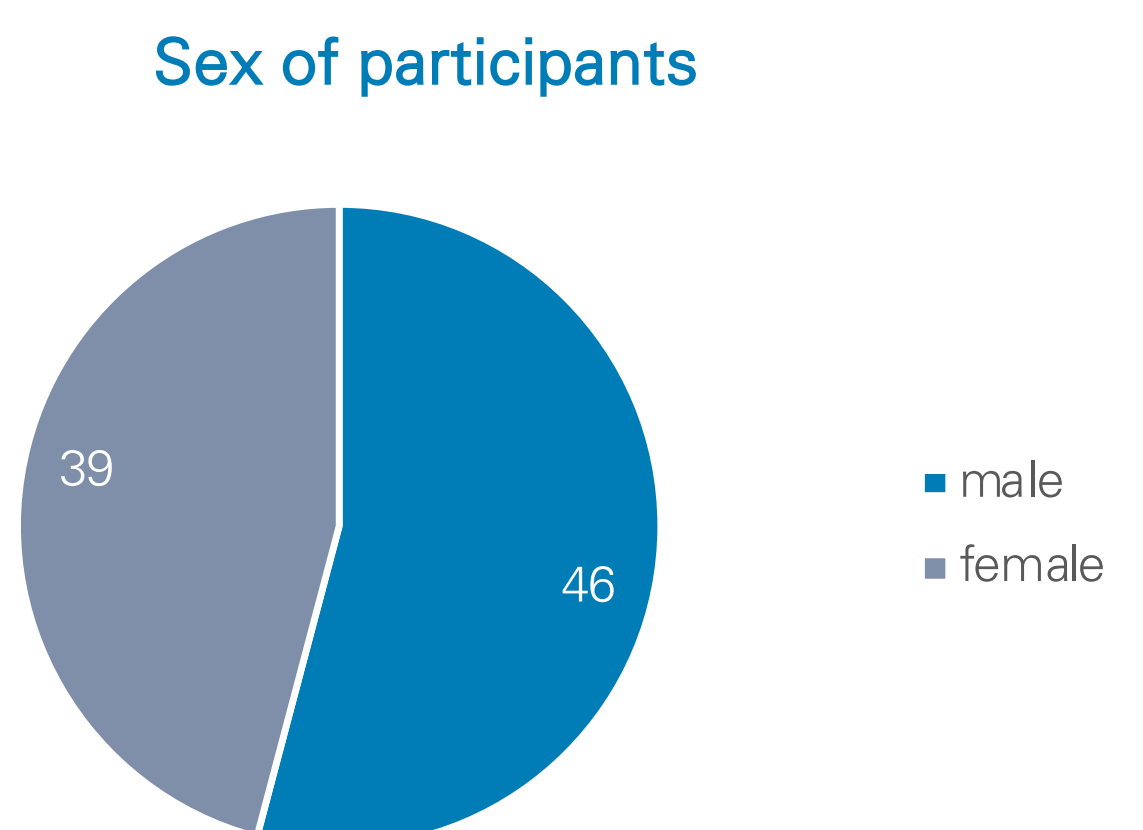
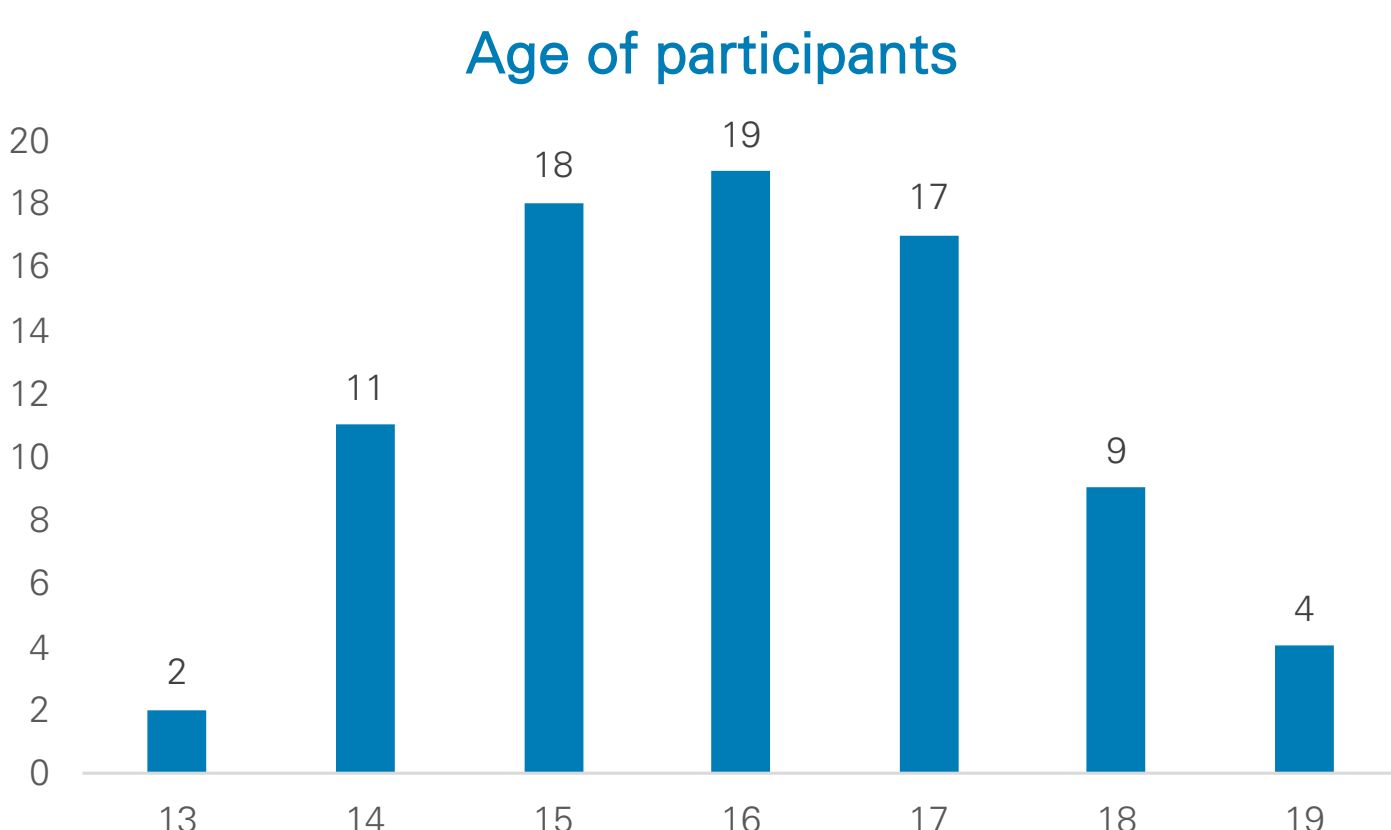
Design
 The study was based on a qualitative design using in-depth semi-structured interviews with learners. The study was conducted between 2019 and 2022.

Sampling and recruitment

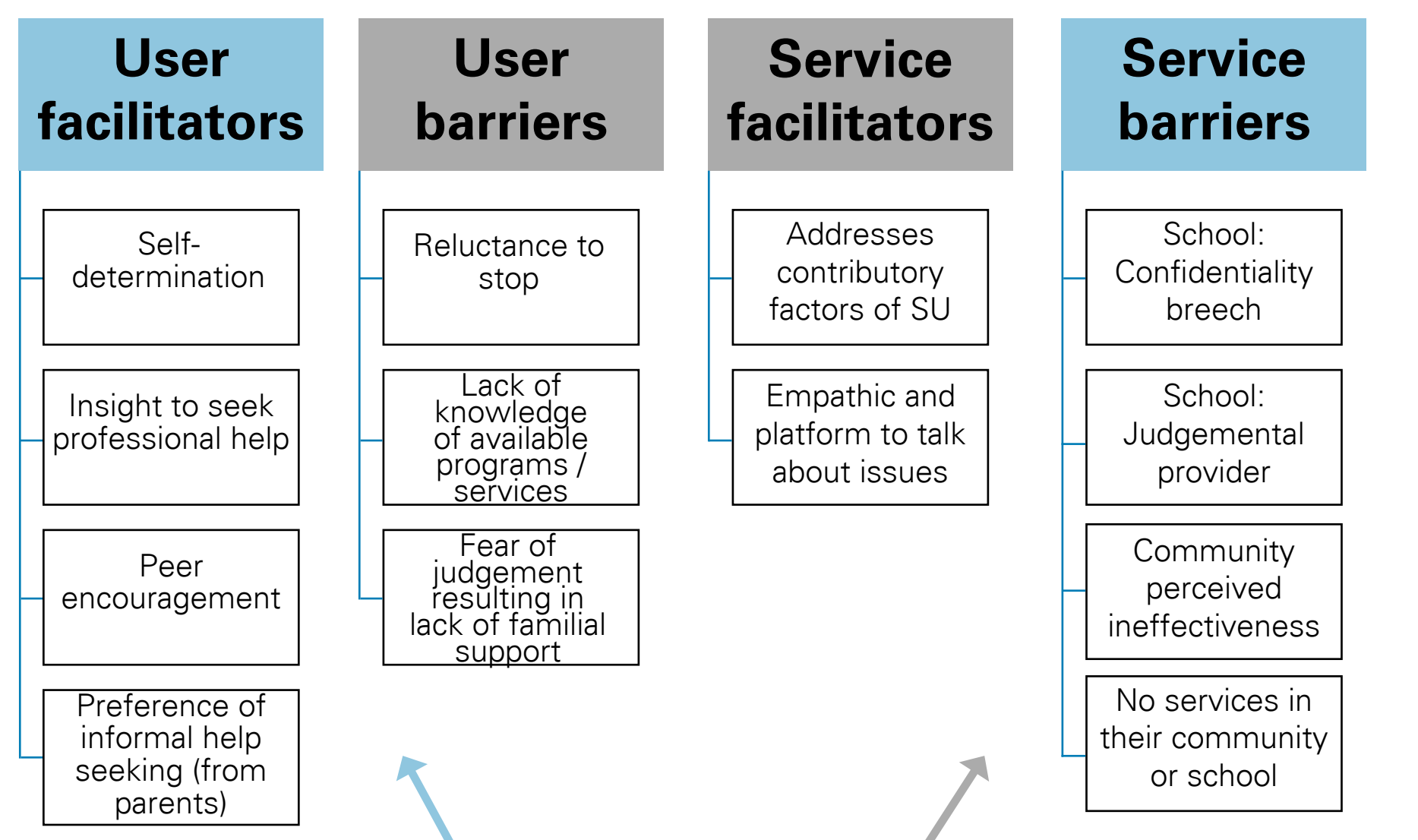
Seven community clusters in the Cape Town Metropole were purposively selected; eleven schools were selected based on locations i.e. close proximity to high crime areas and the substance use rates were known to be high. An attempt was made to select two schools in one community cluster, but are serviced by different facilities such as clinics, police stations and NGOs providing services to the youth.

Data collection and analysis

In-depth interviews coupled with photo-elicitation were conducted with learners in either English, Afrikaans or isiXhosa. We conducted 84 interviews; approximately 8 learners per school. Data was analyzed using a thematic analysis approach.



RESULTS



User facilitators
Self-determination: I think if they are committed enough to doing what they want to do, they are going to counselling and going to counselling at Desmond Tutu. But if you going because you and you don't want to actually change, then you just going to please everyone else, then it won't help for you.
Insight to seek professional help: I think prayer will do them good. but I think the obvious help for people would be rehabilitation centers and support groups that include NA or AA, Narcotics anonymous and Alcoholics Anonymous
Peer encouragement: I would motivate him (friend) to stop smoking and advise that someone can possibly help him.
Preference of informal help seeking (from parents): I would ask my mother for help or would ask my mother to help you get into a rehabilitation centre

Service Barriers
School-Confidentiality breach: Because what if the teacher tells other teachers and the teachers can tell the children in the class. The next day she comes to school and they can mock her
School-judgmental provider: It depends on what teacher it is. You get some teachers that you can talk to that won't judge you or shame you. But then you get that teachers that you just can't talk to
Community perceived ineffectiveness: The service is very bad. You can see it doesn't look right at that place (physical appearance). There is no order. The staff is unfriendly. That is however the only place that I know of.
No services in their community or school: There are no programmes or services within the community or even at our school.

User Barriers
Reluctance to stop: And they continue smoking because the learners don't want to stop. If they wanted to stop, they would have stopped on their own but not many children are not willing to complete the program.
Lack of knowledge of available programs/ services: I honestly [don't know] don't know.
Fear of judgement/ lack of familial support: Some of them won't go to their parents but some of them maybe they would go to their sisters... Because maybe they are scared to talk about this to their mothers and fathers. Because maybe she or he would be kicked out.

Service facilitators
Addressing contributory & structural factors of SU: I will not just convince him to stop using drugs, but I would actually ask him to tell his story, what situation he's in at home, who is putting this pressure on him, causing him to use this alcohol as a safe haven for him.
Empathic and platform to talk about issues: Firstly, they wouldn't want to be judged. They need someone that will listen to them and be patient. They need to be accepted for who they are. They need to allowed to speak freely and speak their mind in a respectful and proper way. They need to have a safe space.

CONCLUSIONS

User Level
Empower and capacitate parents to help adolescents seek care
 It is encouraging to see that parents are the preferred go-to person when adolescents want to seek care. Seeking support from their parent as a trusted figure may provide the emotional, informational and instrumental support to the adolescent. Parents and adolescents need to feel empowered, there is thus an impetus to provide parents with information and skills to assist their children who use substances to get the appropriate care. It is not enough to merely provide information about where or how to get access to services but what is needed is detailed descriptions of various modalities used for inpatient and outpatient treatment.

Tension between parental consent and adolescents' autonomy to seek care
 It is important to recognize that adolescents' fear of judgement from parents - which sometimes, may in fact lead to a lack of parental support can either delay care or deter adolescents from seeking care. This is underscored by the legal requirement of parental consent for adolescents to gain access to health care (parents would need to know about the child's substance use and give consent). The law reflects the tension between safeguarding the right of adolescents (minors) to seek confidential substance use treatment; and the right of parents to protect the welfare their children.

Service Level
School-based trade-offs: convenience and easier access vs lack of confidentiality
 There appears to be some school based substance use treatment programmes existing within the schools or communities in which learners reside, but the investment in these programmes seems futile for youth accessing and utilising them. School based services or schools acting as the referral agent to healthcare makes it more convenient and easier for adolescents to access- however learners do not trust teachers as sources of help. Adolescents perceive teachers to not honour confidentiality as well as being judgmental which places the learner /adolescent in a position to be shamed, embarrassed and ridiculed by other learners.

Co-creating community-based service
 Adolescents perceive the existing community-based services to be ineffective and unappealing to youth. Involving adolescents and their families to advise on how best to improve existing services would be one of the next steps to making services acceptable, appropriate and importantly youth-friendly. In addition, the development of innovative prevention and treatment programmes that are unique to addressing the needs and preferences of adolescents that are tailored to the developmental transitional phase, socio-economic and cultural contexts is needed. The success of these programs will be greater when they are co-created with adolescents.

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