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SOCIAL ASPECTS OF HIV/AIDS & HEALTH

HSRC

Rapid situational analysis of the perceptions and exposure of 10-18 year olds to substance abuse, and assessment of the suitability of current Ke Moja Drug Awareness Campaign awareness and advocacy messages for use in targeted disadvantaged areas in the Gauteng Province.

Report prepared for the

UNITED NATIONS
Office on Drugs and Crime
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by
The Human Sciences Research Council
Cape Town

Report prepared for the United Nations Office on Drugs and Crime, Pretoria, South Africa, by the Social Aspects of HIV/AIDS and Public Health Programme, Cape Town, South Africa (Project SAF G93).

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Executive Summary

The HSRC was commissioned to assess the substance abuse related perceptions and behaviours of 10-18 year old youth living in selected disadvantaged areas in Gauteng, and to review and make recommendations about the suitability for this group of current health education materials used in the Ke Moja awareness campaign.

A total of 118 youth were included in the sample, stratified by sex, age (10-12 years and 13-18 years) and site (secure care center, children's center, primary and high school). A self-administered questionnaire measuring drug-related attitudes, perceptions and knowledge was used to measure knowledge, behaviours and beliefs about alcohol and other drugs (AODs).

Focus groups were used to explore youths' opinions of the Ke Moja materials (3 posters and 2 videos). Data was collected during a half day workshop run with each of 12 sub-groups. Questionnaire data was analysed using SPSS (Version 11.0) while a systematic, thematic analysis of focus group interview data was conducted using Atlas-ti. As the sample size and scope of the study is limited, findings cannot be generalized.

Overall, knowledge of basic factual information about commonly-used AODs seemed poor. Youth seemed to have sufficient information about the risks of unsafe sex with regard to HIV, but there was a poor link between risk for HIV and use of AODs, suggesting that it would be prudent to address both AODs and HIV/AIDS in education programes.

The vast majority of youth in this sample reported being exposed mainly to information on how not to use, as opposed to information on using AODs. Friends and parents were shown to be influential in AOD-related choices made by youth. The most common AODs used by youth were alcohol, cigarettes, cannabis (dagga) and inhalants, with limited use of heroin, cocaine, LSD and other drugs reported. Television, magazines, newspapers, billboards/notice boards, plays/live drama, posters and radio were useful sources of constructive information on AODs. Other media forms such as books, libraries,

on leaflets/pamphlets/booklets, clothing and stickers were useful but underutilized methods.

Some protective factors suggested by participant responses to inhibit AOD –related problems included provision of accurate information on AODs, in combination with a family history of no AOD use -related problems, parental and family support, supportive, non-using friends, personal faith, sport or other activities, avoidance of high risk people/places where AODs may be offered, personal resilience and high self regard. Information should be supported by strategies for the prevention of AOD use and the creation of alternatives to AOD use in the youth's environment.

The importance of using unambiguous messaging in promotional materials, and examples of ways in which to optimally apply available health promotion materials within available resources, is outlined in the discussion. Ideally, effective messaging in promotional materials should include (a) *basic facts* about the target issue addressed by the material, (b) choices likely to result in *health promoting outcomes*, (c) awareness of choices which may *adversely affect health and well-being* and (d) concrete *options for alternatives* to drug use, such as well-being enhancing leisure and social activities.

To reinforce these messages, local resources should be mobilized, as youth best learn, and have new learning reinforced, though the medium of active engagement rather than intellectual discussion alone. New Knowledge must be followed by opportunities for New Action. The need for including the following activities/actions as part of the Ke Moja campaign were suggested:

- Sporting and other leisure activities:
- Counseling and support
- Involvement of parents and teachers
- Mobilisation of youth and other groups (religious, social, community)

List of Tables

Section One

Introduction

Study Design

One

Introduction

Background

The National Drug Master Plan (NDMP)[1] overseen by the Department of Social Development has identified youth as a key target group for interventions aimed at reducing the impact of substance abuse in the country. The NDMP identifies prevention programmes as a core focus area for interventions aimed at reducing the prevalence and incidence of established and emerging drug use patterns amongst youth.

During 2002, a drug awareness campaign entitled *Ke Moja – No thanks, I'm Fine!* was developed under the sponsorship of the Government of South Africa and the United Nations Office on Drugs and Crime (UNODC)[2]. Initiatives such as the Ke Moja campaign reflect the prevention-centered focus of interventions which the NDMP plan promotes for this target group.

The aim of the Ke Moja campaign is to create awareness of the risks related to substance use and to promote awareness and involvement in health promoting behaviours in youth aged 10-18 years. The campaign was launched in the Western Cape Province in 2003. The awareness campaign is next scheduled to be launched in early 2005 in Gauteng, the smallest of South Africa's nine provinces, but home to 8.8 million of the 44.8 million South Africans [3]

Materials used for awareness raising campaigns should be appropriate for the developmental phase and personal life circumstances of targeted youth. The selection of campaign activities for awareness programmes should also ideally be flexible and cost effective enough to support target communities to adapt and repeat the core activities of the campaign at regular intervals. The development of materials which are suitable for the needs and resources of particular target groups and communities, requires a good understanding of local risks and protective factors which exist within the context within which the target youth live.

The research project

The United Nations Office of Drugs and Crime, in collaboration with the National Department of Social Development commissioned the Human Science Research Council to assess the substance abuse related perceptions and behaviours of 10-18 year old youth living in selected disadvantaged areas in Gauteng, and, in the light of this information, to review and make recommendations about the suitability for this group of current health education materials used in the Ke Moja awareness and advocacy campaign.

Specifically, the project:

- conducted a rapid analysis of the perceptions and exposure of selected young people to substance abuse in facilities in 2 of Gauteng's main cities, Johannesburg and Tshwane (Pretoria).
- Assessed selected young people's understanding of and ability to relate to the messages and tools used in by the current Ke Moja promotional material
- Utilised the above assessments to make recommendations to streamline and improve the Ke Moja promotional material for use in Gauteng

Two

Research Design and Methodology

Rationale for Design

Rapid assessment methods can be used to provide information to plan and develop health policies and programmes, and to deliver and improve services and interventions. Rapid assessment is a helpful approach where current, relevant data is needed quickly to develop, implement, monitor or evaluate health programmes, and where time or cost constraints rule out the use of other more conventional research techniques.[4]

Rapid assessment is as an appropriate method of assessing the current drug abuse situation and potential useful of the Ke Moja prevention materials for the target communities in Gauteng, prior to preparing for the rollout of the prevention programme in that province.

In this study the rapid assessment focused on an analysis of:

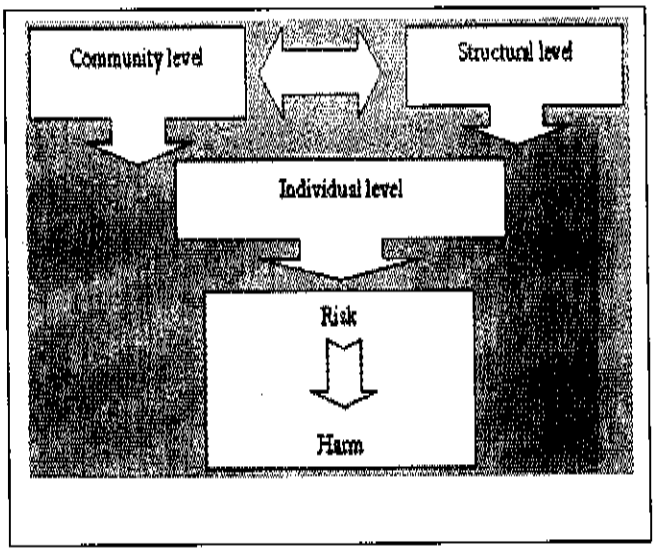
- substance use and behavioural risk trends in selected youth.
- factors that inhibit or enable risk taking among these youth.
- factors that protect these youth from, or make them resilient to substance abuse related risk behaviours

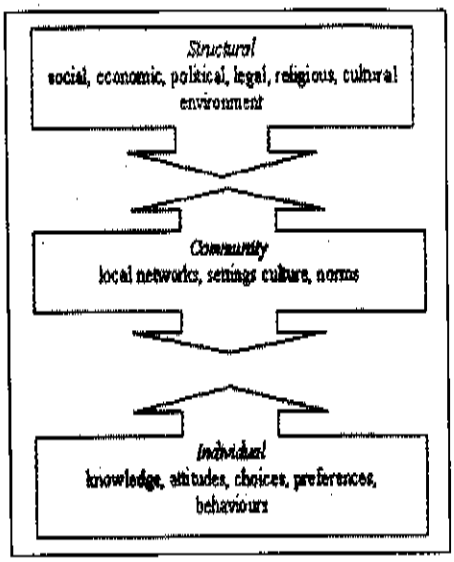
The *source of information* for assessing the above primarily involved documenting the youths' behaviour, perceptions, knowledge and beliefs.

Individual behaviour is influenced by:

- Other people (such as friends, family, peers others in the community, and community-wide 'norms').
- By the setting in which behaviour occurs (such as in a school, an institution, living on the street)
- Structural factors on behaviour (such as public attitudes, policies and laws).

These may increase or decrease the ability of youth to lead healthy lives and may increase or decrease the risk of harm among youth at risk. Risk reduction and health promotion require changes in behaviour, knowledge and beliefs (individual change), changes in peer group norms and attitudes (community change) as well as changes in public attitudes and policy (structural change). There may also be an *interaction* between different health and risk behaviours. Health and risk behaviours are influenced at three inter-dependent levels





Ideally, the WHO (2003) recommends that 3 key assessment areas be included in a comprehensive rapid assessment:

Individual health and risk behaviours

These are behaviours which, to some extent, are under the control of youth themselves, and include:

- What types of AOD risk behaviours occur?
- What is the pattern and extent (when and where) of AOD risk behaviours?
- Are there differences between groups of children? (In this study, in and out of school children, street children and children in need of secure care).
- What are youths' awareness, beliefs, perceptions and knowledge about AOD risk behaviours?
- What factors do children perceive to be inhibiting and enabling of AOD risk behaviours?

Community norms and Structural context

Community norms and structural contexts impact on the individual health and risk behaviours. AOD risk behaviours may be influenced by the wider peer group, by community norms and structural supports (or lack thereof) which provide guidelines on what behaviour is considered to be socially acceptable or appropriate, and in which context and setting.

The following areas should ideally be reviewed:

Community factors

- What are community norms and practices regarding AOD use and risk behaviours
- How do community settings and contexts influence AOD risk behaviours
- How do community settings and contexts influence social group resilience?

Structural factors

What are youth's knowledge, perception and regard for:

- local school/setting policies on AOD use and risk behaviours
- the social, economic and legal environment with regard to AOD use and risk behaviours

The short-term nature of this project precluded detailed field analysis of the community and structural contexts, and the study primarily focused on assessment of individual factors.

Ethical Approval

Human ethics approval was obtained from the Human Sciences Research Council Ethics Board, approval number REC 5/13/10/04.

Departmental permission

Formal permission was obtained from the Department of Education and the Department of Social Development to conduct the research at identified sites before contacting the heads of these institutions to obtain their/parental/youth consent for participation in the study.

Sampling

The study population comprised youth (aged 10 years to 18 years) attending pre-selected institutions identified by the National Department of Social Development and children and adolescents visiting shopping malls near the identified institutions in Johannesburg and Pretoria.

A total of 128 male and female youth n the age range 10-18 years were included in the sample:

96 youth were randomly selected from one high school, one primary school, one secure care youth center and two children's centers in Pretoria and Johannesburg, Gauteng.

32 out of school youth were conveniently sampled at two shopping malls, one each in Pretoria and Johannesburg, close to the selected institutions.

These youth were sampled by quota sampling according to 1) age groups (10-12 years and 13-18 years) and 2) sex (male and female) to allow for developmental and possible gender differences in drug exposure and perceptions, and 3) type of site (in school, street children or youth in secure care).

Selection of respondents

Respondents were selected at each institution by staff as follows to make the selection of participants as random as possible: The assent/consent form was read to learners in each selected grade/group. Youth who were interested in participating were asked to put their names in a box. Two names, and 1 additional reserve name per grade/group was drawn from the box. Youth selected first were asked to obtain parents' permission for the study at the schools, with heads of institutions co-signing at the secure care and children's centres where parents were not available. Where either child could not obtain permission, the reserve child would be given an opportunity to request parental permission. It was emphasized that the selection process should be done light-heartedly and non-competitively, so as not to evoke undue disappointment in youth not selected for participation.

The sample was stratified as follows:

a) Street children

16 boys and 16 girls, 16 from each of the 2 age groups, were targeted within 2 local children's' shelters, a total of 32 street children (seen in 4 focus groups, or 1 focus group per age/sex subgroup):

Table 1: Street children sample

GROUPS 1- 4	BOYS	GIRLS
10-12 years	8	8
13-18 years	8	8

b) Youth in secure care

16 boys and 16 girls, 16 from each age group were be targeted within one secure care centre, a total of 32 youth in secure care (4 focus groups, or 1 focus group per age/sex subgroup):

Table 2: Youth in secure care sample

GROUPS 5-8	BOYS	GIRLS
10-12 years	8	8
13-18 years	8	8

c) Youth in school

16 girls and 16 boys were selected from one high school and one primary school. Youth were randomly selected from grades to form 4 focus groups, stratified by age/grade (2 groups of 10-12/13 years selected from Grades 4-7 and 2 groups from 13-18 years in Grades 8-11). Youth were stratified as follows:

Table 3: School-based sample

	Grade	16 Boys	16 Girls
		GROUP 9	GROUP 10
Primary School Grades	4	2	2
Age 10-12/3	5	2	2
	6	2	2
	7	2	2
		GROUP 11	GROUP 12
High School Grades	8	2	2
Age 13-18	9	2	2
	10	2	2
	11	2	2

d) Youth out of school

32 out of school youth were interviewed at 2 shopping malls close to the onsite facilities to target youth out of school. As far as possible the stratification for age and gender was adhered to in selecting young people to approach for the study.

Language considerations in sampling

Care was taken by the Department of Social Development and the Department of Education to select sites where children were able to understand and read English, as materials are currently primarily available in English.

Response Rates

The selected sample comprised 128 youth selected in groups of 32 respondents at each of four sites (schools, children's' centres, a secure care centre and shopping malls). The final study sample comprised 118 youth, with all groups at the schools, children's' centres and shopping malls participating in the study as arranged.

Table 4 lists the completed fieldwork. Groups not held are indicated in the shaded area. The fieldwork start time for 13-18 year old boys at the secure care centre was delayed by two hours due to security procedures for release of participating youth. Ten selected youth at this centre did not participate: Three 13-18 year old boys decided not to participate once the group started. The remaining 5 boys of this group stopped

participating from the middle of the club scene video. Only 3 boys and 6 girls were made available in the 10-12 year age range. The 10-12 year old females required 90 minutes to complete the questionnaire because of literacy problems. These females required a great deal of time for meaningful focus group input, and managed to complete only the sporty poster.

Table 4: Summary of completed fieldwork.

Primary S.	10-12	M/F	16	X	X	X	X	X	
High S.	13-18	M/F	16	X	X	X	X	X	X
Secure Care Centre	13-18	M	5	X	X				X
		F	8	X	X				
	10-13	M	3	X	X	X		X	
		F	6	X	X	X			
Children's Shelter 1	13-18	M	8	X	X	X	X	X	X
Children's Shelter 2	10-12	M/F	16	X	X	X	X	X	
	13-18	F	8	X	X	X	X	X	X
Shopping Mall 1 (JHB)	10-18	M/F	16	X	No focus groups were done with participants in malls				
Shopping Mall 2 (PTA)	10-18	M/F	16	X					

Study Instruments

Study instruments included a questionnaire and focus group guide.

Questionnaire

A self-administered questionnaire measuring drug-related attitudes, perceptions and knowledge was adapted from existing questionnaires[5] [6] [7]. The final design of the questionnaire was completed in consultation with the UNODC.

The questionnaire has 5 parts: Section one (12 questions) covers demographic information (Question 1-9) and family or own history of alcohol and drug related problems (Questions 10-12). Section two (3 questions) focuses on media and community sources of information about alcohol and other drugs (AODs) to which youth have been exposed (Questions 13-15). Section three (13 questions) looks at the kinds of information youth

receive about AODs (Question 16 and 17), the ease with which youth can obtain different AODs (Question 18), the age at which youth first used different AODs (Question 19), the effects of AODs experienced by youth (Questions 20-21, 24-28), where youth most commonly use AODs (Question 22) and whether parents/caregivers are aware that they use AODs (Question 23). Section four (2 questions) looks at common beliefs about AODs (Question 29 and 30), and Section five (2 questions) at factors youth feel will assist young people to never start, or to stop using AODs (Questions 31 and 32).

The questionnaire was translated from English into Zulu and back translated according to scientific standard procedures (Appendix A: Questionnaire, in English).

Focus Groups

Focus groups are recognised as a flexible way in which to explore experiences, opinions and concerns[8], and are an ideal way to generate opinions about the Ke Moja materials to be reviewed.

The sessions were informal and conversational for participants, and facilitators used a carefully structured guide to pose open-ended questions and probe topics as they arose. New avenues of questioning were pursued as the interview developed, within time constraints. The focus group guide used for this study is included as Appendix B.

Informed Consent

Separate assent forms for children 14 years of age and younger and consent forms for children over 14 years of age were drawn up. All youth were required to sign consent (over 14 years) or assent (14 years and younger) for participation in the study. School based children were required to have their parents' co-sign consent/assent for their participation. The children resident at the Children's Shelters and the Youth Care Centre did not always have contact with their parents, but as residents are at these centres under the Child Care Act, no 74 of 1983[9] the Shelter/Centre Director was able to provide permission for their participation, if parents were not available to sign. Space for parents or guardians to provide assent/consent was included directly below their children's signatures.

Data collection

Preparation for data collection

Institutions

Agreement for participation was secured from the heads of identified institutions after the study was explained. Arrangements were also made for the staff of centres to complete the consent procedures prior to the field visits. Consent forms were mailed to each participating centre.

Shopping malls

Written permission was obtained from the shopping mall management for the centres to be used for data collection amongst patrons during the fieldwork period.

Selection and training of fieldworkers

A Pretoria based social science data collection agency was contracted to supply fieldworkers trained in questionnaire administration and focus group techniques, including the transcription of data obtained from the focus groups. Two male and two female fieldworkers were identified for use at the institutional sites and one male and one female fieldworker was identified for the shopping malls. Fieldworkers were mainly in their mid-thirties and most had worked previously as educators. Fieldworkers were all able to converse in English and Zulu, the languages chosen for the study (these languages were commonly spoken by all participating children, although children had various home languages).

A one-day training workshop was provided by the fieldwork coordinator using a training manual developed for the project, to familiarise the fieldworkers with the project and procedures for questionnaire administration and focus group discussions.

Fieldwork

Data was collected from youth at the schools, the children centres and the secure care centre during a half day workshop run with each of the 12 sub- groups. The workshop format is detailed in Appendix C.

After ensuring that informed consent was obtained, the questionnaire was administered at the beginning of the workshop. The questionnaire was self- administered where youth were literate, and interview-administered where youth were not literate.

The administration of the questionnaire was followed by five focus groups to review the following material:

- A 60 second video clip on substance use and risky sexual behaviour (Club Scene Video). This video was only reviewed with youth age 13-18 years, as it was felt to be unsuitable for 10-12 year old youth.
- A poster on substance use and risky sexual behaviour (HIV Poster)
- A poster on healthy choices (Sporty Poster)
- A 60 second video on peer pressure and decision-making with regard to substance use (Troubled Child Video)
- A poster on the impact of substance use choices on the future (Trendy Girl)

Male fieldworkers were assigned to focus groups for boys, and female fieldworkers to the groups for girls. All sessions were tape recorded, and notes were taken of discussions by one of the fieldworkers throughout each session.

Ideally, probing during focus groups should continue until all themes are explored and topics exhausted for new material. Given the range of materials requiring review and the limited time available with each group of youth, time limits were set in the workshop for the collection of material, as specified in the workshop outline.

No remuneration was given for participation in the study, but light refreshments were provided during breaks at the workshops.

Data Management.

Questionnaire

Questionnaire data were entered locally using a data base compiled on SPSS (Version 11.0). Data entry staff (2) received brief training in the structure of the database, data entry procedures, and quality assurance. A coding manual was used for reference purposes by data entry staff. All numeric variables entered were reviewed in order to

determine if there are any non-permissible values, and corrected by accessing the original instrument to determine the correct value.

Focus groups

Taped focus groups were transcribed, where necessary from the language used in the focus group to English, by trained transcribers.

Data Analysis

Questionnaire data

Descriptive and chi-square statistics were used to analyse perceptions and exposure to substance abuse by age, sex and different social groups using SPSS (version 11).

Focus groups data

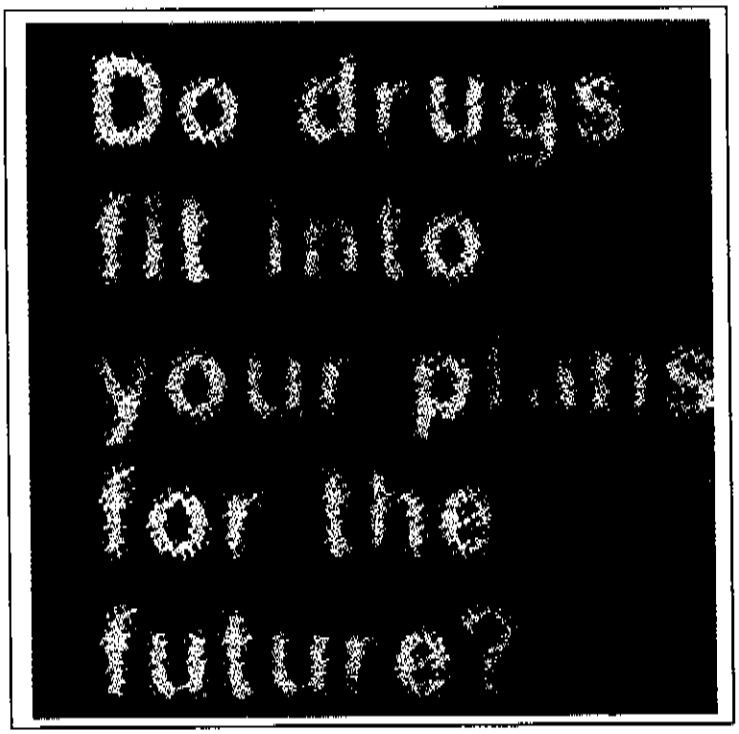
A systematic, thematic analysis of interview data on the effects of messages in the different media was conducted[10]. A preliminary coding frame was developed by examining the full set of transcriptions. Categories were derived to systematize the content. 20 percent of the transcripts were then independently coded by two researchers to check reliability of the coding frame. Subsequently, the entire set of interviews was coded anew using the computer package Atlas-ti, by two of the authors (BvW & SK).[11]. A list of codes is included as Appendix D.

Study Limitations

As the sample size and scope of the study was limited, findings are limited to the small group studied and cannot be generalized. Nevertheless, it is felt that the results provide valuable preliminary insights into the alcohol and drug-related drug knowledge, behaviours and beliefs of youth in the Gauteng province, and highlight factors which need consideration in designing health promotion materials for this group of young people.

Section Two

Results: Questionnaire Analysis



Knowledge, Behaviour and Beliefs about Alcohol and Other Drugs

Three

Results : Demographic Information

Demographic Information

Age of respondents

Thirty percent (n= 36) of the youth were 10-12 years old, thirty-nine percent (n=46) were 13-15 years old and thirty percent (n=36) were 16-18 years old.

Sex of respondents

Sixty-two participants (52.5%) were female and 56 (47.5%) were male.

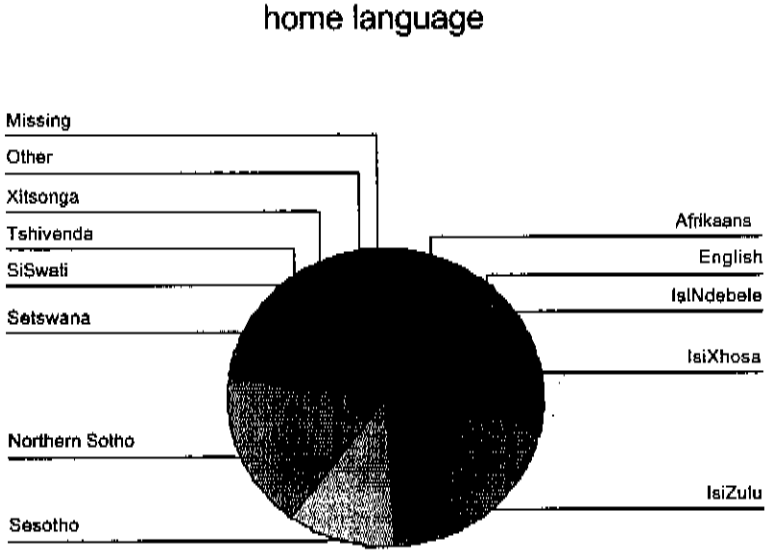
Ethnic group

Most youth were Black (91.5%). Five point nine percent youth classified "coloured" (n=7) and 2.5% (n=3) youth classified "white" were interviewed at the mall (n= 5), secure care centre (n=3) and children's centres (n=2)[1].

Home language

All eleven South African languages were represented in the sample. Four children were from other African countries (Nigeria, Angola) and spoke other languages. The most commonly spoken languages spoken in Gauteng are IsiZulu (21.5), Afrikaans (14.4%), seSotho (13.1%) and English (12.5%), followed by Sepedi and Setswana. As can be seen in the pie chart below, IsiZulu (21.4%), and Northern Sotho (17.1%) were the most common languages spoken by youth in this sample, followed by seSesotho (11.1%), IsiXhosa (11.1%), and Setswana (10.3%). All children were able to converse in English and/or Zulu, the medium of instruction at the sites selected.

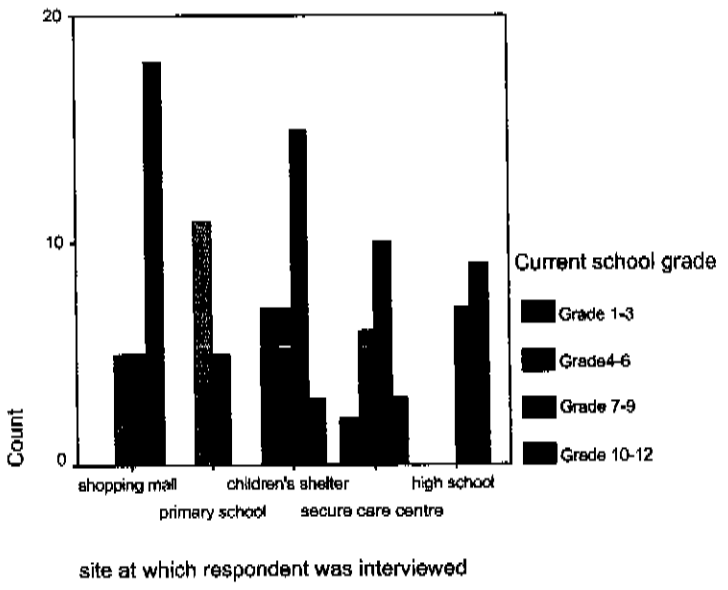
[1] The province has a multi-cultural population comprising people classified as Black (70%), white (23%), coloured (4%) and Indian (2%).



School grade

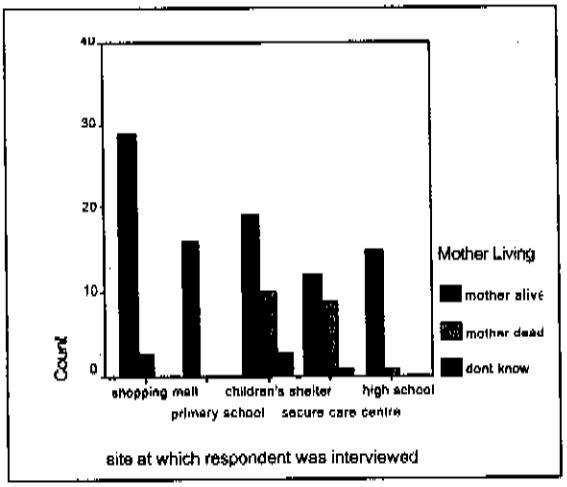
Youth were fairly evenly spread among the targeted grades for the study with 25.7% of youth in grades 4-6, 37.2% of youth in grade 7-9 and 29.2% in grade 10-12. Nine (8.0%) of the youth seen at the children's centres were still in foundation phase (Grades 1-3), eight of whom were 10-12 years old and one 13-15 years

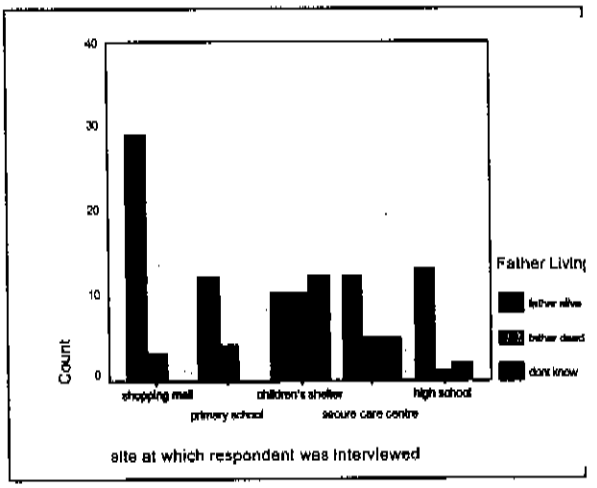
old. Three youth interviewed at the malls were no longer attending school, having left in grades 9, 10 and 12 respectively.

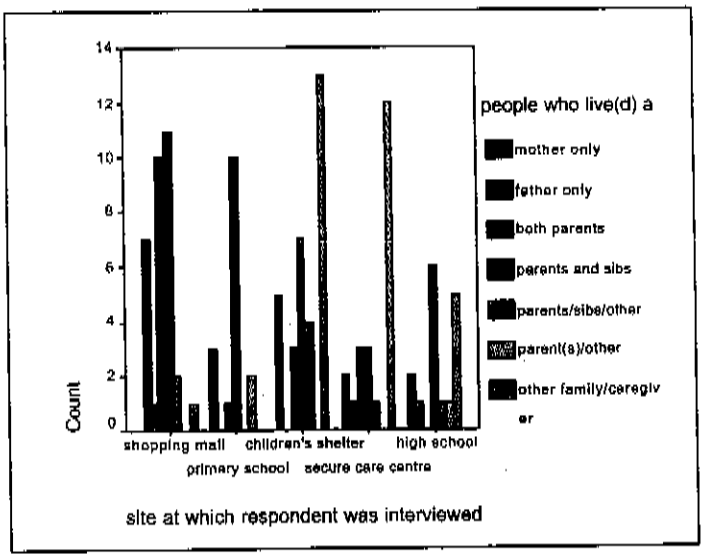


Family : Parents living or dead

A greater proportion of mothers (77.1%) and fathers (63.6%) of the participants were still living. Some youth did not know whether their mothers (4%) or fathers (20%) were still alive. The greater proportion of youth with deceased mothers or fathers, or who did not know whether their parents were alive, were in the shelter or secure care sites. A greater proportion of youth at primary schools and in malls lived with their parents/parents and siblings, youth in high school with their parents and siblings, or with other family members/caregivers, while the greater proportion of youth in shelters and secure care last lived with other family member/ caregivers. Comparing primary and high school kids, a greater proportion of high school kids reported (a) not knowing if their father was alive or dead, and (b) living with other family/caregivers.







Four

Results : Knowledge and Beliefs about Alcohol/Other Drugs

KNOWLEDGE ABOUT ALCOHOL AND OTHER DRUGS (AOD)

The responses in this section relate to questions on (a) getting information about drugs (Questions 13-15, (b) own knowledge about drugs (Questions 16-17) and (c) ease of access to different drugs (Question 18).

Level of knowledge about alcohol and other drugs

Seventy-three point five percent (73.5%) of children reported receiving some form of information about AODs, approximately half of whom had primarily received information about using (34.2%) and half about not using (35.9%). Eighty-three percent (83%) stated that they would like more information about AODs, of which 49.6 wanted information on how not to use, with a hefty 32.5 wanting information on how to use.

Sources of knowledge about alcohol and other drugs

Youth reported on exposure to information about AODs from discussion/verbal input, and from media sources:

Friends and Acquaintances

Two thirds (67.5%) reported that they knew young people at school who talked about AODs, of which 42.7 tended to talk about using, and 23.1 about not using. Amongst their friends, youth reported that 77.8% spoke about AODs of which 55.6% of the information focused on not using AODs and 22.2% on encouraging AOD use. About 1 in 2.5 (38.3%) youth knew friends who use alcohol, 1 in 4 youth (28.9%) knew friends who used other drugs, and 1 in 2 youth (53.9%) knew other people who used AODs.

Teachers

Seventy-six point four (76.4%) of the youth reported that teachers at their school talk about AODs to learners, with 52.1% of the information focusing on encouraging them not to use, while a third of teachers (33.3%) reportedly spoke of using AODs.

Parents

Most (92.3%) youth reported that their parents had given them information about AODs, of which 87.1% focused on not using, and of concern, 5.2% on encouraging use.

Community members

About two thirds (67.5%) of youth reported receiving information on AODs from neighbours or other community members with most information (59.8%) focused on encouraging youth not to use, and 7.7% encouraging usage.

Other Community Sources

Youth reported receiving information on AODs in several community settings, with information mainly focused on encouraging them not to use (schools= 90.5% of youth, clinics/hospitals/doctors rooms = 76.9%, pharmacies = 65.2%, religious venues= 69%, community meetings = 47.8%),

Other community settings were a source of information both to use and not to use AODs (youth/cultural groups = 55.7% not to use / 8.7% to use, shops/ sports clubs = 48.7% / 7.1%, taxi/bus/trains = 30.4% / 11.3%, spazas= 31% not to use / 11.2% to use)

Media Sources

80-89% of youth were of the opinion that information on AODs found on television magazines, newspapers, on billboards/notice boards, in plays/live drama, on posters and on the radio was useful to very useful to them.

70 to 79% of youth were of the opinion that information on AODs found in books, libraries, on leaflets/pamphlets/booklets, on clothing and on stickers was useful to very useful to them.

60 to 69 % of youth were of the opinion that information on AODs in advice columns, on badges, key rings, rulers, taxi/bus and train signs, on walls/murals and on the internet, were useful/very useful to them.

Only 58.9% of youth felt that comics offered useful to very useful information on AODs.

Of the above media sources, the highest number of youth reported that the following sources offered information encouraging them not to use AODs: television (87.2% of youth), radio (80.9%), newspapers (71.8%) and posters (70.1%).

Youth reported 60-69% of the time, that billboards/notice boards, plays/live drama, and magazines offered information encouraging them not to use AODs.

The other sources notes above were listed less than 59% of the time as offering information which encouraged youth not to use AODs.

Considering both (a) messages encouraging youth not to use AODs, and (b) youth's experience of the information source as useful, television, radio, magazines, newspapers, posters, billboards/notice boards and plays/live dramas were most cited as having impressed youth positively in relation to information about AODs.

Books, libraries, leaflets/pamphlets/booklets, clothing and stickers were thought by youth to be useful to very useful sources of information, but in practice youth do not report being as frequently exposed to positive messages on AODs through these media.

Getting alcohol and other drugs

Approximately 1 in 7 youth (15.5%) stated that they could access AOD at school while about 1 in 3 youth (37.9%) knew where to find AOD outside of school.

Ease of access to alcohol and other drugs

Table 5 below shows which AODs can be obtained by youth in Gauteng with ease or with difficulty. Youth reported that the easiest AODs to obtain were, in order of ease, beer, cigarettes, coolers/ciders, cough mixtures (about 50% of youth felt this group of AODs were easy to obtain), wine, slimming pills, strong drink, dagga and inhalants (between 33-38% felt these were easy to obtain).

Most of this set of AODs mirror the drugs youth reported most commonly using, namely beer, wine, cigarettes, strong drink, dagga and inhalants.

Drugs such as heroin, cocaine, LSD etc, were frequently reported as unknown, or as difficult to obtain. In this group, crack and heroin seemed marginally better known and slightly easier, but by no means easy, to obtain than other less frequently cited drugs. Mandrax, used in the Western Cape in combination with dagga (White Pipe), does not seem to be as frequently used in this group in Gauteng. Similarly, tik tik, (crystal methamphetamine) the use of which has skyrocketed in the Western Cape in the past eighteen months[12], appears to be little known and less frequently used by this group of Gauteng youth at the present time.

With respect to age, there were no age group differences in ease of obtaining beer, cigarettes, coolers/ciders, cough mixtures and dagga. All age groups reported difficulty in obtaining the less frequently used drugs mentioned above, with those obtained concentrated in the 13-18 group. Where cocaine is reported as easy to find, these were predominantly 16-18 olds.

There were no significant sex differences in ease of obtaining AODs.

Table 5: *Ease of access to alcohol and other drugs*

	Don't know what this is	Cant get it	Don't know if I can get it	hard to get it	easy to get it
cigarettes		17.9	4.3	21.4	56.4
beer	0.9	12.8	3.4	24.8	58.1
coolers/cider	6.9	14.7	2.6	22.4	53.5
wine	6.	17.2	1.7	31.9	43.1
spirits/strong drink	6.	23.9	4.3	29.9	35.9
dagga	2.6	27.4	4.3	29.1	36.8
slimming pills	19.7	10.3	6.8	25.7	37.6
cough mixtures	18.8	11.1	4.3	16.2	49.6
inhalants	13.9	16.5	6.1	29.5	33.9
[redacted]	25.	22.4	6.	36.2	10.3
	36.8	17.9	4.3	27.3	13.3
	25.9	10.2	21.3	29.6	13.
	56.5	12.2	4.3	25.2	1.8
	51.8	11.6	5.4	27.6	3.6
	28.4	20.7	5.2	41.4	4.3
	37.1	19.0	6.0	34.5	3.4
	39.1	16.5	5.2	34.8	4.3
	41.4	15.5	5.2	32.8	5.2
	50.	14.7	3.4	28.5	3.5
	48.7	12.2	0.9	31.3	4.4

BELIEFS ABOUT ALCOHOL AND OTHER DRUGS

This section combines opinions in response to three perspectives, namely respondents (a) general opinion on effect of AODs (Question 31), (b) specific opinion on effect of AODs their own lives (Questions 26-28) and (c) opinions about specific drugs (Question 32)

Effects of alcohol and other drugs

Riskiness of using AODs

Table 6 indicates a strong general opinion among youth (79.1-86.9%) that the use of AODs is potentially harmful. In only one instance did the high frequency of this response weaken, in response to the phrase "there are many more dangerous things than drugs", perhaps reflecting the reality of South African youth having to deal with several risky, stressful life factors in our current economic and social climate.

Table 6: Riskiness of using AODs

	Respondent Opinion	
	Agree (%)	Disagree (%)
AODs are harmful		
young people should never take drugs	[redacted]	20.9
you will feel sorry in the future if you drug	[redacted]	18.8
drug use is one of country's biggest evils	[redacted]	19.8
trying drugs is one of most dangerous things	[redacted]	13.1
schools should teach the real dangers of drugs	[redacted]	13.9
laws on drugs should be stronger	[redacted]	20.8
AODs are not harmful		
there's no harm in trying drugs for curiosity	16.6	[redacted]
there are many more dangerous things than drugs	42.2	[redacted]
police should not bother young people trying drugs	15.8	[redacted]

Table 7 below indicates that this view of AODs as potentially harmful carries through to participants' own lives. However, concerns about the harmful effects of cigarettes came through less strongly than concerns about the effects of alcohol and other drugs.

Table 7: Can AOD use place you at risk?

	Alcohol	Cigarettes	Other Drugs
	Yes (%)	Yes (%)	Yes (%)
can make you get into trouble with police	78	53	82.1
can make you not want to stop using it	58.3	56.4	62.9
can make you lose control	70.3	47	71.8
can make you do something you will be sorry about	71.8	49.1	73.5

Undermining health

Continuing the above trend, youth also felt strongly (78.6-84.7%) that AOD use can negatively impact on their own health. Of concern is that youth's opinion of AOD use as a potential risk factor for contracting HIV/AIDS was much lower (36.8-44.8%) than their overall view of the impact of AODs on health.

In Table 8 below, 23.5% of youth agreed that there was "no connection between HIV and AOD use", while 39.1 % of youth reported that they did not know the answer to this question, a total of 62.6% of the sample.

Table 8: Can AOD use put your own health at risk?

	Alcohol	Cigarettes	Other Drugs
	Yes (%)	Yes (%)	Yes (%)
can harm your health	84.7	84.7	78.6
can make you fell sick	70.9	61.5	69.2
can give you a hangover	75	N/A	N/A
can make you get HIV/AIDS	36.8	17.1	44.8

Opinions on specific drugs

These drugs were singled out because of their frequent use (alcohol, tobacco and dagga) and recent peak in usage in some areas of the country (tik tik).

Table 9: Opinions on commonly used AODs

	Opinion		
	Agree (%)	Disagree (%)	Don't Know (%)
Alcohol use			
alcohol is the most misused drug	61.2	12.9	25.9
most adults drink alcohol every day	68.4	15.4	16.2
beer and wine have the same amount alcohol	16.3	31.6	52.1
drinking while pregnant is bad for the baby	73.9	12.2	13.9
Cigarettes			
less than half adults smoke cigarettes	64.7	20.7	14.7
most youth my age smoke cigarettes	74.4	15.4	10.3
young people smoke because friends smoke	81.7	9.6	8.7
you take in poison when smoking	74.0	5.2	20.9
blood pressure rises when you smoke	50.0	4.3	45.7
Dagga			
most young people smoke dagga	67.0	11.3	21.7
smoking dagga makes you think better	8.6	73.3	18.1

Table 9 continued

	[illegible]	Disagree (%)	Don't Know (%)
Tik tik			
Most young people use tik tik	14.2	9.4	76.1
HIV and AODs			
No connection between HI and AOD use	23.5	37.4	39.1

Although the strong opinion of youth in this sample was that AODs pose a health and general well-being risk (with the exception of their response to HIV/AIDS), they also expressed a moderate belief that AOD use can boost confidence and enhance mood, as reported below.

Boosting confidence

About 1 in 3.5 (25.6-33%) youth were of the general opinion that AODs can boost confidence. With regard to AOD impact on their own lives, the strength of this view increased to 42-50%. .

Table 10: AOD use can boost confidence

	Respondent Opinion	
	Agree (%)	Disagree (%)
taking drugs will impress friends	33.0	67.0
you will feel more confident	25.6	74.4
you will fit in better with friends	27.5	72.5

Table 11: Can AOD use boost your own confidence?

	Alcohol	Cigarettes	Other Drugs
	Yes (%)	Yes (%)	Yes (%)
can make you cool person	30.8	34.5	28.2
can make you dare to be yourself	42.2	32.2	45.6
can make you fell friendlier to others	50	31	45.3

Enhancing mood

On average about a quarter of respondents were generally of the opinion that AODs can enhance mood, with this opinion strengthening when more unpleasant mood symptoms such as stress, sadness and loneliness are taken into account. With regard to their own lives, this perception was even stronger.

Table 12: AOD use can enhance mood

	Respondent Opinion	
	Agree (%)	Disagree (%)
Using drugs can feel good	21.7	78.3
Drugs can relieve boredom	23.3	76.7
drugs help you relax/takes away stress	31.9	68.1
drugs can relieve sadness/loneliness;	28.4	71.6
drugs help people live life to the full	16.2	83.7

Table 13: Can AOD use enhance your own mood?

	Alcohol	Cigarettes	Other Drugs
	Yes (%)	Yes (%)	Yes (%)
can make you feel relaxed	41.9	44.1	36.8
can make you have lots of fun	53.8	37.9	47
can make you happy	48.3	32.8	50.9
can make you forget your problems	53.4	34.7	48.3

Factors which support youth to never start or to stop AOD use.

Most factors in Table 14 below was felt by youth to be important to assist them never to start, or to stop using AODs (affirmative response rate of 70% and more). However a few factors (81-91%) garnered slightly more support as protective factors, and included

- having friends who do no use drugs (rated more important than making new friends, or having friends who do not force you to use)
- having parents and teachers who do not use drugs (rated equally for both stopping and never starting
- having family who do not use drugs (rated more important for stopping, than for never starting)
- having people who will support you to stay off drugs (rated especially important for stopping)
- getting proper information about drugs (and for those trying to stop, information about the negative impact of drugs was more freqently rated than for those who had not used)

18% of youth felt that experimenting (trying it once or twice) might discourage use, but most youth felt this was not a useful option (82%).

Overall, youth more frequently rated their own inner strength/resilience, personal relationships (non-using parents, teachers, friends, and the support of others) and sound information, as important factors in never starting or stopping AOD use, than they rated access and influence to use AODs (friends who promote use, a community/school/care centre free of drugs, other things to do with your free time). Having faith in God received average support relative to other factors listed (80%). Youth more frequently positively rated " having other things to do" when examples of activity was given (sport) than when a general statement about being occupied was made.

For stopping AOD use, cutting back on drugs used was considered helpful by 60% of youth, while getting help at a drug treatment centre was favourably viewed by 88% of youth.

Table 14: Factors to support youth to never start or to stop using AODs

	Can help never start		Can help to stop	
	Yes (1))	No (2)	Yes (1))	No (2)
PERSONAL POWER/RESILIENCE				
being a very strong person yourself	83	17	86	14
BELIEF IN A HIGHER POWER				
having a strong faith in God	80	20	80	20
PEERS				
making new friends	74	26	74	26
having friends who don't force you to use	76	24	81	19
having friends who do not use drugs	86	14	87	13
OTHER ROLE-MODELS				
famous people talking about not using drugs	74	26	78	22
speaking to a former drug addict/alcoholic	75	25	79.	21
family who do not use drugs	84	16	89	11
having teachers who do not use drugs	86	14	86	14
parents who do not use drugs	86	14	86	14
people who support you to stay off drugs	87	13	91	9
DRUG USE				
getting help at a drug treatment centre	Not applicable		88	12
cutting down on the drugs you use	Not applicable		60	40
trying it once/ twice to see how it affects you	18	82	Not applicable	
INFORMATION				
someone telling you about dangers of drugs	81	19	85	15
getting proper information about drugs	87	13	89	11
ENVIRONMENT				
living in a community free of drugs	73	27	72	28
getting rid of the drugs at school/in the centre	73	27	74	26
having other things to do over the weekends	77	23	76	24
having other things, like sport, for your time	80	20	86	14

Five

Alcohol and Other Drug Use Behaviours

This section reports results related to (a) age when first tried AODs (Question 19), (b) experience of drunkenness/being drugged (Questions 20-21), (c) places where AODs are used (Question 22) and (d) caregiver knowledge of drug use (Question 23).

Usage patterns for alcohol or other drugs

Given the sensitive nature of the study, it could be expected that youth may tend to underreport their usage patterns as a means of self-protection. In support of this, during analysis, it was noted that some responses across questions were inconsistent. Some respondents (n= 8 respondents in malls, 3 in children's centres 3 in secure care and 1 in high school), for example, reported never having used drugs or listed a few drugs (question 24), yet gave start ages for experimentation on drugs not listed (Question 21), reported parental knowledge of drugs not previously listed (Question 25), or related problems they were having as a result of alcohol or other drug use not previously listed (Questions 29 and 30). Levels of reported alcohol and other drug use should therefore be viewed with caution, as these may be underreported in some instances.

Having noted the above, approximately one quarter (23.7%, n=28) of the youth reported *never having tried any drugs*, while ninety (76.3%) of youth had tried one or more AODs, including 25.7% who had tried one or two substances experimentally, most commonly alcohol and cigarettes. Of the 28 youth who had never used, 39.3% (n= 11) were males, and 60.7% (n= 17) were females. Of the ninety youth who had tried one or more AODs, 50% (n=45) were male and 50% (n=45) were female.

Overall, alcohol, in various forms, was the *most frequently tried drug* for both sexes. The most common substances tried were beer (56.4%), wine (48.3%), cigarettes (35.3%), strong drinks/spirits ((24.1%), dagga (22.9%) and inhalants (12.2%).

The *age when youth first tried a particular drug* differed for different substances, as follows:

- Beer: More youth reported younger age levels for first trying beer, with 21.4% having first tried beer aged 11 or younger, 15.4% at 12-13 years, 13.7% at 14-15 years, 5.1% at 16-17 years and 0.9% at 18 yeas or older.

- Wine: Similarly, more youth reported younger age levels for first trying wine, with 16.1% having first tried beer aged 11 or younger, 115.3 % at 12-13 years, 10.2% at 14-15 years, 5.1% at 16-17 years and 1.7% at 18 yeas or older.

- Cigarettes: More youth reported trying cigarettes for the first time when younger than 11 years (11.2%), with the rate lowering and equaling out for youth in older age groups (7.8%, 8.6%, 6.9%, and .9% respectively).

- Strong drink (alcoholic beverages containing 40-45% ethyl alcohol, such as brandy, whisky vodka, etc): A greater percentage of youth reported first trying strong drink in the age range 14-16 years (14.7%) than in the other age ranges.

- Dagga: A small group of male and female youth reported trying dagga for the first time at age 11 and younger (3.4%), but more reported first trying dagga for the first time in the age range 14-15 years (5.9%) and 16-17 years (7.6%). Most males reported trying dagga for the first time at age 12-15 years, and most females, aged 14-17 years.

- Inhalants: This was primarily tried for the first time by youth younger than 13 years (8.7%).

Twenty youth (17.4%) reported having started using cough mixtures younger than 11 years, but as this may well refer to normal medicinal usage, it was not possible to estimate any misuse of cough mixtures in this sample. Six percent of youth had used slimming pills, all of whom were female.

With regard to experimentation with drugs such as cocaine, LSD and heroin, reported usage was negligible in the sample as a whole, with one child reporting experimenting with several of these drugs (cocaine, ecstasy, heroin, LSD), and a few others mentioning

having tried one or two drugs (mandrax, ecstasy, party drugs, slimming pills) as a once off experience. Sixty-five (55.1%) of youth, fairly equally spread amongst the age groups, reported not knowing what "tik tik" (crystal methamphetamine) was. Tik tik was reportedly tried for the first time by 4 youth (3.6%), although later when asked more indirectly if their caregivers knew they used "tik tik" (see Table 15 below), 6.8% (n=6/90) children reported using "tik tik". Also in Table 15, 12.2% (n=11/90) reported currently using "other drugs."

Caregiver knowledge about drug use in youth

Table 15 below reports the finding regarding parental/caregiver knowledge of drug use for various drugs, as a percentage of the total sample. As an estimate of the overall usage patterns for different drugs, the indirect measure of caregiver awareness may be more reliable than directly asking youth, where some underreporting was noted. Using this measure, it can be estimated that 37.7% of those youth in the sample who have tried AODs (n=90) had used alcohol in some form, 33.6% had tried cigarettes, 14.4% had tried dagga, 9% mandrax, 13.3% inhalants, 6.8% "tik tik" and 12.2% had tried other drugs.

Table 15: Caregiver awareness of alcohol/other drug use.

Drug	Total	Caregiver knows		Caregiver does not know	
		No.	%	No.	%
		20	**22.2**	23	**25.6**
		13	**14.4**	17	**19.2**
		9	**10**	4	**4.4**
		7	**7.8**	1	**1.2**
		9	**10**	3	**3.3**
		5	**5.6**	1	**1.2**
		9	**10**	2	**2.2**

Places where youth use alcohol/other drugs

Youth appeared to favour the same type of places for drink and for using other drugs:

Alcohol

Of youth who reported using alcohol they reported using, in order of frequency, at parties (30 youth), clubs (23), other places not already mentioned in the questionnaire (16) and and other's homes (12). Twelve youth reported drinking at home, with many of these listing "in my room" as the site at home where drinking took place, while 8 drank in cars/open places.

Other drugs

Of youth who reported using other drugs, they reported using, in order of frequency, at parties (9 youth), other places not already mentioned in the questionnaire (8) and others homes (8), at clubs (7) and in their own home (7) and in cares and open places (4).

Drunkenness

Two questions measuring drunkenness in youth were included in the questionnaire, to compensate for the possibility of youth tending to underreport drug use habits. In the first, *"age when first became drunk"* 41.9% of the sample reported having had enough alcohol at one sitting to become drunk, with a fairly even spread across age groups for the age when this first happened (11 or younger = 10.3%, 12-13 years = 6.8%, 14-15 years = 12.0%, 16-17 years = 10.3% and 18 and older =2.5%)

Findings were similar with the second question, *"ever drank until you were really drunk"*, where 47.8% of youth responded in the affirmative, with 23.9% reporting having been really drunk only once, 8.5% twice, 3.4% 4-8 times and 12% more than 8 times.

In the latter question, with respect to the *age of respondents* as a proportion of each age group, the older the youth, the more frequent the rate of drunkenness:

- Twenty percent (n=7) of the 10-12 year olds had been drunk 1-2 times, never more.

- Thirty-eight percent (n=16) of the 13-15 year olds had been drunk 1-2 times, and 15.5% (n=7) 4- 8 and more times.
- Forty-two percent (n=15) of the 16-18 year olds had been drunk 1-2 times, and thirty- one percent 4-8 and more times

With respect to the *sex of the respondents*, as a proportion of the total number of males and females respectively, slightly more males (36.4%) than females (29.1%) reported becoming really drunk once or twice while slightly more females (16.1%) than males (14.6%) reported becoming really drunk 4-8 times or more, possibly reflecting the higher biological risk for females to become drunk more rapidly than men on the same amount of alcohol.[13], as opposed to suggesting a tendency for females to drink more than males.

With the latter question, there was a tendency for the frequency of drunkenness to be positively associated with an increase in the number of friends who use alcohol, especially with youth who had been drunk more than 8 times. Furthermore, *the pattern of knowledge about alcohol/drugs* in the 'never drank till drunk' or "one time only " groups of youth showed a tendency for members of these groups to have more frequently received (a) information about how not to use alcohol/ drugs than information on how to use drugs, or (b) no information about alcohol/drugs at all. The pattern of knowledge about alcohol/drugs for youth in the "drank more than 8 times' group showed a tendency for members of this group to have more frequently received information on how to use alcohol/drugs than information on how not to use these.

Drugging till sick/out of control

With regard to drugs other than alcohol, 29.1% of youth reported that they had used until they had *felt sick or out of control*. with 18.8% reporting having done this only once, 3.4% twice, 2.6% 4-8 times and 4.3% more than 8 times.

With respect to the *age of respondents* as a proportion of each age group, the older the youth, the more frequent the rate of having been drugged till sick/out of control, as was the case with alcohol intoxication, although drugs were used less frequently than alcohol.

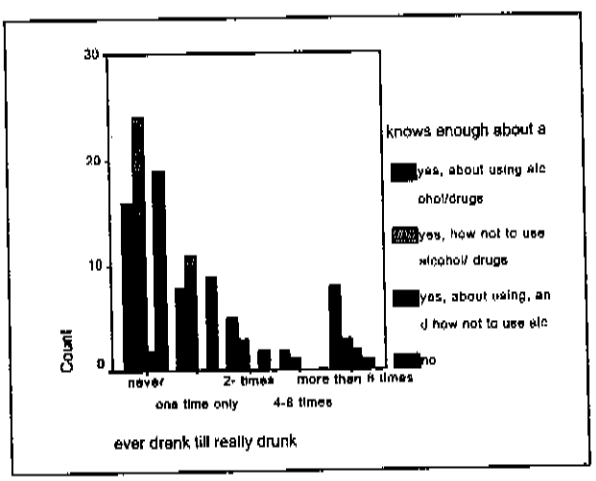
- Eight point four (8.4%, n=3) of the 10-12 year olds had been drugged-sick/out of control 1-2 times, never more.

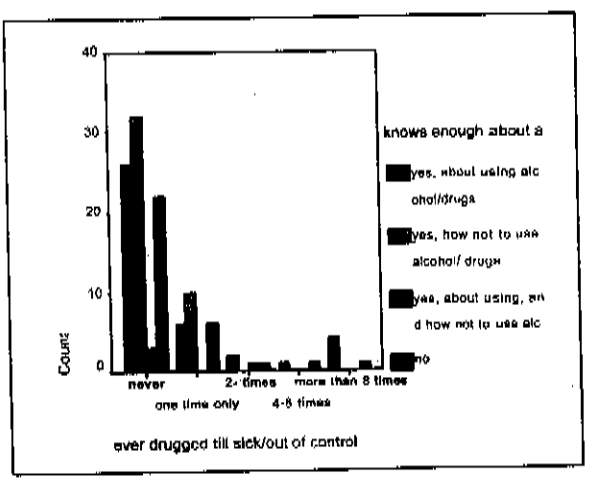
- Twenty percent (20%, n=9) of the 13-15 year olds had been drugged-sick/out of control 1-2 times, and 8.8% (n=4) 4- 8 and more times.
- Thirty-eight point nine percent (38.9%, n=14) of the 16-18 year olds had been drugged-sick/out of control 1-2 times, and 11.1% (n=4) 4-8 and more times

With respect to the *sex of the respondents*, as a proportion of the total in each category, twice as many females (29.4%, n= 18) as males (14.5%, n= 8) reported becoming drugged-sick/out of control once or twice. Seven point three percent (7.3%, n=4) of males reported becoming really drunk 4-8 times or more, with no females becoming drugged-sick/out of control 4-8 times, but 6.5% (n=4) reporting becoming drugged-sick/out of control more than 8 times.

The *pattern of knowledge about alcohol/drugs* observed in the "ever drank till drunk" and "drunk one time only" groups was similarly observed for the "the ever drugged till sick/out of control group" and the "drugged one time only" group

Again, there was a tendency for members of the "drugged more than 8 times" group to have more frequently received information on how to use alcohol/drugs/ than information on how not to use drugs.





Family: Substance related problems

Just under a quarter (23.9%, n=28) youth reported that a family member has a drinking or drug use problem. Having a family member with drinking/drug problems were reported

across all sites: primary school (6.3%), secure care (14.3%), shopping malls (21.9%), high school (31.3%) and children's shelters (37.5%).

Self : Substance related problems

No 10-12 year olds reported drinking/drug use across any of the sites. Twelve (10.3%) of youth reported having a drinking/drug problem. This group included 8 girls (2 at the malls, 3 in shelters and 3 in secure care) and 4 males (1 in a shelter, 2 in secure care and 1 in high school). Seven of the 12 youth were 13-15 years of age, with 4 at shelters, 2 in secure care and 1 in high school. The five 16-18 year olds were interviewed in malls (2) and the secure care centre (3).

This group of 12 youth represents slightly less than one fifth (21.4%) of youth who reported family members with a drinking drug problem (n=28), as opposed to slightly more than one twentieth (6.7%) of youth who reported that family members do not have a drinking drug problem (n=90). The small numbers preclude inferences from this observation being made to larger groups of youth and their families.

Problems experienced as a result of own substance use

In Table 16 below, alcohol and other drug use resulted in damage and loss of personal property for between 6.9% and 26.7% of youth.

Table 16: Property risk from alcohol/other drug use

	Alcohol		Other Drugs	
	No.	%	No.	%
Caused damage to property	24	**20.5**	8	**6.9**
Lost money or other things	31	**26.7**	18	**15.4**
Was robbed/stolen from	18	**15.3**	13	**11.1**

In Table 17 below, twice as many youth (about 1 in 3) reported having arguments/fights from alcohol than from other drug use (about 1 in 7). With regard to injury approximate 12% (1 in 8) of youth reported suffering actual injury after having used alcohol or drugs.

Table 17: Personal safety risk from alcohol/other drug use

	Alcohol		Other Drugs	
	No.	%	No.	%
had arguments	40	33.9	17	14.5
had fights	36	30.5	17	14.5
had accidents	15	12.7	10	8.5
had injury	14	11.9	14	12

In Table 18 below, about 1 in 4 (28.8%) and 1 in 6 (16.2%) youth reported suffering physical ill-effects of alcohol and other drug use respectively. Approximately 1 in 6 (17.1%) using alcohol and 1 in 17 (6%) using other drugs reported regret about sexual activity after substance use. This is of concern as impulsive sexual activity such as this is less likely to be accompanied by safe sex provisions.

Table 18: Health risk from alcohol/other drug use

	Alcohol		Other Drugs	
	No.	%	No.	%
had hangover/was sick	34	28.8	19	16.2
sorry had sex after use	20	17.1	7	6

In Table 19 below, approximately 1 in 4 reported problems with friends (26.3%) and parents (23.1%) as a result of alcohol use, while drugs resulted in problems with friends and parents in approximately 1 in 7 (14.5 %) and approximately 1 in 8 (12.8%) youth respectively. One in 5 and 1 in 8 youth reported having had some trouble with police after using alcohol or other drugs respectively:

Table 19: Relationship/social problems from alcohol/other drug use

	Alcohol		Other Drugs	
	No.	%	No.	%
had problems with friends	31	**26.3**	17	**14.5**
had problems with parents	27	**23.1**	15	**12.8**
had problems with teachers	20	**16.9**	15	**12.8**
had trouble with police	22	**18.6**	12	**10.3**

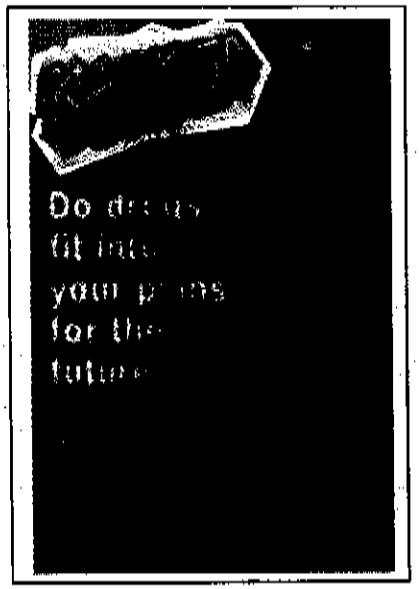
In Table 20 below, approximately 1 in six and 1 in 8 youth reported negative impact of using on their school work and on truancy from school, as a result of drinking or drugging respectively.

Table 20: Academic risk from alcohol/other drug use

	Alcohol		Other Drugs	
	No.	%	No.	%
had poor work at school	21	**18.1**	15	**12.8**
stayed away from school	20	**16.9**	15	**12.8**

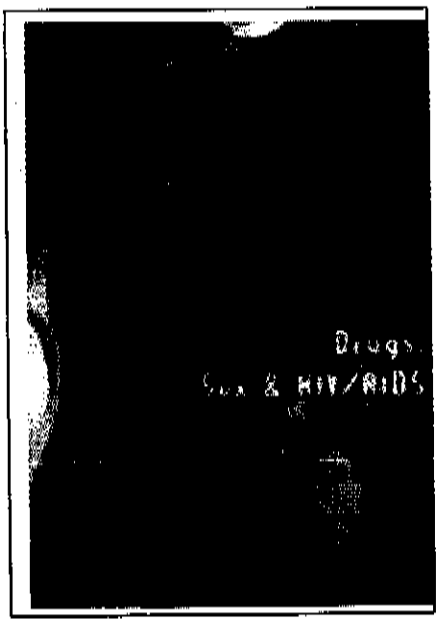
Section Three

Results

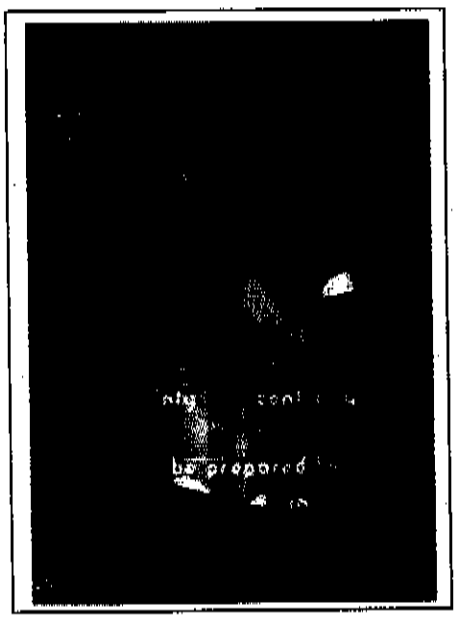


Trendy Girl Poster

Poster and Video Clip Analysis



HIV Poster



Sporty Poster

Six

Results: Posters

Trendy Girl Poster

Summative Analysis

The verbal message was well received as was the overall design of the poster, but the model used was felt to be inappropriate, at best adding no value to the poster and at worst promoting ideas of using AODs

Age specific comments

Younger youth tended to see the model as older than they were, depicting a "future view" rather than their immediate reality. The open-endedness of this poster demands good critical thinking skills and prior knowledge to inform health promoting decisions and is not ideally suited to uninformed youth, many younger aged youth or youth who are intellectually challenged.

Sex specific comments

13-18 year old girls were ambivalent about their feelings about the model, with some girls feeling the model was appropriate (sexually attractive and appealing) while others felt she lacked self-respect.

Site-specific comments

Literacy levels impacted youth's ability to make health promoting decisions based on the poster, with illiterate/poorly literate youth tending to rely on the visual aspects to make sense of the poster.

Detailed analysis

Main messages

Youth were clear that the slogan "Does drugs fit into you're your life?" focuses attention on the issue of drugs. Strong themes which emerged included:

- peer pressure, alcohol and other drugs
- risk taking/caution with alcohol and other drugs
- gender related and
- sexual issues

In both age and sex groups, however, the direction of this message was ambiguous. The verbal slogan of the poster does not openly promote not taking drugs, but leaves it up to the child to decide (10-12 year primary school girls , 13-18 children center girls).

Some 10-12 year olds felt that the message was to avoid drugs, or to give up drugs (10-12 boys, children's centre), that drugs can harm you (10-12 girls children's center, 10-12 year girls, primary school), spoil or take over your future, and get you into trouble with the police (10-12 year primary school boys). Other 10-12 year olds felt that the message *could* be read to suggest that you can take drugs ("drugs could fit into your life" – 10-12 year old primary school boys) . Similarly, 13-18 year olds (high school girls, children center girls, high school boys) felt that the message gave you the choice to use, or not to use drugs.

These groups, in keeping with the findings of the quantitative data, generally felt that they would interpret the question as encouraging them to choose not to use drugs. However, some comments from youth (10-12 year old primary school boys and girls) suggested that previous experience can influence the direction in which the child will interpret the message, and that youth already leaning in the direction of using drugs, might interpret this message as encouraging of drug use, particularly in the presence of the picture accompanying the slogan.

Youth felt that the key element in the poster evoking a "you can do drugs" option for interpreting the slogan is the picture which accompanies the slogan. With the open-endedness of the slogan, youth tended to draw on the imagery evoked by the picture as a

guide to what message the poster was conveying. The picture was most frequently felt to be unsuitable, or not adding value to the verbal message. Youth felt that the poster should give a clear idea of what attitude/behaviour is desirable or would be health promoting. Ideas which the visual message (the girl in the poster) evoked are elaborated under "Pictures/models".

Quote: 13-18 children center boys: *The poster is confusing, calling you to think about the role of drugs in your life, but combining it with an inappropriate picture of a prostitute*

Quote 13-18 girls, children's center: *The poster calls on you to think about whether drugs are for you in the future*

Lessons learnt

The poster evoked mixed messages, as described elsewhere, with sex, age, site and literacy differences impacting on the overall lessons learnt. Generally the lessons learnt promoted safe attitudes, behaviour toward drugs, but it is felt that this may be more due to the general pre-existing orientation of the majority of members of the focus groups towards a "drugs is to be avoided " viewpoint, than the success of the actual poster in evoking health promoting behaviour.

Appropriateness of Language used in the poster

Logo

The logo of this poster is the most easily readable of the three posters

Slogan

As mentioned earlier, the slogan is open to misinterpretation, assuming basic, appropriate information about drugs to inform your view of the question which the youth may not have. The slogan potentially pushes youth further in the direction of their current attitude to drugs, and in those using, may inadvertently sanction drug taking (10-12 primary school girls) and in those not using, encourage youth to stop and think of the negative effect of drugs.

Translation of slogan into local languages

Some children (13-18 high school youth) noted that they (a) could no longer speak their mother tongue (b) could speak it, but not write or understand their mother tongue in written form.

Other 10-12 year old children were keen to have the slogan translated into the main South African languages.

Pictures/models

All groups commented on the dress style and attitude of the girl in the poster, with far more comments centering on dissatisfaction with the dress style or attitude of the girl, than comments about the appeal of the model. The model was felt to detract from any positive messages which the poster might evoke, with youth voiced opinions that the girl is

- A prostitute, inviting unprotected sex or HIV-risk behaviour (10-12 children's center boys), and HIV positive (10-12 children center girls and boys)
- A drug user (10-12 children center girls and boys)
- A prostitute, by her clothes (13-18 children center boys)
- Someone with potential, plans for the future (to be a president, a model), but who is a prostitute who then started taking drugs (10-12 primary school boys)
- Lacking respect for herself, having an arrogant attitude *"I'm the girl"* (10-12 children center boys)

Most groups (10-12 primary school boys, 10-12 children center girls, 13-18 high school boys) felt that the girl is improperly dressed by wearing high heels, tight pants, a "half shirt", with her belly button showing (dress of a prostitute/hooker)

The belly ring was, for the most part, seen as "uncool", (10-12 children center girls, 13-18 year high school girls). In 3 groups body piercing was associated with drug taking (10-12 children center and primary school girls, 13-18 year children center boys)or, in one group, not "part of black culture".

Quote : 10-12 year children center girl : *"She can pretend to do the right things, but she does whatever she wants"*

Quote: 10-12 year old primary school girl: "*She had sex early, now she is thinking of using drugs" "She looks like she is deciding for drugs"*

Quote 13-18 children center boys *She is trying to attract guys and you can see she is HIV+. The message is drugs can lead to prostitution*

It was felt that the model should be normalized, reflect an average everyday girl with a positive attitude. Her body should be covered, the half shirt replaced with a T-shirt, her clothes looser fitting, the heels of her shoes lowered. One group suggested that the model used in the HIV poster more appropriately reflected an attractive, every day young woman who could be used in the poster. A high school boy, aged 13-18, suggested that she wear a school uniform. Although a school uniform might be too severe, this idea could be amended to develop the overall suggestion that the model be an everyday, smart-casual teen who shows some clear indication of her focused orientation toward a bright future, perhaps a poster reflecting a college-type adolescent (casual clothes, trendy haversack, etc).

Age and sex of respondent

13-18 year old girls most clearly depicted the contrary opinions the figure of the girl evoked, with most girls in high school and children center feeling the model's style promoted inappropriate messages (having sex, drugging, going to shebeens), but a small group finding her attractive, a role model, someone who promotes a positive attitude to life. The former group (some high school girls and children center girls) tended to focus on the girl's' right to be independent-thinking, challenging, while the latter (2 children center girls) tended to focus on how the girls dress code/attitude could bring her "the attention she needs", depict the message of staying away from drugs to "keep your body beautiful", sex and drug free. This view of the girl was in the minority in older girls with the majority finding the model distracting, negatively impacting on the poster. It was felt by most of this group that the model should show clear disdain of drug use, without being preachy.

10-12 year olds, as with the other posters, saw the model as an older girl, someone modeling their future, not their current status as children.

Site of group

Literacy levels may also impact on the "take home" message of the poster. The 10-12 year primary school youth focused first on the verbal message, and understood the verbal message more immediately as suggestive that drugs should not fit into your future whereas the same age secure center youth, where literacy levels appeared to be lower, first focused on the visual messages, and long after saw the verbal message, voicing confusion about the contrast in messages.

Poster design

The overall poster design was positively received, as was the slogan, on condition that the defining influence of the model be amended to more clearly reflect a clear health promoting message.

The clear logo design was noted (10-12 primary school girls) and the eye-catching colours in the poster. One child felt, that for overall presentation *"this is the best poster of all".*

Younger youth (2 groups) suggested that speech bubbles be used to give children an idea of what the model in the poster was REALLY thinking. (Speech bubbles were mentioned in another poster analysis by this age group as well).

Reprints of the poster, to more immediately appeal to younger groups of children will need to use younger aged/or include both age groups, as younger youth viewed an adolescent model as a future model for their lives.

Realism in poster

The model was felt to depict a particular reality, namely risk taking behaviour such as prostitution, drug taking, unsafe sex and HIV-risk, with the "take home" message for the individual child dependent on their prior knowledge and experience.

What was liked/not liked/sensitive about the messages pictures

Outlined above under model/pictures

What was confusing?

The "lack of fit" of the verbal and visual aspects of the poster is clearly defined by the youth.

Suggestions for improving poster to deliver main messages

The 13-18 year old children center girls suggested using the HIV poster girl as a more appropriate model

Quote: *She is angry, showing she does not like these things happening, she is also beautiful, she can hold her own with the other girl.*

Suggestions of alternative media to better deliver the messages in the poster,

The poster was felt to be an appropriate medium for delivery of the messages.

Declsions which the poster promotes

Discussed under main messages and pictures/model.

Recommendations

- Poster format and main message appropriate, but visual should ideally be changed.
- Model used should typify an appropriately dressed adolescent girl or boy, wearing casual, modern, every day clothing (T-shirts, casual day at school clothes, low heels.
- Care should be taken that the model looks fit and healthy (bright eyes, energetic, of average build, not too thin). The model in the HIV poster was suggested to illustrate the required look (attractive, but not sexually evocative, pleasant, but firm, knowing what she wants, looking determined about not being involved with drugs).
- Model's attitude should not be arrogant (open to interpretation both as confident and as risk-taking) but engaging, fun-loving.
- To appeal more directly to younger youth, a separate poster could depict a preadolescent youth. Speech bubbles were popular for this age group.
- To target illiterate, or partially literate youth, it would be important to test the verbal and visual messages for congruency, as this group may focus primarily on the visual rather than the verbal message of the poster.
- English and Zulu seemed to be appropriate languages for translation of the poster as there was some doubt about whether the youth, at least in this sample, would be able to read posters in their mother tongue.

HIV/AIDS Poster

Summative Analysis

The message of the poster was not specific enough to capture the audience. Generally there was a high level of knowledge about HIV/AIDS amongst participants.

Age specific comments

All age groups reported difficulty understanding what message the "devastating combination" tried to convey.

Sex specific comments

No difference across sexes on the interpretation of the poster.

Site specific comments

No difference across sites on the reception/understanding of poster.

Detailed analysis

Main messages

The participants identified the main messages of the posters to be about sex, use of alcohol and other drugs (AOD) and the risk of HIV infection.

AOD use, sex and HIV

Many participants understood that the main message of the poster was that there is a causal or behavioural link between AOD use and sex, which increased the risk of contracting HIV.

AOD and risky behaviour

In addition, male primary school participants (10-12 years old) identified that using alcohol or other drugs may lead to risky behaviours and crime.

Drugs can mislead you. You might end up doing things that you would regret after.

Sex and HIV

The children interviewed understood that the poster was communicating the message that having sex with someone who is HIV positive might lead to getting infection with HIV.

"The message is about HIV and AIDS and that you can get AIDS if you sleep around with boys with HIV." (10-12 year girl, children center)

Avoid drugs

Some participants understood the posters to be suggesting that they should avoid alcohol and other drug use completely due to the risk of them engaging in unprotected sex.

Don't go to taverns, get drunk and have unprotected sex.
10-12 boy, secure care centre

The ABC of HIV prevention

The participants linked the poster with the ABC messages of HIV prevention. That is, abstain (secondary abstinence) or delay onset of sexual activity, if you can. If not able to abstain, be faithful to one partner or, if sexually active, use condoms.

"I think that it shows us that she is too young to do the things mentioned on the poster, and maybe if you think you are matured enough to have sex use a condom from protecting yourself from getting AIDS." (13-18 girl, high school)

Lessons learnt

Sex and HIV/AIDS

Many participants reported that they learnt about the link between sex and contracting HIV, which could lead to AIDS.

"The story is about HIV and AIDS. It is telling us that to stop sleeping around with boys because you will end up sleeping with a boy who is HIV positive and get infected."
(girl, 10-12, childrens' centre)

Younger participants reported that they learnt, through the poster and discussion, that they have the efficacy to say no to sexual advances.

I told myself that when I am older I don't want to be involved. Yes, I can be involved but I don't want to have sex and when he says he want to have sex with me, I will know to say no.
10-12 girl, special care centre

Drugs, sex and HIV
Older female participants stated that they learnt that behaviors such as AOD use could lead to persons engaging in irresponsible sex, such as having sex with a person that one does not know or having unprotected sex.

That if you do drugs and drink you can end up having sex with the person that you don't even know.
13-18 girl, children's centre

Participants across all ages and sexes reported that they learnt that using AODs could lead to engaging in unprotected sex, which, in turn, could lead to HIV infection.

If you do drugs, it might lead to unprotected sex and you might end up with HIV.
10-12 boy, secure care centre.

Sexually stimulating dress code
By looking at the posters the girls made a link between the effects of clothing on some men and boys in terms of stimulating them sexually. Some saw this as one of the messages that the poster was conveying. One girl's comments echoed a theme of gender stereotypical thinking which emerged as one of the themes across material reviewed when she suggested that she felt that the onus is on women /or that women could "prevent" themselves from being raped by closing their bodies.

I learned something, the girl is wearing sexy clothes and the boy is looking into her breasts (cleavage) and she feels something is not right. We have to stop wearing tops like these and short skirts that show bums, because we will get raped.
10-12 girl, children's centre.

Appropriateness of Language used in the poster

Some participants had difficulty understanding certain terms in the poster, and this contributed to further difficulty in understanding the message that the poster tried to communicate.

I think they should use more easier words so that young children can understand. They shouldn't use hard words because some children out there don't even understand what devastation means.
10-12 girl, primary school

All these posters are not easy to understand. Now I understand because we are busy talking about them. Otherwise I was going to be attracted only by colours.
13-18 boy, children's centre

Pictures/models

Most participants felt that the visual was appropriate.

For me I think it is okay. Everything matches, because you can see that they have red colour. And you can see that they are madly in love and they want to have sex.
10-12 boy, primary school

Poster design

Participants were satisfied with the colours used in the poster.

It is nice because you can see that this is a girl and the one is a boy, because it is bright and I think the person who did the poster is a good designer.
10-12 girl, primary school

Realism in poster

Most participants reported that the picture in the poster was appropriate, because it depicted reality among young people.

I think this poster is fine because these people on the poster looks like they want to kiss and it is something that happens in real life because when you take drugs you lose control of yourself.
10-12 boys, primary school

Interpretation

Many participants formulated their own interpretations of the picture and built stories/likely scenarios on the basis of their understanding of the poster. These scenarios centered around

- offers of sex by one partner or the other, and feelings of pressure when having to decide what to do, or the right to say no when offered sex.
- Considering the risks of contracting HIV when someone asks to have sex
- the link between drug use and sex

I think the boy tells the girl to have sex with him and the girl tells him that she is HIV positive, she cannot (have sex).
10-12 girl, children's centre

What I understand about the poster is that this boy asks the girl to have sex with him and the girl tells him that 'No, I have HIV' then the boy says "let us then go and do drugs".
10-12 girl, children's centre

As you can see that these people on the poster they are preparing to have sex so maybe in ten years they would be dead.
13-18 boy, children's centre

It's like he doesn't want and the girl wants to. It's telling us sometimes you must say no, because this lady now she's not accepting it when this man is saying no. Now, this lady is coming forward. The man is saying "no man, no man".
10-12 girl, primary school

According to me in this picture, this girl says, I like you but I don' t like to have sex with you.
10-12 girl secure care centre

This picture teaches us that when this girl asks the boy to have sex with her but the boy says he can't have sex with her and say he is alright.
10-12 girl, secure care centre

However, there was no guarantee that participants would consistently formulate a health promoting message from the picture, particularly as the verbal message is couched in language which is difficult to understand, and is non-specific in its orientation toward AODs.

Yes, it matches, because you can see the girl has taken the drug and this guy gave the girl a drug. And this girl is now dizzy like she wants to have sex with this guy.
13-18 girl, children's centre

What was liked/not liked/sensitive about the messages /pictures

Some found these stories, which suggested that the models were moving towards having sex, sensitive and inappropriate for children.

What I do not like is that the boy and the girl are very close to each other and I do not understand what they are trying to do. It is not right to be so close when you are alone. Some children, when they are alone, they think of doing things that are far from them and it is not right.
10-12 girl, children's centre

In the poster we see that girl and that boy, they're too close to each other the thing is that if you want to do drugs while like this you must be far apart because it's very bad for you. They are this close, madam. They want to kiss. So they mustn't kiss because if they kiss, they will go further then they must separate because the boy and girl, they are close to each other like they want to kiss. They must separate, they mustn't kiss because sometimes kissing is bad because sometimes the person has AIDS and that person has something on the mouth and it can spread to the other person.
10-12 girl, primary school

What was confusing?

Some youth reported that they failed to see the connection between the picture and the message about AIDS.

The words are fine. It is just the people. We don't know what they are doing…
The picture doesn't show that they are talking about Aids.
(high school boy, 13-18)

Youth also scanned the pictures and verbal messages for more direction about what the poster is recommending.

What I really do not understand is the way this boy's eyes are. Is it that he took drugs or is it the way they are?
10-12 girl, children's centre

And they don't exactly say you must have sex because in the Bible it says that you have sex unless you are married. And here it just says drugs, sex, HIV/AIDS don't combine.
10-12 girl, primary school

For me, what's confusing is the way they wrote these words, they say drugs comma sex and HIV, you don't know what they are trying to say in that part.
13-18 girl, children's centre

Some participants were not able to link the logo with the message of the poster and the picture.

I learnt something, but I don't understand why there's "no thanks, I'm fine". But here they show them 'cause the one who cares and that why it's getting into here but they say "no thanks, I'm fine."
10-12 girl, primary school

Suggestions for improving poster to deliver main messages

Simple language should be used to promote understanding of the intended messages.

I think the words on the poster should be more forward because people don't really understand. I also don't really quite understand what they mean. So, the words must be forward so that when we read it, we can understand that time.
10-12 girl, primary school

The message of the poster should be explicitly stated, without expecting the reader to make inferences from the pictures and the sparse wording.

I think you have to explain everything on the posters, not to come up with messages that have no explanations.
13-18 boy, children's centre

Put the speech bubble and show the boy talking to the girl.
10-12 boy, secure care centre

Yeah, it can be wording, what they want to do actually, what they plan doing or what they are not agreeing about, yeah.
13-18 girl, children' centre

Use icons such as the AIDS ribbon to clearly show the link to HIV/AIDS.

I want them to put red ribbons that show that you care for people who have AIDS.
10-12 boy, primary school

And on the poster, there must also be more pictures that illustrates the message.
10-12 girl, primary school

Participants suggested several direct, one-line messages to convey the main message.
Don't have sex without a condom.
Don't kiss each other
Don't abuse girls.
Don't spread Aids.
'never have sex'
'never sleep around'
Drugs and HIV affect us all.

Say no to sex [like in big letters]
BEWARE OF HIV/AIDS.
Do not do drugs
Say no to sex, like in big letters.
"Do not let other people tell you what to do."

Younger participants wanted the storyline to depict step by step what the message was that they were supposed to "see" in the poster without leaving it up to the individuals to make up their own story.

I think they have to show someone suffering from HIV and say this is what is going to happen to you if you take drugs.
10-12 boy, primary school

I think they have to divide the poster into some steps (blocks). The first picture they show someone taking drugs, the next one he is getting drunk and the next thing he is in bed with somebody. The next thing he is getting thin and he is with the needles that they used to inject themselves with.
10-12 boy, primary school

Suit yourself what you should do to stay away from drugs and maybe show someone doing drugs and somebody who actually doesn't do drugs and the person that's doing drugs is missing out about the person who is not doing drugs and showing that HIV is a serious disease. If you keep on sleeping around with people and you don't know who you're sleeping with you might and getting the virus.
10-12, girl, primary school

Suggestions of alternative media to better deliver the messages in the poster,

Participants suggested alternative media such as radio, television, billboards, stickers, rulers, the internet and taking a loudspeaker to speak to all the people in the location to communicate the message.

If the poster can be taken to the streets, TVs and Radios in order to teach young people and to say that this is not a joke, it is real and they love South Africa.
10-12 girl, children's centre

Decisions which the poster promotes

Decisions which participants reported after viewing and discussing the poster included:

- not engaging in unsafe sex
- delaying sex until the right age (mature enough) for sexual relationships

I have decided that I can dance, but I won't allow anyone to have unsafe sex with me.
13-18 boys, children's centre

Don't have sex when you're not at the right age.
10-12 boy, secure care centre

And also what I have decided is that if you take drugs and have sex with the guy, that guy will leave you just like that and there's no guy who wants to marry a girl who has already had sex with other guys. It's not nice. So stay away from drugs.
13-18 girl, children centre

Recommendations

- The English part of the logo could be completed with "*without drugs*" to give an immediate impression of what the poster is about, or a second message can be placed at the foot of each poster to have the complete message, "*No, thanks, I'm fine without drugs*".
- The word "devastating" should be replaced by a word that is more easily understood by children and non-English first language audiences.
- The wording could be expanded to give a direct message about AIDS.
- The message could describe a definite behaviour that is being promoted, instead of leaving it up to the reader to make up his/her mind.
- The T-shirt with the picture of Bob Marley could best be replaced or airbrushed out of the poster as the connection between drug use and Bob Marley may be perceived as dubious.

Sporty Poster

Summative analysis

Age specific comments

No marked difference in responses across age groups.

Sex specific comments

Female participants were more pleased with the choice of models than the males.

The male participants related more to the chosen sport as an alternative to AOD use.

Site specific comments

No differences across sites.

Detailed analysis

Main messages

The poster evoked the following key messages:

Alcohol and other drugs and health

The message means you must not take drugs, because drugs can spoil your health

10-12 boy, primary school

Peer pressure

Respondents understood the poster to be communicating the message that they should not succumb to peer pressure to use AODs.

The poster tells us not to give up on what you think ... It shows that to never give in to lower pressure... Because that is the most dangerous thing that will make you to do drugs.

10-12 boy, primary school

The poster is also telling us that we should control ourselves. Like controlling yourself. Don't do what the other person is telling you to do, no, tell that person you don't want and say "no thanks I am fine."

13-18 girl, children's centre

Participants also felt that the message that was communicated encouraged them to be themselves, be confident in themselves and to make their own decisions.

Other message for sure they can add is that they must learn to be themselves. Learn to be yourself. Don't be someone else, just be yourself.
13-18 girl, children's centre

Say no to risky behaviours

Participants understood the poster to communicate the message that they should not engage in risky behaviours such as AOD use, sex and crime.

It means we have to be decent people and know what is wrong and what is right and to also control ourselves.
13-18 girl, secure care centre

Participants believed that drugs affected their general participation in sport, and thus should be avoided by those who want to play sports.

When playing sport, you do not have to use drugs because it might happen that someone hurts you by mistake/ by accident and you will start fighting even if it was not done on purpose. So, stop using drugs.
10-12 girl, children's centre

Make the right choices

The feeling amongst some participants was that now that they were in a democratic society with opportunities, they should exercise the right choices to make use of these opportunities.

I think the main message is that they are telling us to have our own choices nobody must tell you what to do and what you don't do.
13-18 girl, children's centre

Participants learnt that making the right choices should include taking caution to risky behaviours such as AOD use that may affect their future.

You have to prepare yourself because there are many things happening outside that can affect your future.
13-18 girl, secure care centre

Sport as alternative entertainment

Some participants believed that the message of the poster was that sport provides a way of entertaining themselves other than using AODs.

It shows us that sports can take us out of trouble, e.g., from smoking and using drugs and alcohol. We can entertain ourselves by playing basketball.
13-18 girl, secure care centre

Lessons learnt

Participants reported that they learnt that they can exercise their own decisions by telling their peers that they are "Ke Moja" and do not need to do wrong things.

I have learned that I have to take control of my life because if you use drugs, you cannot control your choices.
10-12 girl, children's centre

Younger participants reported that they learnt what the effects of AODs could be on them, and have decided on the basis of this new knowledge to avoid doing AODs.

I learned that if you use drugs, you will be out of control and you will do anything that is wrong that comes out of your mind.
10-12 girl, children's centre

Participants became aware of the health benefits of not taking AODs.

It shows that people should take control of their lives and say "Ke Moja, I'm fine" when offered drugs in order to become healthy and play different sport and have a six-pack body like them.
10-12 girl, children's centre

Through the poster the participants became aware that sport offers a better, healthier alternative to using AODs.

You should control your life and be busy playing soccer and then do not be funny. It also teaches me that if I play sport, I must not smoke or drink alcohol. I just have to be relaxed
10-12 girl, children's centre

Others live like this because they want to save their lives and not stay 'ko didibeng' (shebeens). If you use drugs, you are always at shebeens and you have no choice and no life. It is not only young people who do these things, even older people do it. In order to be strong, stay away from drugs.
13-18 girl, secure care centre

It can make me stop using drugs and other things I do. E.g. when I'm bored, I can play basketball and keep myself busy.
13-18 girl, secure care centre

That you can live a happier life without doing drugs and you can be more hyper active when you don't do drugs.
13-18 girl children' centre

Appropriateness of Language used in the poster

Most participants reported that the language used in this poster was appropriate and understandable.

Yes because it is the language the youth use, it is the way the youth like to talk.
13-18 girl, secure care centre

Yes, they are understandable cause they encourage people to make the right choices and to stay in control of their lives.
13-18 high school

Logo

Participants from other language groups found the logo confusing and difficult to pronounce.

But madam, these words I don't understand them "Ke Moja." Sometimes they don't understand Ke Moja because I am Xhosa. Sometimes I can't pronounce these words Ke Moja.
10-12 girl, primary school

What confuse me are the words "No Thanks I'm Fine". I do not understand that 'No Thanks I am Fine', for what? He just says it.
10-12 girl, children's centre

The younger participants reported that the unfinished sentences posed difficulty for them to understand what the poster is about.

I think they should start by finish the sentences... Because if you take that to grades 4 they will want to know what you have written, because they say " be in control " they did not finish. What is that?
10-12 primary school boy

On this poster I am being confused by the words 'No Thanks I am Fine'. I am surprised why we keep talking about drugs because there is nowhere in the poster that is written about drugs. I only see the words that say 'Only You can Control Your Choices'. I think we are crazy in our heads.
10-12 girl, children's centre

Pictures/models

Participants felt that the models were very appropriate for the message that the poster was trying to convey.

This picture shows us that we have to take care of ourselves and have control and I do feel that this picture has to be taken to the streets to teach others how to look after their bodies and to stop using drugs.
Girl, 10-12 , children's centre

I think that they are good looking. They are healthy and they don't look like people who drink. They are just like us.
Girls 10-12, secure care centre

The participants felt that the picture of people from different races communicated a positive message on how young people should not be discriminated against on the basis of their colour.

In this poster there is a white guy and a black guy, so it shows that there is no discrimination. We can play sport together, blacks and whites.
Girl, 10-12, children's centre

I want to talk about the models. It's all about saying we teenagers have problems of making choices and being control, whichever race you are.
Girl, 13-18, high school

Poster design

Many participants felt that the poster was an appropriate medium to reach young people with information either as a tool to brighten up any environment or as a stimulus for further discussion points.

I find it enjoyable because like let's say you put this up in the street and you put it where it's dull and dark then it will stand up like a bright poster and everybody will come and look and say this is a nice poster and all that it is about the poster.
10 –12 girl, primary school.

For my side it's fine like this because it is a poster that you can put everywhere, by the school like outside, everywhere you can put it like it's grand, it's Moja.
13-18 Girl, children's centre)

I will go around telling young people to come together in the streets, then I sit down with them and tell them that we have visitors who were talking about this picture.
10-12 girl, children's center

Realism in poster

Other participants felt that the picture was a good reflection of reality as sport is something that is being played in communities.

The story is true because there are children who use drugs and when older people give them advice, they leave the drugs and take part in sport because they realise that the future is theirs.
Girl, 13-18 , secure care centre

What was liked/not liked/sensitive about the messages pictures

Some participants, both boys and girls, felt that the models should rather be wearing a T-shirt. The younger girls felt that the model without a T-shirt is distracting to the message that is being conveyed through the poster.

They show us how boys play basketball and for us girls it is not right to show our underwear.
10-12 Girl, children's centre

I think they are drunk. [M: What made you think that they are drunk?] Their body, they are not wearing T-shirts.

What was confusing?

It was not clear to some participants what the connection between playing basketball and AIDS was.

The poster itself, you cannot say it is for drugs awareness, because when they play basketball there, one might say they advertise sprite (cold drink)
Boy, 13-18, secure care centre

Suggestions for improving poster to deliver main messages

Many participants suggested that messaging that related to AODs, the desired behaviours are that are being promoted, as well as those behaviours that are being discouraged, should be clearly outlined in the poster.

Semi-naked models should be avoided.

First of all they should make him to wear a T-shirt
Boy, 10-12 , primary school

We can improve this poster by making this dark person wear a T-shirt because it is not right for him to play without a T-shirt because we girls are naughty, if we see this boy playing we start screaming saying he is our boyfriend and start fighting over him. No, he must put on a T-shirt.
Girl, 10-12, children's centre

They must show which things are to be done and which things ought not to be done.
Girl, 13-18, secure care centre

Some participants suggested that the storyline should use concrete visuals to convey the message that they should say no to drugs.

I also think that they should for instance one guy should have drugs and say don't you want a sniff and the other one must say no I am too special to have a sniff.
Boy, 10-12, primary school

Some participants suggested that the visuals in the poster should point more directly and concretely to actions related to AODs.

Yes! Use a big poster to draw all drugs and write on it 'If you do drugs, you will end up like this' and show pictures that reflect people that are using drugs so that they can be visible.
Girl, 13-18, secure care centre

Suggestions of alternative media to better deliver the messages in the poster,

Participants suggested television, radio, magazines, newspaper, billboards, stationary, cartoons, CDs, booklets, internet, pamphlets and even underwear as media for spreading the message.

Decisions which the poster promotes

Some participants reported decisions that they have made not to befriend people who are potentially negative influences in terms of AOD use.

I have decided not to be a fool, I must not make friends with smoking people.
Girl, 13-18, children's centre

The decision I have taken from the poster by looking at it, is that I should learn that when somebody give me something knowing that it is wrong, I should learn to say no thanks, I am fine, yeah.
Girl, 13-18, children's centre

Recommendations

- Bring in explicit messages about AODs.
- Shave the hair under the armpits of both models.
- Expand the logo "No thanks, I'm fine" to include "without drugs".
- Lighten the background to a clearer shade of blue.
- Expand the verbal message to give a clear indication of desired behaviours.
- Add a more muscular model (to replace the one without-shirt) to strengthen the notion of good physical health.
- Use suitably clothed models no naked bodies, no underwear showing)
- The text "No thanks, I'm fine" could be written in a more bold colour to stand out.

Seven
Results : Video Clips

Results for the Club Scene Video and the Troubled Child Video are included in this chapter. The Club Scene video was only screened for 13-18 year olds as it was felt to be unsuitable for 10-12 year olds.

Club Scene Video

Summative analysis

Video well made. Voice need to be clearer and more striking to be heard above the music.

Age specific comments

The message of the video was well understood and suited to this age group (13-18).

Sex specific comments

The scene where the boy lifts up the girl's leg was very disturbing for the female participants.

Male participants were distracted from listening to the dialogue of the video because of the girl's dress code (short skirt).

Site specific comments

No differences between participants from various sites.

Detailed analysis

Main messages

The main message from the video was understood to imply that youth should avoid alcohol and other drug use and situations where these would be offered to them , because these would lead to risk behaviours such as having sex, and without protection.

If you take drugs you'll end up making mistakes. Don't go to nightclubs with your friends 'cause you'll end up taking drugs.
Boy, 13-18, high school

It is that if you use drugs and alcohol you end up doing wrong things like taking drugs and having unprotected sex.
Boy, 13-18, children's centre

When in a situation where one is offered AODs as is the case at nightclubs, then a person should be prepared to exercise his/her right to say no.

There was a message saying 'KE MOJA I'M FINE' NO THANK I AM FINE. The person is refusing to do drugs at the nightclubs.
Girl, 13-18, high school

Lessons learnt

The secondary message that they received was that nightclubs were not a suitable place for young people, because of the risk of getting involved in AOD use.

I've learnt that nightclubs are not for us young people, because you will get drunk from drugs and have sex with someone and get AIDS.
Girl, 13-18, high school

Participants reported that they learnt that they should always seek to maintain control over their thoughts and actions.

What I have learnt from the video is that if I drink, I must drink maybe moderately, not to drink overdose because that's where I will end up doing things I did not plan to do... Like having sex, or fighting for a boy with another girl.
Girl, 13-18, children's centre

Appropriateness of Language used in the video

Most of the participants responded that they understood the language in which the video clip was presented.

I think the language that has been used, is being understood by everyone.
Girl, 13-18, high school

Pictures/models

The participants found the medium and messages appropriate and fitting.

It is enjoyable, everything the video, the models, and the messages are perfect.
Girl, 13-18, high school

Poster design

Logo
Participants related well to the logo and easily made the connection with it (the logo) and AOD use.

I think 'KE MOJA I AM FINE' say NO TO DRUGS' is the message because it shows you exactly what exactly 'KE MOJA' means.
Girl, 13-18 high school

Message
The participants reported that they understood clearly what the video clip was trying to communicate.

To me it makes sense because I could understand everything that has been said and even Ke Moja was well (better) *explained in the video than in the poster.*
Girl, 13-18, high school

One participant clearly made the inference that the girl in the clip would end up having sex without someone she does not love, because of being under the influence of AODs.

I think alcohol and drugs can make you sleep with people or boys that you don't like or have feelings for. And you can see that the girl is being touched all over her body. I think she is going to end up sleeping with a boy that she doesn't have feelings for.
Girl, 13-18, high school

Music and narration

Some participants critiqued that the music that played in the background did not match the words.

Because when the video starts they play music like a hip hop one – so it does not match the words.
Boy, 13-18 secure care centre

Others felt that the music was too loud to hear what was said.

And the type of music that they play is noisy – so we could not hear the words.
Boy, 13-18, secure care centre

Realism in poster

Most participants felt that the club was appropriate, because it depicted exactly what happens in a nightclub.

Yes, they do match., because the plan was to create a nightclub and it was nightclub. It had the music, the lighting and it had the dancing and I think it was right.
Girl, 13-18, high school

What was liked/not liked/sensitive about the messages/pictures in the video

Many participants found some scenes very sensitive as it seemed as if the boys were taking advantage of the girl who appeared either drunk or drugged.
The touching and the kissing part on the public, I think that they should respect her. And the part where the guy was touching her on the thigh. I think is where you start having sex in the public and it is not really nice.
Girl, 13-18, high school

Female participants found it disturbing that the girl's body was exposed in the video clip.
You could see that the guys was touching the girl everywhere ... Pulling up the skirt and it is not right, he is showing the girl's body to the whole world.
Girl, 13-18, high school

Another participant reported that the dress code of the girl was distracting him from hearing the message of the video clip.

I don't want to lie. I did not get any words, because I was just watching the lady with the short skirt.
Boy, 13-18, secure care centre

Because when you see a short skirt you get horny in real life. You could see in the video that they got horny too.
Boy, 13-18, secure care centre

What was confusing?

The sole concern with the video clip was that though inference is made about AOD use, there is nothing concrete seen in the clip.

There is nothing that shows that they are using drugs on that video clip.
Boy, 13-18 children's centre

Other participants found the storyline to be fragmented and diffused.

And they show us people under the influence of drugs, but they don't show us how and when they used those drugs.
boy, 13-18, secure care centre

Suggestions for improving video to deliver main messages

Some participants felt that the scene inside the nightclub was too dark to make out the characters clearly.

R: We want people to be shown clearly. Thus at the end, after Ke Moja – they should write 'you can give up drugs but you cant give up AIDS'.
Boy, 13-18, high school

Some participants felt that the video clip should include a positive message where either of the characters acts out the message that is promoted.

I want somebody giving her drugs and she says no thanks I'm fine.
Boy, 13-18, children's centre

I heard these guys saying one lady was kissing many guys so in that manner I was expecting to see a guys saying 'no thanks I am fine'.
Boy, 13-18, children's centre

Participants suggested that the pace at which the scenes are shown be slowed down, and would have preferred to have a scene, or some indication of how the girl arrived at this position/way of behaving. It was suggested that the girl's movements in the evening be traced so that it would be clear that she took drugs.

You can make it better by slowing it down a bit so that it can be visible. Fine it shows that the people are dancing, but if we can see it clearly where the girl got drink from, was she drugged or she took it on her own?
Girl, 13-18, high school

I think if they can show us the video from the time the girl walks in the club so that we know...

Yes when this lady go for guy number two there she must appear taking drugs.
Boy, 13-18, children's centre

They should have a lady and a guy going to a room, and after they have sex, they have to show the results that they were under the influence of drugs.
Boy, 13-18, secure care centre

Recommendations

- Increase the light intensity in the clip.
- Slow down the pace of the video. Use variable speed to draw attention to specific aspects such as the change of partners, and pace up in-between to create the "vibey" atmosphere of the inside of a nightclub.
- Change the dress code of the girl to a trendy jeans or pants.
- Edit out the clip of the girls leg being raised by the boy.
- Make a more explicit connection with sexual acting out and AODs from the beginning. Suggestion: a scene depicting entrance to the club and the availability of alcohol and other drugs at the beginning of the clip; a seller or someone else who have bought drugs and are stoned or empty bottles of liquor. If video clip cannot be amended in this way, it should be made clear in the narration.
- Voice need to be clearer and more striking to be heard above the music. Suggestion to flash the words [spoken] for greater impact.
- The music track should be changed, or modulated to have it more as background to enhance listeners ability to hear the narration.

Troubled Child Video

This video was developed to target parents, bringing to their attention the drug related pressures to which their children may be exposed and to encourage their protection and support of their children's health and well-being. The **purpose of this analysis** is to determine whether a new sound track could be developed to accompany the video, targeting children and youth.

The video comprises 3 vignettes, which take place in a game arcade (Scene 1), on a basket ball court (Scene 2) and in the class/neighbourhood (Scene 3). The first depicts a preadolescent harangued by other youth at a video arcade, the second an adolescent boy (seen as white) teased and chased away by (black) boys playing basket ball, and a third distraught pre-adolescent in the classroom, later comforted by a parent.

Method used: each focus group viewed the video several times without any soundtrack and were encouraged to provide input about the key themes, ideas for a script to accompany the visuals, and comment on the design of the video.

Summative analysis

The video, in particular scenes 1 and 3, generated sufficient material to script a workable storyline for a child-focused production of this video.

Age specific comments

The younger children identified the little boy and little girl as similar to themselves, whereas older children expressed empathy and concern for these younger youth.

Sex specific comments

Gender stereotyping also emerged as a theme, with youth feeling that the little boy was being belittled as a man for not taking drugs, and the girl for taking drugs and having sex when under the influence.

Site specific comments

Females in the children's center were particularly sensitive to scenes where the children were touched by the adult (mother/teacher figure), experiencing these scenes as suggestive of sexual/other abuse, and at at times associated the girl/boys troubles with abusive sex/child abuse.

Detailed analysis

The analysis focuses on identifying:

- key themes identified evoked in by the video visual storyline,
- main messages/lessons which may be explored in a new soundtrack
- options suggested as alternative to drug taking behaviour by the storyline,
- elements which were well like, confusing or sensitive in the video
- potential problems with the design of the video for this target audience.

Under each section the main ideas suggested by the focus groups are listed separately for each group, with an indication if the comments relate to all or only a specific scene in the video This has been done to provide detailed itemisation of ideas to inform any future scripting which may be conducted to target specific groups. It should be noted that each item mainly represents a summary statement (paraphrasing) of a portion of consecutive comments (Co) made by one or more children in a particular group, rather than direct quotations from transcripts. Direct quotes are reported in italics.

Key Theme

It will be seen that the main theme related to peer pressure, the intended focus area of the video.

10-12 year children center boys

Scene 1

Peer Pressure: Children are following the young boy and making fun of him {1/Comment}
Peer pressure: the young boys are encouraging the taking of drugs, and this is a bad thing they are doing {1/Co}
Peer pressure: The young boys are irritating her as she comes out of her house {1/Co}
Peer pressure: The young boys are trying to extort money from the teased child to buy drugs {1/Co}

10-12 primary school boys

Scene 1

Peer Pressure: They are pressuring him to do drugs and he says no and they chase him away so he cries {1/Co}

Message suggested: *the video should have a message about everyone being treated with respect* {2/Co}

10-12 primary school girls

Scene 1-2

Peer Pressure*: if you don't do drugs you wont fit in to their gang* {1/Co}

Peer pressure: *it shows, even if she goes for drugs, I must not*

Peer pressure: refusing to take drugs, can be seen as being not man enough, but this is not true {1/Co}

Peer pressure/self regard: Doing drugs is not cool, so don't follow people, be yourself {1/Co}

Peer pressure: *don't follow friends who look better, if you don't agree* {1/Co}

10-12 children centre girls

Scene 1 and 3

Peer pressure the boy and girl are offered drugs and refused to take it {1/Co}

Peer pressure: girl is worried about having no one who will play with her as she has refused drugs {1/Co}

Peer pressure: People need friends, should not be alone {1/Co}

13-18 year old children center boys

Scene 3

Peer pressure: the boy was teased because he focused on school work not drugs {1/Co}

10-12 secure care boys

Scene 1

Peer pressure: *they want him to join them, but to do so he must do drugs* {1/Co}

13-18 high school girls

Scene 1

Peer pressure/isolation: *The others teased him cos he was not up to standard, so he is crying* {1/Co}

Peer pressure: *he is alone, he can't fight against a group of guys* {1/Co}

Peer pressure: Its about peer pressure and isolation {1/Co}

Main Messages

Of the 3 scenes the basketball scene seemed to be most difficult to understand/follow. While some of the children responded positively to the message that sport could be an alternative option to drug use, and one group felt positive about the teased boy standing up for his rights, in general this portion of the video did not evoke health promoting messages.

10-12 children centre girls

Format: basket ball scene meaning? {1/Co}

Format: basketball scene is confusing {1/Co}

Format: basketball scene confusing (does not have any meaning)(/Co}

Format: no real link between basketball scene and others {1/Co}

Format: storyline: basketball scene confusing - what are the girl and boy at the fence discussing (are they doing drugs?) {1/Co}

13-18 high school girls

Format: basket ball scene confusing {1/Co}

Format: the tennis court: What are they doing there {1/Co}

Within the overall theme of peer pressure the key messages which the video brought to mind for youth related to:

Not using drugs

The negative effects of drug use

Exploring alternatives to drug use

Standing up for your own viewpoints

Expecting and giving respect to others

And in the children's center children, coping with child abuse.

10-12 primary school boys

Scenes 1-3

Message: Drugs take your life backward {1/Co}

Message: Don't take drugs {1/Co}

Messages: drugs are dangerous, can destroy your future, your life, you can die {1/Co}

Message: *it is about drugs* {1/Co}

Message : it is about not doing drugs {3/Co}

Message : *They are calling her to do some drugs* {1/Co}

Message: it would be about selling drugs at the basketball court {1/Co}

Message: Drug use will make you *slip down the ladder to your future* {1/Co}

Message: Do other things instead of drugs (see under Options) {1/Co} -

10-12, secure care boys

Scenes 1-3

Message: *don't sacrifice your life for drugs* {1/Co}

10-12 Girls KH

Scene 2

Message: don't use/stop using drugs {5/Co}

Message ("white guy" in video/boy in white T-shirt) if offered drugs and you refuse, don't worry about losing friends, you'll make others {1/Co}

Scene 3

Message : don't go to school if under the influence of drugs {3/Co}

Message: cant work, concentrate at school if have drugs/stay away from school if drugged {3/Co}

Scene 1-3

Message: stop child abuse {1/Co}

Message: when you use drugs (boys, you may "take"(rape) girls) {1/Co}

Message: when you use drugs (girls) you may be at risk to be raped {1/Co}

Message: the girl does not want to do drugs. She will be threatened with rape if she does not comply {1/Co}

10-12 primary school girls

Scene 1-3

Message: The boy was told he is not cool, and that to be cool, he must do drugs. but the message should be don't do drugs, N {1/Co}

Message: better to stay alone and have no influencing friends {1/Co}

Message: Be yourself, don't do what others want (for you to be a gangster, do drugs, die) {1/Co}

Message: drugs won't get you anywhere, *it's only a gateway to heaven* {1/Co} Message: taking drugs does not make you cool {1/Co}

13-18 high school girls

Scene 1-3

Message: don't let your friends tell you what to do, be confident, speak up *"silence is not always golden"* {3/Co}

13-18 children shelter girls

Scene 1-3

Message: *Don't be stupid and take drugs from others*, stay away, abstain {1/Co}

Message: don't be tempted to buy drugs, as it will bring you down, while it will take those who sell them up {1/Co}

Scene 3

Message: if you use drugs your school work will suffer as you can't concentrate {1/Co}

Options for alternatives to drugs / protective factors

Factors suggested by youth during the analysis of video which they felt would insulate youth from the adverse effects of drugs, either to encourage them never to start, or to try and stop, included:

Parental and family support
Supportive, non-using friends
Faith
Playing sport or other activity
Avoiding high risk places and people where drugs may on offer

10-12 children centre boys

Scene 3

Option: The buildings passed by the boy and mother is seen to include a church, which is seen as a positive factor (going there) (1/Co}

Option: Parent asking child what was bothering her and child feeling able to be truthful {1/Co}

Option: Speaking to mother seen as a positive {1/Co}

Option: The young girl should be encouraged to tell her mother that she is being bothered by the boys {1/Co}

10-12 primary school boys

Scene 2

Option: you can try sports (basketball or arcade games) to concentrate on things other than drugs {3/Co}

Options: Never accept drugs, no matter the pressure, just say you are perfectly fine {1/Co}

10-12 children shelter girls

Scene 2

Option: play sport (soccer, other sport; basketball did not seem as familiar to these children)

Scene -2

Option: keep busy instead of sitting at home where friends can mislead you (3/Co}
Options: go straight home after school to avoid drugs, child abuse, peer pressure {1/Co}
Options: walk home with children who do not do drugs {1/Co}

10-12 primary school girls

Options: If you say no and they don't want to play with you its not the end of the world because you have family others to play with {1/Co}
Options: If you stand up for yourself and they wont play, go play with others {1/Co}
Options: kids want to hit you so you should prepare yourself to be able to defend yourself (karate, pepper spray){2/Co}

13-18 children's centre boys

Options: friends can encourage you to stay off, stop drugs {1/Co}
Options: important to have fiends who talk about positive things {1/Co}

13-18 high school girls

Option: If you are in trouble, speak to an older person {2/Co}

Lessons Learnt

Lessons learnt focused on three main areas, namely

- the issue of making ***choices*** in difficult situations, such as pressure to use drugs, with youth promoting the idea of choosing not to take drugs
- a strong underlying theme related to broader human issues and ***personal resilience***, focusing primarily on youth's ability to feel centred within themselves, secure in their own viewpoints, caring of self enough to withstand peer pressure, to

bounce back from and to manage adversity, in short to demonstrate internal psychological resilience and integrity. These ideas focused on the kind of values and principles which are held and lived out by a young person, with a strong focus on the need for self respect, respect toward others, and self/other regard (Ubuntu).

- The third area of lessons learnt related to the ***adverse effects*** of using drugs on everyday life.

10-12 children centre boys

Resilience/Other regard: Bothering teasing others will not make them see you as cool{1/Co}

Resilience/self regard/peer pressure: being bothered, teased is a negative experience {2/Co}

Are these not too lengthy, can one not reduce to major messages

10-12 primary school boys

Resilience/self regard Drugs will take you away from reality (you feel like superman, and take silly actions, see spiders) {2/Co}

Resilience/self/other regard/peer pressure/decisions: you should stand up for yourself no matter who others say you are {1/Co}

Resilience/selfregard/peer pressure/decisions: Only you can control your choices {1/Co}

Resilience/selfregard/peer pressure/decisions: No matter the pressure don't let your friends force you {1/Co}

Resilience/self/other regard/peer pressure: The child is being abused by his friends/the teasers (1/Co}

Resilience/self regard/decisions: Children know what is wrong and right and should make the right decision (no drugs) {1/Co}

Resilience/self regard: Don't make decisions to take drugs, you will regret {1/Co}

Resilience/self/other regard/peer pressure/decisions: Sometimes it is hard to say no because it hurts and makes people treat you badly {1/Co}

Resilience/self regard/decisons: Make the right choice for your future {1/Co}

10-12 secure care boys

Resilience/other regard: the message should be that people should love, not hate each other

Resilience/other regard: They should love and accept him {1/Co}

10-12 children centre girls

Resilience/regard for others *don't chase others away cos it will hurt them* {1/Co}

Resilience/self/other regard: *the laughing is out, we should treat other nationalities with respect* (the young boy was seen as darker than the other children and perhaps a target for xenophobia) {1/Co}

10-12 primary school girls

Other regard: *they did not want to play with the white guy* {1/Co}

Resilience/self regard/decisions: the right choices will get you places {1/Co}

Self/self regard: be proud of (making) your (own) decisions {3/Co}

Resilience/decisions: don't mix with drug addicts when you grow up and become a teenager (models seen as older) {1/Co}

Resilience/peer pressure: even if they force you, *you must know your answer must only be no.* {1/Co}

Resilience/self regard: Be proud of who you are {1/Co}

Resilience/self regard: *the message is even if I'm alone at school now, one day Ill be successful they on the streets* {1/Co}

Resilience/self/other regard: *just a normal boy who does not want drugs*, its not fair to treat him thus {1/Co}

Resilience/decisions/decisions: Believe in yourself, stick with your dreams, people on drugs dreams have disappeared {1/Co}

13-18 high school girls

Resilience/self/other regard: Teasing is out, as people should be treated with respect, equally {1/Co}

Resilience/self/other regard: We all should be treated equally taken seriously, with consideration {1/Co}

10-12 children centre girls

Drug dealers don't do drugs, but want to destroy kids lives {1/Co}

Message: Don't buy drugs from sellers at school {1/Co}

Message: Allow other children to play with you {1/Co}

Video design -format

The youth were very good at picking up the emotional nuances in the video, but at times were at a loss to know why the models were expressing these emotions (see comments below). The script would need to assist youth in making sense of the rapid emotional changes depicted in the video.

The youth also wanted the storyline to be more clearly defined and explicit in that they wanted to know about both (a) the antecedents to scenes depicted, as well as (b) been given a clear idea of the meanings of the scenes as they unfolded in each moment – youth were probed regarding what they though the antecedents and current motivators were for the depicted events, and these are reported below under "storyline".

10-12 year children centre boys.

Looking for context: How did they (the older boys) come to be smoking? {1/Co}

10-12 primary school boys

Scene 1-3

Looking for context The children need a coherent storyline re what is happening in the video(see their suggestions under story line) {1/Co}

Looking for context: where did the boy appearing on the scene come from? Quote: "We only saw people who are sad and crying, but we don't know why" {4/Co}

Looking for context: The boy is walking along , suddenly he's been laughed at- what are they laughing at him for?{2/Co}

Scene 2

Looking for context: white guy smiling, frowning, angry, upset - what's up? {1/Co}

10-12 year children centre girls

Scene 1

Looking for context: Why is the boy crying {2/Co

Looking for context: why is the boy crying? {1/Co}

Scene 3

Looking for context: why is the child crying even when with mother? {1/Co}

10-12 year primary school girls

Scene 2

Looking for context: Why lying with her head down? Sleeping, crying? {3/Co}

13-18 children shelter boys

Scene 1

Looking for context: why is he crying? {1/Co}

Scene 3

Looking for context: why is she crying? {2/Co}

13-18 children centre girls

Looking for context: Why did they laugh at him (basket ball scene) {1/Co}

Several groups complained that the visuals were presented too fast making it difficult to follow the sequence of events. The result of this was a tendency for the youth to merge events from one scene with another scene, creating a new, possibly unintended message from the video.

10-12 children centre girls

Format ; pictures too fast to follow {2/Co}

Format ; series of confusing pictures{2/Co}

Format: basket ball scene to fast to follow if seen once {1/Co}

Format: confabulates boy (Scene 1) and girl Scene 3) walking together and being asked to use drugs by friends {1/Co}

10-12 year primary school girls

Format: merges arcade (gambling) with classroom {1/Co}

10-12 year primary school girls

Format: storyline too vague, not explicit enough to follow story {1/Co}

10-12 year primary school girls

Format: the move from arcade to court, no storyline {1/Co}

10-12 year primary school girls

Format: too fast, too many pictures, should be cut into sections/parts {2/Co}

10-12 primary school boys

Format: Storyline too fast to follow. The fast visuals are a myriad of confusing images {5/Co}

13-18 children centre girls

Format: it too fast {2/Co}

13-18 children centre girls

Format: merging the different parts of the video, using the girl (raped at the court and at school {1/Co}

Format: the 3 portions merge in a newly constructed story {1/Co}

13-18 children centre boys

Format: Storyline in merging across segments {1/Co} - Super

Video design - models

Four main points were made regarding the models, namely that

- youth prefer having models who look like themselves (the little boy, the adolescent boy, and little girl) rather than having stereotypical figures (the "gangsta" style bad guy). The video portrays the teasers as "gangster types", when in fact children are most often approached with drugs, teased and put at risk by others who look like every day people, and this point was reflected in their comments.

- as with some of the posters, the 10-12 year olds found the adolescents to be "old", representing people they will still grow up to be.
- the boy and girl figures were often confused, seen as of the other gender, or seen to be the same person (because of the speed of the presentation).
- the unclothed basketball player was not appreciated, particularly with the 10-12 year olds.

10-12 year primary school girls

Format: *they should use us, people like us in the video* (actors not representative? {1/Co}

Format: *Use people like us who can think straight* (cant relate to children in ad {1/Co}

Gender: include more girls {1/Co}

12 primary school boys

Audience: *with elders you don't have time to have fun* {2/Co}

13-18 children centre girls

Format: The boy and girl are confused across scenes, the video is so fast that the youth find it difficult to see if that different children of different sexes (they cant see that it is a girl and a boy) are used {3/Co}

10-12 children centre girls

Format "children should not play sport naked , but in their uniform"{3/Co}

Format: the boy without the T-shirt is inappropriate {1/Co}

Format: "the man without a T-shirt is not impressive" {1/Co}

Format: the naked boy looks like a gangster, the other a good role model {1/Co}

Video design – storyline

The next section provides summary statements of the key issues which could be included in a storyline for the script. Most of the storyline offered focuses on Scene 3 (child at school) and then on Scene 1 (child in arcade). Scene 2 evoked little comment.

10-12 primary school boys

Scene 1

Storyline : the boys on the street are on drugs {1/Co}

Storyline: He has no friends as they all do drugs and want him to join {2/Co}

Storyline: He refused to take drugs and now they are laughing at him {2/Co}

Scene 1-3

Storyline should promote the "I'm fine as a person" idea of self regard, other regard {1/Co}

10-12 children centre girls

Scene 3 (merges boy in scene 1 with girl in scene 3)

Storyline: the boy in class cannot work as he came from home to school drugged, falls asleep. {1/Co}

Storyline: Boy in the class has drug problem, went to the toilet to take drugs {1/Co}

Storyline: The boy is stressed because of family problems {1/Co}

Storyline: The boy is stressed and took drugs {1/Co}

Storyline: the child cries out for help and the mother responds with love {1/Co}

Storyline: the mother is waiting at home for the child and is worried {1/Co}

Storyline: The girl smoked drugs and her mother was waiting for her {1/Co}

Storyline: The mother fetched the child from school as she knows the child and the boy are doing drugs {1/Co}

Storyline The mother fetches the child from school as she is drugging, does not go home from school, but to friends {1/Co}

Storyline The child has being hurt and is comforted by mother/teacher (2/C0)

Storyline: The child should be shown to be happy after exercising options {1/Co}

13-18 children centre boys

Scene 1

Storyline: they want him to take drugs {1/Co}

Storyline: The guys are smoking dagga, he does not want to so they tease him {1/Co}

Scene 2

The basketball guys smoked and influenced others during their break {1/Co}

Scene 3

Storyline: it's about using drugs at school {1/Co}

Storyline: she is doing work while others are taking drugs {1/Co}

Storyline: the girl got sidelined because she did not want to take drugs {1/Co}

Storyline: They raped her after abusing drugs now mother comforting her {1/Co}

Storyline: her mother comforts her that all will be well. {1/Co}

Realism in storyline

Some of the storyline suggested clearly emerge from the children's' own experience, and may enhance the storyline if included as examples of stressors that young people may face. These focused on:

- Family related problems
- Gender issues (being a real man, being a real woman)
- Peer pressure
- Other mental health or social problems

10-12 primary school boys

Scene 1

Suggested context: His friends are laughing as police were at his house. people laugh at your pain {1/Co}

Suggested context : If his family has passed away people might tell him dagga can help him forget his pain {1/Co}

Suggested context for crying Perhaps his mother is sick, or family have passed away (HIV?) {1/Co}

Suggested context for crying: The young boy is seen as having AIDS and others laughing at him (SP) {1/Co}

Suggested context: his father drank, beat his mother and was taken to jail {1/Co}

Suggested context: what am I going to do, how will I support my mother while father in jail? {1/Co}

Suggested context: When he said no they called him a sissy, not a man and that's why he cries {1/Co}

Suggested storyline: The boy was happy, they told him to take drugs, he refused and is ridiculed {1/Co}

Suggested storyline: The young boy seems to be working with the teasers who maybe are introducing him to drugs (SP) {1/Co}

Suggestion for crying: was dumped by friends who then laughed at him {1/Co}

Suggestion for crying: He cried because they called him stupid {1/Co

Scene 2

Suggested storyline: Guys talking to girls and he comes along, they laugh and call him a sisi {1/Co}

Scene 3

Suggested storyline. girl dumped boy as she is abused at home, boy sad, guys give drugs to make him feel better {1/Co)

10-12 primary school girls

Scene 1

Storyline: he wanted to play but they were doing drugs and they teased/laughed 'cos he did not want to join in {1/Co}

Storyline: they wanted him to take drugs, this is sad {1/Co}

Scene 2

Storyline confusing: at the court: he wanted to be, but was he or was he not part of them? {1/Co}

Scene 3

Storyline: the girl is the class is concentrating on her work, and will be successful, proud she did not do drugs {1/Co}

Storyline: the girl was not interested in drugs, only finishing her homework {1/Co}

Storyline: she is depressed = lying with head down {1/Co}

Storyline: The boy went home to granny and told her they do not want to play with him as he does not want to do drugs, she said don't worry you have better life. {1/Co}

Storyline: The mother walking with the boy and being proud he said no {1/Co}

13-18 high school boys

Scene 1

Storyline: the boy was passing through and this gang took his money so he cried {1/Co}

Storyline: they want that guy to join them for drugs {1/Co}

Scene 3

Storyline: girl in class was raped, she feels alone, and her mom tells her everything will be ok. {1/Co}

Storyline: she is worried about not making friends, talks to her mom who reassures her she will have friends {1/Co}

Storyline: she has problems, doesn't have the right friends {1/Co}

13-18 high school girls

This group spoke of peer pressure, having problems, seeking help, the need to respect everyone, but did not really relate video to drug use. They spoke more generically of needing to fit in, and the pain of not (isolation)

Scene 1

Storyline: the boy is being isolated because they don't want to play with him {1/Co}

Storyline: the young boy is lonely, the others feel cool, he wants to join but does not know how {1/Co}

Scene 2

the basketball scene does not match with the girl scene {1/Co}

Scene 3

Storyline: the girl is telling the mother she is in trouble, and the mother is helping her {1/Co}

Storyline: the girl has problems, maybe pregnant, and should speak to someone if she can't cope {1/Co}

The girl is having family problems and the mother is comforting, supporting her. {1/Co}

13-18 children centre girls

A theme of sexual abuse following drug use emerged strongly from this group

Scene 2

Storyline: the girl has drugs and the boys will see if she is drunk and rape her {1/Co}

Storyline: when she passes the basketball court they will rape her again {1/Co}

-

Scene 3

Storyline: he was sleeping on the desk drunk from drugs {1/Co}

Storyline: Her mother was waiting for her and fetched her from school {1/Co}

Storyline: the girl will be too afraid to go home and tell her mo she did drugs and got raped {1/Co}

Storyline: the next day they sold drugs to a girl in class she got drunk and slept on the table {1/Co}

Storyline: three boys playing in a game shop, they sell drugs to a fourth, the drugs made him dizzy. They were laughing 'cos they saw the drugs made him dizzy {1/Co}

What was liked/not liked about the messages/pictures in the video

Groups were happy with :

- the youth refusing to take drugs
- the comfort and support of an adult
- playing sport instead of drugging

They were unhappy with the negative impact of drugs no respect for teachers, cant concentrate, cant play at lunch breaks) {1/Co}

13-18 high school boys

He said no, they laughed but he'll have the last laugh

I liked it that that he did not bow to their influence

13-18 high school girls

I liked the mother going to fetch her child. It was touching as parents don't care if their child has troubles

13-18 children centre girls

I liked: that the mother was waiting, worried the daughter was not home from school yet, she cares {1/Co}

What was confusing?

Several children in several groups did not always know if this was a girl or a boy (the arcade scene) {1/Co}

13-18 children centre girls

Storyline (thought its a boy) *They are laughing as he doesn't have a girlfriend, now he does not want to join their group*

Storyline: (thinks its a girl) *They had sex with the girl and are laughing now, saying she is just a bitch*

What is sensitive?

The youth were sensitive to aspect of the video which demonstrated or alluded to abuse, or possible abuse, whether verbal, physical, sexual or emotional

10-12 primary school boys

Gender/Peer pressure: *They call him a sisi 'cos he is crying* {2/Co}

Gender/sextyping/prejudice (gay): *Friends will say you are not a man if you don't take their drugs*

Gender/sextyping/prejudice (gay, stupid): *If you don't follow friends/take drugs they will think you are gay, stupid (a moegoe)* {2/Co}

Gender: *If you don't take the drugs, your manhood is in question* (gay, sisi) {1/Co} Gender: It is not easy not to listen to your friends as they call you names (SISI) {1/Co} -

Sensitive: when the children were crying, upset {1/Co}

10-12 secure care boys

Sensitive: *when they hit the boy* (confabulation) and he cried {1/Co}

10-12 children centre

Scene 1

Sensitive the boy wanted to play with them and the chased him away, he was crying {1/Co}

Sensitive: Laughing at the boy- should play together and share things {1/Co}

Sensitive: *laughing at others is a bad habit* {1/Co}

Sensitive: refusing to play with the boy, and him crying {1/Co}

Sensitive: *the boy crying broke my heart* {1/Co}

Scene 2

Sensitive: boy standing next to open fence (could not understand why, did not like it) {1/Co}

Sensitive: the children at the arcade are laughing at the boy who is darker than they are (xenophobia?) {1/Co}

Sensitive: *when the boy touches the girl some children who have experienced rape may be think he is going to rape her and be upset* {1/Co}

Scene 3

Sensitive: the boy lying on his desk {1/Co}

Sensitive: The teacher holds the child: *You should go straight home after school, as teachers will rape them or others* {3/Co}

10-12 primary school

Scene 1

Sensitive: he was left out and felt very hurt {1/Co}

Sensitive: laughing at the boy, {1/Co}

Sensitive: the boy feeling hurt 'cos he is not fitting in {1/Co}

Sensitive: the sad boy with no friends {1/Co}

Scene 3

Sensitive: sleeping when she should be working {1/Co}

10-13 high school boys

Sensitive: dangerous for the girl to be in the class alone {1/Co}

13-18 high school girls

Sensitive: the boy crying, the mother relieved to see her daughter back home {1/Co}

13-18 children centre girls

Scene 1

Race: the little boy was a little dark, they did not know him(xenophobia) {1/Co}

Sensitive: *the crying, but don't change it, its shows you they just want your money, to sell you drugs* {1/Co}

Sensitive: when they are laughing at the child, it hurts {1/Co}

Suggestions for improving video to deliver main messages

Slow down the pace at which the video is presented

Flash messages between scenes to "break them up

Suggestions of alternative media to better deliver the messages in the video

None elicited.

Decisions which the video promotes

Rescripting the video would provide an effective tool for improving youth's awareness of the alternatives to AOD use in the face of pressure to use. Some comment from youth:

13-18 children centre boys

Choice: don't trust anyone who takes drugs {1/Co}

Choice: end friendships if it involves drugs {1/Co}

Choice: I wont take drugs or drink alcohol {1/Co}

Resilience/choice: be prepared to make your own choices (he said no) {1/Co}

Recommendations

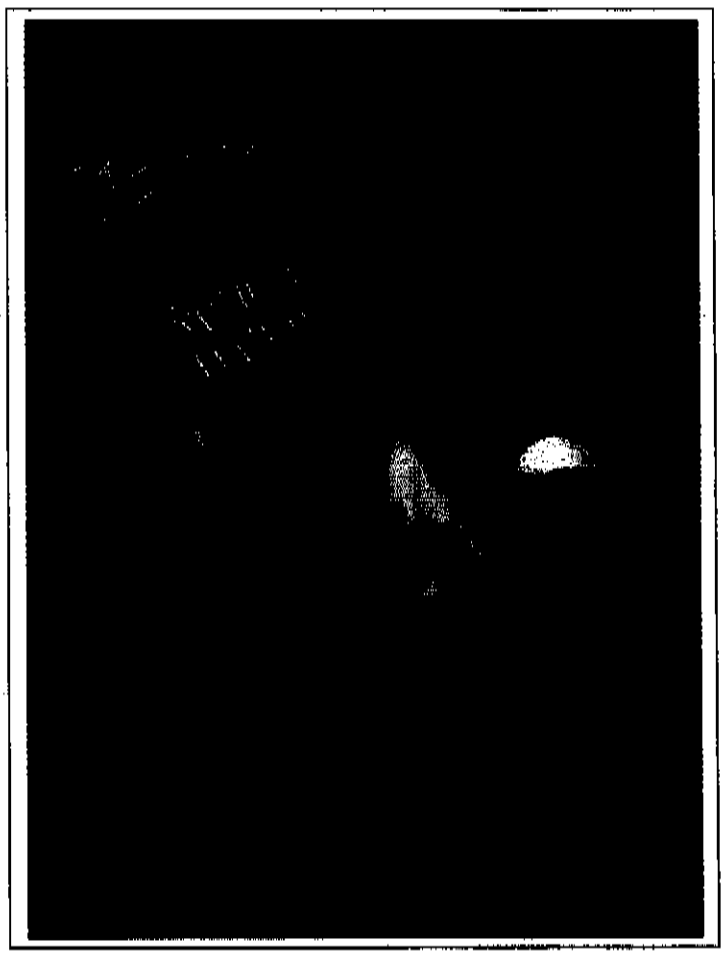
- Overall, the video lends itself to developing an effective script which can promote health promoting behaviours with insistent friends, acquaintances and drug sellers.
- The visual materials would need to be slowed down to be meaningfully understood in a first showing
- The three segments can be used to script different videos, shown independently of each other
- The first and third segment generated the most useful and widest range of comment. Both younger and older youth could relate to these segments.
- The script should be explicit, providing antecedents/context, cover key difficulties faced by youth and offer potential solutions/options in a logical fashion
- The "teasers should not be scripted in a judgmental manner, but should be encouraged to review their own behaviour and choices by the dialogue
- The script should address overarching principles of (self) respect, (self and other regard, and the right to personal choice. Ubuntu should be emphasized.
- Gender sensitive language promoting tolerance should be used and some attention should be given to defining the qualities of a "real man/boy" and "real woman".
- The voices of one or more, young, trendy (not "gangster" style) youth should be used for the narration.

General observation

The Ke Moja posters currently tend to have an American "gangster-rap" branding in terms of dress style and overall look. It is suggested that more attention should be placed on incorporating modern day, African style "afro-chic" in the dress code and overall branding of the material

Section Four

Discussion and Appendices



Eight

Discussion and Recommendations

Knowledge and information

Friends, parents and teachers as sources of knowledge

The vast majority of youth in this sample reported being exposed to information encouraging not using, as opposed to information encouraging use of AODs. Friends and parents were key sources of influential behavioral modeling of AOD use/non-use, with the study showing increased risk to youth who already have friends, parents and other role models who use AODs. Youth who use AODs appear to by disadvantaged by the fact that on average they tend to have less information about how not to use than youth who are not using, so that they may not readily have the knowledge/behavioural tools to rethink their AOD use habits. Parents and teachers can have a powerful influence over choices made by youth in the long term, and have an opportunity to provide information and behavioural modeling which either encourages using or not using, and equipping youth with the knowledge/behavioral tools necessary to make health promoting choices with regard to AODs. It would be optimal to involve both parents and teachers in the Ke Moja project to ensure that they are aware of and can reinforce the Ke Moja messages with their children during and after the rollout.

Other sources of information

Television, magazines, newspapers, billboards/notice boards, plays/live drama, posters and radio were reported as useful sources of constructive information on AODs. Other media forms such as books, libraries, on leaflets/pamphlets/booklets, clothing and stickers were useful but underutilized methods. Excellent brochures have been developed for the Ke Moja project, and may usefully be employed as informational sources (to supplement discussion groups, as work material for classroom/community project work on AODs) during for health promotion activities organised for the Ke Moja rollout in Gauteng

Levels of knowledge

Factual information about alcohol and cigarettes, the most commonly used drugs, seemed insufficient to inform healthy choices.

Youth knew that alcohol is dangerous for pregnant women, an important fact in a country with among the world's highest rates of Fetal Alcohol Syndrome. On the other hand, information on the alcohol content of beer and wine was largely inaccurate, an important pointer to the lack of knowledge about tools for developing effective responsible drinking habits for those who choose to drink alcohol. This lack of knowledge is supported by the finding that females reported a slightly higher incidence of drunkenness (and drugged till sick) rate than males, an effect which may be accounted for by the fact that females are biologically more at risk to become drunk on the same amount of alcohol than their male counterparts, and should mediate their drinking rate accordingly to prevent drunkenness.

A good sense of the health-impairing effects of cigarette smoking did not emerge from this group, again important in South Africa which has prioritized the prevention and reduction of tobacco use on its national health promotion agenda.

Of concern is the fact that while youth seem to have sufficient information about the risks of unsafe sex with regard to HIV, and some youth were able to draw the link between reduced judgment in AOD use and a resultant increase in risk for unsafe sexual practices when watching the Club Scene Video and viewing the HIV Poster, the size of this effect is relatively small when examining opinon on this issue in the questionnaire results. The latter data indicates that 23.5% of youth agreed that there was no connection and 39.1% did not know whether there was a connection between HIV and AOD use, a total of 62.6% of the sample. In a similar question only 36.8% (alcohol) and 44.8% (other drugs) felt that AOD use was a risk factor for contracting HIV/AIDS, compared to a 78.6% (alcohol) and 84.7% (other drugs) rating for AODs as a risk factor for health in general. Clearly it would be prudent to include AODs in HIV/AIDS education and visa versa.

Protective factors and AOD-related behaviour

The study suggests some factors may provide youth with some protection from engaging in behaviors which may lead to the development of an AOD–related problem.

Information on how not to use, to use responsibly (alcohol) or to stop using is a necessary step in assisting youth to make informed choices, but information alone is insufficient. Information provided during the focus group review of the materials suggest that the impact on choice may be influenced by the following factors:

- Family history of no AOD use -related problems
- Parental and family support available
- Supportive, non-using friends
- Personal faith in a higher being
- Playing sport or other interesting, social activities.
- Avoiding high risk people and places where AODs may be on offer, and
- Personal resilience and high self regard

Similar factors were also selected in the questionniare when youth were asked what they thought could support youth to never start, or to stop using AODs: The most frequently selected factors were:

- Having friends who do no use drugs
- Having parents and teachers who do not use drugs
- Having family who do not use drugs
- Having people who will support you to stay off drugs
- Being a strong person yourself
- Getting proper information about drugs
- Having faith in God
- Having other things, such as sport, to give your time to , and
- (for those using) receiving treatment at a drug rehabilitation centre.

Key recommendations

The study suggests the following key considerations for the successful roll out of the Ke Moja campaign activities in the Gauteng Province.

Provide clear factual information

The poor levels of factual information to inform choices on AODs need attention as part of the Ke Moja activities for the rollout. The possible influence of AOD use on HIV risk should also be *explicitly* addressed, and it should not be assumed that good knowledge in

one area, for example, HIV, necessarily makes for good understanding of the behavioral interface of the two areas.

Use unambiguous messaging in promotional material

Review of the posters and videos has shown that open-ended, vague messaging, such as depicted by some of the current materials, can at best be confusing and unhelpful, and at worst, promote unintended, harmful beliefs and behaviours in the target audience reviewed in this study. Input from the youth clearly indicates that messaging of campaign materials (posters, videos, brochures, banners, billboards, etc), should ideally provide clear, unambiguous information about four main issues, namely (a) clear *basic facts* about the target issue addressed by the material, as outlined above, (b) clearly- defined choices which are likely to result in *health promoting outcomes*, (c) clearly- defined choices which may *adversely affect health and well-being* and (d) concrete *options for alternatives* to drug use, such as well-being enhancing leisure and social activities.

A key principle to follow in developing the above messages, then, is that these messages should be short, clear, and easily understandable. Messages should tell youth directly what the preferred health promoting choice(s) are (e.g. Poster message: "Make smart choices"), how this choice can improve their lives (e.g. use visuals of people enjoying various sports) and offer an alternative to using drugs (e.g. Poster message: Choose Sport. Not drugs), as illustrated in the edited version of the Sporty Poster used at the beginning of this section.

Youth's comments also suggest that messaging in static material such as posters should depict a desired/*achievable future view* of the viewer's life, projecting what youth should be aiming for in the future, and how to get there, rather than depicting their *current behaviour* or position(s) relative to the behaviour being promoted. The trendy girl poster, for example, depicts a "hip" young women packaged from a parental/adult point of view of what a young person might wish to project in their current lifestyle. Young people may well enjoy and think of impressing their peers by dressing this way in the *current moment of experience*, but may not relate to this view of themselves *in the future*. As a "future model" youth recommend that the young women be shown to wear "normal" adolescent gear, unambiguously drug-free and focused on engaging in healthy behaviours. Static material such as posters should therefore be seen as presenting a "snapshot" of how current healthy choices can transform the present into a desirable future.

Both the visual and written/auditory components should contain the message being promoted, as literacy levels, and varying preferences for visual and auditory processing, can impact on the final "take home" message for the viewer. Testing both aspects independently when reviewing material can eliminate unintended messages, or contradictions between the visual and written/auditory messaging.

The principle of simple, clear messaging should ideally be applied to all events organised as part of the campaign. The effectiveness of messaging at all campaign events, including the launch, family events, school events, community events, community radio and newspaper slots, can be enhanced by reframing the 4 key questions listed above, as follows:

(a) Does the activities of this event provide the target audience with clear, easily understandable basic information about AODs relevant to the issue targeted by the event? Information should focus on enabling youth to move to health promotion, and avoid scare tactics.

(b) Does the activities of this event provide the target audience with input on desired and available health promoting choices and their benefits in the present time?

(c) Does the activities of this event improve knowledge about how certain choices can result in adverse effects on health, well-being, and future desired options? Information on the potential adverse effects of AODs should be contextualised in terms of the how AOD use can restrict youth's options for engaging in activities they most desire. Some of the desires of youth were revealed in the focus group discussions and included a good education, a good job, success in the future, respectful friendships, a sense of personal well-being and self regard.

(d) Does the activities of this event suggest *and* provide opportunities to engage in well-being enhancing, alternative options to drug use? When alternative options to drug use are presented, for example, "Choose Sports,not drugs", events should include opportunities for participating youth to engage with the suggested alternative, in this case, sporting opportunities, preferably in their local community for the duration of the event. Events which link into activities already offered or easily started at community level, should take precedence over "once off" events. Engaging local sports clubs or community or sports enthusiasts who can continue to engage local youth after the organised campaign

events, for example, should by far be preferred to large, once off events organised by an outside/event-sponsored agency.

Maximise application of useful information within available resources

Media

The available Ke Moja materials can be utilized at various levels and in various ways for optimal exposure of selected messages, in the media identified as most useful by the study. For example, local community radio can cover the issues where available. Local religious and other community groups interested in drama may be supported to use the available Ke Moja play script to stage community theatre, and community and school notice boards can be targeted for display of the Ke Moja posters and brochures. Posters and brochures can be used for classroom, religious, community discussions: The focus groups proved very useful to participants in an "each-one-teach-one" format of learning, with facilitation by an appropriate person (teacher, briefed parent, community leader, community worker, etc), and discussion groups can be similarly used with good effect. Local magazines and newspapers can be asked to run articles and cover activities of the Ke Moja project. Businesses with neon display space, banks and other organizations using electronic messaging or customer care televisions can be asked to run Ke Moja messages and screen Ke Moja videos on their existing service as a contribution to the project.

People

The rollout should also emphasize the use of available human and community resources to increase the bank of opportunities for engaging youth in the Ke Moja rollout.

As already noted, the energy of local community organizations and individuals should be sourced for use in the rollout, to strengthen the project during launches at chosen sites, and to increase the likelihood of ongoing activity around the Ke Moja project after the launch. The Ke Moja materials offer youth both information about AODs and the risks involved in their use, and options for alternatives to drug use. To reinforce these messages, local resources should be mobilized, as youth best learn and have new learning reinforced though the medium of active engagement rather than intellectual discussion alone. New Knowledge must be followed by opportunities for New Action. In

particular, the study highlighted the need for the creation/mobilization of resources for the following activities/actions:

- *Sporting activities*: Ensure that local sports clubs/school sport clubs/groups/individuals are involved in the rollout, both for the launch and for the purpose of introducing youth to available sporting activities in their neighbourhood. The department of Sports and Recreation can play a vital role in this important part of the project, as it already has community programmes in place which can be utilised sustainably to promote the Ke Moja aims.

- *Counseling and support:* A "social map" of local health clinics, social service district offices and community based services should be compiled as resource for participating sites to use in the event of young people requiring their services as an offshoot of their new learning through the Ke Moja project. Listed organizations should be informed of the project prior to inclusion in the list. *NACFI groups/services* available at local clinics near target sites should be equipped with Ke Moja materials as the groups provide an easily accessible source of support to prevent HIV and related risk behaviours in youth

- Involve *parents and teachers* in the rollout activities for continuity of messaging in the classroom and the home.

- *Youth groups* (religious, social, community) should be mobilized to participate.

Adapation of materials to suit Gauteng youth

The findings support the Department of Social Development and the UNODC's decision to review selected materials prior to utilization for the rollout, as several significant changes were suggested by participating youth to improve the health promoting impact of materials used, and to reduce the likelihood of unintentional promotion of knowledge or behaviours which could adversely affect the health and well-being of young people exposed to the Ke Moja materials. The detailed recommended changes are included in the conclusion of each report on materials reviewed, in the main body of the research report, and lessons learnt with regard to effective development of messages for the Ke Moja project for the target group addressed in this study is outlined in the above discussion.

Appendices

APPENDIX A: KNOWLEDGE, PERCEPTIONS AND BEHAVIOUR QUESTIONNAIRE (Also in IsiZulu)

ALCOHOL AND OTHER DRUGS: KNOWLEDGE, PERCEPTIONS AND BEHAVIOUR QUESTIONNAIRE FOR THE KE MOJA STUDY[2]

INTERVIEWER NUMBER/NAME _____

DATE OF INTERVIEW _____/11/2004

PROVINCE Gauteng

PLACE OF INTERVIEW _____

QUESTIONNAIRE NUMBER

We are from the Human Science Research Council (HSRC). We are doing some research (finding out) about drug awareness in young people for the United Nations Office on Drugs and Crime. Your answers are very important to us, and answering these questions will help us understand better what young people know, believe and think about drugs. This is not a test and there is no right or wrong answer. The answers you give will be private (only the HSRC will see your answers). Please try to be as open and honest as possible. Read the instructions very carefully and ask for help if you are unsure what to do. Thank you for your help.

Part 1: You and your Family

Make a circle round the answer that suits you best.

1. Are you a Boy/Male [1] Girl/Female [2]?

2. How old are you? 10-12 years (1) | 13-15 years (2) | 16-18 years (3)

3. What ethnic group are you? 1.Black___ 2.Coloured___ 3.Indian___4.White___

4. What is your home language? 1.Afrikaans___ 2.English___ 3.IsiNdebele___ 4.IsiXhosa___ 5.IsiZulu___ 6.Sesotho___ 7.Northern Sotho___ 8.Setswana___9.SiSwati___ 10.Tshivenda___ 11.Xitsonga___ 12.Other _____

[2] Sources: (a) WHO-SA Study on attitudes, perceptions, behaviour, and knowledge related to substance use. UNIVERSITY OF THE NORTH, Department of Social Work & Psychology, South Africa (b) The European Healthy School and Drugs (EHSD). Making Schools a Healthier Place Questionnaire 4: "Attitudes and Risk Perception" pg 169 and Questionnaire 5: "Drug Habits" pg 173. . http://www.school-and-drugs.org/ (c) SA National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002, HSRC Publishers.

5. If you are in school, in which Grade are you?	Grade 1-3 (1)	Grade 4-6(2)	Grade 7-9 (3)	Grade 10-12 (4)

6. If you don't attend school, which Grade did you finish?	Grade 1-3 (1)	Grade 4-6(2)	Grade 7-9 (3)	Grade 10-12 (4)

7. Is your father alive [1] dead [2] don't know (3)

8. Is your mother alive [1] dead [2] don't know (3)

9. Who lives at home with you now (or when you last lived at home)?	Mother only [1]	Father only [2]	Both parents [3]	Parent(s) brothers/ sisters [4]	Parent(s) brothers/ sisters/ other (5)	Parent(s) other (6)	other family/ caregiver (7)

10. Have any of your family ever had problems because of drinking /taking drugs? 1=Yes, 2=No

11. Do you have a person in your family with a mental illness? 1=Yes, 2=No

12. Do you have a drinking or drug problem now? 1=Yes, 2=No

Part 2: Getting information about drugs

13 During the past year, where have you noticed information about alcohol and drugs in your community? READ EACH STATEMENT

	Yes, telling me not to use alcohol or drugs (1)	**Yes, telling me to use alcohol or drugs (2)**	**Yes, telling me about using and about not using (3)**	**No (4)**
1.Television programmes				
2.Radio programmes				
3.newspapers				
4.magazines				
5.Advice columns				
6.comic books				
7.books				
8.the library				
9.the internet				
10.Billboards/notice boards/signs				
11.Leaflets/pamphlets/brochures/booklets				
12.Signs on taxis/buses/trains				
13.Painted wall or mural				
14.Items of clothing (T-shirts/caps)				
15.Plays/live drama on drugs and alcohol				
16.On posters				
17.On stickers				
18.Rulers with messages				
19.Keyrings with messages				
20.Badges with messages				

14 Which things have you found gives helpful information about drugs and alcohol?

READ EACH STATEMENT	Very Useful (1)	Useful (2)	Not Useful (3)	Don't know (4)
1.Television programmes				
2.Radio programmes				
3.newspapers				
4.magazines				
5.Advice columns				
6.comic books				
7.books				
8.the library				
9the internet				
10.Billboards/notice boards/signs				
11.Leaflets/pamphlets/brochures/booklets				
12.Signs on taxis/buses/trains				
13.Painted wall or mural				
14.Items of clothing (T-shirts/caps)				
15.Plays/live drama on drugs and alcohol				
16.On posters				
17.On stickers				
18.Rulers with messages				
19.Keyrings with messages				
20.Badges with messages				

15 Have you received information about drugs and alcohol from any of these places?

READ EACH STATEMENT	Yes, telling me not to use alcohol or drugs (1)	Yes, telling me to use alcohol or drugs (2)	Yes, telling me to use and not to use (3)	No (4)
1.Church/mosque/synagogue/ other religious venue				
2.School/college				
3.Work				
4.Community meeting				
5.Clinic/hospital/doctor's surgery rooms				
6.Pharmacy/chemist				
7.Local shop/spaza shop				
8.Taxi/Bus rank/train station				
9.Initiation school				
10.Parents				
11.Friends				
12.Youth or cultural group				
13.Sports club				
14.Out-of-school life skills programme				
15.Neighbour / member of my community				

Part 3: Your knowledge about drugs

16 What do you know about drugs?
READ EACH STATEMENT

	Yes, about not using alcohol or drugs (1)	**Yes, about using alcohol or drugs (2)**	**Yes, about using and not using alcohol and drugs (3)**	**No (4)**
1.Do you know enough about drugs?				
2.Would you like to learn more about drugs?				
3.Do young people at your school/centre talk to each other about drugs?				
4.Do learners and teachers/carers at your school/centre talk about drugs with each other?				

17. Do you know where to find drugs?

	Yes (1)	No (2)
1.Do you know places where you can get drugs in your school/centre?		
2.Do you know places where you can get drugs outside your school/centre?		
3.Do your friends use alcohol?		
4.Do your friends use drugs?		
5.Do you know other people who use drugs?		

18. How difficult/easy do you think it would be for you/your friends to get each of these drugs?

	Don't know what this is (1)	Cant get it (2)	Very hard to get it (3)	fairly hard to get it (4)	fairly easy to get it (5)	very easy to get it (6)	I don't know if I can get it (7)
1.cigarettes							
2.beer							
3.coolers/cider							
4.wine							
5.spirits/strong drink							
6.dagga							
7.mandrax							
8.tik tik/straws							
9.speed							
10.tranquillisers							
11.cocaine							
12.crack							
13.heroin							
14.ecstasy							
15.LSD							
16.party drugs							
17.slimming pills							
18.inhalants, (glue, benzene)							
19.Cough mixtures							
20.other drugs							

19. How old were you when you FIRST tried/started any of the following things? Make a cross in the spaces that are right for you.

	never tried (1)	11 or younger (2)	12 or13 years (3)	14 or 15 years (4)	16 or 17 years (5)	18 or older (6)
1.had a beer						
2.had wine 3.had spirits/strong drink						
4.got drunk on alcohol						
5.smoked a cigarette						
6.smoked cigarettes daily						
7.tik tik/straws						
8.tried speed						
9.tried tranquillizers						
10.tried dagga						
11.tried mandrax						
12.tried heroin						
13.tried cocaine						
14.tried crack						
15.tried ecstasy						
16.tried LSD						
17.tried party drugs						
18.tried slimming pills						
19.tried glue-sniffing/inhalants						
20.tried cough mixtures						
21.tried alcohol with pills						
22.tried other drugs						

20 Have you ever had so much alcohol that you were really drunk?

	Tick correct box
1.Never (1)	
2.Yes, one time (2)	
3.Yes 2-3 times (3)	
4.Yes, 4-8 times (4)	
5.Yes, more than 8 times (5)	

21 Have you ever had so much drugs that you felt sick or out of control?

	Tick correct box
1.Never (1)	
2.Yes, one time (2)	
3.Yes 2-3 times (3)	
4.Yes, 4-8 times (4)	
5.Yes, more than 8 times (5)	

22. Where do you hang out when you use alcohol or drugs?

	Alcohol		Other Drugs	
	Yes (1)	No (2)	Yes (1)	No (2)
3.I use at home 4.I use at parties 5. I use at someone's home				
6. I use at clubs/discos 7. I use in a car/ in open places				
8. I use at other places List other places:				

23 Do your parents or those that take care of you know that you...

	Yes, they do know (1)	No, they do not know (2)	I do not use (3)
1.Smoke cigarettes			
2.Drink alcohol			
3.Sniff glue/use other inhalants			
4.Use tik tik			
5.Use dagga			
6.Use mandrax			
7.Use other drugs			

24. Can any of the following happen to you if you drink alcohol?

	Yes (1)	No (2)	Don't know (3)
1.Feel relaxed			
2.Get into trouble with the police			
3.Harm my health			
4.Be a cool person			
5.Feel happy			
6.Get HIV/AIDS			
7.Forget my problems			
8.Not be able to stop drinking			
9.Get a hangover			
10.Dare to be myself			
11.Do something that I will be sorry about			
12.Have a lot of fun			
13.Feel sick			
14.Feel out of control			
15.Feel friendlier to others.			

25. Can any of the following happen to you if you use cigarettes?

	Yes (1)	No (2)	Don't know (3)
1.Feel relaxed			
2.Get into trouble with the police			
3.Harm my health			
4.Be a cool person			
5.Feel happy			
6.Get HIV/AIDS			
7.Forget my problems			
8.Not be able to stop smoking			
9.Dare to be myself			
10.Do something that I will be sorry about			
11.Have a lot of fun			
12.Feel sick			
13.Feel out of control			
14.Feel friendlier to others.			

26. Can any of the following happen to you if you use other drugs, like dagga, mandrax, cocaine, heroin or ecstasy?

	Yes (1)	No (2)	Don't know (3)
1.Feel relaxed 2.Get into trouble with the police			
3.Harm my health 4.Be a cool person			
5.Feel happy 6.Get HIV/AIDS			
7.Forget my problems 8.Not be able to stop smoking			
9.Dare to be myself 10.Do something that I will be sorry about			
11.Have a lot of fun 12.Feel sick			
13.Feel out of control 14.Feel friendlier to others.			

27. Have you ever had any of these problems because you drank alcohol?

	Yes (1)	No (1)
1.arguments		
2.fights		
3.accidents		
4.lost money or things that belonged to you		
5.caused damage to things/property		
6.problems with your parents/those that take care of you		
7.problems with your friends		
8.problems with your teachers		
9.poor work at school or work		
10.been robbed or had things stolen from you		
11.trouble with the police		
12.was injured and had to go to hospital		
13.had sex and felt sorry afterwards		
14.felt sick or had a hangover the next day		
15.stayed away from school or work		

28. Have you ever had any of the following problems because you used other drugs, like dagga, mandrax, tik tik, cocaine, heroin or ecstasy?

	Yes (1)	No (2)
1.arguments		
2.fights		
3.accidents		
4.lost money or things that belonged to you		
5.caused damage to things/property		
6.problems with your parents/those that take care of you		
7.problems with your friends		
8.problems with your teachers		
9.poor work at school or work		
10.been robbed or had things stolen from you		
11.trouble with the police		
12.was injured and had to go to hospital		
13.had sex and felt sorry afterwards		
14.felt sick or had a hangover the next day		
15.stayed away from school or work		

Part 4: What you believe about using drugs

29. Here are some ideas about the use of drugs. Make a cross in the box that bests says what you believe.

	Agree a lot (1)	Agree a little (2)	Disagree a little (3)	Disagree a lot (4)
1.Using drugs can be pleasant/nice/feel good				
2.A young person should never try drugs				
3.There is no harm in just trying drugs to satisfy your curiosity about how it will feel.				
4.Using drugs can relieve boredom				
5.Many other things are more dangerous than trying drugs 6.Everyone who tries drugs will feel sorry in the future about trying it				
7.Taking drugs will impress your friends				
8.The laws on drugs should be made stronger				
9.Drug use is one of the biggest evils in our country				
10.Drugs can help you relax and take away stress				
11.Using/trying drugs is one of the most dangerous things to do				
12.You will feel much more confident if you take drugs				
13.Drugs help people to experience/live life to the full				
14.Schools should teach us about the real dangers of taking drugs.				
15.Drugs can relieve sadness and loneliness				
16.The police should not bother young people who are trying out drugs				
17.To try out drugs is to give away control over your life.				
18.You can fit in /be accepted better with friends if you take drugs				

30 Do you think the following statements are right (correct) or wrong (incorrect)?

	Correct (1)	Incorrect (2)	Don't know (3)
1.Most people of my age smoke cigarettes			
2.Less than half the adults in my country smoke cigarettes			
3.Your blood pressure rises when you smoke cigarettes			
4.You take in a lot of poison when you smoke a cigarette			
5.Young people mainly smoke because their friends smoke			
6.Smoking dagga can help you think better.			
7.Beer and wine have the same amount of alcohol			
8.Alcohol is the drug that is misused the most			
9.It is bad for the health of an unborn baby if its mother drinks while she is pregnant			
10.Most adults drink alcohol every day			
11.There is no connection between HIV and using alcohol or drugs.			
12.Most young people use tik tik 13.Young people can do something to stop their friends taking drugs			
14.Most young people smoke dagga			

Part 5: Deciding about using or not using drugs

31. Which of the following do you think can help you or a friend to decide **never to start using drugs**? Make a cross for each option, indicating if you think it can help (yes) or not (no)

	Yes (1))	No (2)
1.making new friends		
2.making friends who do not use drugs		
3.trying it once or twice to see how it affects you		
4.Speaking to a person who used to be a drug addict or alcoholic		
5.proper information about drugs		
6.getting rid of the drugs on the school/in the centre		
7.Famous people (such as sports, music stars) taking about not using drugs		
8.having a strong faith in God		
9.having other things to do over the weekends.		
10.family who do not use drugs		
11.Someone telling you about the dangers of drugs		
12.being a very strong person yourself		
13.friends who do not force you to use drugs		
14.living in a community free of drugs		
15.parents who do not use drugs		
16.having other things, like sport, to give your time to		
17.teachers who do not use drugs		
18.People who will support you to stay off drugs		

32. Which of the following do you think can help you/a friend decide to **stop using drugs**? Make a cross for each option, indicating if you think it can help (yes) or not (no)

	Yes (1)	No (2)
1.making new friends		
2.making friends who do not use drugs		
3.cutting down on the drugs you use		
4.Speaking to a person who used to be a drug addict or alcoholic		
5.getting help at a drug treatment centre		
6.getting proper information about how to stop using drugs		
7.getting rid of the drugs on the school/in the centre		
8.Famous people (such as sports, music stars) taking about not using drugs		
9.having a strong faith in God		
10.having other things to do over the weekends		
11.family who do not use drugs		
12.Someone telling you about the dangers of drugs		
13.being a very strong person yourself		
14.friends who do not force you to use drugs		
15.living in a community free of drugs		
16.parents who do not use drugs		
17.having other things, like sport, to give your time to		
18.teachers who do not use drugs		
19.People who will support you to stay off drugs		

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE!!!!

APPENDIX B: UNODC Ke Moja Project - Focus Group Guide

Perceptions and Exposure to Substance Abuse Questions

1. *This will follow the administration of the questionnaire. Youth are exposed to each of the media: 1) poster, 2) video clip messages*
2. *Time to be spent on each activity is outlined in the Workshop Plan (Attachment B)*

1a): the posters – review of posters 1 and 2
Each poster is shown to the group for 60 seconds (the approximate average time a person would normally be expected to look at a poster). After this initial exposure the group is interviewed to assess their understanding of the poster and its messages. The groups are given time to debate and discuss the poster, and specific questions are asked on a variety of issues, **such as**

Questions

1. What do you think were the **main messages** of the poster we have just shown you? (*Probe if they understand the message)*
2. Did you **learn anything** from the poster
3. Does the **language** used in the poster make sense to you? (Are there words you do not understand? Which ones? (If yes, explain the meaning and ask for respondents to suggest other words that can convey this meaning. Are there sentences that are unclear? Which ones? Explain intended message and ask respondents to suggest better ways to convey the idea)
4. **What else** do you think the poster could be saying
5. How are the **pictures/models** used in the posters? ?(Do the words match the picture on poster? Why or why not? Use of colours, kind of people represented, etc.)?
6. What do you think of the **design** of the poster?
7. Are the stories in the poster about **real life** for young people?
8. What parts did you especially **like?**
9. What parts are **confusing?**
10 What parts do you **not like?**
11 How can we make this poster **better** to teach young people the main messages of this poster? (Include new messages, different wording of messages and the type of media, How can we improve the pictures?)
12 What **decisions** could you make after seeing this poster?
13 Is there anything **sensitive** about these messages or pictures?
14 Do you find the poster **enjoyable?.**(What will you do with a poster given to you?)
15 Are there **other,** better **ways** to teach young people the messages in the poster, than using a poster?

The group is then shown the poster for a second time, for the time limits specified in the workshop plan, and questions relating to specific phrases, pictures and design of the poster are explored further. All responses are recorded in writing and on a tape-recorder. Discussions are held with the language ability of the target audience. At the end of the

session, if time permits, the facilitator answers queries concerning the content of the poster to explore what other issues about substance abuse the poster has brought to mind for the group.

1b): the posters – translation of byline into home language of child for poster 3

This poster will not be reviewed as was done with posters 1 and 2. In this short session we want to know/explore the following only:

Questions

1. What do you think is the **main message** of the poster we have just shown you? (*Probe if they understand the message)*
2. Did you **learn anything** from this message?
3. How would you say this message n your **own home language** in a way that will make sense to you?

The poster should be shown to the group for the duration of the short session, while exploring the above questions, with the emphasis on obtaining appropriate translations of the byline.

2 a) Video - guided question session

Each group will view the video clips (see order in Workshop Plan) once. The facilitator will lead the group in exploring key questions, such as those listed below. The group is then shown the video for a second time (or more if necessary – note number of times) to allow further exploration of the questions below, for the time limits specified in the workshop plan. All responses are recorded in writing and on a tape-recorder. Discussions are held with the language ability of the target audience. At the end of the session, if time permits, the facilitator answers queries concerning the content of the video to explore what other issues about substance abuse the video has brought to mind for the group. Prescreen the video at intervals (5 minutes) to refresh the children's memories.

Questions

1. What do you think were the **main messages** of the video we have just shown you? (*Probe if they understand the message)*
2. Did you **learn anything** from the video?
3. Does the **language** used in the video make sense to you? Are there words you do not understand? Which ones? (If yes, explain the meaning and ask for respondents to suggest other words that can convey this meaning. Are there sentences that are unclear? Which ones? Explain intended message and ask respondents to suggest better ways to convey the idea)
4. **What else** do you think the video could be saying
5. How are the **pictures/models** used in the video? (Do the words match the picture on video? Why or why not? Use of places, kind of people represented, etc.)?
7. Are the things mentioned in the video about **real life** for young people?
8. What parts did you especially **like?**
9. What parts are **confusing?**
10 What parts do you **not like?**
11 How can we make this video **better** to teach young people the main messages of this video? (Include new messages, different wording of messages and the type of scenes. How can we improve the pictures/scenes?)
12 What **decisions** could you make after seeing this video?
13 Is there anything **sensitive** about these messages or pictures/scenes?
14 Do you find the video **enjoyable?** (Would you watch it again if you saw it on TV?)
15 Are there **other,** better **ways** to teach young people the messages in the video, than using a video?

After putting the posters aside say: "Let's review. Tell me what you think were the most important messages."

2b) Video - Storyline theme brainstorming session: Troubled child (both ages)

This video clip has no audio sound. This session will be spent asking the children to guess/help us decide what the story is that the "silent video" is telling **them**: ***What would this video say to them if it had words to it?***

Children should be told to view the video, and try to think what the story is (keep it lighthearted, fun). Let each group view the video clip once, then show it again once more. Ask the children to start telling you what they think the story is about. Let them have **free rein** to tell you their views for up to 10 minutes, helping them along using the questions below. For the remaining time (see work plan for different age groups) use the questions below to help children **flesh out** their Story line, for the remaining time limit specified in the workshop plan. All responses are recorded in writing and on a tape-recorder. Discussions are held with the language ability of the target audience. Prescreen the video at intervals (5 minutes) to refresh the children's memories.

Questions

1. What do you think were the **main story** of the video we have just seen?
2. What do you think are the **main messages** of this story?
3. What parts do you especially **like**?
4. What parts are **confusing?**
5. What parts do you not **like?**
6. How can we **make this video better** to teach young people the main messages in the video? (Include new messages/information, different wording of messages, scenes) How can we improve the pictures/scenes)
7. What **decisions** could you make after seeing this video?
8. Is there anything **sensitive** about these scenes/pictures?

After discussion, if time permits switch off the video machine, and say "Let's review. Tell me again what you think were the most important messages."

APPENDIX C WORKSHOP PLAN FOR GROUPS 1-12.

Team arrives minimum of half hour prior to start of workshop to set up room and test equipment, ensure children are available to start on time.

Welcome and orientation to workshop *(10 min maximum)- Greeting by overall facilitator, divide into two 4 person small groups, then introduce selves. Explain what will be doing in session). Distribute questionnaire.*

Administration of questionnaire *(one hour maximum)- allow individual completion with guidance from fieldworker to the 4 children in small group)*

Break 1 (10 min) – *small group facilitator scans 4 questionnaires to ensure completion)*

Focus group 1(a): Visual materials (poster 1) – guided question session (Sporty Poster)
(50 min maximum) *(8 children and 2 fieldworkers)*

Break 2 (10 min)

Focus Group 2: Audiovisual materials (video clips) - guided question session
Club Scene (13-18 years only)

- Storyline theme brainstorming session

Troubled child (both ages)

Note: 3-18 years: Club Scene *(40 minutes maximum)* and Story line Brainstorming *(20 minutes maximum)*

10-12 years: Troubled child Story line Brainstorming only *(50 minutes maximum)*

Break 3 (10 min)

Focus group 1 (b) Visual materials (poster 2) – guided question session (HIV/AIDS Poster) *50 min maximum*

(Poster 3) – Fashionable Young Woman: Children's ' translation of Byline (Do drugs fit in to your plans for the future?) into their home language

Note 2 Translation of Byline into home language (Do drugs fit in to your plans for the future?)

3-18 years: *(10 minutes maximum)*

10-12 years: *(20 minutes maximum)*

Thanks to participants and closure of workshop (5 min)

Total workshop working time – 4hours
Total session time with breaks – 4hours 30 minutes

APPENDIX D: CODING FRAME FOR FOCUS GROUP ANALYSIS

A: AlcDrug/good times -yes
A: AlcDrugs /peer pressure
A: AlcDrugs/good times - no
A: Gender
A: race
A: Self /other regard
B: AlcDrugs/avoid risk behaviour-sex/other
B: AlcDrugs/risk behaviour
B: AlcDrugs/sex
B: AlcDrugs/sex- (un) protect
B: AlcDrugs/sex-HIV
B: club/ AlcDrugs
B: club/ risk behaviour
B: dress code
B: dress freely
B: drugs/avoid
B: HIV test
B: one partner
B: right choices
B: risktaking/caution
B: sex/ no
B: sex/condoms
B: sex/delay
B: Sex/peer pressure
B: sport/ hide HIV status
B: sport/alternative
B:AlcDrugs/support
F: auditory /music-mismatched
F: dress code/gender
F: sexual/sexual stim
F: dresscode/style
F: drug centres
F: font
F: language/not understood
F: language/understood
F: Logo confusing
F: Logo understood
F: Logo/other - mismatch
F: medium-other
F: medium -appropriate
F: medium/ companies
F: message-mismatched confusing
F: Message - alternative
F: message/ understood
F: message/not understood
F: model/ appropriate
F: religions
F: sensitive scene
F: sensitive scene/ drunk
F: sensitive/ body
F: size
F: Storyline/fragmented diffuse
F: Storyline/mismatch
F: storyline/no thanks
F: storyline/options
F: storyline/promote risk

F: Target adults
F: Visual-message (mis)match
F: Visual/ youth drug users
F: Visual/appropriate
F: Visual/colour-
F: Visual/colour - good
F: Visual/confusing
F: Visual/options
F: Visual/options - HIV
F: Visual/unclear
K: AIDS - deadly
K: AlcDrugs/sex
K: AlcDrugs/sex-HIV
K: AlcDrugs/unhealthy
K: HIV risk
K: sex-/HIV
K: stress/ AlcDrugs

References

1 Drug Advisory Board (1999). National Drug Master Plan. South African Government Printers: Pretoria.

2 United Nations Office on Drugs and Crime. Lets talk about drugs November Update), www.unodc.org

3 Statistics South Africa (2003). Census 2001: Census in Brief (2nd ed.). Report no. 03-02-03 (2001). Statistics South Africa, Pretoria, South Africa.

4 World Health Organisation. (2003). Technical Guide to Rapid Assessment and Response (TG-RAR). Internet publication. Reference Number: WHO/HIV/2002.22 http://www.who.int/docstore/hiv/Core/Index.html

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The current situation with ESKOM GENERATION requires additional loadshedding for today which has already started. The City will have to loadshed between 300 MW and 400 MW for today.

The current grouping schedule is:

8:00 to 11:00 Group 1 AND GROUP 2

10:30 to 13:30 Group 2 AND GROUP 1

13:00 to 16:00 Group 3 AND GROUP 4

15:30 to 18:30 Group 4 AND GROUP 3

For schedule visit http://www.tshwane.gov.za/interruptions.cfm

Residents can also call 080 111 556 or 012 339 9111.