BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SCIENCE

DEPARTMENT OF DEVELOPMENT STUDIES



THE EFFECTS OF DRUG AND SUBSTANCE ABUSE ON YOUTH EMPOWERMENT INITIATIVES: A CASE STUDY OF CHIPADZE, BINDURA DISTRICT

BY

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A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES

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MAY 2026

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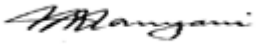
The undersigned confirm that they have reviewed and recommended to Bindura University of Science Education for approval of this dissertation entitled, 'The effects of drug and substance abuse on youth empowerment initiatives: A case study of Chipadze Bindura district.' This dissertation was submitted to the Department of sustainable Development in partial fulfilment of the requirement of a Bachelor of Science Honors Degree in Development Studies.

Supervisor's signature…  Date…14/08/26

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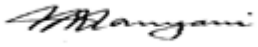
Supervisor's signature  .Date: 14\08\26

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DEDICATION

I dedicate this work to the almighty God, the source of wisdom and strength. Your unwavering grace, guidance and proctection carried me through every challenge, doubt and long night of this academic journey. This achievement stands as a testimony to your faithfulness and love.

I also dedicate this work to my beloved parents, Pilani Matabuka and Louis Matabuka. Thank you for your selfless sacrifices, constant encouragement and the strong foundation of values you built for me. Your love, prayers and belief in my potential kept me going even when road was difficult.

To my siblings, thank you for your understanding, support and the joy you brought during stressful times. Your presence reminded me why this work matters. I carry your encouragement and pride with me in everything I do.

This work is for all of you.

ACKNOWLEDGEMENTS

First and foremost, I thank the almighty God for his guidance, strength and grace that sustained me throughout this research journey.

I express my sincere gratitude to my supervisor, Dr Manyani, for your professional guidance, patience and construction feedback. Your insight shaped this study and made it possible for me to complete it.

My heartfelt appreciation goes to the Chairperson and lecturers in the Department of Sustainable Development, Bindura University of Science Education, for the academic support and knowledge you shared.

I am deeply grateful to the residents and youth of Chipadze, Bindura District, for welcoming me during fieldwork. Thank you for your time, honest responses, and cooperation during data collection. This study would not have been possible without you.

Special thanks to my parents and my siblings for your love, prayers and financial support. You were my greatest source of motivation.

To my friend and classmates, thank you for the encouragement, ideas and companionship during this process. Your support made the journey lighter.

I acknowledge any other individuals and institutions that contributed in one way or another. Your assistance is truly appreciated.

Lastly I want to thank me for believing in myself and making this work a success through the hard work and never quitting.

ABSTRACT

Youth involvement in drugs and substance use is now seen as a major obstacle to achieving sustainable development in poor urban areas of Zimbabwe. This study examined how drug and substance abuse impacts youth empowerment programmes in Chipadze, a densely populated suburb in Bindura District, Mashonaland Central Province. Using the Social Ecological Model and the Capability Approach as theoretical guides, the research adopted a mixed-methods case study approach. Data was gathered from 100 youth using structured questionnaires, 18 youth through in-depth interviews, and 12 key informants including programme facilitators, community leaders, and health personnel.

The results showed that substance abuse is widespread among Chipadze youth. The most used substances were traditional alcohol (kachasu), marijuana (mbanje), and codeine cough mixtures (Broncleer/histalix), with 33% of participants admitting to using more than one substance. Key factors driving this behaviour were unemployment, poverty, and lack of recreational options. The study found that substance abuse negatively affected youth involvement in empowerment initiatives in several ways: 40% of participants dropped out, there was poor attendance, reduced mental alertness, lower confidence levels, weakened social networks, and 18% of youth diverted programme funds to buy drugs. It also emerged that community and family support systems such as informal counselling, church programmes, and peer support exist but are weak and poorly linked to formal empowerment structures. The lack of rehabilitation centres in Bindura District further worsens the situation.

The study concludes that drug and substance abuse is a complex, system-wide barrier to youth empowerment in Chipadze. It recommends that government-funded empowerment programmes should include drug screening, counselling, and referral services, that health and development sectors should work together, and that rehabilitation services should be made more accessible. These findings add important evidence to the limited research on the link between youth substance abuse and empowerment programmes in urban Zimbabwe.

Keywords: substance abuse, youth empowerment, Chipadze, Bindura, Zimbabwe, mixed methods, Social Ecological Model, Capability Approach

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LIST OF ABBREVIATIONS AND ACRONYMS

ANOVA Analysis of Variance

APA American Psychological Association

CBOs Community-Based Organisations

CHW Community Health Worker

GoZ Government of Zimbabwe

HIV/AIDS Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

LMICs Low- and Middle-Income Countries

MCAZ Medicines Control Authority of Zimbabwe

NGO Non-Governmental Organisation

SACENDU South African Community Epidemiology Network on Drug Use

SAYWHAT Students and Youth Working on Reproductive Health Action Team

SEM Social Ecological Model

SPSS Statistical Package for the Social Sciences

UNODC United Nations Office on Drugs and Crime

WHO World Health Organisation

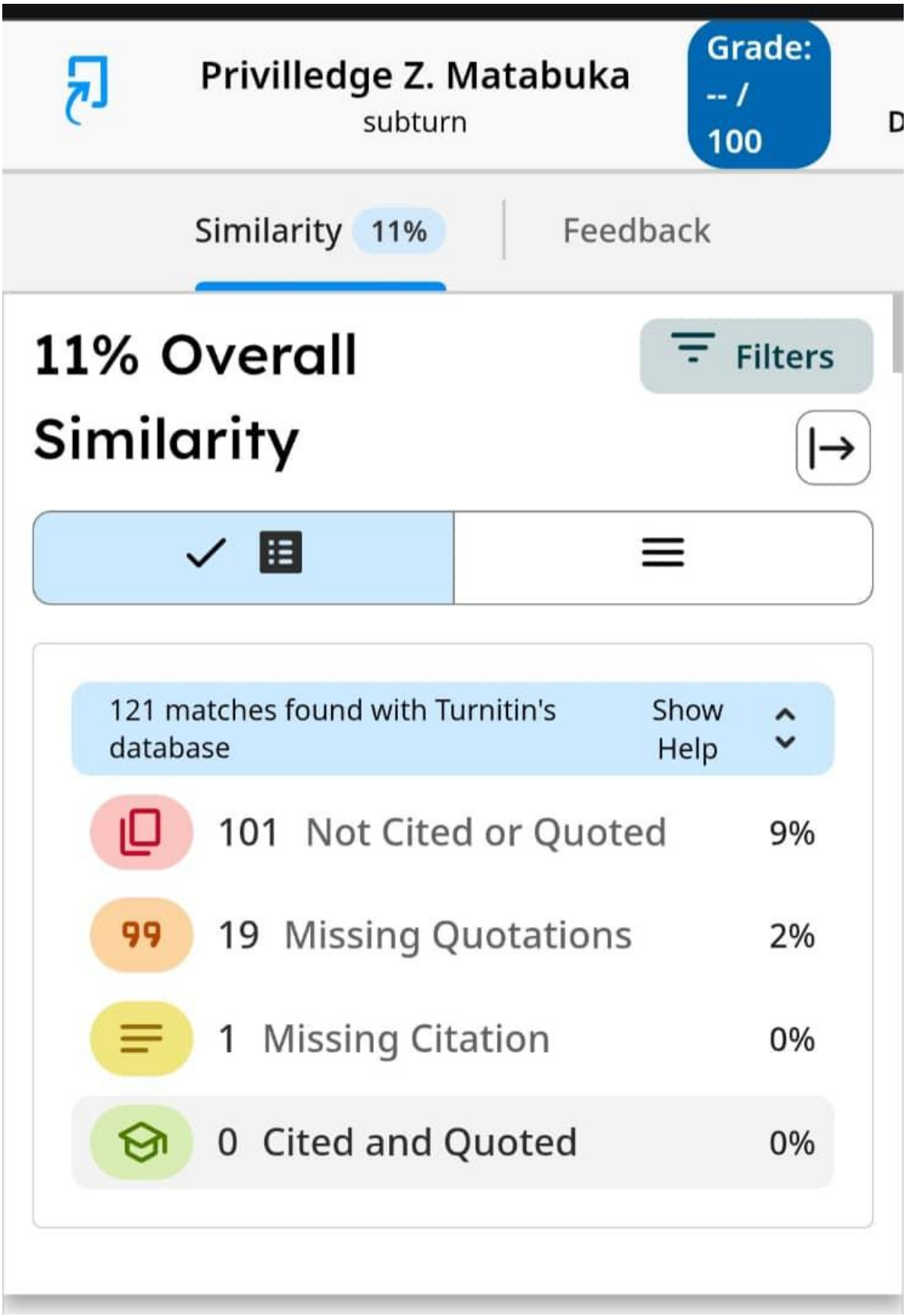
YETT Youth Empowerment and Transformation Trust

YDO Youth Development Office

ZIMSTAT Zimbabwe National Statistics Agency

ZNBC Zimbabwe National Broadcasting Corporation

ZNYP Zimbabwe National Youth Policy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CHAPTER ONE: INTRODUCTION

1.0 Introduction

The empowerment of youth has become a cornerstone of global efforts for sustainable development, poverty alleviation and social cohesion. In developing countries, governments and non-governmental organisations have spent significant resources developing programmes on how to equip the young (Youth) with skills, knowledge, and opportunities to become productive and self-reliant citizens United Nations, (2020). Empowerment programs have been prioritized as important tools for combating unemployment and promoting economic growth in Zimbabwe, where unemployment is a significant issue affecting a large number of the population, the Zimbabwe National Youth Policy (2013) states. Nevertheless, the issue of drug and substance abuse among the youth is still a major concern that can be a catalyst to thwart the expected outcome of the interventions, especially in the high-density, low-income urban settlements which have the highest socio-economic vulnerabilities Mavhu et al.,(2017).

The effects of drugs and substance abuse on youth empowerment initiatives in Chipadze, high-density suburb of Bindura in Mashonaland Central Province are explored in this study. The case of Chipadze is a relevant case study given the paradox that is evident; there are many programmes for youth empowerment and yet, there is growing substance abuse among young people and critical questions are being raised on the effectiveness and sustainability of these programmes. The research is based on the concept that drug use is a multi-dimensional obstacle that jeopardizes the whole structure of youth empowerment such as motivation, capacity of mind, money and social capital Volkow et al., (2016). The purpose of the study is to provide empirical evidence to inform more integrated and resilient approaches to youth development in similar contexts in an exhaustive examination of this nexus.

1.1 Background of the Study

Bindura, the administrative capital of Mashonaland Central Province is a town with a youthful population that is faced with significant socio-economic problems. The high level of unemployment, restricted access to tertiary education and the lack of recreational facilities, makes young people vulnerable to social ills such as drug and substance abuse, Mubaiwawa,

(2019). The economic pressures of many households in Bindura has been worsened by the general national issues such as economic instability, currency fluctuations and low employment opportunities in formal employment sector obtained from the Zimbabwe National Statistics Agency [ZIMSTAT] (2022). The circumstances have far-reaching effects on the hopes and health of young people who are stuck between empowerment and the realities of their surroundings.

Such challenges are personified in Chipadze, one of the oldest and most densely-populated suburbs of Bindura. The area has a large youth population many of whom are neither employed nor involved in formal economic activity with stable income, but in informal economic activity with irregular income. In this context, anecdotal evidence and initial observations have indicated that many different psychoactive substances have proliferated including marijuana (the local term for marijuana is mbanje), spirits which are brewed illegally (known locally as cachasu) and misuse of medical preparations containing codeine (Broncleer and histalix). Globally, the use of codeine is a growing issue that has received attention from the World Health Organisation (WHO, 2021) and has a special significance in situations where medicines distribution is not regulated.

At the same time, there are a number of youth empowerment programmes run by government departments, non-governmental organisations including Students and Youth Working on Reproductive Health Action Team (SAYWHAT) and Youth Empowerment and Transformation Trust (YETT) and community based organisations in Chipadze. These programmes are aimed at imparting vocational skills, leadership training, skills for entrepreneurship, and reproductive health education to youth. However, there is a critical concern that the observations indicate that there are sustainable youth engagement and transformative outcomes that are still to be achieved with the use of these programmes (Chisora & Mapolisa, 2017). The impact on livelihood or behaviour change is reportedly weak and limited, with high dropouts from empowerment programmes and inconsistent participation. The disparity between empowerment opportunities and outcomes is the problematic that is addressed in this research.

A large body of work has developed throughout the world to explain the link between drug abuse and development outcomes. Substance abuse has been shown to affect cognitive

abilities that are crucial for learning and skill acquisition such as memory, concentration and decision making capacity (Volkow et al., 2016). Moreover, the monetary expenses of maintaining a drug addiction can lead to a lack of funds to invest in the education, business start-ups, or savings. Socially, drug abuse may cause stigmatisation, breakup of families and loss of the supportive networks that are essential for personal and professional development UNODC,(2021).

1.2 Statement of the Problem

A noticeable and alarming mismatch is seen between the delivery of youth empowerment programs and the actual, lasting benefits in Chipadze of Bindura District. Although there are several good programmes which have been put in place by different stakeholders, a large number of the youth in the area is still facing socio-economic marginalisation, unemployment and vulnerability, Zimbabwe Ministry of Public Service, Labour and Social Welfare (2018). On the other hand, drug and substance abuse have been witnessed to be prevalent among the youth and its exact influence on the effectiveness of empowerment interventions are yet to be explored in a scientific and empirical manner.

Initial perceptions and case studies indicate that drug and substance abuse affects youth empowerment in a variety of interwoven ways. Drug use was first found to be associated with not enrolling in empowerment programs, irregular attendance, and withdrawal from programs altogether, among impacted youth Ruben & Blaylock, (2018). Third, the drug abuse-related cognitive dysfunction may impair their capacity to learn, remember and use the skills and knowledge they receive in training programmes (Volkow et al., 2016). Third, the need for a drug habit could push back the limited resources of the individual and household into non-productive uses such as livelihood activities, (Tambo et al., 2018). Fourth, behavioural and attitudinal changes of individuals due to their substance abuse may be inherently incompatible with the attitudes and behaviours expected of them in a successful programme and in the world of business or employment after graduation.

If there is no systematic and empirically based knowledge of the exact ways that drug abuse impedes youth empowerment in this particular setting, interventions from government agencies, non-governmental organisations, and community stakeholders, for example, may

be ineffective. This study is therefore needed to capture the specific way in which drug abuse impacts on youth empowerment; to amplify the voices and experiences of both youth and programme implementers, while also creating evidence to feed into the development of more robust, contextually appropriate and integrated strategies BRAUN & CLARKE, (2006).

1.3 Rationale and Significance of the Study

Time and urgency are needed for this investigation since taken together these three imperatives would suggest that this investigation is a necessary one.

The study helps in filling the gap in the knowledge in the Zimbabwean context. The public discourse, media and policy discussions abound with a lot of talk about youth drug abuse however, there has not been a substantial amount of localised empirical research that systematically explores the specific link between drug abuse and effectiveness of formal youth empowerment programmes Mavhu et al., (2017). The study will use the empirical evidence that will be generated and it is anticipated that this will be original and will thus form the basis of knowledge that can be used for evidence based decision making at Chipadze.

Secondly, the study is comprehensive and holistic in its approach to the problem as it tries to understand the problem from multiple perspectives. The research design takes into account the views of the young people and key informants who have had the design, funding and implementation of empowerment programmes. The two different viewpoints will enable a more complicated and richer analysis of Creswell & Plano Clark, 2017 than a one-sided analysis would provide.

This research doesn't just affect academic research, it has an impact too on a variety of actors in practice. The research will provide clear evidence to support the design of more effective, integrated empowerment programs in government or non-governmental organization (NGO) programs that will incorporate drug prevention, drug awareness, counselling and referral to rehabilitation in their programs in Chipadze and elsewhere. Leadership will have an opportunity to benefit from the community-led anti-drug campaign and peer support initiatives via research that will inform them of what can be improved. The study would make an addition to the development of interdisciplinary studies especially the public health

and development studies and in relation to Zimbabwe and Southern Africa amongst an academic community, Page & Czuba, (1999). Evidence produced can be used by local and national policy makers to develop and create inter-sectoral approaches to youth development policy.

1.4 Research Questions

The study is guided by the following research questions, which are derived from and aligned with the specific research objectives:

1. What are the specific types, patterns, and prevalence of drug and substance abuse among the youth in Chipadze, Bindura District?
2. What are the socio-economic effects of drug and substance abuse on the effective participation of youth in empowerment initiatives in Chipadze?
3. What strategies are employed by affected families to reduce the impacts of drug and substance abuse among the youth in Chipadze?
4. What are the institutional perspectives of programme facilitators and community leaders on the challenges posed by drug abuse to youth empowerment efforts?

1.5 Aim and Objectives of the Study

Aim

To investigate the effects of drug and substance abuse on the effective participation of youth empowerment initiatives in Chipadze, Bindura District.

Objectives

1. To explore the specific types and prevalence of drug and substance abuse among the youth in Chipadze, Bindura District.
2. To examine the socio-economic and psychological effects of drug and substance abuse on the effective participation of youth in empowerment initiatives in Chipadze.
3. To gather and analyse the institutional perspectives of programme facilitators, community leaders, and health workers on the challenges posed by drug abuse to youth empowerment and the potential strategies for addressing them.

1.6 Definition of Key Terms

The following key terms are defined for purposes of this study:

Substance abuse, as defined by the World Health Organisation (2021), is the harmful or hazardous use of psychoactive substances such as alcohol and illicit drugs in a way that results in dependence, health issues or disability in social, occupational or educational functioning. The term refers here to the misuse of illegal drugs including marijuana, kachasu and also non-therapeutic use of codeine containing pharmaceuticals, like Broncleer and histalix.

Youth, in line with Zimbabwe National Youth Policy (2013) is defined as people aged 16–35 years. This wide age span reflects a range of developmental needs for adolescents and young people, pertinent to empowerment programming and to vulnerability around substance abuse, Mushunje, (2016).

According to Page and Czuba (1999), empowerment is a multi-dimensional social process which enables individuals to take control over their lives and their democratic involvement within the community. This study defines youth empowerment as including three facets: economic empowerment (livelihoods, employment, entrepreneurship), social empowerment (relationships, networks and civic participation), and psychological empowerment (self-efficacy, motivation, and self-esteem).

Empowerment Initiatives: Government, NGO and community based initiatives and programmes which have specifically been developed to increase the capacities and opportunities of young people Chigora & Mapolisa, 2017). These include vocational training programmes, entrepreneurship development schemes, life skill education and leadership development activities.

Chipadze is a high-density residential suburb of Bindura town in the geographical centre of the case study in the Mashonaland Central Province, Zimbabwe, ZIMSTAT (2022).

1.7 Theoretical Framework

This study is based on the Social Ecological Model (SEM) as adapted for the study of youth health and development (Bronfenbrenner, 1979; Dahlberg & Krug, 2002). The SEM posits that human behavior is influenced by a number of interacting levels: individual level, interpersonal level, community level, and social / structural level. Applied to this study, the model offers a way to understand the phenomenon of drug abuse, not just as a moral failing of the individual, but as a result of the complex interplay of individual vulnerabilities, family dynamics, peer influences, community conditions and macro socio-economic influences. This framework is especially suitable for analyzing how addiction to drugs at the individual level is linked to community-level provision of youth empowerment efforts, as responses need to be comprehensive, targeting both individual and community levels.

In addition to this, the study is based on the Capability Approach which was developed by Sen (1999) and used in the context of youth development by Nussbaum (2011). This is a framework in which human development is viewed in relation to the substantive freedom or capability that humanity possesses to enable them to live flourishing lives. From this point of view, the direct impact of substance abuse is to reduce some of the core capacities such as cognition, emotional health, social integration and economic agency, which are the capacities that empowerment programmes aim to increase. The Capability Approach can therefore serve as a normative tool for measuring the effects of drug abuse on the empowerment of young people and also for the evaluation of the effectiveness of programmatic responses.

1.8 Organisation of the Study

This dissertation is organised into five chapters. The introduction of the study is found in Chapter One which includes background, statement of the problem, rationale and significance, research questions, aims and objectives, definition of key terms, and theoretical framework. Chapter Two of the study comprehensively reviewed the literature, each theme being focused on the conceptualisation of youth empowerment, nature and drivers of youth drug abuse in Zimbabwe and other parts of the world, and documented linkages between drug abuse and the development outcomes. This study employed a research method which includes research design, description of the study area, population, sampling procedure, research instruments, data analysis technique and ethical consideration, as explained in Chapter Three. The results from the research which has been conducted in the field are presented in Chapter Four in the context of the research objectives and by analysing

quantitative and qualitative information. Chapter Five is a synthesis of findings and conclusions that are drawn in accordance with each objective and concrete suggestions for policy and practice are provided.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The chapter provides a detailed review of the scholarly literature and other relevant sources on drug and substance abuse and youth empowerment. The review is grouped into five thematic sections that contribute conceptually and empirically to the development of the present study. The first part is about conceptualisation of youth empowerment, focusing on existing theoretical frameworks that help to define the concept in a multi-dimensional way, and its use in development settings. The second section analyses the issue of youth drug and substance abuse, both from the global and Zimbabwean perspectives, highlighting the prevalence, patterns and risk factors of the problem. The third section presents a synthesis of the literature of the effects of substance use on capacities and outcomes that empowerment programmes aim to foster. The fourth section examines literature pertaining to the coping strategies and supports used by families and communities to deal with youth substance abuse. The last part of the chapter is the synthesis of the findings from the review and clearly states the gap in the literature that this study aims to address.

2.1 Conceptualising Youth Empowerment

A significant amount of scholarly research and development practice has attempted to theorize the concept of youth empowerment as a complex process that is central to sustainable development's goals. For the purpose of this study, an overview of empowerment was provided by Page and Czuba (1999) who defined empowerment as 'a process by which an individual or community comes to be in control of their circumstances and has the power to make a difference in the world around them'. This conceptualisation centers empowerment as a process of transformation; a process that is not a static product or finished result but a dynamic process Sen, (1999). If applied to youth, this framework can emphasise the need to provide opportunities for youth to build capacities, confidence and connections to self-determination and meaningful participation in society.

The empowerment literature always references three interwoven dimensions that together form a full perspective on the concept of empowerment. Economic empowerment is the capacity of young people to obtain sustainable livelihoods through employment, self-employment or entrepreneurship Chigora & Mapolisa, (2017). This dimension includes the development of technical and vocational skills, financial resources (capital, credit, savings), financial literacy and business management. In such cases as Zimbabwe, where unemployment among the youth is high, helping youth to move towards productive employment is a critical issue that is of great significance in the process of economic empowerment (ZIMSTAT, 2022).

Social empowerment relates to the ability of youth to be engaged and be a part of the social, civic and political life of their communities (Nussbaum, 2011). This dimension encompasses the building of peer relationships, having access to mentors and positive role models, the capability to take collective action and advocacy, and the ability to express interpersonal skills that enable effective social interaction. Social empowerment is also about challenging exclusionary norms and structures that marginalise certain groups of youth, including young women United Nations, (2020). Social empowerment is especially significant in the context of drug abuse as drug abuse can result in social isolation and stigmatisation, replacing the positive peer network with a drug user peer network mitra et al., (2017).

Sometimes called "intrapersonal empowerment," psychological empowerment is the cultivation of personal-level traits, which serve as the basis for motivation and action (Zimmerman, 1995). These qualities are self-efficacy, Bandura's (1997) definition of the belief in own ability to attain goals; the positive sense of self-worth, intrinsic motivation; and the perception of control over circumstances and future. The very basics of psychological empowerment are fundamental as the skills and opportunities created by economic and social empowering initiatives cannot be effectively utilised if the people do not believe that change is possible and that they have the agency to contribute to that change.

These three aspects of empowerment are inextricably linked Page & Czuba (1999). Economic empowerment can increase psychological empowerment because of the actual evidence of capability, and also due to the decrease of stress related to financial insecurity. Social empowerment can contribute to economic empowerment by strengthening networks,

information flow and opportunities that are not otherwise available. Psychological empowerment has the potential to increase both economic and social participation by building up resiliency and persistence to face setbacks and challenges. This interdependent and multidimensional paradigm of empowerment will be used as a conceptual prism in this study to explore the impact of drug and substance abuse.

2.2 Youth Drug and Substance Abuse: Global and Zimbabwean Perspectives

Substance use disorders in youth is a recognized public health and development issue worldwide with a known prevalence, pattern and impact. The World Drug Report 2021 by the United Nations Office on Drugs and Crime (UNODC) found that an estimated 275 million people used drugs during the last year, with the rate of drug use among young people generally higher than among older age groups. Cannabis is the most prevalent illegal drug worldwide, and this is the case in most regions, including Africa UNODC (2021).

The World Health Organisation (2021) has highlighted specifically the increasing use of codeine containing pharmaceutical products, including in LMICs, where regulations for the sale and distribution of such products may be weak or under-resourced. When taken in higher than therapeutic doses, codeine can give a person a feeling of euphoria, relaxation or pain relief, which are all opioid effects. WHO, (2021) states that long-term use can cause physical dependence, tolerance, and withdrawal syndrome (WSD), which can lead to continued use. The abuse of cough syrup with codeine (e.g., Broncleer and histalix) has been reported in several African countries, including Nigeria, Kenya and South Africa and has emerged as a problem in Zimbabwe and also in Parry et al., (2014).

There is limited empirical research in Zimbabwe that has examined the nature and drivers of youth substance abuse; however, this does provide important lessons within the Zimbabwean context. Mavhu et al. (2017) did a qualitative study on the social context of alcohol and drug use in Zimbabwe. Through their research, they found that substance use among Zimbabwean youth was social in nature and was influenced by a complex mix of individual, peer, family and structural factors. The study illustrated the potential of peer pressure and the need for social belonging as strong drivers of initiation and the use of substances and the ways in

which economic challenges and the absence of alternative livelihood can lead to coping through substance use.

Further research and reports from both international and national academic institutions and non-governmental organisations have established that Zimbabwean youth indeed use several substances. Unauthorized spirit making (achasu locally) is a major concern as there are high production levels, low prices and availability in high density urban and peri-urban areas Chipo & Ndlovu, (2016). The uncontrolled manufacture of kachasu also implies that it varies significantly in strength and purity and can also be adulterated with other harmful substances that further make it toxic. Marijuana/mbanje is also widely used and in some communities, to an extent, it is culturally acceptable, making prevention efforts difficult, Mubaiwa, (2019).

The risk factors that make youth in Zimbabwe vulnerable to substance abuse are numerous and complimentary. On an individual level, low self-esteem, mental illness and childhood traumatic experiences are risk factors Zimmerman,(1995). Interpersonally, Mushunje (2016) said that family disfunction, which is characterized by parental substance abuse, domestic violence, and poor parental supervision is a significant predictor. Drug availability and accessibility at the community level, normalisation of substance use in peer groups and lack of recreational and developmental alternatives create permissive environments for drug abuse at the community level Mavhu et al., (2017). Structurally, poverty, unemployment, educational marginalisation, and limited access to and quality of prevention and treatment services are key factors to drive the process of poverty, as cited by ZIMSTAT, 2022.

2.3 The Effects of Drug Abuse on Youth Empowerment Outcomes

This section brings together the current scholarly evidence on how drug and alcohol abuse might impede efforts to build the capacities and achieve the outcomes of youth empowerment programs. Numerous studies have shown that the use of drugs has widespread negative impacts on economic, cognitive, psychological, and social dimensions of empowerment.

Substance abuse costs can be divided into both direct and indirect costs, which may also cause young people to become involved in cycles of poverty and dependency Tembo et al., (2018). The direct financial costs of obtaining drugs can be significant especially for people

who have built up a tolerance and need more or more of them to get the same 'high. The need for young people to divert scarce income to purchasing substances can displace their spending on basic needs, education, health care, and saving. This economic burden can ripple beyond the person to the economy of the household, as is the case in extended family societies such as Chipadze, in which resources are shared Ruben & Blaylock, (2018).

The cognitive and psychological effects of drug abuse, especially in the context of empowerment initiatives which depend on learning, skill building and personal transformation, are especially important. In a thorough review of the neurobiological effects of substance use, Volkow et al. (2016) outlined the impact of drugs on brain structure and function in multiple ways. Chronic substance use can affect several executive functions such as attention, concentration, working memory, planning and impulse control. These cognitive capacities are needed when learning technical and vocational skills in empowerment programmes, as well as for making the appropriate decision when starting a business or job.

Psychological aspects of drug abuse which impair empowerment are: decreased motivation, decreased self-efficacy and an externalized locus of control (Bandura, 1997). Chronic cannabis use is also linked to the amotivational syndrome, which refers to a lack of motivation, less goal-directed behaviour and loss of pleasure or satisfaction when successful Mushunje, (2016). The success of empowerment programmes depends on the motivation of participants to actively take up learning opportunities, persevere when facing challenges, and apply the learning to achieve their livelihood aspirations.

Substance abuse also has a significant impact on the social aspects of empowerment. Positive, supportive social networks are an important source of assistance for youth trying to make the transition to adulthood and economic self-sufficiency Nussbaum, (2011). These networks can be systematically broken down as young people who get involved in drug use gradually start to isolate themselves from non-using peers and family members (Mavhu et al., 2017). Social capital (Putnam, 2000) as a theory of resources within social networks and relationships is a useful framework to consider these social effects. Youth lose their social capital, which is essential for them to access and reap benefits from empowerment opportunities, due to substance abuse.

2.4 Family and Community Coping Strategies

Families and communities may find other ways to cope with the problem when formal treatment and rehabilitation is limited, costly, or stigmatised in these contexts Chipo & Ndlovu, (2016). The small but significant body of research reviewed here suggests that these informal coping responses can be important for the effectiveness of empowerment responses.

Family reactions to a youth's drug and alcohol use can vary widely between supportive and therapeutic, and punitive and exclusionary reactions Mushunje, 2016). There are families who will take an "accommodating" approach by supplying the financially distressed individual, food, shelter, and emotional support in the expectation that he or she will be able to recover at some point in the future. Strategies can be motivated by care and concern, but can also have unwanted negative effects, such as 'enabling' continued drug use by shielding the person from the negative effects of drug use and putting an unsustainable strain on their limited household resources Tembo et al., (2018). Funds which could be directed towards productive activities, such as encouraging a young person's involvement in empowerment programmes, could be redirected to coping with the immediate crises created by drug use.

Other families use confrontational or exclusionary coping styles, such as verbal reprimands, physical punishment, limiting freedom of movement and in extreme situations, the young person may be forced to leave the family home. Such approaches can aim to convey the importance of the issue, but can actually exacerbate the young person's marginalisation, alienate them from positive socializing environments and drive them deeper into drug environments, Chipo & Ndlovu, (2016). Along with the informal family responses, there are some communities that have more structured collective responses to drug abuse, such as community policing and measures, awareness raising campaigns, and/or informal peer support groups Mavhu et al.,(2017).

2.5 Summary and Identification of the Research Gap

As stated earlier, the literature reviewed in this chapter has set a number of important premises for the current research. Youth empowerment has many dimensions, both economic, social and psychological, with each being interdependent to the other, and each being essential for sustainable development outcomes (Page & Czuba, 1999; Sen, 1999). Drug and substance abuse is a huge problem for youths in Zimbabwe and globally, which can be explained by the complex interplay between individual, interpersonal, community and

structural factors (UNODC, 2021; Mavhu et al, 2017). Current international research strongly suggests that substance abuse has a negative impact on the economic, cognitive, psychological and social abilities that empowerment programs aim to foster (Volkow et al., 2016; Tembo et al., 2018).

There is, however, a real lack in the literature. Although there are reasonably well developed individual research strands on youth empowerment and youth substance abuse, there is little empirical and explicit research on the linkage between these two strands of youth behaviour in localised contexts in Zimbabwe. The community of Chipadze, with its active empowerment programming and high levels of youth drug abuse, is an ideal case study to help begin to fill this void. This study will contribute to the academic field of empowerment and to policy and programming practice by drawing on original empirical evidence on the specific mechanisms by which drug abuse impacts on empowerment in this context and by capturing the views of both youth and programme implementers.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the research methodology adopted to examine the impact of drug and substance abuse on the youth empowerment program in Chipadze District of Bindura. The study design, study area, study population, sampling procedures, data collection instruments and techniques, and data analysis procedures are described in detail in the chapter. The chapter also provides responses to the important questions of research ethics and limitations of the methodological approach used. The overall purpose of this chapter is to give readers a clear and repeatable description of the research process so that they can evaluate the research findings in other chapters for their credibility and trustworthiness.

3.1 Research Design

A research design is the overall plan or structure of the research that guides the collection, analysis and interpretation of data to answer the research question(s) effectively and efficiently (Creswell & Plano Clark, 2017). Therefore, it is essential to choose the right research design for any research project to ensure its quality and credibility.

A mixed-methods, case study research design was used for this study. A mixed methods approach is a systematic approach that incorporates or merges both quantitative and qualitative research methods in a single investigation of a similar nature (Bryman, 2016). It was decided to use a mixed research design because neither quantitative nor qualitative data would be adequate to document the depth and detail of the research problem. The quantitative methods were deemed necessary because they were able to provide numerical data that would be useful for statistical analysis to identify patterns, prevalence and distribution of drug abuse and effects in the Chipadze youth population. Patterns, though, are less well captured by quantitative methods that explore meanings, experiences and processes. This is where qualitative methods really have their value. Qualitative methods provide depth of understanding and contextual richness that surveys can't provide, as there's in-depth access

to the participants' subjective experiences, interpretations and narrative through in-depth interviews and open-ended questioning. Braun & Clarke, (2006)

The case study aspect of the design was the intensive and detailed study of a single bounded geographical and social unit (Bindura's Chipadze suburb). According to Yin (2014), case study research is something that is appropriate when the research questions have to have a thorough understanding of a complex phenomenon in its own context but the boundaries between the phenomenon and the context are not clearly defined. The phenomenon of interest in this study, the impact of drug abuse on youth empowerment is not a general phenomenon, but is deeply rooted in Chipadze's specific socio-economic, cultural and institutional context.

3.2 Description of the Study Area

The study was carried out in Chipadze, a high density residential suburb of Bindura town in Mashonaland Central Province, Zimbabwe. Bindura is about 90km North-East from the capital city Harare and is the administrative and commercial hub of the province ZIMSTAT (2022). The town's economy is based on a variety of industries and services, such as mining, agriculture, commerce, and public administration. But Bindura, as with most urban centres in Zimbabwe, has suffered from economic problems which have led to high unemployment and informal economy.

Chipadze is one of the historic and densely populated suburbs of Bindura. There is a variety of house types, including older, formally built houses, and newer, informal structures. The population is mainly low-income and many households engage in informal trading, small-scale agriculture in peri-urban fields and remittances from family members working elsewhere and/or in the diaspora. The study area of Chipadze was chosen as a case that is suitable and informative because it contains several youth empowerment programmes by various youth organisations, has the observed problem of young people using drugs and substances, and is a high density low-income urban community of its type, that is common across Zimbabwe Chigora & Mapolisa (2017).

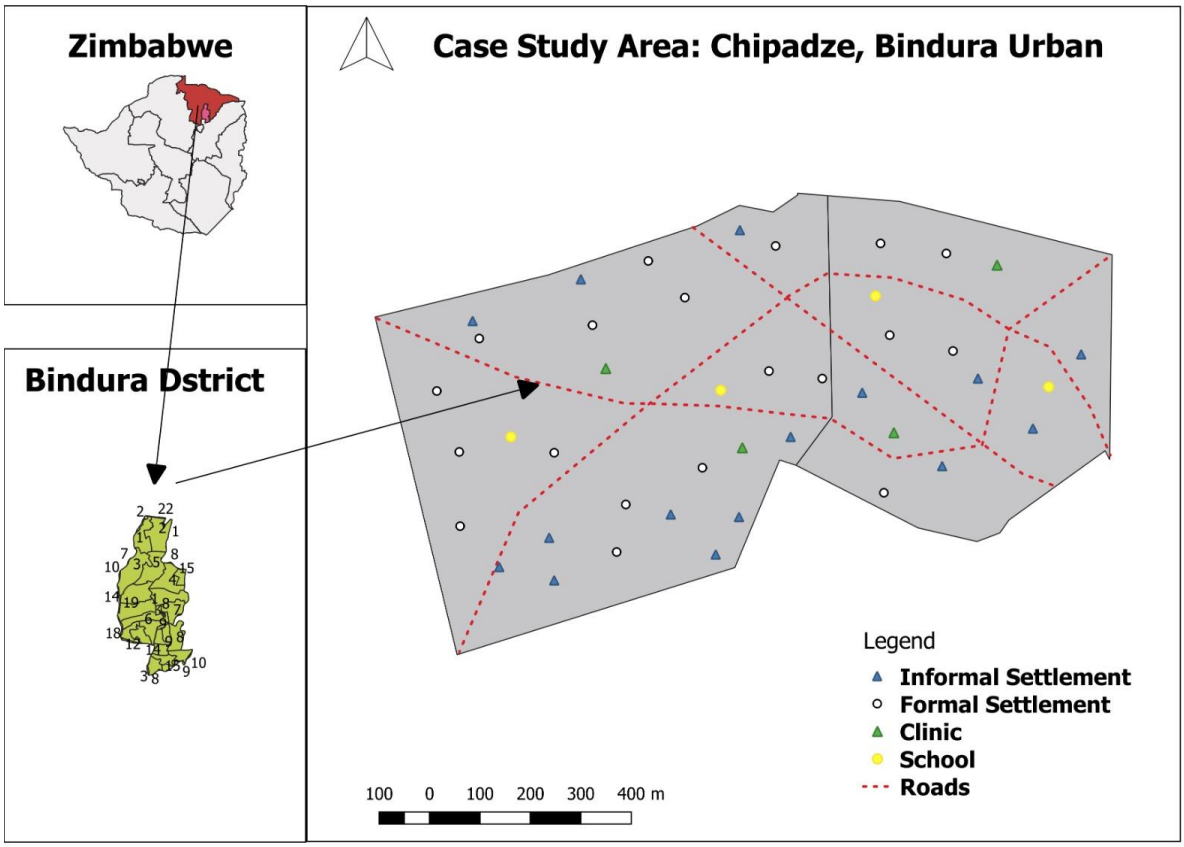

Figure1:map of Chipadze, Bindura District

3.3 Target Population

There were two populations in this study but they were interrelated. The first population was young people aged between 16 and 35 years as per the Zimbabwe National Youth Policy (2013) and these youths were resident in Chipadze. The study focused on two sub groups of this youth population: those who have been exposed to or involved in empowerment programmes in Chipadze and those with experience of drug and substance abuse.

The second group included key informants, who had special knowledge related to the research questions. This group comprised facilitators and coordinators of the youth empowerment programmes run by government departments, non-governmental organisations and community-based organisations in Chipadze, as well as community leaders, including ward councillors and village heads, and local health workers such as nurses or community health volunteers who work with the health impacts of substance abuse.

The number of samples and the manner in which they are obtained.

Bryman, (2016) used a mixed methods sampling approach, whereby both probability and non-probability sampling methods were used to select participants for the two target populations. A multi-stage sampling was used for the general youth survey. The first step was stratification sampling, and the population of youth was sub-stratified according to age-group and gender in order that the sample of the survey would represent the age and gender diversity of the youth population in Chipadze. Based on the acceptable sample size rules of thumb for descriptive statistics of 100, a sample size of 100 youth was deemed to be adequate to yield meaningful descriptive statistics and was feasible given the limitations of conducting a research project under the auspices of an undergraduate program.

The study commenced by using the general survey sample, but in order to identify the hidden population of young people involved in substance abuse the study adopted a snowball sampling technique (Atkinson & Flint, 2001). Snowball sampling is a chain-referral sampling technique where the initial contacts from the members of the target population are used to identify and recruit more members of the target population. This method has been extensively applied in research on hidden or stigmatised populations, and is deemed methodologically suitable in these settings Atkinson & Flint, (2001). To gain an in-depth understanding of young people's experiences, a sub-sample of about 15 to 20 youth was purposefully selected to ensure maximum variation in terms of age, gender, type(s) of substances used, and involvement with empowerment programmes Creswell & Plano Clark, (2017). Purposive sampling was used only in key informant interviews, until data saturation was achieved.

3.5 Data Collection Instruments

In this study, three main data collection tools were produced and used. A structured questionnaire was created and administered to the youth survey sample in sections covering the demographic characteristics, drug use patterns, drug use prevalence and empowerment programme involvement. A pilot study was conducted with a small group of youth in a nearby community to determine any issues with wording of the questions or understanding them and their responses were used to revise the instrument.

To conduct the in-depth interviews with the youth participants, semi-structured interview guides were developed. These guides facilitated the conversation rather than a strict sequence of questions asking about the personal history of the participant, the history of drug use, the impact of drug use on different areas of their life, and experiences and perspectives about the empowerment programmes offered in the community. The key informant interviews were conducted using a separate semi-structured interview guide that addressed issues from the institutional and community-level that these informants were best able to contribute. They all consented to have their interview recorded on tape.

3.6 Data Analysis Procedures

The structured questionnaires provided quantitative data which were entered in the computer software, Microsoft Excel, cleaned to identify and fix any missing data and errors, and analyzed descriptively in terms of frequency distributions, percentages and cross tabulations. The in-depth interviews were conducted to gather the qualitative data which was then analysed using thematic analysis, a method for identifying, analysing and reporting patterns or themes within qualitative data as suggested by Braun & Clarke, (2006). The analysis process started with transcribing all the audio-recorded interviews, then repeatedly reading the data to become familiar with it. The coding stage consisted of systematic identification of the text segments that are pertinent to the research questions, followed by labeling them with deductive and/or inductive codes. The last step was to synthesize the quantitative and qualitative data and analyze the overlap and differences, in keeping with Creswell and Plano Clark (2017) who state that if the two types of data are mixed within the same study, a synthesis is necessary.

3.7 Ethical Considerations

The study was carried out in an ethical manner, taking into account the sensitivity of the study and the emotional vulnerability of some of the target population. All fieldwork was done with ethical clearance from the relevant university ethics committee. All subjects gave informed consent, and parental/guardian consent was also requested for those under the age of 18 years. Anonymity and confidentiality were the cornerstones and all the qualitative participants were given pseudonyms and any details mentioned in the interviews that could

identify the participant were either removed or changed during the transcription. The participants were provided with referral details for local counselling and support services such as the psychiatric support unit of Bindura Provincial Hospital.

The results warrant cautious interpretation and generalisation for a number of reasons. The case study design itself is the first factor affecting the generalisability of the findings, as they cannot be extrapolated to other communities or settings, only to another analysis in terms of its findings, Yin (2014). Second, the use of self-reported information could have the potential of social desirability bias, especially for behaviors like drug use, even though measures were taken to assure confidentiality. Thirdly, the qualitative sample is not representative due to the use of snowball sampling. Fourth, the cross sectional design of the research prevents the researcher from concluding with certainty whether there are causal relationships; if the researcher wanted to draw causal relationships, it would be necessary to use longitudinal research to follow up causal effects over time.

3.9 Summary

The methodology used in this study has been detailed in this chapter. The study method adopted was mixed methods and case study design to allow for triangulation of the data and a combination of quantitative patterns and qualitative depth and context. Reliable data was gathered from structured questionnaires and semi structured interview guides which were analyzed using descriptive and thematic analysis. In conducting the research, the researchers adhered to ethical guidelines to ensure the safety, dignity and rights of all involved were respected. The results obtained from this methodological approach are summarized in chapter 2.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents, analyses, and discusses the findings gathered from the field study conducted in Chipadze, Bindura District. In accordance with the guidelines and the structure prescribed in sChapter 4 in research reports of this nature, the findings are organised directly according to the three research objectives outlined in Chapter One. Quantitative data are presented through descriptive tables and frequency distributions, while qualitative findings from in-depth interviews and key informant interviews are integrated thematically to enrich and contextualise the discussion. All findings are interrogated in relation to relevant scholarly literature to ensure that the discussion is empirically grounded and analytically robust.

4.1 Demographic Characteristics of Respondents

A total of 100 youth respondents participated in the survey component of the study. Table 4.1 presents the demographic distribution of these respondents by gender and age group.

Demographic Characteristics of Survey Respondents (n=100)

Table4.1: gender of the respondents

Gender	Frequency	Percentage (%
Male	56	56
Female	44	44
total	100	100

Table4.2: Age group of the respondents

Age group	Frequency	Percentages (%)
16-20 years	20	20

21-25 years	34	34
26-30 years	28	28
31-35 years	18	18
Total	100	100

Source: Primary Data (2026)

Table 4.1 shows that the majority of the respondents (56%) were males while 44% were females. Table 4.2 shows that the greatest number of respondents were in the age group 21-25 (34%), with 26-30 (28%) coming in second. The results are in keeping with the national demographic statistics which show that Zimbabwe's economically active youth (21-25 years) form the bulk of the country's population (ZIMSTAT, 2022). The majority of the respondents were male, reflecting the general findings in the literature where young men are more likely to be involved in public spaces and activities that survey respondents were recruited from and are also more adversely impacted by unemployment in urban Zimbabwe (Mubaiwa 2019). The age distribution reflects that the study reflects the entire age distribution of the youth as defined in the Zimbabwe National Youth Policy (2013).

A total of 100 survey respondents, 18 youth and 12 key informants were interviewed, comprising programme facilitators of SAYWHAT, YETT and local government departments, ward councillors and health workers from Bindura Provincial Hospital.

4.3 Findings on Objective 1: Types and Prevalence of Drug and Substance Abuse among Youth in Chipadze

The first research objective sought to explore the specific types and prevalence of drug and substance abuse among the youth in Chipadze, Bindura District. The findings presented in this section directly address this objective and respond to Research Question 1.

Table 4.3: Reported Substance Use among Youth Respondents (n=100)

Substance	Frequency	Percentage (%)
Alcohol / Kachasu (illicit brew)	72	72.0
Marijuana (Mbanje)	58	58.0
Broncleer / Codeine cough syrup	41	41.0
Prescription medication misuse	14	14.0
Multiple substances (polysubstance use)	33	33.0

Source: Primary Data (2026)

According to Table 4.2 the substance most reported by the respondents is alcohol, particularly illicitly brewed kachasu, which was used by 72% of the respondents. Marijuana (58%) was the second most commonly used drug and Broncleer was the next most commonly used drug (41%) which was a misuse of cough preparations with codeine. Of particular interest, 33% of respondents also said that they used more than one substance at the same time, a condition that has been associated with much greater health risks and cognitive and behavioural impairment UNODC, 2021).

Qualitative data was collected in-depth interviews which confirmed and complemented the quantitative patterns identified. The majority of the respondents in Chipadze drank kachasu and respondents explained that this was largely due to its low cost and that it was readily available in all the parts of Chipadze. The one man of the respondents aged 23 declared:

It is a way of helping to forget, it can be done anywhere and even with a dollar, and without work and money, nothing can be done. – Male Respondent, age 23 years.

This finding agrees with the results obtained by Mavhu et al. (2017) which showed that some of the major contextual factors that affect substance use among Zimbabwean youth is economic hardship and non-availability of viable livelihood alternatives. It also provides an example of how alcohol can be used to cope with psychological distress related to

unemployment and poverty as described in the theory of self-medication in the addiction literature theorised by Khantzian (1997) as cited in Mushunje (2016).

The prevalence rate found in this study is in line with the prevalence of the use of marijuana as reported by UNODC (2021) which identified it as the most commonly used illegal drug in sub-Saharan Africa. An important and worrisome discovery is the use of Broncleer and other codeine (41%) which have opioid properties and may become physically dependent upon if taken for prolonged periods of time or in excessive amounts, WHO (2021). Key informants pointed out that these drugs are easily available and very few were aware of the drugs being sold in most tuck shops and local pharmacies were poorly controlled at the point of sale, making monitoring of such drug use difficult.

Key informants from health services at Bindura Provincial Hospital indicated that the incidence of substance abuse had significantly increased in the past three years, coinciding with the significant economic decline in the district particularly in the use of alcohol and cough syrup. A CHW said:

The number of young people who are withdrawing from the substance and injured by the substance are increasing. The substance has also altered over time, it's not just about alcohol and marijuana anymore; it's about energy drinks mixed with cough syrup, which is extremely dangerous," says Bindura Provincial Hospital CHW.

Put together these findings show that drug and substance abuse is a complex and significant problem of the youth of Chipadze where multiple substances are used and various complex combinations of economic, social and structural factors play a role in the problem. The pattern is consistent with that reported by the literature, which is the high density urban areas in Zimbabwe and Southern Africa, (Parry et al., 2014; Chipo & Ndlovu, (2016).

4.4 Findings on Objective 2: Socio-Economic and Psychological Effects of Drug Abuse on Youth Empowerment Participation

The second research objective sought to examine the socio-economic and psychological effects of drug and substance abuse on the effective participation of youth in empowerment initiatives in Chipadze. The findings presented in this section address this objective and respond to Research Questions 1 and 2.

Table 4.4: Effects of Drug Abuse on Participation in Empowerment Programmes (n=100)

Reported Effect	Frequency	Percentage (%)
Programme dropout	40	40.0
Poor or irregular attendance	30	30.0
Reduced concentration and learning capacity	20	20.0
Violent or disruptive behaviour during sessions	10	10.0
Diversion of programme funds to drug purchase	18	18.0

Source: Primary Data (2026)

Drug abuse had the highest impact on participation in the empowerment programme for 40%, who said that it resulted in programme dropout. Less attention and learning ability (20%) and violent or disruptive behaviour (10%) followed poor/irregular attendance (30%). In addition, 18% indicated that proceeds from empowerment programmes, such as start-up capital or training bursaries were used to buy drugs or alcohol.

The quantitative findings support and build upon the theoretical hypotheses presented by Volkow et al. (2016) on the cognitive processes that underlie how substance abuse impacts student and job performance. The high dropout rate (40%) has arisen from a number of barriers. When youth are dependent on a substance, they may be more interested in getting and using a substance than in training sessions, particularly if they are having active craving or withdrawal symptoms. Cognitive dysfunction (difficulty concentrating, working memory and executive function) is also a factor in applying the perceived value to attend the programme, which diminishes if there are cognitive deficits. This was confirmed by programme facilitators from YETT who said that the first three months of the programme is

the period when the basic skills and habits of participation are being learnt, hence the drop out was most likely to occur during this period.

One of the challenges is the diversion of programme funds to drug purchase (18%) that poses threat to economic aspect of empowerment. This is consistent with the economic motives in maintaining a drug habit, found by Tembo et al. (2018), that often outweigh the economic motive of engaging in productive activities, even if an individual can engage in e.g. productive activities. One programme facilitator from SAYWHAT commented:

The Programme Facilitator shared that in the first week, she has seen some of these participants who were given money for them to commence their small businesses spending all that money on the substances and were later embarrassed to admit they couldn't help it – it's like the addiction is stronger than what they planned for when they were training.

This testimony is part of a series of similar ones that illustrates how the incentive-salience theory of addiction, as proposed by Berridge and Robinson (1998; as cited in Volkow et al, 2016), does not support rational thinking about the economy (the brain's reward and motivation processes that are so compelling that they can be hijacked by drugs).

The psychological dimensions of the effects of drug abuse also had an impact on empowerment participation. The qualitative findings revealed that the feelings of failed attempts and shame related to substance use, and increased substance use to cope, were common themes among the youth who used substances, with a strong sense of a loss of self-efficacy among many. This aligns with Bandura's (1997) theoretical perspective on the relationship between self-efficacy and achievement behaviour; a set of failures as a result of the effects of substance abuse can be followed by a self-perpetuating and persistent belief of personal incompetence and this belief will result in a lack of motivation to engage in further developmental opportunities. One of the interview respondents, a 27-year-old man, vividly recollected:

“Twice I did the carpentry training but both times I was embarrassed because the other guys were picking it up faster than me, so I thought smoking will make me feel better for a bit 'til I am even further behind.” – Male interview participant, age 27

This case study describes the relationships between cognitive impairment, reduced self-efficacy and continued drug use, and how it can lead to a cycle of disengagement from developmental opportunities for young people. This also emphasizes psychological empowerment as a prerequisite for the effective utilization of the resources of economic and social empowerment (Page & Czuba, 1999; Sen, 1999).

Social empowerment was invariably associated with drug abuse and the loss of positive social networks and their replacement by drug centred peer networks. The female respondents (44%) identified other types of social harm: having a higher risk of being subjected to gender-based violence in social institutions where drugs are being used, losing respectability, dignity, and social status in family and community relationships. These social costs mirror the social capital theory of Putnam (2000), which argues that one of the key ways that drug abuse diminishes opportunity is by decreasing trusting and reciprocal social relationships.

4.5 Findings on Objective 3: Institutional Perspectives and Strategies for Addressing Drug Abuse in Empowerment Contexts

The third research objective sought to gather and analyse the institutional perspectives of programme facilitators, community leaders, and health workers on the challenges posed by drug abuse to youth empowerment, as well as the potential strategies for addressing them. The findings presented in this section respond to Research Questions 3 and 4.

Table 4.5: Coping and Response Strategies Reported by Respondents (n=100)

Strategy	Frequency	Percentage (%)
Individual and family counselling	38	38.0
Church-based interventions	24	24.0
Peer support groups	18	18.0
Referral to rehabilitation services	12	12.0

Family monitoring and supervision	8	8.0
Total	100	100.0

Source: Primary Data (2026)

Thirty-eight percent would report using counselling as a response strategy, then church-based responses (24%), and lastly peer support groups (18%), as shown in Table 4.5. Formal referral to rehabilitation services was the least common response with only 12% of respondents indicating the need for this, due to the lack of rehabilitation services in Bindura District. The results validate a trend found in the literature by Chipo and Ndlovu (2016) and Mushunje (2016) as the absence of formal treatment facilities puts the onus of response on informal family and community mechanisms.

The key informants shared in depth their institutional knowledge about the specific issues of drug abuse to the effective delivery of youth empowerment programmes. The second most important problem, apart from drug abuse, was pointed out by the programme facilitators of all three organisations as being economic poverty, which is a problem that affects the effectiveness of the programmes. “It’s an easy answer to a hard question,” said a district Youth Development Office (YDO) senior man.

“When youth are involved in our programmes, they are supposed to come with a desire to learn and invest in their future; but unfortunately, many of those who should be empowered are also those using drugs and we don't have the skills and resources to counsel and treat youth. We need other partnerships with the health services to do this, but they are not in place.” – Senior Youth Development Officer Bindura District

This testimony highlights the basic structural disconnect that exists in the programs today – the disconnect of empowerment programming from substance abuse prevention and treatment services which is a disconnection that impacts both types of services' effectiveness. This is a gap that has been established as a major challenge in the overall development literature on integrated service delivery (Ruben & Blaylock, 2018) and in the district's case of

youth development, it highlights the need for an integrated approach, which is a cross-sectoral approach.

As community leaders, ward councillors and neighbourhood committee members were well aware of the drug abuse issue, and its links with youth disengagement from developmental opportunities. Other leaders mentioned the lack of viable alternatives for recreation and youth activity as one of the root causes for which drug prevention needs to be addressed, not in place of. Both are congruent with the ecological model suggested by Bronfenbrenner (1979) which suggests that changes at the individual level only are not enough; structural and environmental factors of behaviour should be taken into account.

The lack of mental health and rehabilitation facilities in the district was recognized as a major limitation in the ability of any rehabilitation response to be effective by health workers at Bindura Provincial Hospital. The hospital is the only psychiatric unit accessible to the whole of Mashonaland Central Province thereby making the unit accessible to youths with need for continued psychiatric care and support in Chipadze. The results of the present study are consistent with those of Parry et al (2014) who found that there was a general under-resourcing of addiction services in sub Saharan Africa, with treatment being pushed onto the community and family, who are not trained or able to provide such treatment.

However, the key informants suggested several areas and practices that need to be taken into account to facilitate integrated responses. The existing peer support groups, though not widely established, were noted as possible venues that can be enhanced and expanded to support and enable participation in substance abuse and peer counselling/mentorship for empowerment. Faith based organisations were viewed as positive in the community that could be leveraged and used to assist in providing both motivational and practical referrals. A handful of facilitators suggested screening and referral arrangements could be added to empowerment programmes with the person identified as substance-dependent being referred to the appropriate support services, rather than excluded from the programme.

4.6 Chapter Summary

Data from the study have been presented and discussed directly in terms of the three research aims of the study. Objective 1 showed that the prevalence of drug and substance abuse

among the youth of Chipadze was high with alcohol (kachasu), marijuana being the most commonly used drugs/alcohols while economic hardship, peer influence and structural vulnerabilities were cited as the reasons for the high prevalence of drug and substance abuse among the youth of Chipadze. Objective 2 focussed on the socio-economic and psychological effects of drug use on the involvement of youths in youth empowerment programmes, especially the higher rate of drop-out (-40%), lack of attendance, reduced self-efficacy, reduced social capital, cognitive impairment and diversion of programme resources. Objective 3 showed that both community and family coping skills exist but are not well resourced and are not part of formal empowerment programming, indicating a structural gap between health and development service provision that needs to be addressed in order to ensure that both health and development interventions have the desired impact. These findings from this study support the basis of the conclusions that are drawn and the recommendations given in Chapter Five.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This final chapter sums up the study by synthesizing the key findings from the fieldwork reported in Chapter Four, in the light of the research objectives and the wider theoretical and empirical research reported in Chapter Two. The chapter is organised into three sections. The first part gives a brief overview of the study, summarizing the research problem, the method used in the study, and the main findings of the study. The second part makes systematic conclusions about the results of the research, each of which is associated with a research objective. In the third section, the author presents concrete, evidence-based recommendations specific to the main stakeholder groups that have the potential to make a difference in the Chipadze context and beyond. The chapter ends with a quick overview of the work's contributions to the body of knowledge and research ideas for the future.

This is the summary of the study.

The present study aimed to examine the impact of drug and substance abuse on the empowerment programmes for the youth in Chipadze, Bindura District, Zimbabwe. The study was triggered by the identified gap in the provision of youth empowerment programmes by the different Government and Non-Government Organizations (NGOs) and the presence of youth socio-economic marginalisation in the area. The high prevalence of drug and substance abuse among the youth population raised questions concerning the extent to which substance abuse is a systemic issue that hinders the effectiveness of empowerment interventions, which had not been given adequate empirical investigation in the Zimbabwean context.

A mixed-methods, case study approach was used, with 100 youth completing structured questionnaires, 18 youth participating in in-depth interviews and 12 key informants from youth empowerment organisations, community leadership and health services. The three research goals were: To understand the nature and extent of drug and substance abuse; To understand the socio-economic and psychological impact of drug abuse on youth

empowerment participation; and To understand institutional perspectives on the challenges and strategies to address the intersection of drug abuse and youth empowerment.

The main findings indicated that alcohol (mainly kachasu), marijuana, and codeine based cough preparations were the most common substances used by the youth in Chipadze, with 33% using multiple drugs. The study revealed that youth empowerment participation was negatively affected by drug abuse in a set of interwoven mechanisms: high dropout rates from the programmes (40%); absence of youth from the programme; cognitive impairment during the programme; diversion of programme funds for the purchase of drugs (18%); and reduction of self-efficacy and social capital. The capacity of institutional responses to the challenges identified was observed to be limited by the lack of rehabilitation infrastructure, structural segregation of health and development services, and lack of integrated programming that focuses on both empowerment and substance abuse.

5.2 Conclusions

The findings of the study inform the following conclusions which relate to each of the research objectives:

Conclusions (Objective 1: Types and Prevalence of Drug Abuse):

Youth drug and substance abuse in Chipadze is very widespread and complex, with alcohol consumption, marijuana and prescription drug use all occurring at the same time, and largely driven by structural factors like unemployment, poverty, and a lack of positive alternatives. Polysubstance use is a compounded risk, for which existing prevention and treatment responses are poorly prepared. The complex and context-dependent nature of youth substance abuse in sub-Saharan Africa found by Mavhu et al. (2017) and UNODC (2021) supports this conclusion.

Conclusions 2 (Objective 2: Effects on Empowerment Participation)

Youth empowerment participation in the Chipadze is challenged by a significant problem of drug and substance abuse, which is multidimensional. Its impacts are felt on all four aspects

of empowerment as identified by Page and Czuba (1999) and Sen (1999), thus compounding and reinforcing each other culminating in a spiral of impairment and disengagement that is hard for people to overcome without comprehensive, systematic supportive interventions. One of the biggest challenges is for programme resources to be diverted to the procurement of the substances themselves, which undermines the economic empowerment aspect of the programme at its core. The results broaden the theoretical arguments of Volkow et al. (2016) and Bandura (1997) to the context of youth empowerment programming in a high-density suburb of Zimbabwe.

Conclusions 3 (Objective 3: Institutional Perspectives and Strategies)

Existing community and family coping mechanisms are important and currently in place, but are not enough to solve the complexity and depth of the problem. The lack of structural linkage between youth development programming and health services reduces effectiveness of both. Lack of dedicated rehabilitation infrastructure in Bindura District is one of the major challenges that shifts rehabilitation responsibility to families and communities lacking the capacity and skills to ensure rehabilitation needs are met. The literature on integrated service delivery provides support for the need to explicitly consider collaboration between health and development stakeholders across sectors, as does the ecological approach of Bronfenbrenner (1979).

5.3 Recommendations

The following recommendations are made based on the findings from the study:

5.3.1 Recommendations for Government Departments and Policy Makers

1. The Ministry of Youth, Sport, Arts and Recreation should include in every youth empowerment programme funded by the government, a component on substance abuse screening, counselling and referral; effective empowerment is not possible without paying attention to the health and wellbeing of the beneficiary.
2. The Ministry of Health and Child Care should focus on increasing the reach of rehabilitation and mental health services in Bindura District and similar districts, especially those for youth aged 16–35 years, that are accessible, affordable and non-stigmatizing.

3. In Bindura, local authorities ought to implement existing regulations pertaining to the illicit manufacturing and sale of brew and informal distribution of codeine-containing pharmaceutical products, in collaboration with the Zimbabwe Republic Police and Medicines Control Authority of Zimbabwe.

5.3.2 Recommendations for Non-Governmental Organisations

4. Integrated programme models that incorporate vocational and entrepreneurship training together with substance abuse awareness education, peer counselling and structured referral pathways to clinical services should be developed and implemented by organisations like SAYWHAT and YETT. This holistic service coordination must be jointly designed with health services and measured for its effect on indicators of empowerment and substance use.

5. Programme facilitators need to be trained in basic substance abuse screening, motivational interviewing, and basic psychosocial support skills so that they can adequately address participants who may have substance use issues without being overwhelmed by the need to provide clinical services beyond their scope of competence.

6. Financial literacy elements of youth empowerment programmes must be clearly integrated and should include mechanisms to address the specific risks associated with the diversion of programme resources, such as peer accountability systems and step-by-step payment systems to reduce the risk of immediate diversion.

5.3.3 Recommendations for Community Leaders and Families

7. Community leaders should help to establish and strengthen peer support groups for youth impacted by substance abuse that provide a safe, non-stigmatizing place for mutual support, shared accountability and access to formal services.

8. Families should receive accurate information about the nature of substance dependence as a health condition and learn to respond with a supportive—not merely punitive—approach that supports recovery and reengagement with developmental opportunities.

9. Ward-level coordination mechanisms should be encouraged to promote collaboration between community-based organisations, local health services, schools and implementers of empowerment programmes, leading to a more integrated approach to addressing the multiple challenges of substance abuse and youth marginalisation.

5.4 Areas for Further Research

The scope of this study has led to some important insights into the link between drug and substance abuse and youth empowerment in Chipadze, but several areas have been left to

further investigation and research. First, the causal pathways of substance abuse on empowerment outcomes should be followed over time, and this is beyond the scope of what is shown in this study. Second, comparative studies between various high density suburbs in Mashonaland Central Province and other locations would allow the analytical insights generated here to be tested in other settings. Third, specific experiences and needs of young women in contexts of empowerment relating to substance use and harm require targeted investigation, as revealed in this study, given the gender-specific nature of the experiences of harm. Fourth, evaluation research that looks at the effectiveness of integrated substance abuse and empowerment programming models, either in Zimbabwe or in other similar substance abuse conditions in the Southern African region, would be of great value to the policy recommendations presented in this chapter.

5.5 Concluding Remarks

This study has shown that drug and substance abuse is a very huge and multidimensional problem which affects effectiveness of youth empowerment programmes in Chipadze, the effects of which are interdependent and hard to be avoided without special and integrated intervention. The results reveal the fact that empowering youth is not a process that can be separated from their health and wellbeing; a programme without consideration of the health and wellbeing challenges that come with the participants is unlikely to produce a positive result even if the technical content is good. Political will, multi-sectoral cooperation, health and social services provisioning and truly listening to the voices and experiences of the young people at the heart of the issue will be necessary to address the nexus of substance abuse and empowerment in Chipadze and other communities in Zimbabwe. The evidence produced by the research conducted for this study is expected to make a contribution, albeit in a small way, to the development of more integrated, responsive and humane approaches to youth development in as many ways as this study.

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APPENDICES

Appendix A: Survey Questionnaire

BINDURA UNIVERSITY OF SCIENCE EDUCATION

DEPARTMENT OF DEVELOPMENT STUDIES

SURVEY QUESTIONNAIRE: THE EFFECTS OF DRUG AND SUBSTANCE ABUSE ON YOUTH EMPOWERMENT INITIATIVES IN CHIPADZE, BINDURA DISTRICT

This questionnaire is designed to gather information for academic research purposes only. Your participation is voluntary and completely anonymous. No identifying information is recorded. Please answer all questions as honestly and completely as possible.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender: [ ] Male [ ] Female [ ] Prefer not to say

2. Age Group: [ ] 16–20 [ ] 21–25 [ ] 26–30 [ ] 31–35

3. Highest level of education completed: [ ] Primary [ ] Secondary [ ] Tertiary [ ] None

4. Current employment status: [ ] Formally employed [ ] Informally employed [ ] Unemployed [ ] Student

SECTION B: SUBSTANCE USE PATTERNS

5. Have you ever used any of the following substances? (Tick all that apply)

[ ] Alcohol / Kachasu [ ] Marijuana (Mbanje) [ ] Broncleer / Cough syrup [ ] Prescription medication not prescribed to you [ ] Other (specify): _____

6. How often do you currently use the substance(s) you identified above?

[ ] Daily [ ] Several times a week [ ] Once a week [ ] Occasionally [ ] I have stopped using

7. At what age did you first use any substance? _____

SECTION C: PARTICIPATION IN EMPOWERMENT PROGRAMMES

8. Are you currently enrolled in any youth empowerment programme in Chipadze? [ ] Yes [ ] No

9. If yes, which programme? _____

10. Have you ever dropped out of an empowerment programme? [ ] Yes [ ] No

11. If yes, was substance abuse a contributing factor to your dropout? [ ] Yes [ ] No [ ] Partially

12. In your view, how does substance abuse affect participation in empowerment programmes? (Open-ended) _____

Appendix B: Interview Guide – Youth Participants

This guide provides a flexible framework for in-depth interviews with youth participants. Prompts are illustrative and may be adapted based on the direction of the conversation.

Theme 1: Personal Background and Current Circumstances

Can you tell me a little about yourself – where you grew up, your family situation, and what your daily life looks like now?

Theme 2: Substance Use History and Patterns

When and how did you first start using substances? What kinds of substances have you used? What factors do you think influenced your use?

Theme 3: Effects on Empowerment Participation

Have you ever taken part in any youth empowerment programme? What was your experience like? In what ways, if any, do you feel that your substance use affected your ability to participate or benefit from the programme?

Theme 4: Perspectives on Support and Change

What kinds of support do you think would make it easier for young people who use substances to benefit from empowerment programmes? What changes would you like to see in how these programmes are designed or delivered?

Appendix C: Key Informant Interview Guide

Theme 1: Role and Experience

Can you describe your role in relation to youth empowerment or youth health in Chipadze, and how long you have been doing this work?

Theme 2: Observations on Drug Abuse and its Effects

From your professional experience, how significant is the problem of drug and substance abuse among youth in Chipadze? What types of substances are most commonly involved? How do you see this affecting youth participation in empowerment programmes?

Theme 3: Institutional Responses and Challenges

What strategies does your organisation or community currently use to address the intersection of substance abuse and youth empowerment? What are the main challenges you face in doing so? What additional resources or partnerships would strengthen your response?

Theme 4: Recommendations

Based on your experience, what changes in policy, programming, or service delivery would most effectively address the impact of substance abuse on youth empowerment in this community?

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Your ref:

04 May 2026

MatabukPrivilledge Z
Bindura University
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BINDURA

Dear Madam

RE:PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH PROJECT

We acknowledge receipt of your letter on the above received on 04 May 2026. Please be advised that you have been grented permission to carry out your research as requested. The permission is granted on the foliowing conditions: i) that you should share the results of your research with Council in order for her to learn from your findings ii) that the research findings will be used for academic and no other purposes.Should you require any more information in connection with this issue please contact the undersigned.

Yours Faithfully

W.Masimba
Chamber Secretary
Pa.bCT13***For Town Clerk***
311:06521071