BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



THE ROLE OF VOCATIONAL TRAINING AS A STRATEGY IN MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTHS IN SHAMVA, ZIMBABWE: A STUDY OF SHAMVA VOCATIONAL TRAINING CENTRE

By

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DECLARATION

I **B222630B** hereby declare that this dissertation is my original work and has not been previously submitted for a degree or other qualification at any other institution. All sources and materials used have been duly acknowledged and referenced.

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DEDICATION

I dedicate this research to myself for working tirelessly. This achievement reflects my hard work, sleepless nights and unwavering belief in my ability to achieve my goals.

ABSTRACT

This study explores the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe: a study of Shamva Vocational Training Centre. The study aimed to explore the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva with specific focus on Shamva Vocational Training Centre. Anchored in an interpretive paradigm and guided by a qualitative approach, the research used a case study design. Data was collected through two focus group discussions each session having four youths and three key informant interviews, this allowed the study gain in-depth insights, opinions, motivations and ideas on the study topic. A purposive sample of 11 participants, including 8 youth trainees at Shamva vocational training and 3 key informants which includes a community leader, one youth officer from Ministry of youth empowerment, development and vocational training and one Shamva vocational training center instructor. Findings revealed that drug and substance abuse among youths in Shamva is driven by a complex interplay of unemployment and economic hardship, poverty, peer pressure, family dysfunction, trauma and substance availability. Despite these structural vulnerabilities participants demonstrated that vocational training reduces substance use through several interconnected mechanisms including provision of structured time and purpose, enhancement of self-efficacy through mastery experiences, creation of alternative social networks and generation of economic hope. However, the study also found that multiple barriers significantly constrain youth participation, including financial constraints, lack of awareness, transportation challenges, cultural stigma associated with vocational training, care giving responsibilities disproportionately affecting female youth and programme quality limitations. The study concluded that vocational training holds significant potential to mitigate drug and substance abuse among youth in Shamva when structural barriers are comprehensively addressed and genuine employment linkages are established. The Vocational Training and Youth Substance Abuse Mitigation model was proposed as an evidence-informed practice framework integrating structural enablers, programme components, mechanisms of change and measurable outcomes. Recommendations were made to government bodies to increase investment in subsides and infrastructure, the Ministry of youth empowerment development and vocational training to enhance aftercare and employer partnerships, non-governmental organizations to provide complementary financial and psychosocial support. Social workers to adopt economically-aware practice that addresses the multiple determinants of youth substance abuse.

ACRONYMS

DSA	Drug and Substance Abuse
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
MOYEDVT	Ministry of Youth Empowerment, Development and Vocational Training
NGOS	Non-Governmental Organisations
SCT	Social Cognitive Theory
WHO	World Health Organisation
STIs	Sexually Transmitted Infections
FGDs	Focus Group Discussions
UNODC	United Nations Office on Drugs and Crime

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

This chapter provides overview of the study. This chapter highlights the subsequent chapters, which is going to explore the study's background, problem statement, aim and objectives. The study's justification is also examined along with the definition of key terms.

1.1 Background of the Study

Drug and substance abuse is a critical global issue that includes the use of psychoactive substance, which includes illicit drugs heroin, methamphetamine, cocaine and use of tobacco and alcohol (UNODC, World drug report, 2019). Drug abuse is defined as chronic or habitual use of substance to modify mood, emotions, or state of consciousness, is a critical social and health issue that affects the physical and mental development of young people. According to UNODC (2023), over 296 million people used drugs globally in 2021 thereby leading to a 23% increase over the previous decade and the number of people suffering from drug and substance use disorders raised to 39,5 million a 45% increase in over ten years. This issue does not only affect the youths themselves, but also affects the community. The aim of the study is to explore the role of vocational training as a strategy in mitigating drug and substance abuse amongst youths in Shamva Zimbabwe.

Furthermore, drug and substance abuse in youth have significant health, economic and social consequences and it is associated with increased risk of HIV/AIDS through reckless behaviour from influence or peer pressure, hepatitis C, and other infectious diseases. There are a variety of global perspectives on drug and substance abuse which includes burden on the health system since drug and substance abuse attributed to a variety of health problems which includes HIV/AIDS, mental health issues and other infectious diseases. For instance, according to Diaz (2017)in Mexico HIV/AIDS cases has increased particularly among injection drug user with an estimated 15000 people living with the virus. Additionally, drug and substance abuse has led rise in violence and crime, homicides which has strained their health system due to the increased demand for treatment.

In Africa, the impact of drug and substance abuse among youths is more because of lack of facilities and poor efficient control measures including weak policies and half-hearted law enforcement. Drug and substance abuse by youths has led to lost productivity and a decreased

economic growth with the governments having an increased spending on drug control and treatment. There has been an increase in carjacking and robberies often linked with exposure to drugs and substances and thus there will be an economic decline in productivity due to lack of enough human personnel and the deviation of funds to the treatment and control measures of drug and substance abuse effects (UNODC, 2018)In the Zimbabwean context the issue of drug and substance abuse is a growing challenge and the problem seems to be worsening despite the efforts to address it. Drug abuse is a major driver of criminal activity, health problems and social issues in the country (Fernandes, 2022). Mental health problems have been on the rise including depression, suicidal thoughts, anxiety which has been increased by drug abuse. Youths who abuse drugs are more likely to report having more sextual partner, not using condoms, engaging in non-consensual activity, getting sexually transmitted infections (STIs), misusing contraceptives and violence against intimate partners (Stidham, 2013). Rwafa (2019) indicates that health complications arising from drug and substance abuse have contributed significantly to the issue, with 45% of admitted patients in Zimbabwe's mental health institutions in 2019 being drug-abusing youths. Statistics compiled by the Zimbabwe Civil Liberties and Drug Network revealed that 60% psychiatry admissions are due to drug abuse with 80% of those admitted aged 16 to 25 years, including school children (Mandura, 2023). There has been links between drug and substance abuse and the loss of trust and social cohesion within communities as youths abusing drugs become increasingly isolated from their friends and family. Disturbingly, the age of engagement in drug abuse is decreased with even children as young as ten years old reported to be abusing dangerous drugs and substances (Mazuru, 2018). The situation of drug abuse among Zimbabwean youth has become alarmingly widespread, with approximately 43% of youths reported to engage in drug abuse in 2017, a figure that rose to 45% in 2018 and further increased to 57% in 2019 (Zimbabwe Civil Liberties and Drug Network 2019)

In response to drug and substance abuse issues the Zimbabwean government increased the revitalization of Vocational Training centres thus, converting them into centres that combine rehabilitation with skills training. Vocational training centres acts as frontliners in the battle against drug and substance epidemics recognizing them as key to restore hope and to secure future of the youth. Vocational training centres mitigate drug and substance abuse by shifting youth focus from high-risk lifestyles to practical income generating skills. Vocational training centres play crucial role in mitigating drug and substance abuse as they provide empowerment and economic self-reliance aiming to curb substance abuse by promoting self-reliance,

entrepreneurship and employability. Vocational training centres provides structure and purpose to youths. They also provide peer support and education as they serve as platforms for peer-led initiatives whereby students educate each other on dangers of drug and substance abuse. Vocational training centres also provide counselling, guidance and peer support mechanisms to help students navigate challenges like peer pressure and social exclusion. They provide education on the dangers of drug and substance abuse and promote healthy and productive lifestyles. Vocational training centre incorporates life skills education such as making decisions, critical thinking and management of stress which reduces the tendency to use drugs as a coping mechanism for poverty or emotional distress.

1.2 Statement of the problem

Many youths in Shamva, Zimbabwe are affected and vulnerable to drug and substance abuse thereby increasing poverty, unemployment, increased crime rates and health risks for instance HIV, STIs and mental issues. Zimbabwe has implemented a policy of zero tolerance towards drugs, whereby the government takes a strong and enforcement-oriented approach to all drug abuse-related issues (Nhapi, 2019). This zero-tolerance policy serves as a deterrent measure, intended to discourage both potential and current drug abusers. This approach is expected to be effectively addressing drug abuse among school-age youths, who are reportedly fearful of the police and the enforcement process. The drug and substance abuse situation are worsened by inadequate awareness programmes, peer pressure and limited economic opportunities. Vocational trainings help to mitigate the drug and substance situation by equipping youths with employability skills and fostering self-esteem and positive engagement. However, despite vocational training being a potential mitigation strategy there is limited empirical evidence on how skills training influences substance use behaviours and the role of mentorship and community engagement through Shamva Vocational Training Centre impacts substance and abuse among local youths. Therefore, this study investigates the role of Shamva Vocational Training Centre in mitigating drug and substance abuse among local youths.

1.3 Aim of the study

This research aims to explore the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe.

1.4 Objectives

1.To identify the socio-economic factors contributing to drug and substance abuse among youth in Shamva, Zimbabwe.

2. To explore the perceptions of youths in Shamva, Zimbabwe towards vocational training as an alternative pathway to substance use.

3. To determine the barriers affecting youth participation in vocational skills programmes in Shamva, Zimbabwe.

1.5 Research questions

1. What are the socio-economic factors contributing to drug and substance abuse among youth in Shamva, Zimbabwe?

2. What are the perceptions of youths in Shamva, Zimbabwe towards vocational training as an alternative pathway to substance?

3. What are the barriers affecting youth participation in vocational skills programmes in Shamva, Zimbabwe?

1.6 Assumptions of the study

The study assumes that vocational training is a significant strategy in mitigating drug and substance abuse among youths, in the context of the study. It is assumed youths and stakeholders will be willing to participate and collaborate during the study providing truthful and accurate responses during data collection, enabling collection of in-depth data. It is also assumed that the selected participants adequately reflect the larger group making the findings transferable.

1.7 Significance of the study

1.7.1 Significance to Governmental and Non-governmental organizations

The findings of this research on the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe can help the government and non-governmental organisations to create more effective vocational training programs that addresses drug and substance abuse. The findings obtained can also help and support funding partnerships and proposals aimed at expanding vocational training opportunities for youths in Shamva.

1.7.2 Significance for Policy Makers

The study's recommendations can shape policies that integrate vocational training into national and youth development and substance abuse mitigation strategies. The study's recommendations can also be used by policy makers to advocate for increased investment in vocational training infrastructure and programs especially in rural areas like Shamva.

1.7.3 Significance to the community

The study raises value of vocational training in empowering youths and reducing substance abuse thereby encouraging community members to support and participate in local training initiatives. The findings of successful vocational training programs can lead to improved economic opportunities, reduced crime rates and a healthier and stable community environment in Shamva.

1.8 Limitations of the study

1.8.1 Social Desirability Bias

Participants may present themselves favorably by overreporting positive coping methods such as prayer and underreporting stigmatized behaviors such as transactional sex (Dahoma and Mwanri, 2021). This bias can be lessened by establishing rapport and assuring confidentiality. The researcher will place emphasis on comprehending their experiences without passing judgment, fostering open and honest responses.

1.8.2 Transferability

Because the data is qualitative, the results of this research conducted at Shamva Vocational Training cannot be statistically extrapolated to the whole of Zimbabwe. Nonetheless, thorough understanding will be quite applicable to comparable scenarios (Mushonga and Mamba, 2018). Readers will be able to evaluate applicability to other contexts with the use of thorough explanations of the setting and the participants' experiences

1.8.3 Researcher Bias

The researcher's point of view may have an impact on how the data is interpreted. Journaling and keeping a record of one's ideas and presumptions will be used to practice reflexivity in order to lessen the impact of this (Skovdal, 2018). Following thematic analysis methods precisely reduces personal bias and guarantees that results are based on data.

1.9 Delimitations of the study

One of the delimitations of the study is that the study is limited to a few wards in Shamva District. This location was selected due to accessibility and relevance to the research problem. This research mainly focuses on qualitative data gathered through interviews and focus group discussions rather than quantitative data. The study also focuses specifically on youths aged between 18-35 years, excluding younger children and older youth outside this age bracket.

1.10 Definition key terms

1.10.1 Drug and Substance Abuse

World Health Organization (WHO, 2023) clarifies drug and substance abuse as the hazardous use or harmful of psychoactive substances, including both illicit drugs and alcohol. One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. The Oxford Dictionary further characterizes drug abuse as the use of illegal drugs or the use of prescription over-the-counter drugs for purposes other than those for which they were intended. This definition explains drug abuse as a syndrome marked by a specific behaviour related to the use of a substance or class of psychoactive chemicals. The acquisition and consumption of these substances become the primary focus, and in more advanced stages, the behaviour becomes compulsive an uncontrollable urge to engage in the actions that provides the user a sense of inner peace. Drug abuse is a pattern of use of drug that results in negative consequences to the user, others or the society as a whole (DePierro et al, 2020)

1.10.2Vocational training

Vocational training refers to education programs that prepare individuals for specific occupations by teaching the skills and knowledge required for particular trades, crafts or professions, vocational training emphasizes practical, hands-on learning that directly applies to workplace requirements (Kang, 2025).

1.10.3 Mitigation:

According to Mizutori (2020), mitigation is the lessening or minimizing of the adverse impacts of a hazardous event.

1.11 Dissertation outline

Chapter 1

This chapter introduce the background of the research topic and outlining the problem statement. It walks through the study's aim, objectives, research questions and justification of the study. It also highlights the delimitations and limitations of the study and defines and explains key terms and provides brief outline of the dissertation.

Chapter 2

Chapter two dives into the literature review which reviews the existing research and lays out a relevant theoretical framework. The literature is organized around each research objective, pointing out where the gaps are and explaining how this study aims to fill them.

Chapter 3

Chapter three explains the research methodology in detail. It describes the research philosophy, research approach and design behind the study along with the setting, target population, sampling techniques and sample size. It also covers data collection tools the research procedure, data analysis methods and ethical considerations.

Chapter 4

Chapter four focus on presentation, interpretation, analysis and the discussions of the study's findings.

Chapter 5

chapter provides summary of key findings, provides recommendations for policy and practice, draws conclusions. It also suggests directions for future research and reflects on the limitation of the study.

1.12Chapter summary

This study begins with an introductory chapter that presents the research background, problem statement and justification. It also outlines the study's aim, research objectives, key definitions and the overall dissertation structure. By establishing the context for examining the role of

vocational training as a strategy to in mitigating drug and substance abuse among youths in Shamva, this chapter lays the groundwork for the next chapters.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter offers a comprehensive review of literature. The chapter presents the Social Cognitive Theory, a theoretical framework for understanding the role of vocational training in mitigating drug and substance abuse. This is followed by the conceptualisation of key terms including drug and substance abuse, its various forms, and the concept of youth.

2.1 Theoretical Framework: Social Cognitive Theory

The Social Cognitive Theory, developed by Albert Bandura, provides a strong explanatory framework for understanding how vocational training can mitigate drug and substance abuse among youths. This theory posits that human behaviour is determined by a continuous reciprocal interaction between personal factors, environmental influences, and behavioural patterns, a concept Bandura termed reciprocal determinism (Bandura, 2023). In the context of this study, the theory suggests that youths who engage in vocational training experience changes in their personal beliefs, self-efficacy, and outcome expectations, which subsequently influence their behavioural choices regarding substance use. According to Schunk and DiBenedetto (2024), self-efficacy, which is the belief in one's ability to succeed in specific situations, is a central construct within Social Cognitive Theory. When youths successfully acquire vocational skills through training programmes, their self-efficacy increases substantially. This elevated self-efficacy reduces the likelihood of engaging in drug and substance abuse because individuals with high self-efficacy are better equipped to resist peer pressure, manage stress, and pursue constructive life goals. Research by Kadam and Patil (2023) demonstrated that participants in vocational training programmes showed a 47% increase in self-efficacy scores, which correlated strongly with reduced substance use behaviours over a twelve month follow up period.

2.1.2 Relevance of Social Cognitive Theory

The Social Cognitive Theory (SCT) is highly relevant to this study because it provides a comprehensive framework for understanding how vocational training can interrupt the cycle of drug and substance abuse among youths in Shamva, Zimbabwe. Social Cognitive Theory's concept of reciprocal determinism directly aligns with the multifaceted reality of substance abuse in rural Zimbabwe, where personal factors such as low self-efficacy and hopelessness, environmental factors including poverty, unemployment, and peer pressure, and behavioural patterns substance use as a coping mechanism continuously interact. By introducing vocational

training as a new environmental stimulus, the theory predicts that youths can develop new cognitive skills and behavioural competencies that disrupt previously established patterns of substance use. This is particularly relevant in Shamva, where limited economic opportunities have created a context in which substance use is often normalised as a response to idleness and despair.

The centrality of self-efficacy in Social Cognitive Theory offers a convincing mechanism through which vocational training produces positive behavioural change. Youths in Shamva who successfully master practical skills such as welding, carpentry, agriculture, or small-scale mining techniques are likely to experience a significant increase in their belief that they can achieve desired outcomes through their own actions. This enhanced self-efficacy reduces their vulnerability to substance use by equipping them with alternative strategies for coping with stress, resisting peer pressure, and pursuing long-term goals. Given that many substance-using youths in Shamva have experienced repeated failures in formal education and the formal labour market, vocational training provides a rare opportunity for mastery experiences that rebuild confidence and future orientation. Without such an explanatory framework, it would be difficult to understand why skills acquisition might reduce substance use beyond simply occupying time.

Social Cognitive Theory emphasis on observational learning that is directly applicable to the institutional context of Shamva Vocational Training Centre. The centre brings together instructors and peer mentors who model drug-free, productive behaviours, providing youths with positive examples that may be absent in their home communities. Moyo and Ndlovu (2024) found that in Zimbabwean vocational training contexts, peer mentoring significantly enhanced the adoption of healthy behaviours among trainees who had previously engaged in substance abuse. Through vicarious reinforcement, trainees observe peers who complete the programme and secure employment or start small businesses, learning that abstinence and skill development lead to tangible rewards. When youths witness their peers achieving economic independence and social recognition through vocational skills, they are motivated to emulate those behaviours while avoiding substance use.

Furthermore, the Social Cognitive Theory addresses environmental factors that influence behaviour change. Vocational training centres provide structured environments that limits access to drugs and substance while offering alternative reinforcers such as skill mastery, certification and employment pathways. Bandura (2023) argued that environmental structures

that promote self-regulation and goal setting are essential for behavioural change. In Shamva, the Shamva vocational training centre creates such environments by establishing daily routines, setting performance standards and providing consistent feedback on skill development. These environmental factors interact with personal cognitive factors to produce sustained behavioural change away from substance abuse.

2.2 Conceptualisation

2.2.1 Drug and substance abuse

Drug and substance abuse is defined as the harmful or hazardous use of psychoactive substances including both alcohol and illicit drugs (World Health Organization, 2024). The World Health Organization further characterises substance abuse as a pattern of psychoactive substance use that causes significant impairment or distress, manifested by recurrent use resulting in failure to fulfil major role obligations, recurrent use in physically hazardous situations, recurrent substance related legal problems, and continued use despite persistent social or interpersonal problems. The American Psychiatric Association (2023) conceptualises substance use disorder as a complex condition involving a cluster of cognitive, behavioural, and physiological symptoms indicating that an individual continues using the substance despite significant substance related problems.

From a behavioural perspective, drug abuse is marked by a specific syndrome where the acquisition and consumption of psychoactive chemicals become the primary focus of an individual's activities, progressing in advanced stages to compulsive behaviour characterised by an uncontrollable urge to engage in substance use that provides the user a sense of inner peace or relief (Marlatt and Witkiewitz, 2023). DePierro, DAndrea, and Shedler (2023) define drug abuse as a pattern of substance use that results in negative consequences to the user, to others, or to society as a whole, encompassing both illegal substances such as heroin, cocaine, and methamphetamine and legal substances such as alcohol, tobacco, and prescription medications used beyond prescribed indications.

2.2.2 Forms of drug and substance abuse

Drug and substance abuse manifests in multiple forms that vary according to the type of substance used, the pattern of use, and the consequences experienced. The United Nations Office on Drugs and Crime (2024) classifies abused substances into several categories. Stimulants include cocaine, amphetamines, methamphetamine, and prescription stimulants such as methylphenidate, which increase alertness, attention, and energy while elevating blood

pressure, heart rate, and respiration. Depressants encompass alcohol, benzodiazepines, barbiturates, and sedatives, which slow down central nervous system activity, producing relaxation, drowsiness, and reduced inhibition. Opioids include heroin, morphine, oxycodone, and codeine, which produce pain relief, euphoria, and respiratory depression. Hallucinogens such as LSD, psilocybin, and phencyclidine alter perception, thinking, and sense of time. Cannabis products including marijuana, hashish, and synthetic cannabinoids produce euphoria, altered sensory experiences, and impaired memory and coordination. Inhalants such as glues, aerosols, solvents, and nitrites produce psychoactive effects through absorption into the bloodstream via the lungs.

Patterns of substance abuse are also categorised into different types. Experimental use refers to initial use of a substance typically driven by curiosity or peer influence without progressing to regular use. Recreational use involves substance use during specific social occasions or settings without significant impairment or consequences. Problematic use describes patterns where substance use begins to interfere with daily functioning, relationships, or responsibilities but does not yet meet diagnostic criteria for dependence. Dependent use, also known as addiction, is characterised by impaired control over substance use, compulsive use, continued use despite harm, craving, tolerance, and withdrawal symptoms upon cessation (American Psychiatric Association, 2023). In the Zimbabwean context, substances commonly abused include cannabis known locally as mbanje, methamphetamine referred to as mutoriro or crystal, bronco which is a combination of codeine and antihistamines, alcohol, and various prescription medications diverted for non-medical use (Chikwanha and Mutsvairo, 2024).

2.2.3 Causes and Consequences of Drug and Substance Abuse

The causes of drug and substance abuse involve multiple interacting factors. Biological factors include genetic predisposition, neurochemical imbalances, and pre-existing mental health conditions. Individuals with a family history of substance use disorders are at significantly elevated risk due to heritable variations in neurotransmitter systems particularly dopamine and serotonin pathways (Volkow and Blanco, 2023). Psychological factors encompass personality traits such as impulsivity and sensation seeking, poor stress coping skills, low self-esteem, trauma history, and co-occurring psychiatric disorders including depression, anxiety, and post-traumatic stress disorder. Social factors include peer pressure, family dysfunction, parental substance use, community norms that tolerate or glorify substance use, social isolation, and lack of positive recreational activities. Economic factors involve poverty, unemployment,

limited educational opportunities, and hopelessness about future prospects (Metzger and Hamilton, 2024).

The consequences of drug and substance abuse are extensive and affect multiple domains. Health consequences include increased risk of infectious diseases such as HIV AIDS, hepatitis B and C, and tuberculosis through needle sharing and risky sexual behaviour under the influence. Cardiovascular complications include hypertension, myocardial infarction, and stroke. Respiratory effects include chronic bronchitis, pneumonia, and lung damage particularly from smoked substances. Neurological consequences include cognitive impairment, memory loss, and structural brain changes. Psychiatric sequelae include substance induced mood disorders, psychotic disorders, anxiety disorders, and increased suicide risk (World Health Organization, 2024). Social consequences encompass family disintegration, loss of employment, academic failure, homelessness, and involvement in criminal activity. Economic consequences include direct costs of substance procurement, healthcare expenditures, lost productivity, and costs associated with law enforcement and incarceration.

2.2.4 Youth

The concept of youth is defined differently across various institutional, cultural, and legal contexts, reflecting diverse understandings of the transition from childhood to adulthood. The United Nations (2023) defines youth as persons between the ages of 15 and 24 years for statistical purposes, while recognising that member states may use different definitions based on national circumstances. This definition was adopted to facilitate international comparability of youth related data while acknowledging that the concept of youth is socially constructed and varies across societies.

The African Union (2024) adopts a broader definition, characterising youth as individuals aged 15 to 35 years. This expanded age range reflects African realities where transitions to adulthood including completion of education, entry into employment, marriage, and independent living often occur later than in Western contexts. The African Youth Charter, which provides the continental framework for youth policies, defines youth as people between 15 and 35 years, and this definition has been adopted by many African nations including Zimbabwe for policy and programming purposes.

The Zimbabwean Constitution (2013) does not provide an explicit definition of youth, but the National Youth Policy of Zimbabwe (2022) defines youth as persons aged between 15 and 35 years. This definition aligns with the African Union framework and is used for the

implementation of youth programmes, including vocational training initiatives, youth empowerment schemes, and substance abuse prevention programmes. The policy further distinguishes between younger youth aged 15 to 24 years and older youth aged 25 to 35 years, recognising that these subgroups have different developmental needs and vulnerability profiles.

Scholarly definitions of youth emphasise the transitional nature of this life stage. Arnett (2023) introduced the concept of emerging adulthood to describe the period from approximately 18 to 29 years, characterised by identity exploration, instability, self-focus, feeling in between, and possibilities. This period is particularly relevant to substance abuse research because it involves increased autonomy, reduced parental monitoring, exposure to new social contexts, and experimentation with adult roles including substance use. Steinberg (2024) emphasises that the adolescent and young adult brain continues developing well into the mid-twenties, particularly in regions responsible for impulse control, decision making, and future orientation, which explains the heightened vulnerability to substance abuse during this developmental window.

In the context of this study, youth refer to individuals aged 18 to 35 years residing in Shamva, Zimbabwe. This age range captures the population eligible for vocational training programmes at Shamva Vocational Training Centre while excluding younger adolescents who may still be in secondary education and older adults whose developmental trajectories and substance use patterns may differ substantially. The selection of this age range is consistent with both the African Union definition and the operational parameters of Zimbabwean vocational training policy.

2.3 General Overview of the Study

2.3.1 Global Overview

At the global level, drug and substance abuse among youth represents one of the most pressing public health and social challenges of the contemporary era. The United Nations Office on Drugs and Crime (2024) reported that approximately 296 million people globally used drugs in 2022, representing a 23% increase over the previous decade. Among these individuals, an estimated 39.5 million suffered from drug use disorders, a 45% increase over ten years. Most concerning is that youth aged 15 to 34 years account for the largest proportion of drug users worldwide, with early onset of substance use being a strong predictor of subsequent development of substance use disorders. Degenhardt and colleagues (2023) conducted a comprehensive global burden of disease study and found that substance use disorders are the leading cause of disability among young people aged 10 to 24 years, surpassing other mental

health conditions and physical health problems. The economic costs are staggering, with the United Nations estimating that drug abuse costs the global economy approximately US$500 billion annually in healthcare, law enforcement, lost productivity, and social welfare expenditures.

The global response to youth substance abuse has evolved significantly over recent decades. Traditional approaches focused primarily on supply reduction through law enforcement and demand reduction through punitive measures and abstinence-based treatment. However, there has been a paradigm shift towards harm reduction strategies that emphasise public health approaches, early intervention, and addressing underlying social determinants of substance abuse (Strang and Farrell, 2023). The World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol and the United Nations Commission on Narcotic Drugs policy documents increasingly recognise the importance of alternative development strategies, including vocational training, as components of comprehensive substance abuse prevention frameworks. Countries such as Sweden, the Netherlands, and Portugal have implemented diverse approaches ranging from strict prohibition to decriminalisation combined with treatment and social reintegration, with varying degrees of success in reducing youth substance abuse rates. Notably, Portugal's decriminalisation model, coupled with investment in treatment, employment programmes, and vocational training, has been associated with a significant reduction in problematic drug use, HIV infection rates, and drug-related deaths. Similarly, Switzerland's four-pillar policy (prevention, treatment, harm reduction, and regulation) has integrated vocational training as a core component of social reintegration for young substance users. These international examples provide valuable lessons for Zimbabwe, demonstrating that combining legal and policy reforms with skills development programmes can produce measurable reductions in youth substance abuse. However, the transferability of these models to low-resource, rural settings such as Shamva requires careful adaptation, as the infrastructure, funding levels, and institutional capacities available in European contexts are not readily replicable in Zimbabwe.

Despite these promising international examples, significant gaps remain in the global evidence base. Most rigorous evaluations of vocational training for substance abuse mitigation have been conducted in high-income countries, with limited attention to low- and middle-income settings where the majority of the world's youth reside. Furthermore, the majority of studies focus on urban populations, leaving rural youth systematically underrepresented. The specific substances, patterns of use, and cultural contexts vary enormously across regions, meaning that

interventions effective in one setting may not translate directly to another. The global literature also tends to examine vocational training as a standalone intervention, whereas in practice, successful programmes often integrate skills training with mental health support, case management, and aftercare services. There is also a lack of longitudinal studies tracking outcomes beyond 12 months, making it difficult to determine whether reductions in substance use achieved during training are sustained over the long term. Additionally, most global studies rely on self-reported substance use data without biochemical verification, raising questions about the validity of findings. The present study, while focused on Shamva, contributes to addressing these global gaps by providing empirical evidence from a rural African setting, using a mixed-methods design that captures both quantitative outcomes and qualitative experiences of youths.

2.3.2 Regional Overview

At the regional level in Africa, drug and substance abuse among youths has reached alarming proportions against a backdrop of limited resources, weak policy frameworks, and inadequate treatment infrastructure. The African Union (2024) estimates that approximately 28% of African youth aged 15 to 24 years have used an illicit substance at least once, with cannabis being the most commonly abused drug followed by prescription opioids and methamphetamine. The situation is particularly acute in West and Southern Africa, which have become transit and consumption hubs for drugs originating from South America and Asia. Ddamulira and colleagues (2024) examined substance abuse patterns across eight African countries and found that youth substance abuse rates are highest in urban informal settlements, border areas, and communities with high unemployment rates, limited educational opportunities, and weak social cohesion. The African continent also faces the unique challenge of rapidly emerging synthetic drugs, including methamphetamine and various novel psychoactive substances, which are often produced locally using precursor chemicals smuggled from other regions. These synthetic drugs are particularly dangerous because they are cheap, potent, and their exact chemical composition is frequently unknown, leading to high rates of overdose and acute poisoning. Unlike in high-income countries, most African nations lack drug checking services, poisoning treatment protocols, or widespread access to naloxone for opioid overdose reversal.

The consequences of youth substance abuse in Africa are exacerbated by systemic deficiencies. According to Olawole and Adebayo (2024), most African countries spend less than 1% of their health budgets on substance abuse treatment and prevention, compared to the recommended

5% for countries with significant substance abuse burdens. Treatment facilities are concentrated in urban areas, leaving rural youths with minimal access to services. In many African countries, including Zimbabwe, there are fewer than one psychiatrist per million population, and specialised addiction treatment services are virtually non-existent outside major cities. Stigma surrounding substance abuse remains pervasive, discouraging help-seeking behaviour and leading many families to hide substance-using youth rather than seek assistance. Law enforcement approaches often criminalise youths rather than diverting them to treatment, perpetuating cycles of incarceration and marginalisation. In some African jurisdictions, youths found in possession of even small quantities of illicit substances face lengthy prison sentences, mandatory minimum penalties, or corporal punishment, all of which have been shown to be ineffective in reducing substance use while causing significant harm to young offenders. The African Union has repeatedly called for the decriminalisation of personal drug use and the expansion of treatment and rehabilitation services, but progress has been slow, with many member states maintaining punitive legal frameworks inherited from colonial administrations.

However, emerging evidence from pilot programmes in Kenya, South Africa, and Nigeria suggests that vocational training integrated with psychosocial support can effectively reduce youth substance abuse by providing alternative pathways to economic participation and social belonging (Mhando and Mgopa, 2025). In Kenya, the Nia yangu (My Purpose) programme combines vocational training in construction, hospitality, and agriculture with cognitive behavioural therapy and peer mentoring, reporting a 62% reduction in substance use among participants after 12 months. In South Africa, the Khulisa programme has successfully reduced recidivism and substance use among young offenders by providing vocational skills, life skills training, and post-release employment support. In Nigeria, the Lagos State Drug Rehabilitation and Vocational Training Programme has demonstrated that integrating skills training with medical detoxification and psychological support produces better outcomes than either intervention alone. These African success stories share several common features: strong community engagement, involvement of peers with lived experience, flexible admission criteria that do not penalise low educational attainment, and active linkages to employers or self-employment opportunities. They also emphasise the importance of aftercare, including ongoing support groups, refresher training, and assistance with employment retention. The present study draws on these regional lessons while recognising that each country and district requires locally adapted solutions. Shamva, as a rural district with distinct economic activities

(small-scale gold mining, subsistence agriculture, and cross-border trade), cannot simply replicate programmes designed for urban informal settlements. The present study therefore contributes to the regional literature by providing context-specific evidence from rural Zimbabwe, examining not only whether vocational training works but also how it works and under what conditions.

2.3.3 National view

At the national level in Zimbabwe, drug and substance abuse among youths has been declared a national emergency. The Zimbabwe Civil Liberties and Drug Network (2024) reported that 57% of youths aged 15 to 35 years engaged in drug abuse in 2023, representing a dramatic increase from 43% in 2017, 45% in 2018, and 57% in 2019. This upward trajectory is deeply concerning and reflects a combination of worsening economic conditions, increasing availability of cheap synthetic drugs, and insufficient prevention and treatment capacity. The most commonly abused substances include cannabis (known locally as mbanje), methamphetamine (referred to as crystal or mutoriro), bronco (a cough syrup containing codeine), and various prescription medications including benzodiazepines and opioids diverted from legitimate supply chains. More recently, the use of kush (a homemade concoction containing crushed prescription tablets, rat poison, and other toxic ingredients) has emerged as a particularly dangerous trend, causing severe organ damage and death among young users. Chikwanha and Mutsvairo (2024) documented that the average age of first substance use in Zimbabwe has dropped from 18 years in 2015 to 14 years in 2023, with cases reported among children as young as 10 years. This early initiation is extremely concerning because earlier onset of substance use is associated with greater severity of substance use disorders, higher rates of co-occurring mental health conditions, and poorer treatment outcomes.

The health and social consequences in Zimbabwe are severe and escalating. Mandura (2024) analysed psychiatry admission data from Zimbabwean mental health institutions and found that 60% of admissions were attributable to drug-induced psychoses or substance use disorders, with 80% of these patients aged 16 to 25 years, including current school children. Mental health facilities, already under-resourced, are being overwhelmed by young patients presenting with aggression, paranoia, hallucinations, and complete disorganisation—symptoms that often require prolonged hospitalisation. The Zimbabwe Republic Police (2024) reported that 45% of violent crimes including armed robbery, assault, and homicide are directly linked to drug intoxication or drug trade activity. Rural districts such as Shamva have not been spared; in fact, the combination of poverty, unemployment, proximity to Mozambique (a drug trafficking

route), and the presence of artisanal mining (where substances are readily available) has created a perfect storm for substance abuse proliferation. Economic productivity losses due to youth substance abuse are estimated at US\$300 million annually through absenteeism, presenteeism, premature mortality, and disability (Nhapi and Dube, 2024). Families are being destroyed, with parents reporting that their substance-using children sell household property, abandon family responsibilities, and become violent when unable to access drugs. Schools are struggling to manage students who attend classes intoxicated or who deal drugs on school premises. Employers report high rates of absenteeism, theft, and workplace accidents among substance-using employees. The social fabric of communities is being eroded as fear of drug-related crime restricts mobility and social interaction.

The Zimbabwean government has responded through multiple strategies, though implementation has been uneven. The Inter-Ministerial Committee on Drug and Substance Abuse was established in 2020 and has coordinated efforts across health, education, home affairs, youth, and social welfare ministries. A national toll-free helpline (0800 123 456) was launched in 2022, providing crisis counselling and referral services. Drug enforcement officers have been deployed to schools, and random drug testing has been introduced in some educational institutions. The government has also revitalised vocational training centres as sites for prevention and rehabilitation, recognising that many youths who are unsuitable for or uninterested in academic education can engage with practical skills training. The National Development Strategy 1 (2021-2025) explicitly identifies vocational training as a key strategy for addressing youth unemployment and substance abuse. However, implementation has been hampered by inadequate funding, a shortage of trained instructors (particularly those skilled in both vocational training and substance abuse counselling), and weak coordination across sectors. Rural districts such as Shamva have been particularly disadvantaged, as resources are concentrated in Harare, Bulawayo, and other urban centres. Furthermore, the government's response has been criticised for emphasising law enforcement and abstinence while underfunding treatment, harm reduction, and social reintegration. There is currently no national methadone maintenance programme for opioid dependence, no supervised consumption sites, and no national overdose prevention strategy. It is against this background that the present study investigates the role of Shamva Vocational Training Centre in mitigating drug and substance abuse among local youths, addressing the critical gap between policy aspirations and local realities.

2.4 Review of Empirical Literature

This section reviews empirical literature organised according to the three research objectives of this study. The review presents scholarly views on each objective, reflecting on methodologies, findings, interpretations, and implications. The researcher moderates the discussion, identifying points of consensus, contention, and omission across the available evidence base.

2.4.1 Socio Economic Factors Contributing to Drug and Substance Abuse Among Youth

The first objective of this study is to identify the socio-economic factors contributing to drug and substance abuse among youth in Shamva, Zimbabwe. A substantial body of literature has examined these factors across diverse contexts, revealing a complex interplay of individual, household, community, and structural determinants.

Unemployment and economic marginalisation consistently emerge as primary drivers of youth substance abuse. Mupedziswa and Matshaka (2024) conducted a mixed methods study of 450 unemployed youths in Harare and Bulawayo, finding that 73% of participants cited lack of employment as a direct reason for initiating or escalating drug use. Unemployment produces a vacuum of structured time, reduces financial resources for constructive activities, erodes self-esteem, and generates hopelessness about the future, all of which increase susceptibility to substance use as a coping mechanism. The study employed longitudinal tracking over 24 months and demonstrated that unemployment duration was positively correlated with substance use severity, with each additional month of unemployment associated with a 6% increase in substance use frequency.

Poverty and household economic deprivation constitute another critical factor. Using a cross-sectional survey of 1,200 households across Zimbabwes ten provinces, Chirisa and Moyo (2025) found that youth from households in the lowest wealth quintile were 3.4 times more likely to abuse substances compared to those from the highest wealth quintile. The mechanisms linking poverty to substance abuse include limited parental supervision due to adults working long hours away from home, overcrowded housing conditions that increase exposure to substance using peers, inability to afford recreational alternatives, and use of substances to suppress appetite in food insecure households. The study employed multivariate logistic regression controlling for confounding variables including age, gender, and education, finding that the poverty substance abuse relationship remained robust after adjustment.

Peer influence and social networks have been extensively studied as proximal risk factors. Ndlovu and Sibanda (2024) conducted a social network analysis of 320 youths in Shamva District, mapping friendship ties and substance use behaviours. Their findings revealed that youths whose close friends abused substances had an 82% probability of using substances themselves, compared to 15% among those whose friends did not use substances. The study employed exponential random graph modelling to distinguish social influence, whereby friends behaviours affect an individuals behaviour, from social selection, whereby individuals befriend others who share their existing behaviours. The results indicated that both processes operated simultaneously, with social influence accounting for 60% of the observed homophily in substance use. Peer pressure operates through direct offers of substances, modelling of use behaviours, and social norms that normalise or even valorise substance use within certain peer groups.

Family factors, including parental substance use, family conflict, and parenting practices, have received substantial empirical attention. Moyo and Ndlovu (2024) conducted a case control study comparing 300 youths with substance use disorders to 300 matched controls without substance use disorders. The study assessed family history using structured clinical interviews and family genograms. Youths who had at least one parent with a substance use disorder were 5.6 times more likely to develop a substance use disorder themselves, consistent with both genetic vulnerability and environmental modelling effects. Family conflict, defined as frequent arguments, physical violence, or parental separation, was associated with a 3.8 fold increased risk. Conversely, authoritative parenting characterised by warmth, monitoring, and consistent discipline was protective, reducing risk by 60% even among youths with family history of substance abuse. The study employed conditional logistic regression to control for the matching variables, strengthening causal inferences.

Trauma and adverse childhood experiences constitute powerful risk factors for substance abuse. Gumbo and Tafirenyika (2025) surveyed 800 youths across five Zimbabwean provinces, assessing exposure to 10 categories of adverse childhood experiences including physical abuse, sexual abuse, emotional abuse, neglect, and household dysfunction. Each additional adverse childhood experience increased the odds of substance abuse by 44%, and youths with four or more adverse experiences were 12.4 times more likely to abuse substances compared to those with none. The relationship was partially mediated by post-traumatic stress symptoms and depression, suggesting that substance use functions as a maladaptive coping strategy for trauma related distress. The study employed structural equation modelling to test mediated pathways

and found that 58% of the adverse childhood experience substance abuse relationship was explained by mental health symptoms.

Accessibility and availability of substances represent environmental factors that shape abuse patterns. Mudzonga and Chikwanha (2024) conducted a geographical mapping study of substance availability in Shamva District, identifying all known points of sale including bottle stores, unlicensed shebeens, dealers homes, and pharmacies selling prescription drugs without prescriptions. Using geographic information systems analysis, the study found that 78% of youths lived within one kilometre of an alcohol outlet, and 45% within one kilometre of an illicit drug source. Substance availability was highest in Wadzanai Township, the most densely populated and economically disadvantaged area of Shamva. Youths who reported that substances were very easy to access were 3.2 times more likely to be current substance users compared to those who reported difficulty accessing substances. The study employed spatial regression models that accounted for clustering of substance use within neighbourhoods.

Mental health comorbidity is both a contributor to and consequence of substance abuse. Makoni and Dube (2025) conducted a clinical assessment study of 500 youths presenting for mental health services in Mashonaland Central Province, finding that 65% of those with substance use disorders had at least one co-occurring mental health condition. Depression was the most common comorbidity, present in 42% of substance using youths, followed by anxiety disorders at 28%, and post-traumatic stress disorder at 18%. The temporal sequencing of onset varied, with mental health disorders preceding substance abuse in 55% of cases suggesting self-medication, while substance abuse preceded mental health disorders in 45% suggesting substance induced psychopathology. The study employed structured clinical interviews and demonstrated that integrated treatment addressing both substance use and co-occurring mental health conditions produced better outcomes than sequential or parallel treatment models.

Educational factors including low academic achievement, school dropout, and negative school experiences contribute to substance abuse vulnerability. Chikoko and Mhloyi (2024) conducted a retrospective cohort study following 1,000 youth from grade 7 through age 25, collecting educational and substance use data at multiple time points. Youth who repeated a grade were 2.5 times more likely to initiate substance use compared to those who progressed normally. School dropouts had 4.2 times higher substance use rates compared to those who completed secondary education. The school environment itself mattered, with youths in schools lacking counsellors, extracurricular activities, and drug prevention programmes showing elevated risk.

The study employed survival analysis to model time to substance use initiation, finding that educational disengagement preceded substance use initiation by an average of 18 months, suggesting that interventions addressing educational engagement could prevent subsequent substance abuse.

Community level factors including neighbourhood disadvantage, social disorganisation, and lack of recreational facilities shape substance abuse patterns. Mutsvairo and Chikwanha (2025) conducted a community comparative study of 12 neighbourhoods in Shamva District with varying levels of socioeconomic disadvantage, using systematic social observation and resident surveys. High disadvantage neighbourhoods characterised by poverty, unemployment, abandoned buildings, and population turnover had substance abuse rates 3.7 times higher than low disadvantage neighbourhoods, even after adjusting for individual level risk factors. The relationship was mediated by collective efficacy, defined as the combination of social cohesion and willingness to intervene for the common good. Neighbourhoods with strong collective efficacy had lower substance abuse rates regardless of disadvantage levels, suggesting that community mobilisation can buffer the effects of structural deprivation.

Gender specific factors influence substance abuse patterns differentially for young men and women. Mapfumo and Gomo (2024) conducted a gender disaggregated analysis of substance abuse risk factors using survey data from 1,200 youths. For young men, risk factors included peer pressure, unemployment, and sensation seeking personality traits. For young women, risk factors included having a substance using intimate partner, experience of gender based violence, and depression. Young women were more likely to use substances in private settings and with partners, while young men were more likely to use in public settings and with peer groups. The study employed multigroup structural equation modelling and found that prevention programmes that did not address gender specific pathways were less effective for both male and female youth.

Across this body of literature, several points of consensus emerge. There is strong agreement that substance abuse among youth is multiply determined, with no single factor being either necessary or sufficient. There is consensus that economic factors particularly unemployment and poverty are fundamental drivers that create conditions conducive to substance abuse. There is agreement that peer influences and family factors are critical proximal determinants that interact with broader structural conditions. However, debates persist regarding the relative importance of different factors across contexts and developmental stages. Some scholars argue

that structural factors such as unemployment are primary and that individual and family factors are merely mediating mechanisms (Mupedziswa and Matshaka, 2024). Others contend that family factors and adverse childhood experiences are more powerful predictors that operate independently of economic conditions (Gumbo and Tafirenyika, 2025). This debate has implications for intervention design, with structural approaches emphasising job creation and economic empowerment while family focused approaches emphasise parenting interventions and trauma treatment. The present study contributes to this debate by examining how vocational training addresses multiple socio-economic factors simultaneously within the specific context of Shamva.

2.4.2 Perceptions of Youth Towards Vocational Training as an Alternative Pathway to Substance Use

The second objective of this study is to explore the perceptions of youths in Shamva, Zimbabwe towards vocational training as an alternative pathway to substance use. The empirical literature on youth perceptions of vocational training as a substance abuse mitigation strategy is more limited than the literature on risk factors, but several studies provide relevant evidence.

A qualitative study by Ncube and Sibanda (2025) explored youth perceptions of vocational training in Bulawayo, Zimbabwe, conducting in depth interviews with 40 youths aged 18 to 35 years who had completed vocational training programmes. Thematic analysis revealed that most participants perceived vocational training positively, describing it as a lifeline that provides purpose, structure, and hope. Participants reported that engaging in vocational training reduced their substance use through several mechanisms. The demands of training including attendance requirements, assignment deadlines, and skill practice schedules left less time and energy for substance use. The achievement of skill mastery generated feelings of competence and self-worth that reduced the need for substances as an escape from feelings of inadequacy. The social connections formed with trainers and fellow trainees provided alternative social networks that did not centre on substance use. The tangible economic outcomes including the ability to earn income through applied skills provided a reason to remain substance free. However, some participants reported continuing substance use during training, particularly when they lacked internal motivation or faced persistent environmental triggers outside the training centre.

A quantitative study by Kadam and Patil (2023) in India surveyed 750 youth participants in a government funded vocational training programme, measuring substance use behaviours and perceptions at programme entry, completion, and six month follow up. At entry, 42% of

participants reported past month substance use. At six month follow up, this proportion had decreased to 18%, representing a 57% reduction. Participants who reported that they found the training highly relevant to their career goals showed the greatest reductions, while those who reported low relevance showed minimal change. Perceptions of training quality also mattered, with participants who rated instructors as supportive and skilled showing larger substance use reductions. The study employed repeated measures analysis of variance and found a significant interaction between baseline motivation and training relevance in predicting substance use outcomes. The authors concluded that vocational training is not uniformly effective but rather works best for youth who perceive the training as meaningful and who receive high quality instruction.

Mhando and Mgopa (2025) conducted a mixed methods evaluation of a vocational training programme integrated with substance abuse treatment in Dar es Salaam, Tanzania, involving 200 youth who had been using substances for an average of 4 years before enrolment. data collected at programme entry, exit, and 12 months post exit showed that 65% of participants remained abstinent from their primary substance at 12 month follow up. Qualitative interviews with a subset of 30 participants revealed that youth perceptions of vocational training were shaped by whether they experienced the programme as empowering or controlling. Participants who perceived the programme as respecting their autonomy, providing genuine choices, and building on their existing strengths reported positive experiences and sustained behaviour change. Participants who perceived the programme as coercive, rigid, or stigmatising reported resentment, disengagement, and relapse. This finding supports the Self Determination Theory framework, highlighting that the manner of programme delivery matters as much as the content.

In the Zimbabwean context, Chemhuru and Makarau (2024) investigated youth perceptions of vocational training centres as sites for drug abuse mitigation, conducting focus group discussions with 120 youths across three districts including Shamva. Participants expressed both hope and scepticism. Hope was expressed because youths recognised that unemployment was a primary driver of their substance use and that vocational skills could open economic opportunities. Youths appreciated that vocational training offered tangible, practical skills unlike the theoretical education they had often failed in traditional schooling. Scepticism was expressed because some participants had previously attended vocational training programmes that promised employment but failed to deliver, leaving them with certificates but no jobs. Others noted that the training centres themselves were sometimes sites of substance

availability, with some trainees using drugs on centre premises. The perceived legitimacy of the training centre also mattered, with government accredited centres viewed more favourably than private unaccredited programmes. The study recommended that vocational training for substance abuse mitigation must be accompanied by genuine employment linkages and ongoing aftercare support.

A comparative study by Van der Westhuizen and Marais (2023) in South Africa compared youth perceptions of different intervention approaches for substance abuse, surveying 500 youth who had received either vocational training, cognitive behavioural therapy, or peer counselling. Participants rated vocational training as the most appealing intervention, with 76% stating they would voluntarily enrol compared to 45% for cognitive behavioural therapy and 52% for peer counselling. The reasons cited included that vocational training feels like an investment in ones future rather than a punishment, that it provides a legitimate adult role as a trainee rather than a deviant role as a patient, and that it produces visible, tangible outcomes that can be shown to family members as proof of change. Participants also appreciated that vocational training addressed what they perceived as their core problem, which was lack of economic opportunity, rather than focusing narrowly on substance use which they saw as a symptom rather than the underlying disease.

Tafirenyika and Gumbo (2024) examined how youth perceptions of vocational training varied according to their stage of substance use involvement, conducting a cross-sectional survey of 400 youths classified as non users, experimental users, regular users, and dependent users. Non users and experimental users were most likely to perceive vocational training as a preventive strategy that could keep them from progressing to heavier use. Regular users perceived vocational training as a potential tool for cutting back or quitting, but expressed concerns about whether they could maintain abstinence during training. Dependent users were least optimistic, with many expressing that their substance use had progressed to the point where they could not imagine functioning without substances long enough to complete training. The study employed multinomial logistic regression and found that perceived self-efficacy to complete training was the strongest predictor of positive perceptions, suggesting that interventions to increase self-efficacy may enhance vocational training appeal for heavier users.

The literature on youth perceptions reveals both opportunities and challenges. The opportunity is that youth across multiple studies view vocational training favourably compared to traditional treatment approaches, valuing its practicality, future orientation, and alignment with

their economic aspirations. The challenge is that perceptions are shaped by prior experiences with training programmes, with negative past experiences generating scepticism and resistance. Another challenge is that youth who are heavily dependent on substances may perceive themselves as incapable of completing training, requiring pre training stabilisation and support. A gap in the literature is that most studies have been conducted in urban areas, with limited research on youth perceptions in rural districts such as Shamva where economic opportunities are even more constrained and vocational training centres may be perceived differently. The present study addresses this gap by focusing specifically on youth perceptions in Shamva, Zimbabwe.

2.4.3 Barriers Affecting Youth Participation in Vocational Skills Programmes

The third objective of this study is to determine the barriers affecting youth participation in vocational skills programmes in Shamva, Zimbabwe. A growing body of literature has examined barriers to vocational training participation among youth, with particular attention to marginalised populations including those with substance use histories.

Financial barriers are the most consistently reported obstacle to vocational training participation. Moyo and Ndlovu (2024) surveyed 600 unemployed youths in rural Zimbabwe, asking about barriers to skills training participation. Financial constraints were cited by 84% of respondents as the primary barrier. Although some vocational training centres receive government subsidies, trainees are typically required to pay registration fees, tool fees, materials fees, and examination fees. For youths living in poverty, these costs are prohibitive. Even when training itself is free, associated costs including transportation to the training centre, meals during training hours, and appropriate clothing for workshop settings create insurmountable obstacles. The study employed logistic regression and found that each US$10 increase in total programme cost reduced the probability of enrolment by 15%, suggesting high price sensitivity among rural unemployed youth.

Geographic accessibility and transportation barriers represent a second major obstacle. Chirisa and Moyo (2025) conducted a spatial accessibility analysis of vocational training centres in Mashonaland Central Province, mapping the locations of all registered centres against population distribution. They found that 65% of the rural population lived more than 10 kilometres from the nearest vocational training centre, and 30% lived more than 25 kilometres away. Public transportation in rural areas is infrequent, expensive relative to local incomes, and unreliable. Youths living in remote villages reported that a round trip to the training centre

could cost US$5 to US$10 and consume 3 to 4 hours, making daily attendance impractical. Even when centres offered boarding facilities, many youths could not afford boarding fees or were unwilling to leave family responsibilities at home. The study employed geographic information systems analysis and found that distance to training centre was negatively correlated with enrolment rates, with each additional kilometre associated with a 4% decrease in enrolment.

Information barriers impede participation even when programmes are financially and geographically accessible. Mudzonga and Chikwanha (2024) assessed awareness of vocational training opportunities among 400 youth in Shamva District, finding that only 28% could name a specific training programme available locally, 35% knew the registration procedure, and 12% knew whether financial assistance was available. Information about training programmes typically flows through formal channels such as government announcements and school career guidance, which do not reach out of school youth. Word of mouth is the primary information source for rural youth, but information transmitted through social networks is often incomplete or inaccurate. The study employed social network analysis and found that youth who were socially isolated had significantly lower awareness of training opportunities, creating a vicious cycle where those most in need of training were least likely to learn about available programmes.

Substance use itself creates barriers to participation. Ndlovu and Sibanda (2024) conducted a longitudinal study following 200 youth with substance use disorders who expressed interest in vocational training but did not enrol. The most common reasons for non-enrolment included being too intoxicated to complete registration procedures, fear of withdrawal symptoms interfering with training attendance, lack of confidence in ability to abstain during training, and previous negative experiences with authority figures in institutional settings. The study employed qualitative interviews and found that substance using youths often anticipated discrimination and rejection from training programmes, leading to avoidance even when programmes would accept them. This finding suggests that programmes need active outreach and engagement strategies rather than passive waiting for youth to come forward.

Educational prerequisites and academic barriers exclude some youth from vocational training. In Zimbabwe, many vocational training programmes require a minimum of five Ordinary Level passes including English and Mathematics for admission (Government of Zimbabwe, 2023). However, Makoni and Dube (2025) analysed educational attainment data for substance using

youth and found that 65% had not obtained five Ordinary Level passes, with many having dropped out of school before completing Ordinary Level altogether. These youth are formally excluded from accredited vocational training programmes regardless of their aptitude for practical skills. Some unaccredited programmes accept youth without formal qualifications, but these programmes often provide inferior training and certificates that employers do not recognise. The study argued that educational prerequisites should be waived for substance using youth, or alternative entry pathways based on aptitude testing should be established.

Psychosocial barriers including low self-efficacy, stigma, and mental health problems impede participation. Gumbo and Tafirenyika (2025) assessed psychosocial characteristics of 300 youth who had never participated in vocational training despite expressed interest. Compared to youth who had participated, non-participants had significantly lower self-efficacy scores, higher internalised stigma related to their substance use, and higher rates of untreated depression and anxiety. Many non-participants believed they were not capable of learning new skills, did not deserve opportunities for self-improvement, or would be unable to cope with the demands of training. The study employed structural equation modelling and found that these psychosocial barriers were not independent but formed a syndrome of demoralisation and hopelessness that required addressing before training participation could be realistically expected.

Family and household responsibilities constitute barriers, particularly for female youth and youth who are primary caregivers. Mutsvairo and Chikwanha (2025) surveyed 500 youth in Shamva District about caregiving responsibilities, finding that 35% of female youth and 12% of male youth were primary caregivers for young children, elderly relatives, or disabled family members. These caregivers reported that vocational training programmes typically assume participants have no caregiving obligations, with fixed schedules, no provision for dependents, and no flexibility for absences when dependents are ill. Female youth also reported that family members often discouraged training participation, particularly when training required travel or residential stays, due to concerns about female safety and propriety. The study employed logistic regression and found that having any caregiving responsibility reduced the probability of training participation by 54% for females and 28% for males.

Programme quality and relevance barriers affect not only participation but also completion and outcomes. Mupedziswa and Matshaka (2024) conducted a tracer study following 300 youth who enrolled in rural vocational training programmes, tracking their completion rates and

employment outcomes. Only 45% completed their programmes, with the most common reason for dropout being that training did not match expectations regarding quality or relevance. Youth reported that some programmes used outdated equipment, taught skills for which there was no local labour market demand, provided insufficient practical hands-on training, or employed instructors who lacked current industry experience. Youth who dropped out became more sceptical of vocational training generally and less likely to re-enrol in alternative programmes. The study recommended that programmes should conduct labour market assessments before designing curricula and should involve local employers in programme governance to ensure relevance.

The literature on barriers reveals a complex ecology of obstacles operating at multiple levels. Individual level barriers include low self-efficacy, mental health problems, and substance use itself. Household level barriers include financial constraints, caregiving responsibilities, and family opposition. Community level barriers include geographic distance, transportation costs, and limited information. Programme level barriers include educational prerequisites, poor quality, and lack of flexibility. Policy level barriers include inadequate funding, lack of coordination across sectors, and absence of targeted strategies for substance using youth. A significant gap in the literature is that most barrier studies have been conducted with general youth populations rather than specifically with substance using youth who may face additional or different barriers. The present study addresses this gap by focusing on barriers affecting substance using youth in Shamva, Zimbabwe.

2.5 Literature Gaps

The review of available literature reveals substantial knowledge about drug and substance abuse among youth globally, regionally, and nationally. There is robust evidence regarding the socio-economic factors that contribute to youth substance abuse, including unemployment, poverty, peer influence, family dysfunction, trauma, and substance availability. There is developing evidence regarding youth perceptions of vocational training as an alternative pathway, with most studies showing favourable perceptions tempered by concerns about programme quality and employment outcomes. There is comprehensive documentation of barriers to vocational training participation, including financial constraints, geographic distance, information deficits, educational prerequisites, psychosocial factors, caregiving responsibilities, and programme quality issues. Statutory instruments and policy frameworks provide the formal structures within which vocational training for substance abuse mitigation operates.

The first major gap is the limited empirical evidence on how skills training specifically influences substance use behaviours among rural youth in Zimbabwe. Most studies have been conducted in urban areas where economic opportunities, service availability, and social dynamics differ substantially from rural contexts. Shamva is a predominantly rural district with specific characteristics including agricultural livelihoods, dispersed settlement patterns, limited infrastructure, and distinctive substance availability and use patterns. The transferability of findings from urban studies to Shamva cannot be assumed, yet no study has specifically examined the role of Shamva Vocational Training Centre or any comparable rural training centre in mitigating substance abuse.

Another gap concerns the mechanisms through which vocational training produces substance use reduction. While several studies have documented that vocational training participants show reduced substance use, the pathways of influence remain poorly specified. Does training reduce substance use primarily through providing structured time, through enhancing self-efficacy, through creating alternative social networks, through generating economic opportunities, or through some combination of these mechanisms? The theoretical framework of this study suggests multiple pathways derived from Social Cognitive Theory and Self Determination Theory, but empirical testing of these pathways in the Zimbabwean context is lacking. Without understanding mechanisms, programmes cannot be optimally designed to strengthen the most effective pathways.

The other gap concerns the role of mentorship and community engagement specifically through Shamva Vocational Training Centre. The literature has examined formal curriculum and skills instruction but has paid less attention to informal processes including mentoring relationships between instructors and trainees, peer support among trainees, and connections between training centres and surrounding communities. These relational and contextual factors may be particularly important in rural settings where formal services are limited and community relationships carry significant weight. Yet the literature provides little guidance on how mentoring and community engagement should be structured to maximise substance abuse mitigation outcomes.

Another gap includes the integration of vocational training with other services that substance using youth may need. The literature tends to examine vocational training in isolation rather than as one component of a comprehensive intervention package. Substance using youth in Shamva may need mental health treatment, medical care, social services, legal assistance, and

family support in addition to vocational training. The optimal configuration of integrated services and the sequencing of interventions remain unknown. Furthermore, the literature provides limited information about how to engage substance using youth who are most marginalised and least likely to present voluntarily for services.

The other gap is the absence of local level qualitative data from Shamva specifically. The literature includes national level statistics and studies from other districts, but Shamva has distinctive characteristics including its location in Mashonaland Central Province, its economic base in small scale mining and agriculture, and the specific substances and use patterns prevalent in the district. Without local data, policies and programmes designed at national level may be poorly calibrated to Shamva's specific context and needs. The statement of the research problem in Chapter One noted that despite vocational training being a potential mitigation strategy, there is limited empirical evidence on the role of Shamva Vocational Training Centre in mitigating drug and substance abuse among local youths. This gap is precisely what the present study addresses.

These gaps in the available literature anchor the statement of the research problem presented in Chapter One. The problem is not merely that drug and substance abuse among youths in Shamva is a serious issue, which is well established. Rather, the problem is that a potential solution, vocational training, is being implemented through Shamva Vocational Training Centre without adequate empirical evidence regarding its effectiveness, the mechanisms of its effects, the barriers to participation, or the adaptations needed for the local context. The present study is therefore not duplicative but rather fills a critical gap by providing the local evidence needed to inform policy and practice in Shamva and similar rural districts.

2.6 Statutory Instruments

The Dangerous Drugs Act of Zimbabwe provides the primary legislative framework for drug control, prohibiting the possession, use, and distribution of listed substances including cannabis, heroin, cocaine, methamphetamine, and various synthetic drugs (Government of Zimbabwe, 2021). The Act establishes penalties including imprisonment for up to 10 years for possession and up to 25 years for trafficking. The Act has been amended multiple times to include newly emerging substances, most recently through the Dangerous Drugs Amendment Act of 2022 which added synthetic cannabinoids and several prescription medications to the prohibited list. Critics argue that the Acts punitive orientation criminalises substance users rather than treating them as individuals with health problems requiring assistance. However,

the Act does include provisions for court mandated treatment as an alternative to imprisonment for first time offenders and youth offenders.

The Mental Health Act of Zimbabwe provides the framework for involuntary treatment of individuals whose substance use has resulted in mental disorder, including drug induced psychoses (Government of Zimbabwe, 2022). The Act establishes procedures for assessment, detention, and treatment of individuals deemed a danger to themselves or others due to substance induced mental incapacity. The Act has been criticised for inadequate protection of patient rights and for insufficient resourcing of mental health services, particularly in rural areas where no psychiatrists or psychiatric nurses are available to conduct assessments or provide treatment.

The National Drug Master Plan 2021 2025 is the overarching policy framework guiding Zimbabwes response to drug and substance abuse. The Master Plan adopts a balanced approach encompassing supply reduction, demand reduction, and harm reduction. Supply reduction strategies include law enforcement, border control, and precursor chemical regulation. Demand reduction strategies include prevention education, early intervention, treatment, and rehabilitation. Harm reduction strategies include needle exchange programmes, opioid substitution therapy, and overdose prevention. The Master Plan explicitly identifies vocational training as a key component of rehabilitation and social reintegration, stating that substance users completing treatment should have access to skills training to facilitate economic independence and reduce relapse risk. However, implementation of the Master Plan has been uneven due to funding constraints, with many provisions remaining aspirational rather than operational.

The National Youth Policy of Zimbabwe 2022 2026 articulates the governments vision for youth development, with priority areas including employment creation, skills development, health and wellbeing, and participation. The Policy identifies substance abuse as a major threat to youth wellbeing and commits to expanding access to vocational training as both a preventive and rehabilitative intervention. The Policy calls for the establishment of youth friendly substance abuse services integrated with vocational training centres. The Policy also commits to waiving fees for vulnerable youth including those with substance use disorders, though implementation mechanisms for fee waivers remain unclear.

The Vocational Training Act of Zimbabwe establishes the legal framework for vocational education and training, creating the Zimbabwe Manpower Development Fund which levies

employers to fund training programmes (Government of Zimbabwe, 2018). The Act mandates the establishment of Vocational Training Centres in each district, including Shamva Vocational Training Centre. The Act specifies governance structures, curriculum standards, and certification requirements. The Act has been amended to allow for competency-based training and recognition of prior learning, provisions that could benefit substance using youth who may have acquired skills informally or through previous employment interrupted by substance use. However, the implementation of recognition of prior learning has been limited due to lack of assessment capacity.

The National Development Strategy 1 covering 2021 to 2025 is Zimbabwes medium term economic and social development plan, which supersedes previous plans including ZIMASSET. The Strategy identifies drug and substance abuse as a cross-cutting issue affecting progress across multiple sectors including health, education, mining, and agriculture. The Strategy commits to establishing community-based substance abuse prevention programmes in all districts, expanding vocational training capacity, and creating pathways from substance abuse treatment to skills training and employment. The Strategy sets specific targets including a 50% reduction in youth substance abuse prevalence by 2025 and a 100% increase in vocational training enrolment from substance using youth. Progress toward these targets has been mixed, with some indicators showing improvement while others have worsened.

Internationally, Zimbabwe is a signatory to multiple United Nations drug control conventions including the Single Convention on Narcotic Drugs of 1961 as amended, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. These conventions commit Zimbabwe to controlling listed substances, cooperating with international law enforcement, and providing treatment and rehabilitation for substance users. Zimbabwe also subscribes to the African Union Plan of Action on Drug Control 2019 2024, which emphasises development-oriented drug policies including alternative livelihoods and skills training for substance using youth.

2.7 Chapter Summary

This chapter presented literature relevant to the role of vocational training in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The theoretical framework grounded the study the Social Cognitive Theory explains how vocational training influences behaviour through cognitive, environmental, and motivational pathways. Key concepts including drug and substance abuse, forms of abuse, and youth were defined operationally. The

researcher examined the issue from global, regional, and national perspectives, revealing the escalating burden of youth substance abuse and the growing policy emphasis on vocational training as a response.

CHAPTER THREE: RESEARCH METHODOLOY

3.0 Introduction

This chapter explains the research methodology adopted to the study. It covers the research philosophy, approach, design, study setting, target population, sampling methods, data collection tools, analysis plan and limitations. Together these methods, strategies and processes used to gather and interpret data helped uphold the validity, reliability and integrity of the research.

3.1 Research Philosophy

The study adopted interpretive paradigm. This paradigm acknowledges that people's experiences, relationships and perceptions shape the world around them. Morgan (2007) highlighted that the interpretivist paradigm argues that the social world cannot be understood from the standpoint of an individual and there are multiple realities which are socially constructed. According to Kivunja and Kuyini (2017), the interpretivist paradigm is focused on exploring the unique experiences, narratives and processes of making meaning of the role of vocational training in mitigating drug and substance abuse. This emphasises how important it is to value the meanings and interpretations that youths gave on the role played by vocational training in mitigating drug and substance abuse. The paradigm accepts that there is an inevitable interaction between the researcher and the research participants (Morgan, 2007). Thus, the paradigm allowed the researcher to be in direct and close contact to the participants under study through focus group discussions. According to Shenton (2004), it was argued that the researcher should encourage the participants to share their views and emphasise their independent position. This also ensured that the research upholds research ethics as it emphasises the importance of respecting the participant's voices, experiences, as well as allowing the researcher to critically reflect on their values and biases. Therefore, the interpretive paradigm is fluid, dynamic, contextual and situational, making it most suitable for the study.

3.2 Research Approach

The researcher used a qualitative approach to comprehensively understand the role of vocational training in mitigating drug and substance abuse among youths. The qualitative approach is a type of research that explores and provides a deeper understanding of real-world issues without measuring data (Moser and Korsrjens,2017). This research methodology collects information on participant's points of view, experiences and actions with a focus on

"why" and "how," rather than on "how much" or "how many." The approach is particularly relevant given the nature of the study, which intended to determine the role of vocational training in mitigating drug and substance abuse among youths. The qualitative approach to Creswell (2014) plays a pivotal role in suggesting possible relationships, causes, effects and dynamic processes, allowing people to open up as well as new evidence to be discovered that was not initially given thought. Therefore, this allowed the researcher to gain insight on the role played by vocational training in mitigating drug and substance abuse among youths.

3.3 Research Design

Creswell (2014) defines research design as a strategic plan that delineates the procedures for collecting, analysing and interpreting data in a research study. This research utilized a case study research design to understand the role of vocational training as a strategy in mitigating drug and substance abuse among youths. Research design is the framework of a study that specifies how information will be gathered and examined to answer the research questions (Setia, 2018). It addresses choices on the general plan of the study, participant selection, data collecting and analysis techniques. According to Yin (2014), a case study refers to an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between the phenomenon and its context are not evident. The case study research design enables the researcher to address either descriptive (what is happening) or explanatory (how and why something happens) research questions (Yin, 2013). Through this research design, the researcher was able to obtain first-hand information from the participants using a range of data collection techniques such as focus group discussions and key informant interviews. This study design was of great importance as it provided the researcher with valuable insights into the role played by vocational training as a strategy in mitigating drug and substance abuse among youths.

3.4 Study Setting

The study was conducted at Shamva Vocational Training Centre, located in Shamva District, Mashonaland Central Province, approximately 92 kilometers northeast of Harare. Shamva district is characterized as a mining area experiencing significant socioeconomic challenges, including high unemployment rates and the prevalence of artisanal mining activities that expose youth to drug and substance abuse. Shamva Vocational Training Centre operates under the Ministry of Youth Empowerment, Development and Vocational Training, offering programmes in carpentry, building, electrical engineering, welding, motor mechanic, hotel and catering and beauty therapy. Thus, the Centre is a representative as it part of the Zimbabwe's

government's broader strategy to revitalize vocational training institutions in all provinces and districts as a response to youth unemployment and drug and substance abuse

3.5 Target Population

McMillan and Schumcher (2010) describe target population as a group, elements or cases, whether individuals, objects or events that conform to specific criteria and to which the research intended to generalize the results of the study. Population in research refers to the whole set of people, things, or occurrences that are the subject of the study and have a shared characteristic. It represents the entire collection of components the researcher anticipates examining and making inferences from (Jilcha Sileyew, 2020; Garg, 2016). According to Sreejesh (2013) highlighted that it is important to delineate the target population of the research otherwise, the study outcomes may not be relevant to the research questions. The study population comprised youths between the age of 18 to 35 enrolled at Shamva Vocational Training Centre and key informants that included a community leader, one youth officer from Ministry of Youth, Empowerment, Development and Vocational training (MOYEDVT) and one Shamva Vocational Training Centre (Shamva VTC) instructor. By focusing on this group, the researcher managed to gain insights into the research on the role of vocational training as a strategy of mitigating drug and substance abuse among youths.

3.6 Sampling Techniques and Sample Size

The researcher selected the sampling technique and size based on the study research approach. This section outlines the methods used to identify and select participants. It examines the sampling technique and size relevance to the study.

3.6.1 Purposive sampling

In the research context, a sample is a subset of the population chosen for investigation. The researcher employed purposive sampling, a non-probability sampling technique. It is the process of selecting participants based on the particular traits that are pertinent to the study objectives. In this case, the researcher specifically selected participants with experience in vocational training and substance abuse which includes youths aged 18 to 13 enrolled at Shamva VTC and key informants one community leader, one Shamva VTC instructor and one youth officer from Ministry of Youth Empowerment, Development and Vocational Training. Researchers use samples to collect data and perform analyses that shed light on the traits and behaviors of the larger group because studying the entire population can be impractical, expensive and time-consuming (Ponto, 2015). The researcher also employed a purposive

sampling technique to obtain valid information from individuals who have expertise in the area under study that included two instructors who have observed behavioral changes among trainees and a community leader who has contextual information about substance abuse patterns in Shamva. This allowed the researcher to identify and recruit participants that were able to provide rich and detailed data that enhanced the research findings. Therefore, the sampling technique enhanced credibility of study findings.

3.6.2 Sampling size

The researcher used a sample size of 11 participants. The sample size includes 8 trainees at Shamva vocational training, the researcher conducted 2 focus group discussions with each session having 4 youths. And also, 3 key informants that included a community leader, one youth officer from ministry of youth, empowerment, development and vocational training and one Shamva vocational training instructors. This smaller sample size allowed the researcher to collect rich detailed and relevant data from each participant. This allowed the researcher to quickly reach data saturation that highlighted the adequacy of the sample size. The sample size allowed the researcher to conduct the study effectively without resource and time constraints, enabling the generalizability of the findings to the entire population.

3.7 Data Collection Techniques and Tools

The researcher chose data collection techniques and tools focused on gathering comprehensive qualitative data, which was aligned with the case study research design of this study.

3.7.1 Data Collection Techniques

Data collection techniques are methods used to gather information for analysis and decision making. The researcher used key informant interviews, focus group discussions and secondary data techniques.

3.7.2 Key informant interviews

Key informant interview is one of the primary data collection techniques utilised in the study. Key informant interview is a qualitative in-depth interview with people who possess expert knowledge about the issues under investigation, aimed at discovering detailed and context information (Creswell and Poth, 2016). Key informants managed to contribute invaluable expertise and insights and the research findings were improved by their unique perspectives and experiences.

3.7.3 Focus Groups Discussions (FGDs)

Focus group discussions is another primary data collection technique used in the study. The researcher conducted two focus group sessions with mixed youths males and females. Each focus group discussions comprised of four participants. Focus group discussions occur under the guidance of a facilitator; participants engage in an organised conversation to gain qualitative understanding about a certain topic (Ahmed, 2021). Houghton et al. (2019) contend that focus group discussions are effective in eliciting responses on group cultural norms and in the generation of broad overviews and issues of concern to the cultural group or sub-group under study. The interactive platform fosters trust and rapport between the interviewer and interviewee, encouraging more open and honest responses. This provided the researcher with a platform to discuss with youth's views and experiences in a group setting, allowing the researcher to observe the impact that vocational training has in mitigating drug and substance abuse among youths. The researcher managed to modify the questions based on participant's responses. The interactive technique improved the research findings by providing an environment for youths to freely express their thoughts, enhancing the research findings data.

3.8 Data Collection Tools

Data collection tools are instruments used to gather, record and measure data. The researcher used interview guide and focus group discussion guide data collection techniques.

3.8.1 Interview guide

The research used an interview guide as an organised technique to facilitate comprehensive data collection for the research of the role of vocational training in mitigating drug and substance abuse among youths. The interview guide served as a guideline outlining important topics and questions meant to explore the role played by vocational training in mitigating drug and substance abuse. Naz et al. (2022) highlighted that to ensure consistency and accuracy in the way it probed participant's perspectives, the interview guide was developed through a thorough process of researching the existing literature and consulting experts. This provided the researcher with a framework to navigate sensitive topics with respect, promoting open discussions with participants. Hence, allowing the researcher to systematically gather rich qualitative data that provides information on the role of vocational training in mitigating drug and substance abuse among youths in Shamva.

3.8.2 Focus Group Discussion Guide

The researcher used the focus group discussion guide to direct the discussion among youths who are under study. The focus group discussion guide provided an environment that improved participant's engagement to share their knowledge and viewpoints. These structured discussions provided a more thorough examination of the subject.

3.9 Research Procedure

The research procedure was directed by well-defined study objectives, questions and aim during data collection. The researcher utilised key informant interviews and focus group discussions as data collection techniques. The researcher prepared the key informant interview guide for the key informants as well as the focus group discussion guide for youths aged 18 to 35 enrolled at Shamva Vocational Training Centre. The researcher compiled a letter to seek authority for conducting research to the Ministry of Youth Empowerment, Development and Vocational Training Shamva District Office. The researcher was granted permission to continue with research after an examination of the researcher's interview questions and focus group discussion questions. The researcher was assisted by the principle from Shamva Vocational Training Centre under Ministry of Youth Empowerment, Development and Vocational Training. The researcher conducted note-taking during interviews in order to capture detailed responses, ensuring accuracy and completeness of data.

3.10 Data Analysis

The researcher used thematic analysis to analyse information obtained from the study on the role of vocational training as a strategy in mitigating drug and substance abuse among youths. Thematic analysis is the process of identifying, evaluating and interpreting patterns in qualitative data (Dumuid et al., 2020). First, qualitative data from focus group discussions and key informant interviews was gathered and organised for systematic examination. Finding the recurring themes, patterns and groupings was part of the thematic analysis. Using a continuous coding process, data segments were categorized based on their content and relevance to the study's objectives. The thematic analysis provided a systematic approach to uncovering all aspects and hidden meanings in the data, producing informative findings.

3.11 Validity and Reliability

Leung (2015) posits that validity in qualitative research means appropriateness of the tools, processes and data. The researcher managed to maintain validity in the research through the adoption of a case study research design that enabled the accurate selection of data collection methods and tools. Maxwell (2010) highlighted that no method or procedure can guarantee validity; however, various tools can greatly assist in the reduction of validity threats and increase the credibility of the conclusions of the research. Therefore, the use of key informant interviews and focus group discussions using the interview guide and focus group guide assisted in ensuring the validity of research findings through the collection of in-depth information.

The researcher also managed to maintain the reliability of the study by adopting a purposive sampling technique and selecting a manageable sampling size of 11 participants. This allowed the researcher to gather profound data from individuals with direct experience with the social problem under study. The use of an interview guide and focus group guide as data collection tools also ensured that the process was transparent and there was replicability for all participants. Hence, the sampling technique and size as well as the data collection tools enhanced the reliability of the study findings.

3.12 Limitations of the study

3.12.1 Social Desirability Bias

Participants may present themselves favorably by overreporting positive coping methods such as prayer and underreporting stigmatized behaviors such as transactional sex (Dahoma and Mwanri, 2021). This bias can be lessened by establishing rapport and assuring confidentiality. The researcher will place emphasis on comprehending their experiences without passing judgment, fostering open and honest responses.

3.12.2 Transferability

Because the data is qualitative, the results of this research conducted at Shamva Vocational Training cannot be statistically extrapolated to the whole of Zimbabwe. Nonetheless, thorough understanding will be quite applicable to comparable scenarios (Mushonga and Mamba, 2018). Readers will be able to evaluate applicability to other contexts with the use of thorough explanations of the setting and the participants' experiences

3.12.3 Researcher Bias

The researcher's point of view may have an impact on how the data is interpreted. Journaling and keeping a record of one's ideas and presumptions will be used to practice reflexivity in order to lessen the impact of this (Skovdal, 2018). Following thematic analysis methods precisely reduces personal bias and guarantees that results are based on data.

3.13 Delimitations of the study

One of the delimitations of the study is that the study is limited to a few wards in Shamva District. This location was selected due to accessibility and relevance to the research problem. This research mainly focuses on qualitative data gathered through interviews and focus group discussions rather than quantitative data. The study also focuses specifically on youths aged between 18-35 years, excluding younger children and older youth outside this age bracket.

3.14 Ethics

Ethical clearance was obtained from the institution's ethics review committee prior to the start of data collection. The researcher managed to uphold several ethical issues during the study in order to protect participants rights, wellbeing and dignity throughout the process.

3.14.1 Informed consent

First, informed consent was given to all participants prior to their participation in the study. As stated by Beauchamp and Childress (2013), informed consent allows individuals to make knowledge decisions regarding their participation. Creswell (2007) noted that a proper consent procedure should include the participant's rights to withdraw from the study without penalty, the focus of the study and methods to be employed, statements surrounding confidentiality and a signature of both the researcher and participant. Thus, the provision of the consent form to the participants and a clear explanation of the study ensured the client's informed consent.

3.14.2 Confidentiality

Confidentiality is another research ethic that was maintained by the researcher. Confidentiality in research entails the ethical obligation to protect participants privacy by safeguarding their personal information from unauthorized disclosure. Babbie and Mouton (2016) noted that researchers must implement measures such as anonymizing data and securely storing sensitive information to maintain confidentiality. Creswell (2014) posits that to safeguard the privacy of the participants, pseudonyms must be used instead of real identities and identifying information must be eliminated from the final report. Hence, through the use of pseudonyms and not including any identifying information in the report, the researcher managed to uphold

confidentiality during the study. Lastly, the researcher managed to maintain the research ethic of non-maleficence through avoiding harm to participants and promoted the maintenance of the beneficence ethic through positive research outcomes.

3.12 Chapter Summary

This chapter has presented the methodology and has been covered in detail. A qualitative research approach was used to engage participants. The researcher adopted a case study research design in the study investigate. Focus group discussions and key informant interviews data collection techniques were used in the study to gather data, using the interview guide and focus group guide data tools. The researcher took into account thematic data analysis to interpret the data. Purposive sampling technique was also employed in the study with a sample size of 23 participants. Ethical obligations were applied to ensure the competence of the research.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents, interprets, analyses and discusses the findings derived from the fieldwork conducted on the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. It begins with a demographic overview of the participants followed by the thematic analysis and discussion of the results. The presentation and analysis are structured according to the three research objectives of the study: to identify the socio-economic factors contributing to drug and substance abuse among youth in Shamva, to explore the perceptions of youths towards vocational training as an alternative pathway to substance use and to determine the barriers affecting youth participation in vocational skills programmes. The findings are analysed through the lens of Social Cognitive Theory.

4.1 Data Coding and Analysis Framework

The researcher employed a thematic coding approach to identify themes that emerged from data captured during focus group discussions and key informants interviews. The codes were drawn from the three objectives of the study namely: socio-economic factors contributing to drug and substance abuse, perceptions of youths in Shamva towards vocational training as an alternative pathway to substance use, barriers affecting youth participation in vocational skills programmes. Social Cognitive Theory and other relevant literature were utilised to analyse and interpret data and to draw conclusions.

4.2 Demographic Information of Participants

This section presents the demographic information of participants which are presented in a tabular format. The participant profile plays a crucial role in providing the concepts being examined. Table 4.2.2 presents the total number of youth participants who took part in the focus group discussions at Shamva Vocational Training Centre and total number of key informants involved in the study.

4.2.2 Summary of participants demographic information and key informants.

Age	**18-25**		**26-35**	
	5		3	
Gender	**Male**		**Female**	
	3		5	
Highest level of education attained	**Primary level**	**Secondary (Form 1-3)**	**Ordinary level (Form 4)**	**Advanced level (Form 5-6)**
	4	1	3	0
Marital Status	**Single**	**Married**	**Divorced**	**Widowed**
	6	2	0	0
KEY INFORMANTS				
Age	**25-40**		**41- 60**	
	2		1	
Gender	**Male**		**Female**	
	2		1	
Designation	**Shamva Vocational Training Instructor**	**Community Leader**	**Youth Officer from Ministry of Youth, Empowerment, Development and Vocational training centre**	
	1	1	1	

The demographic data from Table 4.2.2 reveal that the 8 youth participants at Shamva Vocational Training Centre were 5 females and 3 males, mostly 6 single and 2 married. Those who aged 18-25 were 5 and those aged 26-35 were 3. Education levels were low: 4 had only primary education, 1 secondary, 3 ordinary level and none advanced level, indicating that the sample represents educationally marginalized youth who are the primary target for vocational training as an alternative pathway. The predominance of single young adults aligns with the study's focus on a population vulnerable to substance abuse due to unemployment and idleness. Triangulation with three key informants (youth officer, vocational training officer and community leader) strengthens the findings, while the absence of advanced-level participants underscores that vocational training serves those excluded from academic progression.

4.3 SOCIO-ECONOMIC FACTORS CONTRIBUTING TO DRUG AND SUBSTANCE ABUSE AMONG YOUTH IN SHAMVA

The findings showed that there are number of socio-economic factors contributing to drug and substance abuse among youths in Shamva. During the focus group discussions and key informant interviews participants identified socio-economic factors contributing to drug and substance abuse among youths in Shamva are unemployment and economic hardship, poverty, peer pressure, family factors and substance accessibility.

4.3.1 Unemployment and Economic Hardship as Primary Drivers

Results identified unemployment and economic hardship as the primary drivers of drug and substance abuse among youth in Shamva. From the focus group discussion conducted participants consistently articulated that the absence of meaningful employment opportunities leaves young people idle, hopeless and susceptible to substance use as a coping mechanism or recreational activity.

Participant 1 stated:

"The biggest problem here in Shamva is that there are no jobs. You stay at home doing nothing. Someone brings cannabis or bronco and you try it because you have nothing else to do. After some time, you find that you cannot stop. The drugs make you forget that you have no money, no job and future. But when the effect wears off, the problem is still there, so you use again"

Participant 3 elaborated on how unemployment creates a vacuum that substances readily fill:

"*When you are unemployed, your mind is always thinking about your problems. Some youths start drinking beer, use cannabis to forget these problems or crystal because it is stronger and makes you forget completely. The problem is that when you are using drugs,you are not improving yourself. So, you remain unemployed and the drug use gets worse. It is a cycle that is very hard to break."*

Key informant 1 confirmed the link between unemployment and substance abuse from his professional perspective:

"In my years of teaching here, I have seen many young people come to this centre who have been using drugs. When I talk to them almost all of them say same thing: they started using drugs because they had nothing to do.The vocational training gives them something meangful to do, and for many that is enough to stop using drugs or at least reduce their use significantly."

These narratives powerfully illustrate the relationship between idleness resulting from unemployment and the initiation and maintenance of substance use. Substance use serves both a recreational function (providing entertainment in the absence of constructive activities) and a coping function (temporarily alleviating the psychological distress associated with economic marginalisation). These findings are consistent with the theoretical framework of this study the Social Cognitive Theory (Bandura, 2023) posits that behaviour is influenced by environmental factors, including the availability of alternative reinforcers. In the absence of employment related reinforcers such as income, purpose and social status, substances may function as alternative reinforcers that provide immediate but ultimately destructive rewards.

These findings highlight the concept of a vicious cycle linking unemployment and substance abuse, whereby each condition exacerbates the other. This bidirectional relationship has been documented in the literature, with Metzger and Hamilton (2024) observing that substance use impairs job-seeking behaviours, reduces employability, and increases the likelihood of job loss, thereby perpetuating economic marginalisation. The cyclical nature of this relationship has important implications for intervention design, suggesting that addressing either unemployment or substance use in isolation may be insufficient; rather, integrated interventions that simultaneously target both conditions are likely to be more effective. This provides preliminary evidence supporting the hypothesis that vocational training mitigates

substance abuse by providing structure, purpose and alternative reinforcers, a mechanism consistent with Social Cognitive Theory's emphasis on environmental influences on behaviour. timing of intervention is critical, as early provision of constructive alternatives may prevent the establishment of substance use patterns that become increasingly difficult to break over time.

4.3.2 Poverty and Household Economic Deprivation

Beyond unemployment, participants identified household poverty as an independent contributor to youth substance abuse.

Participant 5 explained:
"Poverty pushes young people into drugs in a different way. Some of my friends stared using drugs because they were hungry and when they smoke cannabis, they felt full. Others started selling drugs to get money for their family. But once you start selling, you also start using. It is impossible to be around drugs all day and not try them."

Key informant 2 supported the role of poverty:
"In this community, we have many families who struggle to put food on the table. The parents are working as farm labourers or doing piece work but the money is never enough. Some young men go to the gold claims to do artisanal mining. At the mining sites drugs are everywhere. They give drugs to the young boys to get them hooked to work more hours. The poverty of the family becomes the trap that catches the child."

These results reveal distinct pathways through which poverty contributes to substance abuse: first, the use of substances as appetite suppressants to cope with food insecurity, and second, entry into drug distribution as an income-generating activity, which subsequently leads to personal use. These pathways have received limited attention in the Zimbabwean literature, although Chirisa and Moyo (2025) found that youth from households in the lowest wealth quintile were 3.4 times more likely to abuse substances compared to those from the highest wealth quintile. P5's account provides qualitative depth to this statistical finding, elucidating the specific mechanisms linking poverty to substance use.
KI 2 account introduces the important contextual factor of artisanal mining, which is a major economic activity in Shamva District. The intersection of artisanal mining, substance availability and youth vulnerability represents a unique feature of the Shamva context that has not been extensively documented in the national literature. This finding suggests that place-

based interventions tailored to the specific economic activities of a district may be more effective than generic national programmes.

4.3.3 Peer Pressure and Social Networks

Peer influence emerged as another significant factor contributing to substance abuse.

Participant 2 stated:

"My friends were the reason I started using cannabis. My friends kept pressuring me. They said I was a coward. Eventually, I tried it just to prove that I was not afraid. After that, I started using more often because when you are with your friends who are using, it feels strange to be the only one not using. You feel left out. So you use to fit in."

A female participant 6 described a slightly different peer dynamic among young women:

"For us girls, peer pressure is also there but it is different. Sometimes your friends will say that drinking beer or smoking make you a woman who is independent and knows things. If you are in a relationship and your boyfriend is using drugs, you will also start using them because he will offer it to you, and you do not want to look like you do not trust him or like you are judging him."

These narratives illustrate the operation of peer pressure through both direct persuasion and the subtler mechanism of social exclusion. The desire to belong and avoid being stigmatised as different or cowardly motivated and continued substance use. This finding aligns with Ndlovu and Sibanda (2024), who found that youths whose close friends abused substances had an 82% probability of using substances themselves. The social network analysis conducted by these authors revealed that both social influence (friends' behaviours affecting individual behaviour) and social selection (individuals befriending others who share their existing behaviours) operate simultaneously to create homophily in substance use.

The results also highlighted gender-specific pathways to substance use, including the perception of substance use as a marker of maturity and modernity and the influence of intimate partners. This finding is consistent with Mapfumo and Gomo (2024), who found that for young women, risk factors included having a substance-using intimate partner and experience of gender-based violence, while for young men, peer pressure and sensation seeking were more prominent. The gender differences identified in this study underscore the importance of

designing prevention interventions that address the distinct pathways through which young men and women initiate and escalate substance use.

4.3.4 Family Factors and Dysfunction

Family dysfunction, parental substance use and lack of parental monitoring were identified by participants as significant contributors to youth substance abuse.

Participant 4 shared his personal experience:

"My father was an alcoholic. When he was drunk, he would become violent. I started drinking beer when I was fourteen because I wanted to be different from him. But I was wrong. The drinking took over my life just like it took over his. It is like I became the very thing I hated. Now I am here at this training centre trying to build a different life for myself and my family."

KI3 commented on family factors from a policy perspective:

"Many of the youths we work with come from broken homes in some families, the parents themselves are users of drugs or alcohol, so they cannot be good role models for their children. We try to address these issues but it is difficult because the problems are deep and we do not have counsellors or social workers attached to our centre."

These findings reveal a complex psychological dynamic whereby the son of an alcoholic father-initiated substance use not simply through modelling but through an attempt to assert control and demonstrate superiority, a strategy that ultimately failed. This finding is consistent with Moyo and Ndlovu (2024), who found that youths who had at least one parent with a substance use disorder were 5.6 times more likely to develop a substance use disorder themselves. The case control study by these authors demonstrated that this elevated risk is attributable to both genetic vulnerability and environmental modelling effects, with the two factors interacting in complex ways that are not yet fully understood.

Thus, the findings account highlights multiple family-level risk factors present in Shamva, including orphanhood, parental migration for work (a common phenomenon in Zimbabwe where parents seek employment in South Africa, Botswana and other countries), grandparent-headed households and parental substance use. The findings from KI3 about the lack of counsellors and social workers at the training centre points to a significant gap in service provision, as youth with complex family backgrounds may require psychosocial support beyond what vocational training alone can provide. This finding resonates with Gumbo and Tafirenyika (2025), who found that each additional adverse childhood experience increased the

odds of substance abuse by 44%, and that the relationship was partially mediated by post-traumatic stress symptoms and depression. Thus, the finding that parental substance use substantially increases offspring risk is consistent with both the genetic and environmental pathways postulated by Social Cognitive Theory, as children observe and model parental behaviour while also inheriting genetic vulnerabilities that affect their response to substances.

4.3.5 Substance Accessibility

The easy availability of drugs and alcohol in Shamva was identified by participants as a factor that facilitates substance abuse.

Participant 7 stated:

"In this community, getting drugs is very easy. You can buy cannabis from certain people in the township any time of day or night. There is even a place near mining claims where they sell crystal, which is very strong. Because the drugs are so easy to get, young people do not have to try very hard to find them."

Key informant 1 confirmed the issue of accessibility:

"The proximity of the training centre to the township is both a blessing and a curse. On one hand, it is good because the centre is accessible to students who live in the township. On the other hand, students can easily leave the centre after classes and go to the shebeens or buy drugs from dealers. The availability of drugs in the surrounding community undermines our efforts to maintain a drug-free learning environment."

From the findings the account of substance availability is consistent with Mudzonga and Chikwanha (2024), who conducted a geographical mapping study of substance availability in Shamva District and found that 78% of youths lived within one kilometre of an alcohol outlet and 45% within one kilometre of an illicit drug source. The spatial analysis conducted by these authors revealed that substance availability was highest in Wadzanai Township, the most densely populated and economically disadvantaged area of Shamva and that youths who reported that substances were very easy to access were more likely to be current substance users. The findings also highlight the challenge that vocational training centres face when located in communities with high substance availability. Even when the training environment itself is supportive, the surrounding community context may provide ongoing exposure to substances that undermines trainees' efforts to abstain or reduce use. This finding suggests that vocational training as a mitigation strategy may be more effective when combined with

community-level interventions that reduce substance availability and address the social norms that normalise substance use.

4.4 PERCEPTIONS OF YOUTHS TOWARDS VOCATIONAL TRAINING AS AN ALTERNATIVE PATHWAY TO SUBSTANCE USE

Results showed that youths in Shamva have different perceptions towards vocational training as an alternative pathway to substance use. Perceptions of youths towards vocational training as an alternative pathway to substance use are vocational training provides structure, purpose, hope and alternative social networks.

4.4.1 Positive Perceptions: Structure, Purpose and Hope

The overwhelming majority of youth participants (seven out of eight) expressed positive perceptions of vocational training as a strategy for mitigating drug and substance abuse. Participants consistently articulated that vocational training provides structure, purpose, hope and alternative social networks that reduce the appeal of substance use. All three key informants also expressed positive views, noting that vocational training addresses the root causes of substance abuse by providing economic empowerment and restoring self-worth. When asked whether vocational training could reduce drug abuse.

Participant 8 stated:

"Before I came to this training centre, I was using cannabis almost every day. Now I am in the welding programme, my mind is occupied with learning new skills and thinking about how I will use them to start my own business after. I remind myself that using drugs would mess up my training and ruin my chances of a better future."

Participant 4 made a similar point:

"Vocational training has given me a reason to live. Before I came here, I had lost my job, my wife had left me, and I was using drugs to escape from the pain. At first, it was very hard I would wake up with strong cravings for cannabis but the instructors were patient with me. After a few weeks I could see that I was learning something valuable. For the first time in a long time, I felt like I had a future. That feeling is more powerful than any drug."

These narratives illustrate several mechanisms through which vocational training may reduce substance use, as identified. First, training provides structured time that leaves less opportunity

for substance use. Second, training provides future-oriented goals that compete with the immediate rewards of substance use. Third, training provides a new identity (as a trainee, as a future welder) that is incompatible with the identity of a substance user. These mechanisms are consistent with the findings of Ncube and Sibanda (2025) in Bulawayo, where participants reported that the demands of training left less time and energy for substance use, and that the achievement of skill mastery generated feelings of competence and self-worth that reduced the need for substances as an escape.

The findings also highlight the role of self-efficacy, a central construct in Social Cognitive Theory (Bandura, 2023). As P4 successfully acquired carpentry skills, his belief in his ability to achieve desired outcomes through his own actions increased substantially. This enhanced self-efficacy reduced his vulnerability to substance use by providing an alternative strategy for coping with distress and by creating a positive future orientation that made the short-term rewards of substance use less appealing. This finding aligns with Kadam and Patil (2023), who demonstrated that participants in vocational training programmes showed a 47% increase in self-efficacy scores, which correlated strongly with reduced substance use behaviours over a twelve month follow up period.

4.4.2 Alternative Social Networks and Peer Support

Participants also emphasised the role of vocational training in providing alternative social networks that do not centre on substance use.

Participant 5 stated:

"When I was using drugs, my friends also used drugs. When I decided to join this training programme, I was afraid that I would be alone because I did not know anyone here. But l now have new friends and they do not pressure me to use drugs. Instead, they encourage me to stay focused. Having these positive friendships has made it much easier for me to stay away from drugs."

Key Informant 1 confirmed the importance of the social environment at the training centre:

"We deliberately create a supportive environment here. We also have some former students who have successfully completed the programme and started their own businesses come back to speak to the current students. When the current students see these role models, they realise that it is possible to change their lives. It gives them hope. "

The findings illustrate the operation of social learning processes within the training environment. Through observational learning, trainees observe peers who complete the programme and make progress toward their goals, learning that skill development and abstinence lead to tangible rewards. Through vicarious reinforcement, trainees are motivated to emulate the behaviours of successful peers. This finding is consistent with Moyo and Ndlovu (2024), who found that in Zimbabwean vocational training contexts, peer mentoring significantly enhanced the adoption of healthy behaviours among trainees who had previously engaged in substance abuse.

The findings highlight the role of role models and mentors in the behaviour change process a key component of Social Cognitive Theory. The presence of successful former trainees who have overcome substance use provides current trainees with vicarious experiences that enhance their self-efficacy beliefs. When youths observe someone similar to themselves succeeding, they are more likely to believe that they too can succeed, a finding that has been well documented in the social learning literature. Therefore, the mechanisms through which participants reported that vocational training reduced substance use are well explained by Social Cognitive Theory (Bandura, 2023). The provision of structured time and alternative activities reduces opportunities for substance use a finding that aligns with the concept of reciprocal determinism whereby changes in environmental factors (enrolment in training) produce changes in behaviour (reduced substance use). The enhancement of self-efficacy through mastery experiences provides a cognitive mechanism for behaviour change, as increased confidence in one's ability to succeed reduces the need for substances as a coping strategy for distress. The provision of positive role models and supportive peer networks provides opportunities for observational learning and vicarious reinforcement, further supporting behaviour change.

4.4.3 Economic Hope as a Mechanism for Behaviour Change

Participants consistently articulated that vocational training provides economic hope, addressing what they perceive as the root cause of their substance use.

Participant 3 stated:

"The reason most young people use drugs is that they have no money and no hope of getting money. Vocational training offers a way out. When you learn a skill, you can start your own small business. You can support yourself and your family. That hope for a better economic future is what keeps me coming to this centre every day and what keeps me away from drugs."

Key informant 3 commented on the economic empowerment aspect:
"Our philosophy at the Ministry is that you cannot tell a young person to stop using drugs if you do not give them an alternative. Vocational training gives young people a positive alternative. Some of our graduates have started their own businesses. Others have found employment in hotels etc. When young people see that it is possible to earn a living through legitimate means, they are less likely to turn to drugs or to crime."

These findings aligns with the work of Mhando and Mgopa (2025) in Tanzania where youth participants reported that vocational training addressed what they perceived as their core problem which was lack of economic opportunity, rather than focusing narrowly on substance use which they saw as a symptom rather than the underlying disease. The emphasis on economic hope as a mechanism of behaviour change has important implications for intervention design, suggesting that vocational training programmes should be evaluated not only on whether they reduce substance use during the training period but also on whether they produce sustained reductions in substance use and sustained improvements in economic outcomes over the long term.
The findings reflect the policy perspective articulated in the National Youth Policy of Zimbabwe (2022-2026) which identifies vocational training as a key strategy for addressing youth unemployment and substance abuse. Thu, the emphasis on providing positive alternatives is consistent with the principles of harm reduction and with the theoretical framework of this study, which posits that behaviour change requires the availability of alternative reinforcers.

4.4.4 Scepticism and Concerns About Employment Outcomes

Despite the mainly positive perceptions, some participants expressed scepticism about vocational training as a mitigation strategy.

Participant 8 stated:

"I am grateful for the training I am receiving. Learning a skill is not enough if there are no jobs at the end. I know people who completed vocational training programmes and are still unemployed. Some of them went back to using drugs because they felt betrayed. The training centre needs to do more to connect us with employers or to help us start our own businesses."

Key informant 2 expressed a similar concern:

"The training centre is doing good work, but it cannot solve the unemployment problem by itself. The government needs to do more to attract investment to this area, to support small businesses and to create employment opportunities. Otherwise, we are just training young people to be unemployed skilled workers, which may be even more frustrating than being unemployed unskilled workers because they will feel that they have done everything right and still failed."

The findings reflect a concern that has been documented in the literature. Chemhuru and Makarau (2024) found that some youth in Zimbabwe had previously attended vocational training programmes that promised employment but failed to deliver leaving them with certificates but no jobs and that these negative past experiences generated scepticism and resistance. This finding suggests that vocational training as a mitigation strategy must be accompanied by genuine employment linkages and ongoing aftercare support to be effective and to maintain credibility with youth. While training can equip youth with skills, it cannot create jobs or fundamentally alter the structure of the local economy. This finding suggests that vocational training should be conceptualised as one component of a broader strategy that includes economic development, job creation, and social protection, a point that is consistent with the National Development Strategy 1 (2021-2025) but has proven difficult to implement in practice. However, the scepticism expressed by some participants regarding the economic outcomes of vocational training points to an important limitation. Vocational training cannot create jobs or basically alter the structure of the local economy and if training does not lead to improved economic outcomes its substance use mitigation effects may not be sustained. This finding also suggests that vocational training programmes should be evaluated not only on whether they reduce substance use during the training period but also on whether they produce sustained reductions in substance use and sustained improvements in economic outcomes over the long term.

4.5 BARRIERS AFFECTING YOUTH PARTICIPATION IN VOCATIONAL SKILLS PROGRAMMES

During the focus group discussions and key informants interviews participants shared a number of barriers affecting youth participation in vocational skills programmes. The barriers affecting youth participation in vocational skills programmes are financial barriers, lack of awareness and information barriers, transportation and geographical barriers, family responsibilities and resource limitations.

4.5.1 Financial Barriers

All eight youth participants and all three key informants identified financial constraints as the most significant barrier affecting youth participation in vocational training.

Participant 2 stated:

"Even though the government funds the training, there are still costs that many families cannot afford. For my welding programme, I needed to buy welding rods, safety glasses, gloves, and other equipment. Some of my friends wanted to join the training but they could not afford these costs. Their families are already struggling to buy food and pay for basic needs. There is no extra money for training fees.

Key informant 3 confirmed the financial barriers from a policy perspective:

"The Ministry has a policy that vulnerable youths including those who are orphaned those with disabilities and those from very poor households, should have their fees waived. But the implementation of this policy is inconsistent. The funds that are supposed to cover these waivers are often inadequate or released late. So, many vulnerable youths who should be able to attend for free are still being asked to pay, and because they cannot pay, they do not enrol."

The findings illustrate that even with government subsidies, out-of-pocket costs create a significant barrier for youth from poor households. The finding is consistent with Moyo and Ndlovu (2024), who surveyed 600 unemployed youths in rural Zimbabwe and found that financial constraints were cited by 84% of respondents as the primary barrier to skills training participation. The study by these authors employed logistic regression and found that each US$10 increase in total programme cost reduced the probability of enrolment by 15%, suggesting high price sensitivity among rural unemployed youth.

The findings also highlight the gap between policy aspiration and implementation reality. While the National Youth Policy of Zimbabwe (2022-2026) commits to waiving fees for vulnerable youth, inadequate funding and inconsistent implementation mean that many eligible youth are still excluded. This finding points to the need for increased investment in vocational training subsidies and for strengthened monitoring of fee waiver implementation. Hence, Financial barriers were the most consistently identified obstacle, reflecting the economic marginalisation of youth in Shamva and the inadequacy of current fee waiver mechanisms. The gap between policy aspiration (fee waivers for vulnerable youth) and implementation reality (inadequate funding, inconsistent application) points to the need for increased investment in vocational training subsidies and strengthened monitoring.

4.5.2 Lack of Awareness and Information Barriers

Participants identified lack of awareness about available training programmes as a significant barrier to participation.

Participant 5 stated:

"Before I came to this centre, I did not know that it existed. I heard about the training centre from a friend enrolled here. If she had not told me, I would still be at home, probably using drugs. Many young people in the surrounding villages do not know that this centre exists. They do not know how to register or what documents they need. The information just does not reach them."

KI 2 commented on information barriers:

"The training centre does not do enough outreach to the community. The centre should be going to the villages, holding information sessions at schools and community meetings, and using local radio to advertise their programmes. We need a more systematic approach to reaching young people who are out of school and out of work."

The finding illustrates the information barriers that affect rural youth, particularly those who are out of school and not connected to formal information channels. The finding is consistent with Mudzonga and Chikwanha (2024), who assessed awareness of vocational training opportunities among 400 youth in Shamva District and found that only 28% could name a specific training programme available locally, 35% knew the registration procedure, and 12% knew whether financial assistance was available. The study by these authors employed social network analysis and found that youth who were socially isolated had significantly lower awareness of training opportunities, creating a vicious cycle where those most in need of training were least likely to learn about available programmes.

Information barriers highlight the need for proactive outreach strategies that go beyond passive waiting for youth to come forward. The finding that many youth were unaware of available programmes and registration procedures suggests that training centres should invest in more and effective community outreach, including information sessions at schools and community meetings, use of local radio and peer referral programmes.

4.5.3 Transportation and Geographic Barriers

Geographic distance and transportation costs were identified as barriers for youth living in remote areas of Shamva District.

Participant 7 stated:

"I am lucky because I live in ward 22, which is close to the training centre. I can walk here in about twenty minutes. But some of my classmates come from Wadzanai township and other wards are far away. One of my classmates dropped out last month because he could not afford the transport costs anymore. His family had to choose between paying for his transport and buying food. They chose food, and I do not blame them."

Key informant 1 confirmed the transportation issue:
"We have many students who struggle with transport. This affects their learning and their chances of completing the programme. We try to be flexible, but there is only so much we can do. If the government could provide buses to transport students from the surrounding areas, it would make a huge difference."

This result illustrates the transportation barriers that affect youth living in rural areas with limited public transport infrastructure. The finding is consistent with Chirisa and Moyo (2025), who conducted a spatial accessibility analysis of vocational training centres in Mashonaland Central Province and found that 65% of the rural population lived more than 10 kilometres from the nearest vocational training centre and 30% lived more than 25 kilometres away. The study by these authors employed geographic information systems analysis and found that distance to training centre was negatively correlated with enrolment rates with each additional kilometre associated with a 4% decrease in enrolment. Transportation barriers reflect the geographic realities of rural Zimbabwe, where dispersed settlement patterns and limited public transport infrastructure create access challenges for youth living in remote areas. Thus, potential solutions include provision of transport subsidies, establishment of boarding facilities that are affordable at training centres, and decentralisation of training through mobile training units or community-based training centres. However, the feasibility of such a solution in the current economic context of Zimbabwe is questionable given the many competing demands for limited government resources.

4.5.4 Stigma Associated with Vocational Training

Stigma associated with vocational training as an option for "school failures" was identified as a barrier, particularly by younger participants.

Participant 2 stated:

"In our community, there is a belief that vocational training is for people who are not smart enough to go to university. This stigma stops some young people from enrolling, even if they are interested in learning a skill. They do not want to be seen as failures. They would rather sit at home and do nothing than be looked down on by their families and neighbours."

Key informant 3 commented on the stigma issue:
"We have a lot of work to do to change perceptions about vocational training. In other countries, such as Germany, vocational training is highly respected and is seen as a pathway to good careers. In Zimbabwe, we still have the colonial mindset that academic education is superior and that working with your hands is for people who are not intelligent. This is changing slowly, but it is still a barrier. We need to do more to show young people and their families that vocational skills can lead to successful businesses and good jobs."

The findings on perceptions of vocational training in developing countries where academic education is often privileged over technical and vocational education. The stigma associated with vocational training is particularly acute in contexts where educational attainment is a primary marker of social status and where white-collar employment is more highly valued than manual or technical work. Results also provide the need for public awareness campaigns that challenge the stigma associated with vocational training and showcase successful graduates as role models. The reference to Germany is appropriate as Germany's dual vocational training system is internationally renowned and has contributed to the country's low youth unemployment rate. Thus, stigma associated with vocational training represents a cultural barrier that requires a long-term strategy of public awareness and attitude change. The privileging of academic education over vocational training is deeply rooted in Zimbabwean society and changing these perceptions will require sustained effort, including showcasing successful vocational training graduates as role models and integrating vocational training more fully into the mainstream education system.

4.5.5 Family Responsibilities and Caregiving Barriers

Family responsibilities, particularly caregiving obligations were identified as a barrier for female youth participants.

Participant 5 stated:
"I have a young child who is three years old. Sometimes I have to miss classes because my mother is sick and cannot watch my daughter, or because my daughter is sick. It is very difficult

to balance training with being a mother. Some of my female friends wanted to join the training, but they could not because they have no one to help with their children."

The findings account illustrates the caregiving barriers that disproportionately affect female youth, who are often the primary caregivers for young children, elderly relatives, or disabled family members. The finding is consistent with Mutsvairo and Chikwanha (2025), who surveyed 500 youth in Shamva District and found that 35% of female youth and 12% of male youth were primary caregivers. The study by these authors employed logistic regression and found that having any caregiving responsibility reduced the probability of training participation by 54% for females and 28% for males. The findings also highlight that family responsibilities, particularly caregiving obligations, disproportionately affect female youth and reflect broader gender inequalities in the distribution of unpaid care work. Thus, addressing this barrier requires gender-sensitive policies that address the specific barriers faced by female youth, including flexible training schedules, on-site childcare facilities, and programmes that engage families in supporting female trainees' participation.

4.5.6 Programme Quality and Resource Limitations

Participants also identified programme quality and resource limitations as barriers that affect not only participation but also completion and outcomes.

KI 3 stated:

"Our vocational training centre is not well equipped. We have outdated machinery, limited materials and sometimes instructors who have not updated their skills in many years. This affects the quality of training that students receive This discourages other young people from enrolling because they see that the training did not lead to employment for those who came before them."

This finding is consistent with Mupedziswa and Matshaka (2024), who conducted a tracer study following 300 youth who enrolled in rural vocational training programmes and found that only 45% completed their programmes, with the most common reason for dropout being that training did not match expectations regarding quality or relevance. The study recommended that programmes should conduct labour market assessments before designing curricula and should involve local employers in programme governance to ensure relevance. Thus, programme quality and resource limitations represent institutional barriers that undermine the credibility and effectiveness of vocational training. Addressing these barriers

requires investment in equipment, materials, instructor training, and curriculum development, as well as stronger linkages with local employers to ensure that training is relevant to labour market demands.

4.6 Chapter Summary

This chapter has presented, interpreted, analysed and discussed the results from the fieldwork conducted on the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The findings were organised according to the three research objectives of the study. The first theme findings revealed that unemployment and economic hardship are the primary drivers that create conditions conducive to substance use. The second theme findings revealed mainly positive perceptions with participants valuing the structure, purpose, social connections and economic hope that training provides. The third theme findings revealed multiple obstacles operating at individual, household, community and policy levels which include financial constraints, lack of awareness, transportation issues, stigma, family responsibilities, and programme quality limitations. These findings point to the need for a comprehensive approach that addresses these multiple barriers simultaneously rather than focusing on any single obstacle in isolation. Throughout the chapter, the findings were discussed in relation to the study's theoretical framework, which is the Social Cognitive Theory.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the key findings derived from the study on the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The chapter draws conclusions based on the evidence presented in Chapter Four and offers recommendations for policy and practice. The recommendations are organised according to the different stakeholders involved in youth substance abuse prevention and vocational training provision, including the Government of Zimbabwe, the Ministry of Youth Empowerment Development and Vocational Training, Shamva Vocational Training Centre, non-governmental organisations, families and communities, and social work practitioners. The chapter also presents a conceptual framework for integrating vocational training into substance abuse mitigation strategies, discusses the implications of the findings for social work practice, and suggests areas for future research.

5.1 Summary of the Findings

This section provides a concise overview of the findings that emerged from the study on the role of vocational training in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The summary is presented based on the three objectives of the study.

5.2.0 Socio-Economic Factors Contributing to Drug and Substance Abuse

The study revealed that drug and substance abuse among youth in Shamva is driven by a complex interplay of socio-economic factors. Unemployment and economic hardship emerged as the primary drivers, with participants consistently articulating that the absence of meaningful employment opportunities leaves young people idle, hopeless and susceptible to substance use as a coping mechanism or recreational activity. The study brought out that unemployment creates a vacuum of structured time, erodes self-esteem, and generates hopelessness about the future, all of which increase susceptibility to substance use. Furthermore, the study revealed a vicious cycle whereby unemployment and substance abuse exacerbate each other, with substance use impairing job-seeking behaviours and reducing employability, thereby perpetuating economic marginalisation.

Poverty and household economic deprivation were identified as additional structural factors, with participants describing specific mechanisms including the use of substances as appetite suppressants to cope with food insecurity, and entry into drug distribution as an income-generating activity which subsequently leads to personal use. The study also found that the artisanal mining activities prevalent in Shamva District create unique vulnerabilities, as drugs are readily available at mining sites and young miners are exploited by older users who supply substances to maintain control over their labor.

Peer pressure and social networks were identified as proximal determinants of substance use, particularly among younger participants and among males. The study revealed gender-specific pathways, with young women being influenced by intimate partners and the desire to appear mature and modern, while young men were more directly influenced by peer pressure and sensation seeking. Family factors, including parental substance use, family conflict, orphanhood, parental migration for work, and lack of parental monitoring, were identified as significant contributors. The easy availability of drugs and alcohol in Shamva, particularly in Wadzanai Township and around mining claims, was identified as an environmental factor that facilitates use by reducing the effort required to obtain substances and creating a normative environment in which substance use is commonplace.

5.2.1 Perceptions of Youths Towards Vocational Training as an Alternative Pathway

The study revealed that youth in Shamva hold predominantly positive perceptions of vocational training as a strategy for mitigating drug and substance abuse. Participants valued the structure, purpose, hope and alternative social networks that training provides. The study brought out that vocational training reduces substance use through several mechanisms: providing structured time that leaves less opportunity for substance use; providing future-oriented goals that compete with the immediate rewards of substance use; providing a new identity as a trainee or future skilled worker that is incompatible with the identity of a substance user; and enhancing self-efficacy through mastery experiences, which reduces vulnerability to substance use by providing alternative strategies for coping with distress.

The study also revealed that vocational training provides alternative social networks that do not center on substance use with trainees forming supportive friendships and holding each other accountable. The presence of successful former trainees who serve as role models provides vicarious experiences that enhance self-efficacy beliefs. Participants further articulated that vocational training provides economic hope, addressing what they perceive as the root cause of their substance use, namely lack of economic opportunity. However, the study also revealed

scepticism among some participants, who expressed concern that training alone is insufficient without genuine employment linkages and ongoing aftercare support. Participants noted that some graduates of vocational training programmes remained unemployed, and that this betrayal of expectations led some to relapse into substance use.

5.2.2 Barriers Affecting Youth Participation in Vocational Skills Programmes

The study revealed multiple barriers affecting youth participation in vocational skills programmes in Shamva, operating at individual, household, community and policy levels. Financial constraints were the most consistently identified barrier, with participants noting that even with government subsidies, registration fees, tool fees, materials fees, and transportation costs create insurmountable obstacles for youth from impoverished households. The study revealed a significant gap between policy aspiration and implementation reality, as the policy of fee waivers for vulnerable youth is inadequately funded and inconsistently applied.

Lack of awareness about available training programmes and registration procedures was identified as a significant information barrier, particularly for out-of-school youth who are not connected to formal information channels. The study revealed that many youth in surrounding villages were unaware of the existence of Shamva Vocational Training Centre or the programmes offered. Transportation barriers, including geographic distance, lack of reliable public transport, and high transport costs relative to local incomes, were identified as obstacles for youth living in remote areas, with some participants reporting that classmates had dropped out because they could no longer afford transport fares.

Stigma associated with vocational training as an option for "school failures" was identified as a cultural barrier, with participants noting that community perceptions that vocational training is for those not smart enough to attend university discourage some youth from enrolling. Family responsibilities, particularly caregiving obligations, disproportionately affected female youth, who are often the primary caregivers for young children, elderly relatives, or disabled family members. Programme quality and resource limitations, including outdated equipment, limited materials, and instructors whose skills have not been updated, were identified as institutional barriers that undermine the credibility and effectiveness of vocational training.

5.3 Conclusions

Based on the findings presented and analysed in Chapter Four, the following conclusions are drawn regarding the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe.

5.3.1 Conclusions on Socio-Economic Factors

The study concludes that drug and substance abuse among youth in Shamva is not a problem that can be understood in isolation from the broader socio-economic context. Unemployment, poverty, family dysfunction, peer pressure, and substance availability are not merely background conditions but are central causal factors that must be addressed if substance abuse is to be effectively mitigated. The cyclical relationship between unemployment and substance abuse, whereby each condition exacerbates the other suggests that interventions that address only one side of this cycle are unlikely to be successful. The study further concludes that gender-specific pathways to substance use require gender-sensitive prevention and intervention strategies, as the factors that drive young men to substance use differ significantly from those that drive young women.

5.3.2 Conclusions on Youth Perceptions

The study concludes that youth in Shamva perceive vocational training positively as a strategy for mitigating drug and substance abuse and that this positive perception is grounded in the actual mechanisms through which training reduces substance use including provision of structure, enhancement of self-efficacy, creation of alternative social networks, and provision of economic hope. However, the study also concludes that positive perceptions are contingent upon the perceived credibility of training programmes. Youth who have witnessed previous cohorts of graduates fail to find employment are sceptical about the value of training, and this scepticism undermines the motivation to enroll and persist. Therefore, vocational training as a mitigation strategy must be accompanied by genuine employment linkages and demonstrable economic outcomes to maintain credibility with youth.

5.3.3 Conclusions on Barriers to Participation

The study concludes that multiple barriers operating at different levels significantly constrain youth participation in vocational training in Shamva. Financial barriers are the most significant, and current fee waiver policies are inadequate to address the magnitude of economic marginalisation among youth in the district. Information barriers reflect a passive outreach approach that fails to reach out-of-school youth who are most in need of training. Transportation barriers reflect the geographic realities of rural Zimbabwe and the inadequacy of public transport infrastructure. Stigma reflects deep-seated cultural attitudes that privilege academic education over vocational training. Caregiving barriers reflect persistent gender inequalities in the distribution of unpaid care work. Programme quality barriers reflect chronic underinvestment in vocational training infrastructure and human resources. The study

concludes that addressing any single barrier in isolation is unlikely to produce substantial improvements in participation rates; rather, a comprehensive, multi-level approach is required.

5.4 Recommendations

Based on the findings and conclusions of this study, the following recommendations are offered to various stakeholders involved in youth substance abuse prevention and vocational training provision in Shamva, Zimbabwe.

5.4.1 Recommendations for the Government of Zimbabwe

- The Government of Zimbabwe should increase investment in vocational training infrastructure and subsidies to reduce financial barriers for youth from impoverished households. Specifically, the government should allocate adequate funds to fully implement the fee waiver policy for vulnerable youth, including orphans, youth with disabilities, and youth from households in the lowest wealth quintile.
- The government should also invest in transport subsidies or establish affordable boarding facilities at vocational training centers in rural areas to address transportation barriers.
- The government should strengthen the linkage between vocational training and employment by establishing formal partnerships with employers, providing incentives for companies to hire vocational training graduates, and supporting graduate entrepreneurship through access to start-up capital and business development services.
- The government should also integrate substance abuse prevention and mental health services into vocational training programmes, recognising that many youth who enroll in training have underlying substance use disorders or mental health conditions that require treatment alongside skills development.
- The government should launch public awareness campaigns to challenge the stigma associated with vocational training, showcasing successful graduates who have built careers and businesses through vocational skills.
- The government should also consider revising educational policies to integrate vocational training more fully into the mainstream education system, allowing youth to transition between academic and vocational pathways without being labelled as failures.

5.4.2 Recommendations for the Ministry of Youth Empowerment, Development and Vocational Training

- The Ministry of Youth Empowerment, Development and Vocational Training should develop and implement a comprehensive outreach strategy to increase awareness of vocational training opportunities among out-of-school youth in rural areas. This strategy should include regular information sessions at schools and community meetings, use of local radio to advertise programmes, establishment of community-based information centers, and peer referral programmes that leverage the social networks of current and former trainees.
- The Ministry (MOYEDVT) should establish quality assurance mechanisms to ensure that vocational training programmes are relevant to local labor market demands. This should include regular labor market assessments to identify growing sectors, curriculum review processes that involve local employers, and investment in updating equipment and materials to meet industry standards.
- The Ministry of Youth Empowerment, Development and Vocational Training should also invest in continuous professional development for instructors to ensure that their skills remain current.
- The Ministry should develop gender-sensitive policies to address the specific barriers faced by female youth, including flexible training schedules that accommodate caregiving responsibilities, on-site childcare facilities at training centers and programmes that engage families in supporting female trainees' participation.
- The Ministry of Youth Empowerment, Development and Vocational Training (MOYEDVT) should also establish targeted recruitment strategies to increase female enrolment in trades where women are traditionally underrepresented.

5.4.3 Recommendations for Shamva Vocational Training Centre

- Shamva Vocational Training Centre should strengthen its aftercare and alumni support services to ensure that graduates successfully transition to employment or self-employment. This should include job placement services, connections to microfinance institutions for start-up capital, and ongoing mentorship and support groups for graduates who may be at risk of relapse into substance use.

- The center should establish formal partnerships with local employers in Shamva District, including mines, construction companies, hotels, and agricultural enterprises, to create internship and employment pathways for graduates.
- The center should also establish an alumni network that can serve as role models for current trainees and provide peer support for graduates.
- The center should enhance its substance abuse prevention and support services by training instructors in basic counselling skills, establishing confidential referral pathways to substance abuse treatment services, and creating a supportive environment where trainees who are struggling with substance use can seek help without fear of stigma or punishment.
- The center should also consider integrating life skills education, including decision-making, critical thinking, and stress management, into the curriculum.

5.4.4 Recommendations for Non-Governmental Organisations

- NGOs operating in Shamva District should complement government efforts by providing scholarships and bursaries for vulnerable youth who cannot afford training fees, transport costs, or materials.
- NGOs should also support the development of community-based vocational training initiatives that bring training closer to youth in remote areas, reducing transportation barriers.
- NGOs should support the integration of substance abuse treatment and mental health services with vocational training, recognising that skills development alone may be insufficient for youth with severe substance use disorders. This could include funding for counsellors or social workers to be based at vocational training centers, support for peer support groups, and linkages to specialized treatment services.
- NGOs should support livelihoods and employment initiatives for vocational training graduates, including start-up capital for small businesses, mentorship programmes, and connections to markets.
- NGOs should also support public awareness campaigns that challenge stigma and promote the value of vocational training as a pathway to successful careers.

5.4.5 Recommendations for Families and Communities

- Families should be encouraged to support youth participation in vocational training by providing material and emotional support, including covering transport costs, allowing flexible caregiving arrangements, and encouraging youth to persist through challenges.
- Families should also be educated about the value of vocational training as a legitimate pathway to successful careers, challenging the stigma that vocational training is only for those who have failed academically.
- Community leaders, including traditional chiefs, village heads, and religious leaders, should play an active role in promoting vocational training and challenging substance abuse norms. This could include speaking at community meetings about the dangers of substance abuse, publicly endorsing vocational training as a positive alternative, and facilitating community-level support for youth who are in training.
- Communities should establish local support groups for youth in vocational training and for graduates, providing ongoing encouragement, accountability, and assistance with challenges such as transport or childcare.
- Communities should also work to reduce substance availability by reporting illegal shebeens and drug dealers to law enforcement and by promoting alternative recreational activities for youth.

5.4.6 Recommendations for Social Work Practitioners

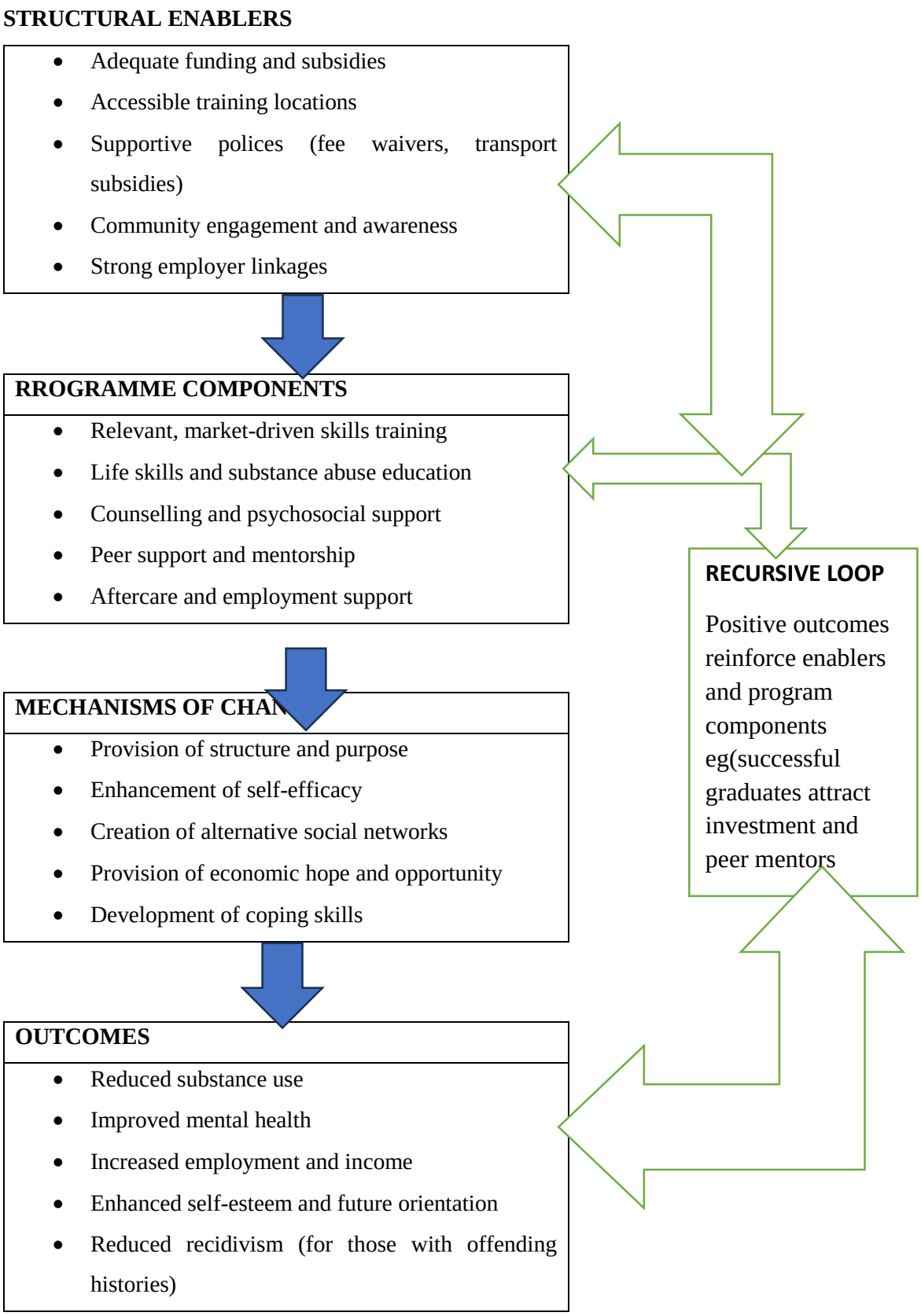
- Social workers in Shamva District should conduct community needs assessments to identify the specific substance abuse patterns, risk factors, and service gaps in the district, using this information to inform programme design and advocacy.
- Social workers should also provide individual and family counselling for youth with substance use disorders, addressing the underlying trauma, family dysfunction, and mental health conditions that contribute to substance use.
- Social workers should facilitate linkages between vocational training centers and substance abuse treatment services, ensuring that youth who need treatment can access it without having to choose between treatment and training.
- Social workers should also advocate for the integration of social work services within vocational training centers, recognising that many trainees have complex psychosocial needs that cannot be addressed through skills training alone.

- Social workers should engage in policy advocacy at the district and national levels, calling for increased investment in vocational training subsidies, transport support, childcare facilities, and substance abuse treatment services.
- Social workers should also advocate for the destigmatisation of vocational training and substance abuse, challenging the cultural attitudes that marginalise both vocational trainees and substance users.

5.5 A Model for Integrating Vocational Training into Substance Abuse Mitigation

Based on the findings of this study and the theoretical framework of Social Cognitive Theory (Bandura, 2023), the researcher proposes a conceptual model for integrating vocational training into substance abuse mitigation strategies for youth in Shamva and similar rural districts in Zimbabwe. The framework, titled the Vocational Training and Youth Substance Abuse Mitigation Model (VYSAM) consists of four interconnected components: structural enablers, programme components, mechanisms of change, and outcomes.

Figure 5.1: Vocational Training and Youth Substance Abuse Mitigation Model (VYSAM)



5.6 Explanation of Vocational Training and Youth Substance Abuse Mitigation Model (VYSAM)

The framework posits that structural enablers must be in place for vocational training programmes to be accessible to vulnerable youth. Once these enablers are present, programme components can be delivered. These components activate mechanisms of change which in turn produce positive outcomes. The model is recursive meaning that positive outcomes (such as successful employment of graduates) reinforce structural enablers (by demonstrating the value of vocational training and attracting further investment) and strengthen programme components (by providing role models and peer mentors for current trainees).

5.7 Implications for Social Work Practice

The findings of this study have several important implications for social work practice in Zimbabwe, particularly in the areas of substance abuse prevention, youth development, and vocational training which are:

- Social workers must adopt an ecological perspective that addresses the multiple levels of influence on youth substance abuse, from individual factors (such as self-efficacy and coping skills) to family factors (such as parental substance use and family conflict) to community factors (such as substance availability and peer norms) to structural factors (such as unemployment and poverty). Interventions that focus on only one level are unlikely to produce sustained behavior change.
- Social workers must recognise the central role of economic marginalisation in driving youth substance abuse. While counselling and psychosocial support are important, they are insufficient if youth continue to face unemployment, poverty, and hopelessness about the future. Social workers should therefore engage in economic empowerment interventions, including vocational training linkages, job placement support, and entrepreneurship development, as core components of substance abuse treatment and prevention.
- Social workers must address the stigma associated with both substance abuse and vocational training. Stigma discourages help-seeking behavior, leads youth to hide their substance use rather than seek assistance, and deters youth from enrolling in vocational training because of fears of being labelled as failures. Social workers should engage in community education and advocacy to challenge these stigmatising attitudes and to promote more supportive, inclusive norms.

- Social workers working in vocational training settings require training in substance abuse identification, basic counselling, and referral to specialized services. Many youth who enroll in vocational training have underlying substance use disorders or mental health conditions, and social workers need the skills to identify these issues and provide appropriate support or referrals.

5.8 Areas for Future Study

- There is need for a comparative study that examines the effectiveness of vocational training as a mitigation strategy across different rural districts in Zimbabwe, to identify the contextual factors that moderate effectiveness. Some districts may have stronger employment linkages, more supportive community norms, or better-integrated substance abuse services, and understanding these differences could inform the transferability of findings.
- There is need for an intervention study that tests the effectiveness of an integrated vocational training and substance abuse treatment programme compared to vocational training alone. Such a study could use a randomised controlled trial design to determine whether adding counselling, psychosocial support, and aftercare services to vocational training produces better outcomes than skills training alone.

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APPENDIX 1: FOCUS GROUP DISCUSSION GUIDE

CONSENT FORM

RESEARCH TOPIC: THE ROLE OF VOCATIONAL TRAINING AS A STRATEGY IN MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTHS IN SHAMVA, ZIMBABWE: A STUDY OF SHAMVA VOCATIONAL TRAINING CENTRE

Researcher: B222630B

Institution: Bindura University of Science Education

Contact Information: +263 7798312557

Greetings participants

I am Clara R Nyamadzawo, a Social Work student at Bindura University of Science Education researching the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva. The research aim is to explore the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. You are invited to participate in this study, providing valuable information on the role of vocational training in mitigating drug and substance abuse. This will allow the researcher to develop informed interventions.

The information will be collected through a focus group discussion. Please be advised that you are free to withdraw from participating in the research at any time. Your identity and the information you presented will be kept confidential in any reports.

If you agree to participate, please sign below:

Participant Number …… Signature……
Date…….

Participant Number …… Signature……
Date…….

Participant Number …… Signature……
Date…….

Participant Number …… Signature……
Date…….

Focus Group Discussion Guide

Thank you everyone for joining. I am B222630B, a Social Work student at Bindura University of Science Education. This group discussion aims to provide insights into the research on the role of vocational training as a strategy in mitigating drug and substance abuse in Shamva. During the discussions, may we all respect each other's opinions and keep whatever we discuss confidential.

Section A: Demographic Data

May each and every one of us introduce themselves with their age, gender and current level of education.

Section B: Community context of drug abuse

1. What drugs or substances are commonly used by youths here?
2. Why do you think many youths engage in drug use?
3. How does unemployment affect young people in this community?
4. How does peer influence shape youth behaviour?
5. How does drug abuse affect:
    i. Families?
    ii. Community safety?

Section C: Vocational Training as an alternative

1. How do youths generally view vocational training?
    i. Is it respected?
    ii. Is it seen as "for school failures"?
2. Can vocational training reduce drug abuse? Explain.
3. What changes would vocational training bring to youths' lives?
4. What type of skills training would attract more youths?

Section D: Barriers and challenges

1. Why do some youths not join vocational programmes?
2. Are fees affordable?
3. Is information about these programmes easily available?

4. Are girls and boys equally encouraged to join?

Section E: Solutions and recommendations

1. What should be done to reduce drug abuse in this community?
2. How can vocational training be strengthened?
3. What role should:
    i. Government?
    ii. NGOs?
    iii. Community leaders?
    iv. Parents?
    play in addressing drug and substance issue?

Section F: Closing Question

1. What message would you give to other youths in Shamva about drug and substance abuse and vocational skills?

APPENDIX 2: KEY INFORMANTS INTERVIEW GUIDE

CONSENT FORM

Researcher: B222630B

Contact Information: +263 779831255

Dear Participant

SUBJECT: INFORMED CONSENT FOR PARTICIPATION IN RESEARCH STUDY.

I am B222630B, a Social Work student at Bindura University of Science Education researching the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The research aim is to explore the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. You are invited to participate in this study, providing valuable information on role of vocational training in mitigating drug and substance abuse. This will assist the research to develop informed interventions. The information will be collected through face-to-face interviews under a 45-minute session and the session will be recorded. Please be advised that you can withdraw from participating in the research at any time. Any reports will keep your identity and the information you present confidential.

If you agree to participate, please sign below:

I have read and understood the contents of this consent form. I am aware that participation in the study is entirely voluntary and I can withdraw at any time. I give my permission to take part in this research.

Researcher's Signature …… Participant's Signature……...

Date …… Date…….

Thank you

Key Informant Interview Guide

Thank you for giving your valuable time to take part in this interview. I am B222630B, a Social Work Student at Bindura University of Science Education. This interview aims to provide detailed information to the research on the role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe. The information you will share during this discussion will be kept confidential and you have the right to withdraw participation at any time.

Section A: Demographic Data

Designation: ……

Number of years: ……

Gender……

Section B: Socio-Economic Factors Contributing to drug and substance abuse

1. What substances are commonly used by youths in this community?
2. In your view, what leads young people to start using drugs or alcohol?
3. How does unemployment influence youth substance use?
4. How does poverty or economic hardship contribute to drug use?
5. What role does peer pressure play to drug use?
6. How does family background (parental monitoring, family conflict, broken homes) influence substance use?
7. Are drugs easily accessible in this community?

Section C: Youth Perceptions of Vocational Training

1. Are you aware of vocational training programmes in Shamva (e.g Shamva Vocational Training Centre)?
2. What types of skills are offered?
3. Do you think vocational training can reduce drug abuse?
4. What motivates youths to join vocational training programmes?
5. ***Section D: Barriers to participation in Vocational Skills Programmes***

1. What prevents youths from enrolling in vocational training?

i. Financial constraints?

ii. Lack of awareness?

iii. Stigma?

iv. Transportation issues?

v. Family responsibilities?

2. Are vocational programmes adequately resourced?
3. What improvements are needed to make vocational training more accessible and effective?

Section E: Intervention Strategies

1. What strategies currently exist to address drug abuse in Shamva?
2. How effective are these interventions?
3. What recommendations would you propose to improve vocational training as a mitigation strategy?

Section F: Closing Question

1. Is there anything else you want to add about youth drug abuse in Shamva that we have not discussed?

APPENDIX 3: AUTHORISATION LETTER

All correspondences should be addressed to
Development & Vocational Training
"The District Development Officer"
Shamva District Office
Shamva
Telephone 0662137294

Ministry of Youth, Empowerment,
nva district office
P.O Box 2004
Shamva

22 April 2026

CLARA. REJOICE NYAMANDZAWO (B222630)

BINDURA UNIVERSITY OF SCIENCE EDUCATION

REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY TITLED "THE ROLE OF VOCATIONAL TRAINING AS A STRATEGY IN MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTHS IN SHAMVA, ZIMBABWE: A STUDY OF SHAMVA VOCATIONAL TRAINING CENTRE"

This letter saves to approve Clara Rejoice Nyamadzawo, a student from Bindura University of Science Education to conduct a research study titled "The role of vocational training as a strategy in mitigating drug and substance abuse among youths in Shamva, Zimbabwe: A study of Shamva Vocational Training Centre."

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Bsc Degree in Social Work. The data collected should not be shared to third party (3rd).

P/P

Mukwanda. P 0775842328

District Development Officer

MINISTRY OF YOUTH EMPOWERMENT, DEVELOPMENT AND VOCATIONAL TRAINING

MINISTRY OF YOUTH EMPOWERMENT, DEVELOPMENT AND VOCATIONAL TRAINING
22 APR 2026
SHAMVA DISTRICT