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## BRIEF REPORT

# Community perspectives on the risks of prescription drug misuse and awareness among young women and girls in KwaZulu-Natal, South Africa

[version 1; peer review: awaiting peer review]

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**Abstract****Background**

There has been an increase in prescription drug misuse globally, with individuals using medications in ways other than prescribed. This can cause serious health risks, including death. Gender differences in prescription drug misuse have been observed with women misusing medication more than men.

**Methods**

We conducted a qualitative study in KwaZulu-Natal, South Africa, to explore the extent of this problem providing preliminary findings for a larger study that will inform relevant interventions and health policy responses. We conducted 12 in-depth interviews, and four focus group discussions with young women and girls aged 17-25 years. Thematic content analysis was conducted.

**Results**

Our results indicated that family and peer influence contributed to prescription drug misuse, despite participants' negative attitudes toward this due to the associated health risks. Secondly, social and environmental factors such as easy access to prescription drugs within the community contributed to misuse.

## Conclusion

Targeted awareness and intervention programs for young women and girls are needed to highlight the health risks and dangers associated with this problem.

## Keywords

Prescription drug misuse, health risks, drug risk awareness, young women and girls, Theory of Planned Behavior



This article is included in the **Addiction and Related Behaviors** gateway.

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## Introduction

Prescription drug misuse is on the increase in sub-Saharan Africa and globally.<sup>1–4</sup> The term “misuse” is often used interchangeably with “non-medical” use with prescription drugs used for recreational purposes such as benzodiazepines and opioids.<sup>2,5</sup> Commonly misused prescription drugs are stimulants (methamphetamine), opioids (codeine, tramadol), and central nervous system depressants (benzodiazepines, methaqualone, sleeping pills).<sup>1</sup> For the purposes of this research, prescription drug misuse is the use of medication in ways other than intended by a clinician, or by someone other than the person for whom the medication is prescribed.<sup>5</sup>

The South Africa Demographic Health Survey in 2016 revealed that 2% of the surveyed adult population (15 years and older) mentioned prescription misuse.<sup>6</sup> Prescription drug misuse has been associated with lack of knowledge regarding the addictive potential, risk dependency and the harm; large doses of prescription drugs may result in respiratory problems, seizures and potentially death.<sup>7,8</sup> Some users lack the ability to read and understand the medicine information sheet.<sup>9</sup> Carney et al.<sup>10</sup> stated that pharmacy staff in South Africa were challenged by lack of training in prescription drug misuse, limiting their ability to effectively contribute to addressing the problem.<sup>10</sup>

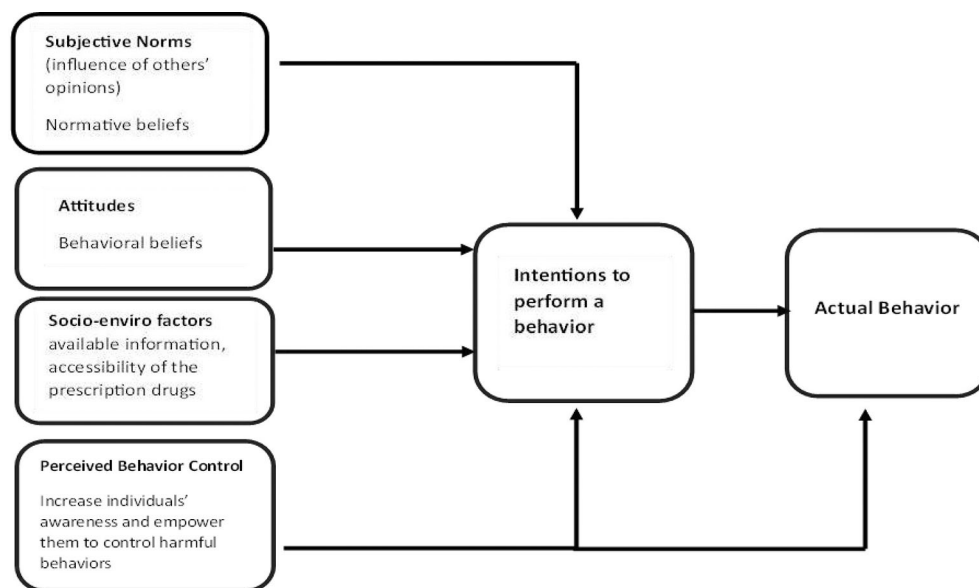
To understand the perceptions, attitudes and opinions of individuals towards inappropriate prescription use in South Africa, we used the Theory of Planned Behaviour (TPB) to guide data collection and analysis. In our setting, various norms and cultural beliefs influence certain behaviours.<sup>11</sup> The social environment that individuals are exposed to facilitates, motivates and encourages misuse of prescription drugs beyond those originally specified by the TPB framework. By incorporating these factors, the modified TPB framework becomes context specific. In this analysis we used an adapted TPB framework with the concepts of attitudes, subjective norms, perceived behavioural control, and socio-environmental factors (Figure 1).

## Methods

Between 2023–2024 we collected data on the perspectives of young women and girls on prescription drug misuse to inform the design of a planned larger qualitative study. The study was conducted in Hlabisa health sub-district, in the uMkhanyakude District of Northern KwaZulu-Natal and urban, low socio-economic urban areas in eThekweni (Verulam) South Africa.

## Sampling

We interviewed six female peer navigators (youth leaders working with the Africa Health Research Institute), aged 17–30 years selected by community leaders of 21 HIV prevention programme implementation areas in uMkhanyakude to provide support to young people to access the programme intervention.<sup>12</sup> In urban eThekweni, six female peer representatives who were youth leaders at a local youth centre in Verulam, were chosen to take part. We conducted



**Figure 1.** Adaptation of the theory of planned behaviour, Azjen 1985.

focus group discussions with the same groups of peers at both sites. The in-depth interviews were conducted with community youth at the research settings.

### Data collection

The study design was exploratory, using qualitative data collection methods that included in-depth interviews and focus group discussions. Written informed consent was sought before each interview and participants were briefed on the purpose of the study. Participants signed the written informed consent before all the data were collected. Data were collected using interview guides, by experienced social scientists, both male and female. We first conducted a focus group discussion with female peer groups to discuss the problem of inappropriate prescription drug use among adolescent girls and young women. In-depth interviews were conducted in IsiZulu (local language) in both sites. Interviews lasted for approximately 45-60 minutes. Lastly, we conducted a follow up focus group discussion with the same female peer groups to co-create ideas for possible interventions that could raise awareness of the risks associated with prescription drug misuse. Data were audio recorded, later transcribed and translated into English with notes taken. Data were analysed by RSC, manually using a thematic approach guided by the TPB framework.

## Results

A total of 12 in-depth interviews, and 4 peer navigator focus group discussions were conducted with young women and girls aged 17-25 years.

### i. Subjective norms

Social pressures and perceived expectations from others, along with how individuals value those expectations, influence their behaviour. Our participants stated that peers and family members encourage misuse of prescription drugs.

*“It has a negative impact because some of us do not have intentions to use these, but we are told by our peers that if you use this it can lead to this...”* Female 19 years, IDI uMkhanyakude.

Others perceive misusing prescription drugs as normal because they observe their peers engaging in the same behaviour.

*“... they used Alinia (clear the throat), others take it and put it in their intimacy areas.”* Female 17 years, IDI eThekwini.

Participants emphasised misuse of prescription drugs for their own benefit as peers,

*“Ohh we ... use the prescribed medication for our own use like using pills like disprin that is used for a headache, but we use it for abortion.”* Peer navigators, FGD uMkhanyakude.

Others highlighted that perceived expectations from their parents make certain behaviours normal or appropriate in their families.

*“... you would find out that she knows that she drinks incika and she even get it for the child, some parents assist them.”* Peer Navigators, FGD eThekwini.

### ii. Attitudes

Participants expressed negative attitudes regarding misuse of prescription drugs.

*“Yes, I think that is not a good thing, to be prescribed a certain medication and you use it for another thing...”* Female 22 years, IDI eThekwini.

Participants further highlighted the elevated health risk of misusing prescription drugs.

*“... the treatment already has its side effects so if you use it inappropriately then maybe ehh ... you can end up getting more unexplainable illnesses ....”* Female 18 years, IDI uMkhanyakude.

### iii. Socio-environmental factors

External influences such as social and environmental factors encourage certain behavioural intentions. Participants highlighted that prescription medication can be easily accessed from pharmacies without prescriptions.

*“Yes, here at ... there are some that does not need it, even if you want allergex you get whatever you want”* Female 27 years, IDI uMkhanyakude.

Other social and environmental factors involved gaps in the healthcare system. In urban areas the participants said some prescription drugs are easily accessed.

*“Yes, it is something easy for the young girls to have an access .... The Zenex, yes ... she [a young girl] is buying them from the lady from the next door who was working at the hospital.” Female 19 years, IDI eThekweni.*

#### iv. Perceived behavioural control

Participants emphasized the need for peer support groups and awareness programs to be integrated into community youth centres and at school to help them gain knowledge and reduce misuse of prescription drugs.

*“What could stop is if there are more of such talks with the young girls, more of it to be able to tell them the results and effects of taking this...” Female 20 years, IDI eThekweni.*

*“... so if you are going to do an awareness campaign the people who participate in it must be from that community...” Peer navigators, uMkhanyakude.*

Contextualizing interventions and awareness programmes was essential for them to be effective.

### Discussion

From this analysis we learnt that various factors influence prescription drug misuse and, therefore, raising awareness requires a thorough understanding of these factors. Despite our participants expressing knowledge about the harms and risks that arise from prescription drug misuse, there were other external influences that encouraged them to use them, and this was explained by using the concepts of a modified TPB framework, as has been done in studies on intentional use/misuse of licit and illicit drugs as well as alcohol consumption and smoking.<sup>13,14</sup>

Participants highlighted the influence of family and peers that encourage them to misuse the prescription drugs, a finding corroborated in other studies that show peer influence as the most consistent predictor of the misuse of drugs and substance use over time in adolescents.<sup>15,16</sup>

Recommendations on interventions that could raise awareness on the risks associated with prescription misuse focused on the need to tailor interventions to context. Another study in South Africa which had noted the increase in misuse of prescription drugs by females, also highlighted the need to provide interventions specifically for women and girls.<sup>17</sup> A systematic review conducted by Saba et al.<sup>18</sup> highlighted that behaviour change interventions to prevent substance misuse do need to be context specific.

Raising awareness interventions that are aligned to behavioural frameworks and tailored to the community's needs are beneficial shaping interventions.<sup>19</sup> By engaging local stakeholders and using targeted communication strategies, these interventions inform individuals about the dangers of prescription drug misuse and motivate communities to adopt safer behaviours and seek appropriate support when needed.

### Author contributions

All authors directly participated in this study. RSC handled conceptualization, formal analysis, writing—original draft. JS contributed to conceptualization, supervision, writing-review and editing.

### Ethics and consent

Ethical approval for this project was obtained from the University of KwaZulu-Natal Biomedical Research Committee in South Africa (BREC Ref No:00006237/2023) on the 16<sup>th</sup> of March 2024. Ethical approval stated that in no way do the requirements for data availability override the right to confidentiality and privacy of individuals or organisations who are the subjects of research. All methods were performed in accordance with the relevant guidelines and regulations.

### Data availability

The interview transcripts cannot be publicly shared because the data contain sensitive information that could potentially identify the participants. The restriction is a guideline set by the ethics committee and included in the informed consent that participants have agreed to. Access to the data is restricted to protect participant confidentiality. Any data access requests must be reviewed and approved by the authors and will only be granted under conditions that ensure participant anonymity. Any data requests can be directed to [rujeko.chidawanyika@ahri.org](mailto:rujeko.chidawanyika@ahri.org).

## Extended data

Figshare: Community perspectives on the risks of prescription drug misuse and awareness among young women and girls in KwaZulu-Natal, South Africa [Chimukuche, Rujeko Samantha (2025)]. Community perspectives on the risks of prescription drug misuse and awareness among young women and girls in KwaZulu-Natal, South Africa. figshare. Dataset. <https://doi.org/10.6084/m9.figshare.28846871.v1><sup>20</sup>

This project contains the following extended data:

- Supplementary Figure 1 (Adaptation Theory of Planned Behaviour Azjen, 1985)
- BREC Informed Consent (Drug Risk Awareness) Peer Navigators
- Small group topic guide for peer navigators
- BREC Informed Consent (Drug Risk Awareness) Young women
- In-depth interview topic guide
- Reporting guidelines: we used COREQ checklist

Data are available under the terms of the [Creative Commons Zero “No rights reserved” data waiver](#) (CC0 1.0 Public domain dedication).

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## References

- Kimani RW, Katsidzira AC, Mhaka FA: **Prescription Drug Misuse and Prevention in Sub-Saharan Africa**. In Mhaka-Mutepe M. (ed.) *Substance Use and Misuse in sub-Saharan Africa*. Palgrave Macmillan, Cham. 2021.  
[Reference Source](#)
- United Nations Office on Drugs and Crime: **World Drug Report**. [Accessed 28 October 2024]. 2024.  
[Reference Source](#)
- NACADA: **National Survey on the Status of Drugs and Substance Use in Kenya Nairobi**. 2022.
- United Nations Office on Drugs and Crime. **World Drug Report Booklet**. [Accessed 28 October 2024]. 2022.  
[Reference Source](#)
- NIDA: **Overview, National Institute of Drug abuse**. [Accessed 23 October 2024]. 2023.  
[Reference Source](#)
- National Department of Health (NDoH) Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. *South Africa Demographic and Health Survey 2016*. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF; 2019.
- Jalali MS, Botticelli M, Hwang RC, et al.: **The opioid crisis: a contextual, social-ecological framework**. *Health Res. Policy Syst.* 2020; **18**(1): 87.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Van Hout MC, Norman I, Rich E, et al.: **Experiences of Codeine Use, Misuse and Dependence: Application of Liese and Franz's Cognitive Developmental Model of Substance Abuse**. *Behav. Cogn. Psychother.* 2017; **45**(3): 238–52. Epub 2017/02/12.  
[PubMed Abstract](#) | [Publisher Full Text](#)
- Wells JS, Bergin M, Van Hout MC, et al.: **Purchasing Over The Counter (OTC) Medicinal Products Containing Codeine - Easy Access, Advertising, Misuse and Perceptions of Medicinal Risk**. *J. Pharm. Pharm. Sci.* 2018; **21**(1): 30049–295. Epub 2018/07/17.  
[Publisher Full Text](#) | [PubMed Abstract](#)
- Carney T, Wells J, Parry CDH, et al.: **A comparative analysis of pharmacists' perspectives on codeine use and misuse - a three country survey**. *Subst. Abuse Treat. Prev. Policy.* 2018; **13**(1): 12. Epub 2018/03/29.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Chimukuche RS, Ngwenya N, Seeley J, et al.: **Assessing Community Acceptance of Maternal Immunisation in Rural KwaZulu-Natal, South Africa: A Qualitative Investigation**. *Vaccines (Basel)*. 2022; **10**(3). Epub 20220310.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Shahmanesh M, Okesola N, Chimbindi N, et al.: **Thetha Nami: participatory development of a peer-navigator intervention to deliver biosocial HIV prevention for adolescents and youth in rural South Africa**. *BMC Public Health*. 2021; **21**(1): 1393.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Cutrin O, Mac Fadden I, Ayers SL, et al.: **Applicability of the Theory of Planned Behavior for Predicting Alcohol Use in Spanish Early Adolescents**. *Int. J. Environ. Res. Public Health*. 2020; **17**(22). Epub 2020/11/22.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Booth BM, Stewart KE, Curran GM, et al.: **Beliefs and attitudes regarding drug treatment: Application of the Theory of Planned Behavior in African-American cocaine users**. *Addict. Behav.* 2014; **39**(10): 1441–1446.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Branstetter SA, Low S, Furman W: **The Influence of Parents and Friends on Adolescent Substance Use: A Multidimensional Approach**. *J Subst. Use.* 2011; **16**(2): 150–60. Epub 2011/07/13.  
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Ghuman S, Meyer-Weitz A, Knight S: **Prevalence patterns and predictors of alcohol use and abuse among secondary school**

- students in southern KwaZulu-Natal, South Africa: demographic factors and the influence of parents and peers. *S. Afr. Fam. Pract.* 2012; **54**(2): 132–138.  
[Publisher Full Text](#)
17. Myers B, Siegfried N, Parry CD: **Over-the-counter and prescription medicine misuse in Cape Town—findings from specialist treatment centres.** *S. Afr. Med. J.* 2003; **93**(5): 367–70. Epub 2003/07/02.  
[PubMed Abstract](#)
18. Saba OA, Weir C, Aceves-Martins M: **Substance use prevention interventions for children and young people in Sub-Saharan Africa: A systematic review.** *Int. J. Drug Policy.* 2021; **94**: 103251.  
[PubMed Abstract](#) | [Publisher Full Text](#)
19. Chimukuche R, Ndlazi J, Seeley J: **Community perspectives on drug promotion on social media during the COVID-19 pandemic in KwaZulu-Natal, South Africa [version 1; peer review: 1 approved with reservations].** *F1000Res.* 2025; **14**(33).  
[Publisher Full Text](#)
20. Chimukuche RS: Community perspectives on the risks of prescription drug misuse and awareness among young women and girls in KwaZulu-Natal, South Africa. Dataset. *figshare.* 2025.  
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