



Voices of social workers on the barriers that women face in accessing substance use treatment services in Limpopo province, South Africa

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Abstract

The prevalence rate of substance use in women has escalated world over, yet, little is known about their access to available substance use treatment services. This study, through a feminist lens, examines the perspectives of social workers coordinating substance use programmes in South Africa's Limpopo province on the barriers that women face in accessing substance use treatment services. We adopted a qualitative approach through an exploratory-descriptive research design and conducted semi-structured telephonic interviews with 20 social workers within the Department of Social Development. Data that were analysed through thematic content analysis shows that women encounter personal barriers, like lack of motivation to change and denial about the substance use problem, together with external obstacles such as the shortage of treatment facilities and limited government investment in substance use treatment. The authors then recommend that the government invest more financial resources in substance use treatment to address some of the barriers that women face when seeking treatment.

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Introduction

Substance use is one of the most prevalent social problems throughout the world (Isobell et al., 2015; Kurevakwesu et al., 2023; Matanga et al., 2024). Globally, the United Nations Office on Drugs and Crime (UNODC) reported that approximately 247 million individuals aged 15 and 64 years used a drug in 2014 (UNODC, 2018). The National Drug Master Plan of South Africa (NDMP) defines substance use as the excessive use of a drug (such as alcohol, narcotics or cocaine) and the use of a drug without medical justification (NDMP, 2019). It occurs when a person uses drugs or alcohol despite the negative consequences. In South Africa, statistics compiled from in-patient and out-patient treatment centres across the nine provinces between July and December 2017 revealed that 9,501 individuals received treatment for substance use (South African Community Epidemiology Network on Drug Use [SACENDU], 2022). Most of these individuals who received treatment were men referred to treatment facilities, mainly by their families and friends. Isobell et al. (2015) added that men have the advantage of being referred for treatment by the criminal justice system, their employer, or through voluntary admission. However, women are less likely to be referred for treatment by the criminal justice system because they rarely commit crimes to sustain substance use. Moreover, women are unlikely to admit substance use or misuse, often fearing societal labelling and discrimination. Instead, they may opt to seek help from mental health professionals for issues such as depression, anxiety, insomnia, and stress, with cases of substance use less likely to be diagnosed in such contexts (Pretorius et al., 2009).

Nevertheless, statistics indicate a rise in the number of women seeking substance use treatment in South Africa (SACENDU, 2022), although entry for women remains low due to existing barriers. Research suggests that women with substance use disorders (SUDs) are more prone than men to face multiple obstacles, significantly impacting their access to treatment (Mulaudzi et al., 2022). The treatment of substance use in women is not

receiving the necessary prioritisation, primarily due to a lack of evidence underscoring its urgency. This deficiency is exacerbated by the limited visibility of women in treatment facilities and the absence of social work interventions supporting women with SUDs. Hence, this study delves into the barriers women encounter when seeking treatment, addressing a notable gap in the literature, especially in the South African context. The scarcity of literature on women accessing or seeking treatment poses a challenge, hindering the identification of effective solutions to address the barriers impeding women's access to substance use treatment. Adopting a feminist lens, this article explores the perspectives of social workers in Limpopo, South Africa concerning the barriers faced by women in accessing substance use treatment. The following paragraphs discuss the literature related to the study, followed by an exposition of the theoretical basis of the study. Successively, the methodology is explained together with the resultant findings and their discussion.

Despite a surge in the number of women engaging in substance use and misuse and an increase in the number of women seeking treatment, this rise in treatment-seeking behaviour is not reflective of access to substance use treatment amongst women worldwide (Dada et al., 2018). Statistics in South Africa also contrarily reveal a decrease in treatment admissions for women (SACENDU, 2022). Hence, despite a rising number of women engaging in substance use, men continue to dominate treatment centres. The low entry rates into substance use treatment can be attributed to the barriers that women encounter. A convergence of evidence suggests that women with SUDs are more likely than men to face multiple barriers that impede their access and entry to substance use treatment (Tuchman, 2010). There is a pressing need for additional research on substance use among women, given the limited research on this topic in South Africa, particularly concerning women who seek and access treatment services. The scarcity of research poses a challenge, making it difficult to identify effective solutions that address the barriers hindering women's access to substance use treatment.

While studies on access to treatment for women using substances in South Africa are limited, Isobell et al. (2015, p. 2) explore barriers to treatment

access for women. These barriers include the “absence of a structured referral pathway, the need for formal referrals from social workers, long referral processes, mandatory detox or mental health treatment services before admission and the long waiting period”. Personal barriers covered in the same study include women’s lack of motivation for change, society’s stigma towards women, particularly pregnant women abusing substances, and women’s childcare responsibilities. Service users however identified these barriers and did not focus on the perspectives of referring social workers. A study by Selemogwe et al. (2014) conducted in Botswana examined drug use patterns and socio-demographic profiles of substance users. While the primary focus was not on the barriers women face in accessing treatment but rather on a substance use treatment programme in Gaborone, the findings indicated that women are embarrassed to seek treatment due to the fear of societal labelling and discrimination. Mburu et al. (2018) further affirm that women who use substances in Kenya encounter discrimination and stigma from their communities. The fear of discrimination results in a negative attitude towards treatment and diminishes the motivation of women to seek treatment due to the stigma experienced by service providers and a lack of family support.

Existing studies demonstrated a need for an in-depth understanding of barriers women face when accessing treatment services to contribute to new knowledge and fill the existing literature gap. In South Africa, the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008 (Republic of South Africa [RSA], 2008), defines a “treatment centre” as a private or public facility registered or established for the treatment and rehabilitation of service users who use or are dependent on substances. These treatment services can either be non-residential, referred to as outpatient services, or residential, referred to as in-patient services, catering for individuals who use substances and those affected by substance use. The management of these facilities is geared towards providing a holistic treatment service. This article, therefore, focuses on substance use treatment services, encompassing, but not limited to, detoxification units, residential treatment, and outpatient treatment.

According to the Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008, social workers bear the responsibility of providing prevention, early intervention, treatment, aftercare, and reintegration services. Therefore, social workers can play a critical role in identifying women using substances, as they offer holistic prevention and early intervention services for women seeking assistance with various social problems (Karoll, 2010; Isobell et al., 2015). The pivotal role that social workers play includes conducting intake, assessment, problem identification, and the development of treatment plans based on the needs of the client. Assessment encompasses identifying suitable interventions for the specific client's problem. Although it can be challenging to identify women with SUDs, social workers can play a broker role by cultivating a good working relationship with other stakeholders, such as police and healthcare providers (Kurevakwesu, 2017; Kurevakwesu et al., 2022; Kurevakwesu et al., 2023). Given that social workers are pivotal in this matrix, and that little is known about their perspectives on this critical issue, this study investigates social workers' perspectives on barriers to accessing substance use treatment for women in the Limpopo province of South Africa. This helped the researchers come up with strong recommendations that are in line with the role social workers play in assisting women to access substance use treatment services.

Theoretical Framework

The study was guided by feminist theory, which posits that gender inequality is a social problem rooted in capitalism. This theory underscores the urgent need to address the observed gaps between men and women in accessing substance use treatment services. According to Hossain et al. (2016, p. 13), gender stratification is characterised by the "unequal distribution of wealth, power, and privilege between men and women". While acknowledging biological differences between men and women, society enforces various distinctions in social practices that culminate in discrimination and inequality. McAfee (2018) demonstrates that feminist theory advocates for equal treatment for men and women, irrespective of their gender. This theory calls for the inclusion and establishment of treatment facilities specifically

for women, recognising that they too are affected by substance use. When issues of insufficient treatment are addressed, equal allocation of resources for women in rural and urban areas needs to be safeguarded. This can be achieved by ensuring that treatment facilities maintain and develop the provision of opportunities for women to access treatment, even though there are insufficient facilities (Hossain et al., 2016).

Feminist theory was used to discuss and analyse women's experiences of gender subordination, explore the roots of women's oppression, scrutinize how gender inequality is perpetuated, and propose alternative solutions to address gender inequality in the context of substance use (Jones & Budig, 2008; Tong, 2001). This theory is aimed at understanding the position of women concerning substance use, intending to aid policymakers in formulating strategies to enhance women's access to treatment. Feminist theory encompasses four categories: liberal feminism, social feminism, radical feminism, and multiracial feminism (Rasool, 2019). For this study, liberal feminism serves as a lens to scrutinize and challenge systems of unfairness, inequality, and injustice in the provision of substance use services for women.

Furthermore, the studies by Dada et al. (2018) and Isobell et al. (2015) propose the development of specialised treatment for women to address their unique needs. This includes the establishment of centres that cater to children and address women's issues such as pregnancy and domestic violence. The relevance of feminist theory in this study lies in its advocacy for women's empowerment and to voice their concerns. It serves to challenge the policies and legislation that establish the standards for treatment services and their accessibility, to ensure equitable benefits for women. The study demonstrates the distinct barriers to women's access to treatment when compared to men. As a result, recommendations are put forth to facilitate accessible treatment services for women as advocated for by feminist theory.

Methodology

A qualitative research approach was adopted to explore the perspectives of social workers regarding barriers women face when accessing substance use

treatment. We employed a descriptive research design to examine the social workers' perspectives and obtain a thick description of their experiences (Creswell & Poth, 2018). The study was also exploratory since little was known about the perspectives of social workers on barriers to accessing treatment services for women. The study was conducted in the Limpopo province of South Africa with social workers who coordinate substance use treatment services in different local municipalities of the province. Permission to conduct the research was granted by the Limpopo Department of Social Development (DSD).

A non-probability purposive sampling strategy was employed to recruit participants (Strydom, 2021). Twenty (20) registered social workers with more than five years of experience working with people with SUDs participated in the study. The participants in the study were aged between 30 to 45 years. The participants were coordinators of substance use services from 13 municipalities wherein their primary role was to render prevention, early intervention, and reintegration programmes targeting substance use. The characteristics of the participants are summarised in Table 1 below.

Table 1. Information on participants

Participant	Sex	Municipality	Experience as a social worker	Years of coordinating substance use programmes
P1	Female	Mokgalakwena	10	5
P2	Female	Thulamela	12	5
P3	Female	Lephalale	12	7
P4	Female	Maruleng	9	1
P5	Female	Polokwane	7	1
P6	Male	Mokgalakwena	12	7

P7	Female	Belabela	10	2
P8	Female	Tubatse	12	4
P9	Male	Maruleng	9	3
P10	Female	Polokwane	10	5
P11	Female	Giyani	10	7
P12	Female	Letaba	13	6
P13	Male	Musina	10	6
P14	Male	Polokwane	10	3
P15	Female	Polokwane	13	6
P16	Male	Tubatse	8	3
P17	Male	Tzaneen	9	5
P18	Female	Thulamela	10	6
P19	Female	Tzaneen	15	15
P20	Female	Fetakgomo	7	6

A semi-structured interview schedule with open-ended questions was used to guide the interview process. The interviews were conducted telephonically, and thematic content analysis was used to analyse the data (Creswell & Poth, 2018). The process of data analysis encompassed the identification, analysis, and generation of themes to elucidate the participants' experiences. Measures were taken to ensure that ethical considerations, including voluntary participation, privacy, anonymity, and confidentiality, were adhered to. Ethical clearance was secured from the Stellenbosch University Research Ethics Committee before conducting the study, and the study was categorised as low risk since it did not involve vulnerable groups. The themes that were

generated by the researchers are used as a basis for the presentation of findings in the following subsection.

Results

The findings are discussed in terms of one main theme, i.e., *barriers women face in accessing substance use treatment services in Limpopo*, with the subthemes, *internal and external barriers*.

Barriers women face in accessing substance use treatment services in Limpopo

Internal barriers

When asked about barriers women face when seeking and accessing treatment, most of the participants pointed out that women lack motivation to seek treatment, which results in them missing treatment sessions. For instance, one social worker said:

Service users just come once or twice and never come back again; so that is the challenge, they are not complying with our sessions (P11).

Another participant observed that:

You might try to talk to them; then, you try to set up an appointment with them so that they come. So, you can continue; they might not pitch [For treatment sessions] (P12).

The participants' views are consistent with existing research. For instance, a study by the Centre for Substance Use Treatment (CSAT) (2015) found a lack of motivation as a hindrance to seeking treatment. Isobell et al. (2015) confirmed that women often minimize their SUD by being dishonest and pretending that everything is fine.

Most of them [women] do not want to admit it; they come with a certain problem when you intervene, you find that substance use is

one of the underlying matters, but when you want to confront the problem, they do not admit the problem ... (P5).

Based on participants' views, it can be inferred that women do not seek treatment since they are in the pre-contemplation stage of change where they see no problem with their use of substances. Thus, change can be achieved by creating ambivalence in the mind of the service user, leading them to realise the need for treatment and pursue help. The research also uncovered that women are often influenced by the opinions of significant others before committing to treatment, which may affect their decision to act. Sometimes women do not receive support from their families when they disclose their SUD. Instead, they may face rejection, feeling disowned and humiliated by their significant others (Mburu et al., 2018). The apprehension of jeopardising personal relationships frequently serves as a deterrent for women seeking treatment. The feminist perspective underscores a distinct pattern indicating that women encounter discrimination and shame from family members and society when seeking help, highlighting the gender-based challenges they face in seeking assistance (Jones & Budig, 2008; Tong, 2001). It was also indicated by Participant 8.

They lack support from family members or their partners (P8).

Although women are sometimes discouraged by their families from seeking treatment, family support has a positive influence on women entering treatment because it encourages the family to deal with the effects of substance use on the family unit. This was confirmed by Schultz and Alpaslan (2020) who noted that when clients do not seek treatment, it affects their significant others (such as children or intimate partners); hence, the needs of the client's family must be considered when providing treatment services to women. In their 2021 study on the obstacles women encounter when seeking help after sexual violence, Christensen et al. discovered that women often opt for silence to shield their families from shame. This choice arises from societal judgments, which tend to stigmatise girls while granting greater sexual freedom to boys. This situation mirrors the challenges faced by women seeking substance use treatment, where the focus on childcare becomes a

recurrent reminder for women, while men, even with children, can continue with their lives relatively unencumbered.

From a liberal feminist perspective, women with substance use problems should be acknowledged in families just as is the case with men (Roberts et al., 2000). Achieving this involves empowering families and society through the dissemination of crucial information about substance use, its effects, and the importance of their support in the recovery process. By alleviating concerns and fostering a better understanding, there is potential for improved treatment outcomes. In addition to the lack of family support, on a community level, women are stereotyped and labelled due to their misuse of substances. The latter was confirmed by one participant:

There are a lot of women who are using substances in our community, but they are afraid to come out; they are afraid to seek help because they fear being stigmatized or labelled and all that, so they choose not to get help ... (P20).

Isobell et al. (2015) posit that the societal perception of women who use substances contributes to women's fear of seeking treatment. This results in shame and humiliation for women as they are seen as bad people, and no one wants to be associated with them. Based on the participants' views, it can be inferred that women fear prejudice and discrimination by society when they admit their substance use problem, which prevents them from seeking help.

Moreover, participants highlighted the fear among some women of losing custody of their children. There exists a belief that seeking treatment renders them unfit parents, leading women to deny their substance misuse. This fear is further intensified by the apprehension of being investigated and charged with child neglect. One participant succinctly captured this concern, noting that women are frequently asked a poignant question:

Who is going to look after your kids when you go to look for help? (P7).

Questions like this derail women from seeking treatment services because they are usually the primary caregivers of children. Dada et al. (2018) support this observation, affirming that women tend to postpone seeking help more than men. Factors such as insufficient childcare, pregnancy, and the fear of losing custody of their children contribute to these delays. Addressing these concerns is crucial before women can comfortably enter treatment centres.

The CSAT (2015) affirms that treatment centres admitting women with SUDs have limited resources to cater for women with children. As a result, women deny their use of substances to protect the custodianship of their children. Women are reluctant to seek treatment when they think of leaving their children without any possible means of support. It is evident that treatment services incorporating provision for children, along with offering parenting classes and job training, can yield positive results in the delivery of treatment services. In contrast, Dada et al. (2018) found that treatment centres in Cape Town, South Africa lack childcare services to accommodate women with children, although therapeutic family preservation services are rendered in most treatment centres.

External barriers

Limited collaboration among social, health care, and police services emerges as a significant external barrier impeding women's access to treatment services. Poor integration of services limits service delivery, leading to many women getting lost in the admission process when seeking support. Poor referral systems also contribute to women not finding appropriate help to address their SUD.

...we have lost that working relationship [no collaboration and integration]. We used to have these campaigns where you will find social workers, doctors, the Department of Health, NGOs [non-governmental organisations], and SAPS [South African Police Services] (P4).

The CSAT (2015) concurs that lack of collaboration among welfare service organisations hurts women's decision to enter treatment and continue with

their treatment, as they identified a loophole in the helping process. The Act (RSA, 2008) mentioned earlier delineates the roles of professionals in coordinating service delivery for individuals with SUDs. It specifies that the prosecutor is responsible for issuing a court order for involuntary treatment services, with police officials responsible for enforcing and implementing the court order. Health professionals are required to assist with medical reports and blood tests as required by the treatment facilities. Consequently, each stakeholder has a designated role, underscoring the importance of integrated substance use treatment services among these stakeholders.

The admission criteria into treatment facilities for women differ from one facility to the next, which makes it difficult for women to meet the admission requirements. For instance, women with comorbidities are at a disadvantage because facilities require one to be treated for comorbidities before treatment application can be approved. Pregnant women are also screened before approval of their applications. Isobell et al. (2015) discovered that women with SUDs suffer different types of comorbidities that limit their chances of being admitted to treatment centres, as admission criteria frequently demand the resolution of comorbidities before approval for admission. Statistics show that 14% of persons admitted to treatment centres presented with a comorbidity such as hypertension, liver diseases, and mental health problems across different regions of South Africa (SACENDU, 2022), demonstrating a need for collaborative intervention by different welfare service providers.

When you have tuberculosis, it must be treated first before an application can be approved; if you have mental illness, it should be stabilized before you are treated (P15).

Some of the barriers are a result of limited government treatment centres. The Act (RSA, 2008) makes provision for governmental, non-governmental, and community treatment centres. The treatment centres can either render non-residential services or residential services to individuals with SUDs or who are affected by substance use. Given that the study was conducted in Limpopo province, the findings show that there is only one public in-patient treatment

centre in Limpopo for both men and women, catering for five districts and 22 municipalities. Participants two and twenty observed:

The challenge was that we had one centre, and that centre could not accommodate all our clients at the same time. It means it's going to take time. That is why if we see that the problem is too deep, and the person has gone too far to the last stages ... (P2).

We have one treatment centre, which accommodates men and women. So, it is still difficult for all these genders to access these services because the centre does not accommodate enough number of applicants. It's not easily accessible – the waiting list is forever long ... (P20).

The findings affirm that one in-patient treatment centre is insufficient to meet the demand arising from women in need of treatment services in Limpopo. The latter limits the number of admissions for treatment, leading to a long waiting list. Consequently, applicants are demotivated to pursue their recovery journey as help is not available when urgently needed and the waiting period is too long. Dada et al. (2018) posit that the lengthy period between treatment initiation and admission negatively affects the decision of clients to start the treatment process. There is poor distribution of state-subsidised treatment centres in South Africa, with Limpopo being one of the provinces that operated for very long without a single public in-patient treatment centre. Furthermore, the findings show that private treatment centres are not affordable for women with multiple financial responsibilities.

If you have a client who is a woman, you must exhaust other provinces, and most of them are private, and people need to pay (P4).

The participants observed that unemployed women do not consider private treatment centres since they cannot afford them. Isobell et al. (2015) concur that, due to limited treatment centres, women without financial resources are unable to access services from private in-patient and out-patient treatment centres. In government treatment centres, service users struggle to get space

and spend more time on the waiting list, even after their application has been approved. In summary, the state's limited allocation of financial resources to address substance use restricts the availability of affordable treatment centres, which directly hampers timely access to treatment for persons experiencing financial difficulties like unemployed women.

Further discussion

While there has been some improvement in women accessing substance use treatment, the number of women entering treatment remains considerably lower than that of men, primarily due to various barriers. Damant et al. (2023) demonstrate that women and men occupy distinct social positions that cannot be directly compared. These positions are shaped by unequal gender relations, which may have been influenced by the effects of racism, neo-colonialism, and capitalism. The feminist perspective accounts for the impact of multiple systems of oppression on women when accessing substance use treatment services. Gueta (2017) argues that there are internal and external barriers limiting women from seeking substance use treatment. External barriers are shaped and predisposed by structural inequalities, such as poverty, discrimination, and unemployment among women. On the other hand, internal barriers are personal challenges that impede women from initiating treatment. Internal barriers are considered the most significant obstacle preventing women from entering treatment centres, highlighting the need for empowerment to enable women to exercise their autonomy in dealing with their SUDs.

Based on the findings, it is concluded that limited treatment centres constitute a barrier for women to access treatment. For instance, women are frequently placed on admission waiting lists because of the limited bed capacity in treatment centres. During the waiting period, women often withdraw their applications because they lose hope and become demotivated. Additionally, the admission criteria were identified as another reason women were not accessing treatment services. Numerous requirements, such as detoxification before admission, and the need to consult multiple service providers to gather the required documents for the application process, contribute to this barrier.

On a societal level, stigma and stereotypes that surround women play a huge role in preventing women from accessing treatment services. Society's behavioural standards between men and women differ. Hence, women are likely to be labelled or rejected if they behave contrary to society's role expectations. A contributing factor is that women are treated differently from men and often occupy domestic roles, especially within African society. The findings suggest that women continue to be the primary caregivers. Given the role women play within their families and society, seeking treatment is challenging, especially if there is inadequate social support. Many communities are not informed about substance use treatment services for women, which results in a lack of support for women, either from the family or community in general.

Most women also opt out of in-patient treatment because of childcare responsibilities. Consequently, they do not initiate treatment due to fear of losing custody of their children, the child support grant, and support from their families. Thus, government financial investment in substance use treatment is necessary to improve women's accessibility to treatment services. The lack of treatment specifically tailored for women discourages them from seeking help, since they believe help is designed primarily for men. Therefore, some barriers can be minimised by empowering women and creating opportunities for them to seek help. Hence, social workers can offer education, support, and guidance for women with SUDs. Social workers are key stakeholders responsible for identifying women with SUDs and offering support to enable access to treatment services.

Recommendations

Based on the findings presented above and their subsequent discussion, we made the following recommendations:

1. It is recommended that social workers address societal issues of stigma by empowering and educating community leaders about substance use services. Additionally, education should also be provided to families of women with SUDs to enhance their understanding and support their

loved ones in recovery. This approach will encourage women to seek help more openly with the support of family and community, ultimately improving the accessibility of services.

2. Most women have childcare responsibilities. Therefore, treatment centres should make provision for children to visit their mothers frequently, as this could motivate the mothers to complete their treatment. In cases where women are admitted involuntarily, social workers should ensure that their children have someone to look after them for the duration of the treatment. Alternatively, children can be temporarily placed in child and youth care centres to reassure their mothers that they are being well taken care of.
3. The state should allocate enough money for social work resources, e.g., internet connection and transport, to improve service delivery for women with SUDs. There is also a need for interdepartmental collaboration within the social welfare sector given the urgency to develop integrated treatment services that will address health concerns such as women with comorbidities, including mental health problems, to retain women in treatment centres until their intervention programmes are complete. This requires a multidisciplinary team consisting of medical practitioners, psychologists, occupational therapists, and social workers within treatment centres.
4. It is further recommended that future studies look at the development and improvement of treatment services that address all the barriers that hinder women from accessing substance abuse treatment. Future studies should explore women's needs in a treatment setting, whether inpatient or outpatient. The effectiveness of placing women in treatment as involuntary service users and the effect it has on their families and children is another research area worth investigating.

Limitations of the study

The study is qualitative in nature; therefore, it limits the findings from being generalised. Given that the study aimed to fill the existing gap on barriers

women face in accessing substance abuse treatment, some literature cited in this study was outdated due to lack of recent literature. Telephone interviews were used for data collection due to COVID-19 restrictions, which limited the ability to observe the behaviour and body language of the participants and gauge the genuineness of participant's responses. However, member checking was done to enhance the credibility of the findings.

Conclusion

The study findings indicate that women face both internal and external barriers in accessing substance use treatment, resulting in men dominating treatment facilities. Many women hide their substance use issues and do not seek help, making it challenging to identify them during social work assessments. A strong collaboration between social workers and other stakeholders is essential for identifying women in need and facilitating effective referrals. Social workers play a crucial role in recognising women with substance use disorders, especially while addressing cases of child abuse and domestic violence. Stigma and societal stereotypes significantly hinder women's access to treatment, compounded by a lack of awareness about available services. Additionally, lengthy waiting lists and limited bed capacity lead many women to withdraw from treatment, particularly those who are mothers and struggle with balancing their responsibilities. They often fear losing custody of their children or facing stigma from family and society, while financial instability further complicates their ability to seek public treatment centres.

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The authors declare that they have no conflict of interest.

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References

- Centre for Substance Abuse Treatment (CSAT). 2015. *Substance abuse treatment: Addressing the specific needs of women*. Substance Abuse and Mental Health Services Administration.
- Christensen, M. C., Caswell, C. & Hern´andez, M. F. 2021. Contextualizing barriers to help-seeking after sexual violence: A critical feminist study with Latinx College women. *Journal of Women and Social Work*, 36(1), 97–112. <http://doi.org/10.1177/0886109920906782>
- Creswell, J. W., & Poth, C. N. 2018. *Qualitative inquiry and research designs: Choosing among five approaches*. 4th ed. SAGE.
- Dada, S., Burnhams, N. H., Laubscher, R., Parry, C., & Myers, B. 2018. Alcohol and other drug use among women seeking substance abuse treatment in the Western Cape, South Africa. *South African Journal of Science*, 114(9), 1–8.
- Damant, D., Boulebsol, C., Roy, V., & Trudeau, M. 2023. Understanding the trajectories of women who use violence through an intersectional feminist analysis. *Affilia: Feminist Inquiry in Social Work*, 38(3), 1–16 <http://doi.org/10.1177/08861099231159653>
- Gueta, K. 2017. A qualitative study of barriers and facilitators in treating drug use among Israeli mothers: An intersectional perspective. *Social Science & Medicine*, 187, 155–163.
- Hakak, Y., Onokah, S. & Shishane, K. 2022. People here are their own gods’: The migration of South African social workers to England. *British Journal of Social Work*, 53, 2019-2037

- Hossain, D. M., Ahmad, N. N. N., & Siraj, S. A. 2016. Marxist feminist perspective of corporate gender disclosures. *Asian Journal of Accounting and Governance*, 7, 11–24.
- Isobell, D., Kamaloodien, K., & Savahl, S. 2015. A qualitative study of referring agents' perceptions of access barriers to inpatient substance abuse treatment centre in Western Cape. *Harm Reduction Journal*, 12(36), 2–14.
- Jones, K. C., & Budig, M. J. 2008. Feminist theory. In E. Parrillo (Ed.). *Encyclopedia of social problems* (pp. 368–370). SAGE.
- Karoll, B. R. 2010. Applying social work approaches, harm reduction, and practice wisdom to better serve those with alcohol and drug use disorders. *Journal of Social Work*, 10(3), 263–281.
- Kurevakwesu, W. (2017). The social work profession in Zimbabwe: A critical approach on the position of social work on Zimbabwe's development. *Afro-Asian Journal of Social Sciences*, 8(1). pp. 1-12
- Kurevakwesu, W., Dzoma, F., Mundau, M., Magocha, J., Chizasa, S. and Takangovada, M. (2022). Towards the creation of a developmental welfare state in Zimbabwe: An inside perspective on the Department of Social Development. *Social Work/Maatskaplike Werk*, 58(2). <http://doi.org/10.15270/58-2-1037>
- Kurevakwesu, W., Masona, G., Mabeza, T.T., Zengeni, F. & Chiweshe, C.C. (2023). Factors responsible for substance use among youths in urban settings and social work-related interventions. *Journal of Social Work Practice in the Addictions*, 0(00), 1-18. <https://doi.org/10.1080/1533256X.2023.2212475>
- Matanga, A.A., Chiparausha, M., Kurevakwesu, W. & Charamba, S. (2024). Challenges for reintegrated youths recovering from substance use disorders in Harare, Zimbabwe: A phenomenological study. *Journal of Social Development in Africa*, 39(1), 18-44. <https://dx.doi.org/10.4314/jsda.v39i1.3>
- Mburu, G., Ayon, S., Tsai, A. C., Ndimbii, J., Wang, B., Strathdee, S., & Seeley, J. 2018. "Who has ever loved a drug addict? It's a lie. They

think a ‘teja’ is as bad person”: Multiple stigmas faced by women who inject drugs in coastal Kenya. *Reduction Journal*, 15(29), 2– 8.

McAfee, N. 2018. Feminist philosophy. In E. N. Zalta (Ed.), *Stanford Encyclopedia of Philosophy archive*. <https://plato.stanford.edu/archives/fall2018/entries/feminist-philosophy/>.

Mulaudzi, A. N., Olutola, A. A., & Bello, P. O. 2022. Exploring the Nexus between alcohol abuse and rape cases in Limpopo province, South Africa. *Journal of Sociology and Social Anthropology*, 13(1-2), 26–36. <http://doi.org/10.31901/24566764.2022/13.1-2.372>

Pretorius, L., Naidoo, A. V., & Reddy, S. P. 2009. Kitchen cupboard drinking: A review of South African women's secretive alcohol addiction, treatment history, and barriers to accessing treatment. *Social Work in Public Health*, 24(1/2), 89–99.

Rasool, S. 2019. Feminisms. In A. Van Breda & J. Sekudu (Eds.), *Theories for decolonial social work in South Africa* (pp. 157–177). Oxford University Press.

Republic of South Africa (RSA). 2008. *The Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008*. Pretoria: Government Printers.

Republic of South Africa (RSA). 2019. *National Drug Master Plan 2019-2024*. Pretoria: Department of Social Development.

Roberts, A., Jackson, M. S., & Carlton-LaNey, I. 2000. Revisiting the need for feminism and Afrocentric theory when treating African-American female substance abuse. *Journal of Drug Issues*, 30(4), 901–918.

Schultz, P., & Alpaslan, A. H. 2020. Playing the second fiddle – the experiences, challenges and coping strategies of concerned significant others of partners with a substance use disorder: Informing social work interventions. *Social Work/Maatskaplike Werk*, 56(4), 430–446.

Selemogwe, M., Mphele, S., & Manyanda, K. 2014. Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies*, 13(1), 43–53.

- South African Community Epidemiology Network on Drug Use (SACENDU). 2022. Research update: *Monitoring alcohol, tobacco and other drug use trends (South Africa)*. January– June 2021. https://www.westerncape.gov.za/sites/www.westerncape.gov.za/files/sacendu_research_update_phase_50.pdf
- Strydom, H. 2021. Sampling techniques and pilot qualitative research. In C. B. Fouché, H. Strydom, & W. J. H. Roestenburg (Eds.), *Research at grassroots for the social science and human service professions* (5th ed.). Van Schaik Publishers.
- Tong, R. 2001. Feminist theory. In N. J. Smelser & P. B. Baltes (Eds.), *International encyclopedia of the social & behavioural sciences* (pp. 5484–5491). Pergamon. <https://doi.org/10.1016/B0-08-043076-7/03945-0>.
- Tuchman, E. 2010. Women and addiction: The importance of gender issues in substance abuse research. *Journal of Addictive Diseases*, 29(2), 127–138.
- United Nations Office on Drugs and Crime (UNODC). 2018. *The World Drug Report 2018*. United Nations Publication No. E.18.XI.9. <https://www.unodc.org/wdr2018/>