

Motivational Factors of the Addiction Behavior of Young Places in Lubumbashi Rehabilitation Centers: Case of Lukuni, Bakanja / Center and Magone

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1. General Introduction

Our work focuses on the motivational factors of addictive behaviors of young people placed in rehabilitation centers of Lubumbashi. We found that in the city of Lubumbashi and its surroundings (Kipushi, Likasi, Tumbue, Kawama and Kasumbalesa), children in family breakdown (ERF) supervised in rehabilitation centers frequent the street (sell Mentos gum and bag, polish shoes, beg, transport loads, ...), commit rape, burn, steal, utter threats, impose their law, a mess, take drugs in full view of everyone, shake their entourage on all sides ... impossible to counter them as if moral authority does not exist. In view of the extreme social insecurity caused by these children, the addiction behaviors adopted, the fugues, the unhealthy influences, the plagues of resignation and rejection of children by their biological families, etc.

That's why we made it a research topic.

The results of our study will be of interest to the State, parents, researchers, young people, educators of rehabilitation centers and society to the extent that everyone will have to help these young people to leave the delinquency so that they are socialized because that an ERF who leaves the rehabilitation center after a given period of supervision should not scare his entourage.

In our work, we have provided a set of practical tips for anyone who has the opportunity to supervise the FRS to be able to fight this scourge.

Addiction behaviors have already been the subject of many studies that we will not be able to examine exhaustively in this work. We have confined ourselves to examining some of the studies that best relate to us.

Mukendi Mpinga H. (2014: 326), found that children in artisanal mines resort to inhaling alcoholic beverages and drugs that stimulate them to manifest addictive behaviors (working relentlessly and with stamina, braving bad weather, braving fear and shyness, overcoming sensitivity to scruples and the risk of accidents, etc.).

Juliette G. (2008: 1) thinks that socialization and the socio-economic-family factor lead to alcoholic behavior.

Tremblay M. (2007: 1) pointed out that several methods have been implemented to bring smokers to quit smoking in

order to eradicate the morbidity and mortality related to the health problems caused by tobacco smoke. . These are interventions aimed at promoting smoking cessation and the adequate treatment of tobacco dependence by health professionals.

The study conducted by the One-Unicef Group (2006: 72), conducted by the Observatory of Urban Change (OCU) on child labor in the mines and quarries of Katanga, revealed that the presence of alcoholic beverages and Psychotropic drugs in mines and quarries lead to drunken children and have harmful consequences on the body.

Filiberti A. (2000: 115) conducted a study on Lubumbashi youth entitled "Street children draw family". The author stresses that street children through the drawings reveal their emotions, their emotional deficiencies, their frustrations ... therefore their deep personality. It also shows that when children usually find that adults do not have a positive outlook on them, frustrate them or they do not find satisfaction with their emotional needs (feeling loved, valued, listening, etc.), this dissatisfaction push young people to opt for street life where they think they find compassion of the congeners by indulging in the famous antisocial uses to the detriment of the family environment which they consider as unattractive and harmful.

www.addictionsuisse.ch, reports that people who are close to an alcoholic are affected by this state of affairs; they are often disturbed from the affective and relational point of view, practical and material. By dint of living with the alcoholic, to meddle in his private life; they become so sick.

The examination of the state of the question leads us to note that studies on addiction behaviors have taken two directions: studies on the harmful effects of alcohol or drug use and studies focusing on the care of drug addicts.

Our study fits in the perspective of these different authors. For the latter, drugs and alcohol are sources of mental or physical suffering, leading to the production of antisocial acts. As for us, we proposed on the one hand to describe the addiction behaviors as our predecessors but for a specific category of young people placed in rehabilitation centers of Lubumbashi. And on the other hand, to determine the factors favoring juvenile addiction behaviors in Lubumbashi reeducation centers.

Education is a phenomenon that accompanies the living being throughout life. That's why we say it starts from the

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cradle. When the child grows up in his family, he receives from his parents, from society and from his comrades a course of action that cannot be neglected. However, under certain circumstances, some children move outside this natural circuit. That is, they engage in a harmful or unreasonable circuit with incalculable consequences both for themselves and for society itself.

In many countries in Africa, America, Asia and Europe, juvenile delinquency is increasing and is the subject of a significant number of publications and commentaries on in charge of this delinquency or the sanctions and measures applicable to young offenders.

Given the diversity of juvenile delinquency that developed in Lubumbashi, we were interested in the addictive behavior of young people in Lukuni, Bakanja / Center and Magone House.

Our main concern revolves around the following question: What are the factors that promote addiction behaviors among targeted youth?

This is the question we will try to answer in this work.

In connection with the question asked in the problematic, we have formulated the following hypothesis: The proliferation of outlets for alcoholic beverages in the vicinity of rehabilitation centers, the breakdown of family relations, the participation in the activities of gangs and gangs, the Failure of the ego and the superego at the prompting of the id, diffuse education and failure of surveillance mechanisms would be the main predisposing factors to addiction or antisocial behavior.

Our study pursues the following objectives:

- We determine the factors that promote juvenile addiction behaviors in the three Lukuni, Bakanja / Center and Magone Rehabilitation Centers;
- To propose a treatment likely to reduce or even extirpate the behaviors of addiction among the young people placed in these three centers of reeducation.

To carry out our study, we used the descriptive method and the case study method. The data collection was done by three techniques: documentary technique, maintenance technique and observation technique. We also used the content analysis technique to perform the data analysis.

2. Some Concepts

A concept can have many meanings depending on the context. Thus, to dispel misunderstandings, we define the key concepts that are used in this work. We define the following concepts: motivational factors, addiction behavior, young people in placement situations and rehabilitation centers.

2.1 Motivational factor

The term motivational factor includes two words: factor and motivation. We defined each term in turn.

According to the website <https://www.larousse.fr>> French> factor, the word factor is considered as an agent, an element that contributes to a result.

In this study, the word factor reflects any element on which addiction behaviors depend.

The term motivation refers to the set of factors determining the action and behavior of an individual to achieve a goal or achieve an activity (<https://www.jobintree.com>>dictionnaire).

It is also the set of factors (conscious or unconscious), of reasons and arguments which determine, explain and justify an act or a conduct and which are at the origin of the behavior ... (voynnetf.free.fr.motivation).

As for us, the motivational factor expulsion is reflected in the set of elements that push children into family breakdown to adopt addiction behaviors.

2.2 Addiction behavior

The expression addictive behavior contains two terms: behavior and addiction. We first defined the term "behavior" and then the term "addiction" and finally the expression "addictive behavior".

According to the little Larousse of psychology (2008: ..), the concept "behavior" refers to the actions of a living being. It was introduced in French psychology in 1908 by Henri Piéron as the French equivalent of English-American behavior. It is used in particular in ethology (human and animal) or in scientific psychology. It can be taken as equivalent of conduct in the psychoanalytic approach. (<https://fr.wikipedia.org>> wiki> comport ...).

In this work, "behavior" means a way of acting and responding to the stimulus (psychotropic products and alcoholic beverages).

The shift in the early 2000s from the notion of addiction and alcoholism to that of addiction has profoundly changed the way of thinking, treating and organizing care of these disorders. Whereas previously the product was put forward, we are now studying consumer behavior and the context in which it takes place. (<https://www.addictaide.fr>> what is it ...)

Addiction is a process by which human behavior provides access to immediate pleasure while reducing a feeling of internal discomfort. It is accompanied by an impossibility to control this behavior despite the knowledge of its negative consequences. (www.larousse.fr> encyclopedia> medical) In this study, we will use the concept "addiction" to talk about the excessive consumption of alcoholic beverages and toxic products by an individual. Thus, the expression "addictive behavior" refers to the behavior of young people, which consists in excessively consuming the toxic products and who have become dependent on them.

2.3 Young placed

In everyday language and even in scientific language, the words "adolescence" and "youth" do not have a very precise meaning. Usually, they refer to the same age of life, which is between childhood and adulthood.

According to Xavier Nègre, quoted in Lexilogos (2002-2014), the word "placed" means putting or driving to a specific place, to an assigned place; install. That is, placing someone under authority, dependency, protection, someone's orders. On our side, "placed" is synonymous with accommodation.

So in this work, the term "young placed" is used to refer to boys aged 5 to 23 who, as a result of the family break-up, were removed from the harmful influences of the street to be accommodated in a re-education center.

2.4 Reeducation center

The term "Center" indicates an Institution where various activities belonging to the same field are grouped together. (<https://www.larousse.fr>> French> center)

In this work a "center" is an establishment, a house that welcomes young people in family break.

Jean Bosco quoted by Jean Marie PetitClerc, 2004: 4, tries to talk with passion about teenagers, their hopes and their revolts. He dares to say no to exclusion, no to violence, yes to respect for others, yes to gentleness. He speaks with a simplicity that can be described as banal or sublime. He says, for example: "it is better to prevent than to repress" "without affection, no confidence. Without trust, no education. "" Not only must young people be loved, but they must be loved! »

The term rehabilitation refers to the site <https://www.larousse.fr>> French>réédu ... As being the set of measures assistance, monitoring or education ordered by the judge with regard to child offenders or minors in physical or moral danger (educational assistance, judicial protection).

We can therefore consider that "re-education" is a "catch-up or recovery education".

Outpatient Rehabilitation (or Rehabilitation) Centers, formerly known as Functional Rehabilitation Centers, act to assist the person with a disability to achieve optimal functional, mental, physical and / or social level by providing ways to change one's living conditions. (<https://www.participe-autisme.be>> record). The "rehabilitation center" represents a house that houses young people with family breakdown to give them an integral training that can facilitate their social reintegration.

In this study, the term rehabilitation center is considered as an institution, a structure whose mission is to rehabilitate or socially reintegrate the poor, vulnerable and marginalized in their societies where they will be supervised on the material, psychological, social, clothing and food.

3. Study Framework

Our field of research consists of three rehabilitation centers, namely: the ERF / Lukuni Rehabilitation Center, Bakanja / Center and the Magone House.

The Lukuni Children's Break Center is located 25 km from the city of Lubumbashi. While, Bakanja / Center is located at number 47, Kapuasa Road, Q / Kafubu, C / Kampemba. And, the artisanal center Magone, C.A.M. in acronym is located at number 169 of Munama Road, Kafubu district, Kampemba commune, Lubumbashi.

The main objective pursued by these three rehabilitation centers is that of recovering marginalized young people, to provide them with a livelihood. That is to say, teach them a job and help them to reintegrate the family and society.

Our target population is made up of 114 young alcoholics and drug addicts who have broken down and are interned in the three targeted rehabilitation structures. That is to say that the said population is composed only of young delinquent boys, whose number rose to 57 young people at the ERF / Lukuni center, 41 young people in Bakanja / center and 16 young people at the Magone handicraft center. It should be noted that this study population is heterogeneous in terms of age, time spent on the street, time spent in the center and the environment. Their age varies between 6 and 23 years old. Their time spent in rehabilitation centers is between 1 year and more.

Their time on the street is 1 year and up. Their environment (physical or social) exposes them to the consumption of addictive products either simultaneously alcohol or psychotropic, or in an isolated way that is to say a single addiction.

Note that in the three rehabilitation centers Lukuni, Bakanja / center and Magone, children break up family speak most of the country's languages, the most common are Kiswahili and French. Although they belong to a multitude of ethnic groups in our country, but taking into account realities on the ground, we cut in half the cultural groups that make up our population. There are ethnic groups from the provinces of Tanganyika, Haut-Lomami, Lualaba and Haut-Katanga that are represented in the three reeducation structures. On the other hand, the ethnic groups of Kasai Central, Lulua, Kasai-Oriental, Lomami and Sankuru provinces are mostly visible in these re-education centers, which can be explained by the following factors: migrations, the history of peoples, environment, linguistic characteristics, social, political and economic structures.

Finally, we opted to conduct our investigations on the young population of the city of Lubumbashi because they say: "the youth is the future in everyday life". Also, she is the victim of advances in technology and accused of all the ills of society. This allowed us to know more about the motivations behind juvenile addiction behaviors.

Here is the table showing the numbers of our target population:

Table 1: Distribution of strata in the population

Strates/Centres	Population (Ni)
LUKUNI	57
BAKANJA/CENTRE	41
MAGONE	16
TOTAL/N=	114

Legend:

Ni = Size of the stratum at the population level.
 N = Total.

Considering the data contained in this table, out of 114 subjects that make up our study population: 57 cases are from the Lukuni Center, 41 observed are hosted in Bakanja / center and 16 participants are placed in Magone.

For this study, sampling is choosing a part to represent the whole. Thus, we opted to use weighted or proportional stratified random sampling "which consists in subdividing the population into subgroups called STRATES; extract within each stratum a group of individuals that will form the sample. (LubambaKibambeLangayi, 2006-2007)

Thus, weighted stratified random sampling is presented by the following formula: $n_i = n \cdot N_i / N$

Legend:

ni = Size of the stratum at the sample level;
 n = Total at the sample level;
 Ni = Size of the stratum at the population level;
 N = Total at the population level.

Taking into account the size of our target population, we have drawn a sample of 26 relevant cases extracted according to the above formula of weighted stratified random sampling, of which: 13 ERFs in Lukuni, 9 young people in Bakanja / center and 4 young people to Magone. These are the 26 young people we met, with whom we observed the presence of addiction behaviors and with whom we worked until the end.

We selected them because they proved to be willing or faithful to our information gathering instrument throughout our research period in Lukuni, Bakanja / center and Magone centers; they presented a terrifying past; they were curious to know what we were doing, ... It was all these reasons that led us to consider the 26 cases as relevant to our study. They are all male. Their age is between 14 and 23 years old. Their time on the street is 1 year and up. Their past in the rehabilitation centers varies between 1 to 9 years. Their environment encourages them to adopt addictive behaviors; they are all drinkers and drug addicts. It should be said that the FRAs come from different geographical backgrounds, namely: Tanganyika, Upper Lomami, Lualaba, Upper Katanga, Central Kasai, Lulua, Kasai Oriental, Lomami and Sankuru.

The sampling technique was used to narrow our study sample to obtain necessary information on the parent population in order to achieve our research objectives.

The table below shows the extraction of the subjects in our sample:

Table 2: Extraction of the sample

No	Strata / Centers	Population (Ni)	Ponderation n/N	Sample (ni)
1	LUKUNI	57	.22807018	13
2	BAKANJA/CENTER	41	.22807018	9
3	MAGONE	16	.22807018	4
	Total	114		26

Referring to Table 2, 13 cases were extracted from the Lukuni stratum. While, 9 participants are from Bakanja / center. And finally, 4 respondents were drawn from the Magone subgroup.

4. Survey Data

To achieve the objectives of our study, we first developed an interview guide that allowed us to identify addiction behaviors among targeted youth; then we determined the factors underlying these addiction behaviors in young people placed in rehabilitation centers.

The objective of our study was to determine the factors that promote juvenile addiction behaviors in the three rehabilitation centers.

To achieve this goal, we analyzed the life stories of our subjects and the information collected by the interview.

The analysis of the results shows that the factors that favor juvenile addiction behaviors are numerous. They are to be placed in the personal history of the subjects, at the level of the sources of refueling in alcoholic beverages and psychotropic, as well as sources of financing of the young people at break of family.

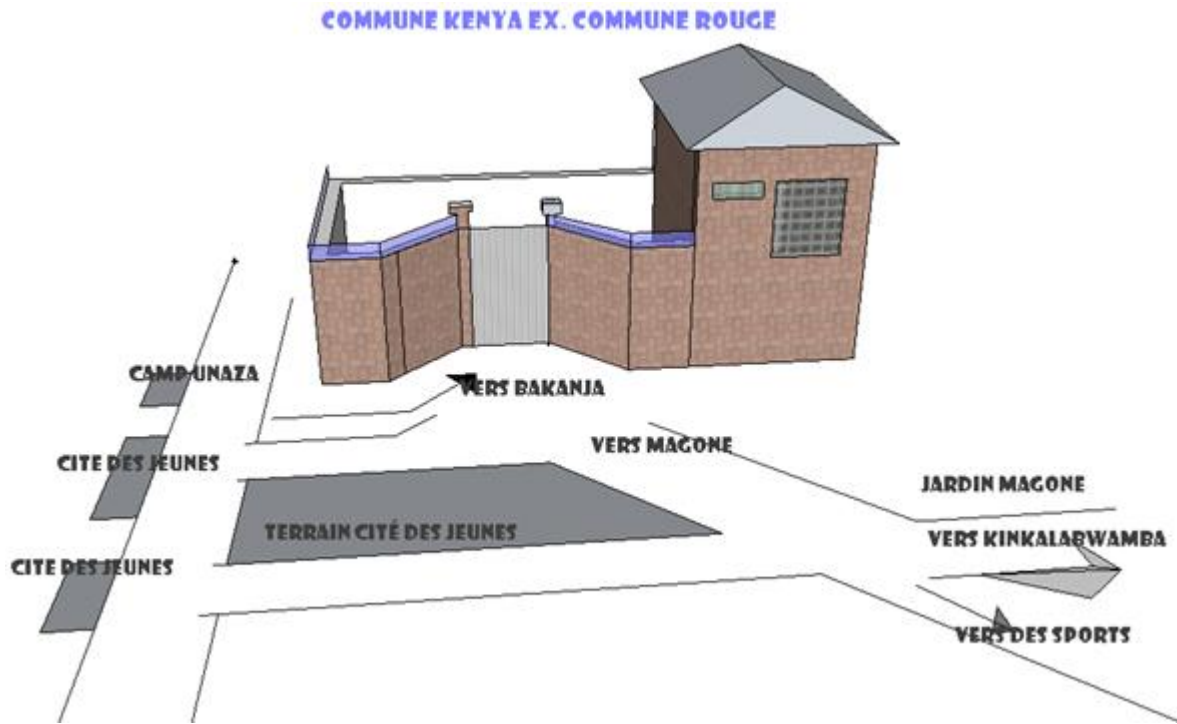
1) The life story of the subjects

According to the general trend, we found that the factors that encourage young people to develop addictive behaviors may be related to their past.

Explicitly, the young people in this family group targeted in this study come from various backgrounds, including Tanganika, Kasai, Haut-Lomami, Lulua, Lualaba, Kasai Oriental, Lomami, Haut-Katanga, Sankuru, etc. They all come from urban or urban-rural centers.

The reasons that determine their presence in the Lukuni, Bakanja / center and Magone re-education structures are various: there were ERFs who were abandoned, ERFs of stepfamilies, ERFs of parents who had already died, ERFs hunted under the pretext theft, vagrancy, rape, witchcraft; ERF suffering from emotional deprivation in the street due to lack of affection (deprivation of the right to food, need dissatisfaction, schooling problem) and ERF who left the parental roof due to the misery of their parents (unemployment).

Long-term motivations can be traced back to the family level, where the failure of educational practices and the destruction of family structures led either to the fugue of young people or to their abandonment by parents. Another factor is the passage in the street where young people learned from seniors to consume alcoholic beverages and psychotropic drugs. This learning is also done in the three

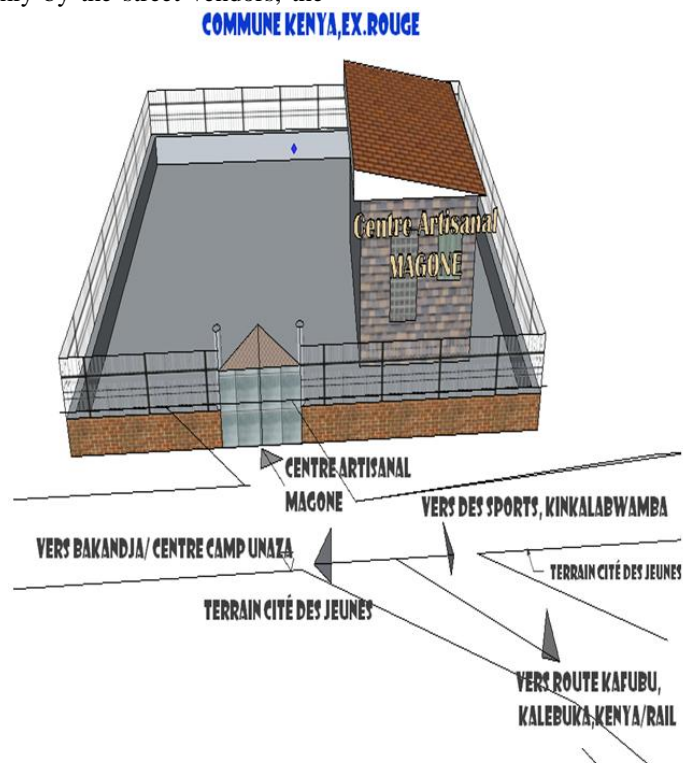


Plan 2: Bakanja Rehabilitation Center / Center

With regard to the refueling of alcoholic beverages and psychotropic drugs, young people in the Bakanja / Center family are firstly solicited by the sellers (food stores, kiosks, makeshift pharmacies, etc.) of the camp commonly known as UNAZA; secondly by the sellers of the Kenyan Commune (Kenya / Rail) which are grouped in staffs or networks selling alcoholic and psychotropic drinks; thirdly by the tenants of kiosks, food stores, staffs ... of the Kinkalabwamba district; fourthly by the street vendors, the

tenants of power supplies, kiosks, Kalebuka networks; and fifth, they resort to downtown vendors.

Finally, for the Magone craft center, they buy in the networks that are located around their reeducation center, they are Kenya / rail, sports, Kinka-city, Njanja and Kalebuka ... including also the UNAZA camp supplies and vendors.



Plan 3: Magic Craft Center

The supply of psychotropic and alcoholic beverages by the ERF is done with the food suppliers, Nganda, kiosks of the camp commonly called UNAZA, Kinkalabwamba district, Kalebuka district, downtown and also with the sellers of Commune Kenya (staffs / rail).

We can therefore consider that most of the young family members placed in the three targeted rehabilitation centers are loyal to the various outlets for alcoholic beverages and psychotropic drugs which are distributed around staffs or Nganda; power supplies or kiosks; steps ; street vendors, makeshift pharmacies, villages and camps ... as their sources of supply; Without this being regulated.

- Funding sources
- Young people in Lukuni, Bakanja / center and Magone's family breakaway have as sources of funding:
- Sell agricultural products grown in the center (potato, tomato, onion, corn, vegetables, etc.);
- Sell the Mentos Gum in downtown avenues;
- Driving in town to do shoeshine;
- Stand in front of shops and other administrative buildings to provide service especially where there is heavy traffic of people and vehicles to regulate traffic at these buildings, to keep or wash vehicles for the purpose of to be paid ;
- Prester in workshops such as artist, carpenter, mechanic, shoemaker, etc. ;
- Carry parcels on behalf of the private sector for an incentive fee;
- Receive at the end of each month something as money from the pockets of sponsors.

We can say that the young family breaks of three rehabilitation centers: Lukuni, Bakanja / Center and Magone engage in some lucrative activities that facilitate them to get something to buy alcohol, tobacco, hemp, valium and Pattex glue without framing.

This analysis of the results confirms our hypothesis that the proliferation of outlets for alcoholic beverages around re-education centers, the breakdown of family relations, the participation in gang and gang activities, the failure of the ego and the superego to solicitations. of that, the diffuse education and the failure of the mechanisms of surveillance would be the factors which favor the behaviors of addiction at the young people at break of family.

Let's look at the results according to some individual characteristics of the targeted cases: the age of the subjects, the time spent in the street before entering the center, the time spent in the center and the environment.

• According to the age of the subjects:
We emphasize that between the ERFs whose age is between 14 - 18 years, and those whose age is 19 years and older. There is no difference in the behaviors adopted when they take alcoholic beverages and psychotropic drugs.

• Depending on the time spent in the street before entering the rehabilitation center:
Several reasons pushed the targeted young people to

experience the life of the street or the market (crime, crime, violence, alcohol, drugs, valium, Pattex glue, beer, theft, ...) before being hosted in the structures in charge of the reeducation of the young people, it is: divorce of the parents, mistreatment, attachment to the exhibitions of the wrestlers, death of a parent or both, incomprehension (misunderstanding, dispute, conflict, ...) in family, theft of the money , disastrous socio-economic situation, remarriage of a parent, bullying, witchcraft, refusal to study(Insubordination to parents), misery, etc. Some young people had to spend a few months in the street or at the market; while others stayed for years in the street where they started an adventure with the friends they met and who seemed to share the same difficulties or problems.

• Depending on the time spent in the center:
The time spent in rehabilitation centers by the ERF is 1 year and more. Because they have already spent several years in the centers, this has allowed them to develop other habits to circumvent the monitoring mechanisms put in place. They leave the centers freely and return when they want. Thus they had the facility to frequent the various outlets for alcoholic and psychotropic drinks. Those who have many years in the centers operate in secret and resort to the practice of initiation to force other inexperienced young people to drink, smoke like them and do not denounce them to the framers.

• Depending on the environment:
The lack of commitment of the community to promote the adaptation of young people with family breakdown in their living environment; the proximity of centers for the re-education of outlets for alcoholic and psychotropic drinks; young people who have already developed addiction behaviors; adult drinkers or smokers in centers; sellers who have hidden fields, bars of fortune ... all these factors exert an inhibitory influence on the ERF.

5. Recommendations and Suggestions

In this section, we will propose strategies to protect young people in family breakdown placed in rehabilitation centers Lukuni, Bakanja / Center and the Magone House against drug addiction. We suggest the following therapeutic strategies:

- Consider in the social development plan, that is, a policy focused on educating young people to make them useful to their society, because it is said: "Prevention is better than cure";
- Create remunerative jobs that can enable each parent to play a good role as an educator.
- Reinforce the family image or the relationship between parents and children;
- Sensitize and persuade the FRA to adopt reserved or cautious behavior towards alcoholic and psychotropic drinks;
- Provide non-smoking and non-smoking personnel to the ERFs;
- Engage psychologists, pedagogues, social workers ... in sufficient numbers in the centers to help the ERF to raise awareness;

- Strengthen control or monitoring mechanisms in the Centers for the purpose of social and vocational rehabilitation;
- Help the ERFs to maintain a high morale level with respect to alcoholic and psychotropic beverages, even during the holidays celebrated in the center;
- Prohibit ERF exits from rehabilitation centers to the city in search of money.

It is the responsibility of the public authorities, those responsible for the ERF Rehabilitation Centers, scientists, parents, young people and the entire community to ensure that the legal provisions relating to the protection of the rights of the child are properly complied with and the teenager.

6. General Conclusion

At the end of this study, which focused on the motivational factors of addiction behaviors among young people placed in the Lubumbashi re-education centers (ERF / Lukuni, Bakanja / Center and Magone), we recalled the highlights of the approach adopted. including: the original question, the objectives of the study, the research hypothesis, the methods and techniques used. Finally, we outline the main results in light of our original objectives.

In fact, we started from a major question, which is to know the factors that promote addictive behaviors among young people placed in Lukuni, Bakanja / Center and Magone rehab centers?

The objectives of our study were:

- Determine factors that promote juvenile addiction behaviors in the three Lukuni, Bakanja / Center and Magone Rehabilitation Centers;
- To propose a treatment likely to reduce or even extirpate the behaviors of addiction among the young people placed in these three centers of reeducation.

These objectives were supplemented by the hypothesis: The proliferation of outlets for alcoholic beverages in the vicinity of rehabilitation centers, the breakdown of family relations, the participation in the activities of gangs and gangs, the failure of the ego and the superego to the solicitations of the This, widespread education and the failure of surveillance mechanisms would be the main factors behind addiction behavior among the youth of Lukuni, Bakanja / Center and Magone.

To answer our original question and achieve our goals, we used the descriptive method and the case study. These have been made operational through the use of documentary techniques, direct observation and maintenance.

The sample included 26 relevant cases extracted from the weighted random stratified sampling technique.

After analyzing and interpreting the results, we came to the following conclusions:

- Lukuni, Bakanja / Center and Magone's young family break-ups adopt an alcoholic or drug-addicted behavior

because most of them have spent part of their lives in the street, where they quickly became acquainted with the different sources of alcohol. Supply of toxic products (staffs or Nganda, food or kiosks, markets, street vendors, makeshift pharmacies, villages or camps located in the vicinity of the rehabilitation center, etc.).

- Young people who break out of the family embody these addictive behaviors because of social changes or the multifaceted crisis at every level of life in our modern society.

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