EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES IN RAMOTSE

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I, Faith Mathibela, Student Number: 35297018 declare that “EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES IN RAMOTSE” is my own work and that all the sources that were used or quoted have been indicated and acknowledged by means of complete references.

_________________________________________  __________
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ABSTRACT

Chemical substance abuse is a major problem affecting young people of all races, in particular teenagers, not only in South Africa but globally as well. Although this phenomenon continues to be a serious condition that impacts on teenagers’ growth, learning and relationships with their parents, there is limited knowledge-based research on the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances.

A qualitative research approach was employed to explore, describe and contextualize the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in Ramotse, Hammanskraal in Gauteng Province. The researcher used purposive and snowball sampling methods to draw the sample. Data was collected through the semi-structured interviews and analysed using Tesch’s eight steps (Creswell, 2009). Data was verified against four criteria developed by Guba and Lincoln’s model to test the trustworthiness of a qualitative research study. The ethical considerations adhered to throughout this study were informed consent, anonymity, confidentiality, debriefing of participants and management of information.

The findings confirm that there is lack of support for parents living with teenagers abusing chemical substance. From the findings, recommendations for policy, education, practice and future research were made. The results were disseminated by means of a written research report to management of SANCA and the participants.

Key concepts:
Experiences, Challenges, Coping, Chemical substance abuse, Teenagers, Parents
# TABLE OF CONTENTS

Declaration............................................................................................................. i

Acknowledgements............................................................................................... ii

Abstract.................................................................................................................... iii

**CHAPTER ONE** ........................................................................................................ 1

**GENERAL OVERVIEW OF THE STUDY** ................................................................ 1

1.1 **INTRODUCTION** .................................................................................................. 1

1.2 **BACKGROUND OF THE RESEARCH STUDY** ..................................................... 2

1.3 **PROBLEM STATEMENT** ....................................................................................... 11

1.4 **RATIONALE FOR THE STUDY** ............................................................................. 12

1.5 **THEORETICAL FRAMEWORK** ............................................................................. 14

1.6 **THE RESEARCH QUESTION, PRIMARY GOAL AND OBJECTIVES OF THE RESEARCH STUDY** ...................................................................................... 17

1.6.1 Research question .............................................................................................. 17

1.6.2 The research goal .............................................................................................. 18

1.6.3 Research objectives ........................................................................................ 18

1.7 **RESEARCH METHODOLOGY** ............................................................................ 20

1.7.1 Research approach ........................................................................................ 20

1.7.2 Research design .............................................................................................. 21

1.8 **RESEARCH METHOD** ........................................................................................ 23

1.8.1 **THE RESEARCH POPULATION, SAMPLING AND SAMPLING TECHNIQUES** ........... 23

1.8.1.1 Population.................................................................................................. 23
2.7.2 Pilot test .....................................................................................................................52
2.8 DATA COLLECTION ......................................................................................................54
2.9 DATA ANALYSIS .........................................................................................................56
2.10 METHOD OF DATA VERIFICATION .........................................................................57
2.11 ETHICAL CONSIDERATION ......................................................................................57
2.12 LIMITATIONS OF THE STUDY ..................................................................................59

CHAPTER THREE .............................................................................................................61

PRESENTATION OF THE RESEARCH FINDINGS ................................................................61

3.1. INTRODUCTION ..........................................................................................................61

3.2. BIOGRAPHIC PROFILE OF THE RESEARCH PARTICIPANTS .................................61

3.3 PRESENTATION AND DISCUSSION ON THEMES AND SUB-THEMES WITH LITERATURE .............................................................................................................66

3.4 THEME 1: PARENTS DISCOVERED HOW THE TEENAGERS WERE ABUSING CHEMICAL SUBSTANCES IN VARIOUS WAYS .................................................................74

Sub-theme 1.1: Parents discovered that the teenagers’ were abusing chemical substance when money and other items disappeared from teenagers’ home and the community. ...75

Sub-theme 1.2: Parents discovered that their teenagers were abusing chemical the teenagers’ behaviour changed towards the parents and teachers ........................................................................78

Sub-theme 1.3: Parents discovered that their teenagers were abusing chemical substance when they saw changes in the teenagers’ school performance ..................................................................80

3.5. THEME 2: PARENTS’ EXPERIENCES AFTER DISCOVERING THAT THEIR TEENAGERS WERE ABUSING CHEMICAL SUBSTANCES ..............................................................................82
Sub-theme 2.1: Parents experienced a sense of failure with regard to the upbringing of their teenagers.

Sub-theme 2.2: Parents experienced feelings of helplessness because their teenagers’ treatment was unsuccessful.

Sub-theme 2.3: The parents experienced feelings of shock, sadness and shame.

Sub-theme 2.4: Parents experienced wishful thinking that the teenager would die.

3.6 THEME 3: PARENTS ACCOUNTS ON THE CHALLENGES THEY FACE IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

Sub-theme 3.1: Parents dealing with health challenges such as stress, anxiety.

Sub-theme 3.2: Parents dealing with financial challenges due to compensating the community for stolen goods and endured medical costs.

Sub-theme 3.3: Parents dealing with community’s reactions.

Sub-theme 3.4: Parents were dealing with conflict with their partner or spouse.

Sub-theme 3.5: Parents had to deal with family and friends that distance themselves.

Sub-theme 3.6: Parents felt vulnerable of being hurt or even being killed by their own children.

Sub-theme 3.7: Parents had to deal with missing work often.

3.7 THEME 4: PARENTS EMPLOYED DIFFERENT STRATEGIES IN COPING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

Sub-theme 4.1: Parents avoided talking to teenagers to avoid pain and hurt.

Sub-theme 4.2: Parents sought comfort in their religion by praying or going to church.

Sub-theme 4.4: Parents opted to give the teenager money.

Sub-theme 4.5: Parents still have hope that their teenagers’ behaviour will change.
3.8. THEME 5: PARENTS EMPLOYED DIFFERENT SUPPORT MECANISMS IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES .................................................................112

Sub-theme 5.1: Parents receive support from SANCA .........................................................................................113

Sub-theme 5.2: Parents have family support groups ............................................................................................115

Sub-theme 5.3: Parents receive assistance from the church ..................................................................................115

3.9. THEME 6: PARENTS PROVIDED DIFFERENT SUGGESTIONS ON HOW PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES CAN BE BETTER SUPPORTED ..............................................................................................................................117

Sub-theme 6.1: Parents suggested the reviving of the spirit of Ubuntu .................................................................118

Sub-theme 6.3: Parents suggested that communities needs to be educated about chemical substance abuse ..................................................................................................................120

Sub-theme 6.5: Parents suggested more frequent parent support group sessions .................................................122

3.10. THEME 7: PARENTS PROVIDED DIFFERENT RECOMMENDATIONS ON HOW PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES CAN BE BETTER SUPPORTED ..............................................................................................................................124

Sub-theme 7.1: Parents recommended parent orientated support groups .............................................................125

Sub-theme 7.2: Parents shared the need for professional support and workshops to be facilitated on parenting skills ...........................................................................................................126

Sub-theme 7.3: Parents recommended that the community and police must work together ................................128

Sub-theme 7.4: Parents recommended that the government should support parents in dealing with the challenges they face regarding chemical substance abuse ..............................................................................129

CONCLUSION OF THE CHAPTER ........................................................................................................................132

CHAPTER FOUR ................................................................................................................................................134
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS ................................................................. 134

4.1 INTRODUCTION .................................................................................................................. 134

4.2 SUMMARY PERTAINING TO THE PREVIOUS CHAPTERS .............................................. 134

4.3 SUMMARY AND CONCLUSIONS PERTAINING TO THE RESEARCH STUDY ......... 135

4.3.1 Summary pertaining based on the research process ..................................................... 135

4.4. SUMMARY AND CONCLUSIONS RELATING TO THE RESEARCH FINDINGS ........ 138

4.4.1 Theme 1: Parents’ discovered how their teenagers were abusing chemical substances in various ways. .......................................................................................................................... 138

4.4.2 Theme 2: Parents experiences after discovering that their teenagers were abusing chemical substances ...................................................................................................................................... 139

4.4.3 Theme 3: Parents accounts on the challenges they face in dealing with teenagers’ abusing chemical substances .......................................................................................................................... 140

4.4.4 Theme 4: Parents employed different strategies in coping with teenagers’ abusing chemical substances ...................................................................................................................................... 141

4.4.5 Theme 5: Parents employed different support mechanisms in dealing with teenagers’ abusing chemical substances .......................................................................................................................... 142

4.4.6 Theme 6: Parents provided different suggestions on how parents living with teenagers abusing chemical substances can be better supported .......................................................................................................................... 143

4.4.7 Theme 7: Parents provided different recommendations on how parents living with teenagers abusing chemical substances can be better supported .......................................................................................................................... 144

4.5 RECOMMENDATIONS RELATED TO THE RESEARCH STUDY ............................... 145

4.5.1 Recommendations for policy .......................................................................................... 145

4.5.2 Recommendations for education .................................................................................... 146
4.5.3. Recommendations for practice ................................................................. 146

4.5.4. Recommendations for government ........................................................ 147

4.5.5. Recommendations for further research ............................................... 148

CONCLUSION OF THE CHAPTER .................................................................... 148

ADDENDUM A ................................................................................................. 162

ADDENDUM B ................................................................................................. 166

ADDENDUM C ................................................................................................. 169

ADDENDUM D ................................................................................................. 172

ADDENDUM E ................................................................................................. 174

ADDENDUM F ................................................................................................. 176

LIST OF FIGURES

Figure 1: Ecological systems theory – adopted from Maxwell (2013) ............... 16

Figure 2: Google Map of Hammanskraal showing Ramotse ............................ 48

Figure 3: Seven Themes and Subthemes ......................................................... 73

Figure 4: Theme 1 and subthemes ................................................................. 74

Figure 5: Theme 2 and subthemes ................................................................. 82

Figure 6: Theme 3 and sub-themes ............................................................... 91

Figure 7: Theme 4 and sub-themes ............................................................... 106

Figure 8: Theme 5 and sub-themes ............................................................... 113

Figure 9: Theme 6 and sub-themes ............................................................... 117

Figure 10: Theme 7 and sub-themes ............................................................. 125
CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this chapter, the researcher firstly discusses the environment in which teenagers grew up in and the factors that influence the breakdown of families. Secondly, the background of chemical substance abuse in relation to the teenagers will also be discussed. This is followed by a detailed discussion of the effects of chemical substance abuse on parents living with teenagers abusing chemical substances. Lastly, the problem statement and motivation for the study are provided, followed by a brief outline of the research methodology, data analysis, and chapter outline.

Although teenage chemical substance abuse has been extensively researched, the experiences, challenges and coping strategies of parents living with the affected teenagers have not received the same attention. It is confirmed by Hoeck and van Hal (2012:1-2) and Waini (2015:144) that little has been documented on the parental experiences and coping strategies of living with teenagers abusing chemical substances, even though the responsibility of treatment mostly falls on the parent/s. Chemical substance abuse has shown to have an effect on the physical behaviour of teenagers and children who are still in their developmental stages and can produce behaviour that simulates other psychopathological conditions (Mash and Wolfe, 2010:390). The implication of chemical substance abuse on a child’s development leads to parents worrying about the wellbeing of their teenagers.

The abuse of chemical substances by a teenager affects all members of their family including their parents. In some cases of teenage chemical substance abuse, parents are regarded as a contributing factor as illustrated in some of the causes mentioned below. The causes of chemical substance abuse among teenagers cannot be attributed to one cause; chemical substance abuse is associated with different factors, the most common of which are: dysfunctional families, chemical substance abuse in the family, aggression etc.
Raising responsible children requires a lot of effort and time, and if a child or a teenager abuses chemical substances, the household can experience conflict and continual crisis. The phenomenon of teenage chemical substance abuse causes severe strain on parents, as they often experience a wide range of negative feelings, the most common being depression, anxiety, guilt, tearfulness and confusion. Thus, they are mostly affected spiritually, physically and emotionally due to the high levels of stress and anxiety caused by their teenagers who are abusing chemical substances (Hoeck and Van Hal, 2012:1).

Furthermore, Ramsoomar (2015:34) mention that teenagers from families with parents who are abusing chemical substances are at more risk than those who are not exposed to chemical substance abuse in their homes. A study by Dreyer (2012:88) highlights that the problem of dysfunctional families due to divorces and blended families with step-parents can cause teenage chemical substance abuse as teenagers may lack love and care from their biological parents. Family problems such as chemical substance abuse, aggression, criminal activity, arguments and fights most definitely increase the chances of a teenager engaging in chemical substance abuse (Dreyer 2012:89).

### 1.2 BACKGROUND OF THE RESEARCH STUDY

In order to understand the family background, the researcher has to describe the environment in which teenagers grew up in and the factors that influence the breakdown of families. Changes in the family structure and its roles are affected by social, economic, cultural and political factors (Amoateng & Richter, 2007:1-3). These factors play a very important role in determining whether the family should become a nuclear family or an extended family constituting of mother and/or father and children as the smallest unit and the extended family. This is confirmed by Patel (2005:165), who asserts that in South Africa family life is disrupted by, amongst other things, poverty, unemployment, and lack of access to social services. An increase in the number of absent fathers is a concern according to Statistics South Africa, (2009), 56% of divorces were published, 46% proposing with absent fathers and 52% represented black fathers.
More children are growing up without fathers which means that children are raised by the mothers in a single parent home (Holborn & Eddy, 2011:2).

Mothers play a crucial role trying to fill the gap left by the absent fathers but this leaves a huge responsibility on the mothers in raising boys since they need a father figure. South Africa has also witnessed an increase in the number of single-headed families, and the number recorded in 2009 was 31.2%, and 39.4% in 2011 (Statistics South Africa, 2009:13; 2011:6). Although these figures do not give a clear breakdown of female-headed families resulting from divorce, widowhood, or the never-married, the prevalence of these families is nevertheless sufficient evidence of this increase. Only 35% of children in South Africa live with both parents, and the rest live with single parents, on their own, with relatives or foster care.

As a background to the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances, the concept chemical substance will be defined and its extent described. Chemical substance abuse can be described as the excessive use of substances to the level where one is no longer in control of how they use the chemical substance, even when the person realises that the chemical substance could ruin his or her life. Many South African teenagers are either dependent on or experimenting with or abusing substances (Somasundram 2009:4). According to the National Drug Master Plan (2013-2017), chemical substance abuse is the misuse and abuse of legal and illegal drugs including alcohol, inhalants, over the counter drugs, prescribed drugs and indigenous plants.

Adding Johnson (2007:7) states that chemical substance abuse is the continuous use of substances for a mood modifying purpose, or the use of prescribed and over the counter medication for reasons other than what the medication was intended for and in larger dose than what is prescribed. Thus, this phenomenon does not only constitute illegal street substances, but also includes legitimate medication and socially acceptable substances that people use on a daily basis such as nicotine and alcohol. For the purpose of the study, the researcher defines chemical substance abuse as the use of legal and illegal chemical substances which affect the functioning of a teenager, and include the collateral effect the chemical substance abuse has on the teenager’s family.
It is also worth noting that the teenagers will not form part of the study since the researcher is interested in the parents’ experiences, challenges and coping strategies in living with the teenagers abusing chemical substance.

It is estimated that globally 162 to 324 million people of the world population that are between the ages 15 to 64 use or abuse chemical substances or have tried them (World drug report 2013:1). Adding on Qadri, Pathak, Singh, Ahmad, Baba, and Bashir (2013:76) concur that chemical substance abuse among teenagers has raised major concerns throughout the world and in particular, the impact it has on mental, physical and social lives of the teenagers, their parents, families, communities and the whole nations.

South Africa has an alarming increase of chemical substance abuse and addiction (Ramlaan, Pelzer & Matseke 2010:1). In addition, Fernandes and Mokwena (2016:2) state that about 15% of South African teenagers abusing and addicted to chemical substances are mainly exposed to the drug commonly known as ‘nyaope’ which is a combination of dagga and heroin. Indications are that about 1.5 million teenagers are abusing chemical substances in South Africa (National Institute on Drug Abuse, 2012).

The report by National Drug Master Plan (2013-2017:2) points out that the high rate of chemical substance abuse in South Africa has had a negative impact on teenagers and their significant others. The latter are under pressure due to the challenges and costs related to the treatment and legal costs associated with maintaining the lifestyle of the teenager abusing chemical substances. Teenagers who are abusing chemical substances often become so preoccupied with using substances that they are unaware of what is going on around them to the extent that they neglect the needs of their family members. This might lead to the collapse of the family as a unit.

The abuse of chemical substances in South Africa is fueled mainly by their availability through trafficking into communities. The availability of chemical substances in public places, especially where teenagers gather, has led to an increase in chemical substance abuse and dependency cases (Central Drug Authority 2012-2013). In addition, Peltzer, Ramlagan, Johnson and Phaswana-Mafuya (2010:2227) contend that
the increase of organized crime and insufficient resources to combat it has contributed to the availability of chemical substances in South Africa, adding to more teenagers using and abusing them. The report by National Drug Master Plan (2013-2017:2) points out that the high rate of teenage chemical substance abuse in South Africa has had a negative impact on parents who are pressured by challenges and costs related to the treatment. Chemical substance abuse therefore has a devastating impact on the abuser, the parents and significant others.

According to the annual report of (SANCA) South African National Council on Alcoholism and Drug Dependency (SANCA,2013), the prevalence of teenage chemical substance abuse is high in the Gauteng province. The report also indicates that in 2012/13 SANCA had an increase of 22% on in-patient clients younger than 17 years of age. The most commonly used drug is nyaope, which is a combination of different chemical substances. This figure on the extent of chemical substance abuse implies that there are at least between 1.5 and 3 million parents affected by the teenage abuse of chemical substances. According to Government Communications and Information system (GCIS) (2012:547), 6% of the population of mainly teenagers that are depended on chemical substances live in Gauteng.

The impact of chemical substance abuse is globally and Ramotse is not an exception. The background of the site chosen for research, Ramotse, Hammanskraal, will be provided in detail under section 1.7.2 and chapter two section 2.5 in order to get the overview of the phenomenon under the study. Ramotse is a village in Hammanskraal which is in the north side of Pretoria in the Gauteng province. According to a social worker at SANCA, Ramotse is one of the communities with the highest drug abuse rate, but it only has one out-patient treatment centre to treat hundreds of people who are addicted to chemical substances. The social worker highlighted the lack of adequate facilities to support families who are affected because there is only one family support group that takes place once a month.

In period of September 2014 and in December 2016 respectively, SANCA in collaboration with the community of Ramotse, including the surrounding communities
and members of the local Non-governmental organisations (NGO’s), held a march to protest against the use of nyaope using the theme “Stop nyaope addiction”. The march was organised by the Tshwane Region 2 NGOs Forum. They marched from the local Checkers complex to a nearby taxi rank singing, praying and speaking out against the addiction, which they say is tormenting teenagers and children as young as 9 years old.

The march was aimed at creating awareness on the increase of youth and teenagers abusing chemical substance in the area. Although this initiative was not highly supported by community members, the social worker at SANCA reported that it helped to alert the police about the presence of drug lords which are referred to as “Snyman” in Ramotse.

The impact of chemical substance abuse is devastating to the community at large, the families, significant others of people who are abusing chemical substances and the abuser of the chemical substance (Slabbert 2015:451). Chemical substance abuse by a teenager or any family member brings suffering to the whole family. McKeeganey (2014:57) states that siblings of the chemical substance abuser might feel that they are being neglected by their parents, who have to focus most of their attention on the teenager who is abusing chemical substances. When a teenager abuses chemical substances, siblings in that family may find their needs and concerns are ignored or minimized, while their parents react to constant crises involving the teenager who abuses chemical substances.

Family members of chemical substance abusers may experience feelings of abandonment, anxiety, fear, anger, concern and embarrassment; while parents may wish to ignore or cut ties with the teenager concerned. Sometimes family members may even feel the need for legal protection from the teenager. According to Masombuka (2013:131), the result of teenagers abusing substances, specifically nyaope, may be devastating for their parents who find themselves unable to control their teenagers’ behaviour. The researcher adds that parents then begin to perceive their teenagers as being difficult children, which in turn makes it difficult to interact with them.
There are lots of factors contributing to teenage chemical substance abuse. Some of them are stated below:

- The problem emanates from single parents headed household by mothers. The absence of fathers in the lives of teenagers when they grow up may lead to factors leading to poor education and anti-social behaviour (Ceballo and Borquez 2008:529). To manage the anti-social behaviour the mothers resort to giving their teenagers a lot of money without monitoring how it is spent and this might lead their teenagers to fall into the trap of abusing chemical substances (Mohasoa 2010:98). Because most of the parents’ time is spent working to provide for their families, parents end up not being aware of what is going on in the lives of their teenagers. Masombuka (2013:132) concurs, adding that teenagers with working parents are at a higher risk of abusing chemical substances than teenagers of retired and unemployed parents, as these parents might have more time to spend with their teenagers. Some parents are not aware that their teenagers are abusing chemical substances and only realise this when their teenagers are arrested by the police or are suspended from school. This shows that teenagers need a lot of support and care from their parents. When the support is lacking, the teenagers might become vulnerable, a situation which can result in chemical substance abuse.

- Peer pressure is the manifestation of social influences that affect people in a positive or negative way and often, peers influence each other into engaging in activities so that they can be accepted in their social groups. According to Mehl and Conner (2012:590), teenagers have a powerful need to spend more time with their peers than with their families. Teenagers tend to want to fit in with their peers and can end up engaging in dangerous activities to gain acceptance. The feeling of insecurity and incompetence might lead teenagers to give in to peer pressure in order to fit in and may consequently result in them engaging in chemical substance abuse. Some teenagers might feel that they are of no value to their parents; they lose hope and socialise with the wrong peer group. This can also lead them to chemical substance abuse. Recommendations by Dreyer
(2012:88) state that parents need to be involved in their teenagers' lives and that they should be aware of where their teenager socialises, who the friends are and the type of activities they engage in. Such awareness might assist parents in guarding their teenagers against the dangers of chemical substance abuse and teach them how to cope with peer pressure.

- Boredom was identified by Wadhwa (2009:777) as a trigger for people to relapse, meaning that if teenagers are idle, the chances of them abusing chemical substances is very high. According to the researcher's observations while working at SANCA, some of the teenagers who feel alone or bored tend to abuse chemical substances to add excitement to their lives and have something to occupy them.

- Teenagers who are shy or lack confidence about their physical appearance, family or social situations may end up using chemical substances to gain confidence and to fit in with their peers. Having low self-esteem can make teenagers vulnerable thereby putting them at the mercy of the people who sell chemical substances. Louw and Louw (2007:282) aver that not having friends or being rejected by a peer group can negatively influence one’s self-confidence, which in turn can lead to a teenager making harmful choices such as chemical substance abuse in order to fit in with peers.

- Teenage chemical substance abuse may start with some experimentation, followed by the opportunistic use of tobacco and alcohol. This is later followed by the use of marijuana, which becomes a gateway to other substances. Teenagers experiment with substances in order to taste them and get high. In his study, Masombuka (2013:40) found that teenagers abuse chemical substances for many reasons including curiosity, because it feels good to reduce stress, to feel grown up or to fit in with peers. The multitude of reasons make it difficult to know which teenager will experiment with chemical substances, how to stop them from using chemical substances, as well as knowing which teenager will develop serious problems by the continued use of chemical substances.
A report from the United Nations Office on Drugs and Crime (2008:7) states that chemical substance abuse is made worse by complex socio-economic challenges such as unemployment, poverty and crime. Paylor, Measham and Asher (2012:30) state that due to poverty, some teenagers end up committing crime, which at a later stage leads to the teenagers abusing chemical substances. The Department of Social Development (2013-2017:44-46) states that poverty and unemployment have contributed to the high level of chemical substance abuse. The Department also highlights the fact that chemical substance abuse does not only affect the financial status of the individual abusing chemical substances but on the whole family as well.

A report by Pichler (2012:147) points out that teenagers who struggle with poor grades at school end up not enjoying school, a situation that can easily lead to chemical substance abuse, especially if the teenagers do not get the support they need from parents and teachers. Poor grades and disciplinary problems tend to spoil the bond between a teenager and the school and consequently erode the ability of the school to transmit pro-social norms to the teenager. The teenager’s brain functioning might be affected by chemical substance abuse resulting in him or her bunking school or not coping with schoolwork and in some cases even dropping out of school. The teenagers who drop out of school because they are abusing chemical substances and cannot cope with school work anymore can be a challenge to parents. Parents want to see their children succeed in life, and seeing their teenagers abusing chemical substances can cause parents irreparable emotional harm.

According to Howard, Heston, Key, McCrory, Serna-McDonald, Smith and Hendrick (2010:473) a person who is abusing chemical substances within the family, can compromise family relationships, which often leads to enormously strained family interactions. The effects of chemical substance abuse frequently extend beyond the nuclear family, as it also affects the extended family members and relatives. From the researcher’s experiences while working at SANCA, most of the time, teenagers who are
abusing chemical substances cope financially by stealing from their parents and the community to feed their habit.

Parents complained that their teenagers who are abusing chemical substances would usually steal small valuables from them such as cell phones, jewellery and small amounts of cash. In his study, Masombuka (2013:36) asserts that the strain experienced by parents can increase if they are faced with the financial difficulties associated with their belongings being stolen by the teenager who is abusing chemical substance.

Families are crucial, yet frequently forgotten elements in chemical substance abuse recovery strategy and service provision (Barlow 2010:130). In addition, Barlow (2010:131) contends that having someone abusing chemical substances in the family can have a devastating impact on the family’s life, by arousing complex emotions, fracturing family values and promoting family dysfunction. Some of the parents are not enlightened about the signs and symptoms of chemical substance abuse, as well as the dangers of their teenagers abusing chemical substances is a big challenge for most parents living with the affected teenagers. Parents might also lack the knowledge of where to seek help as soon as they realise that their teenager is abusing chemical substances. Sometimes they do not recognise the teenager’s behaviour as possible early symptoms of chemical substance abuse, accepting that normal adolescents tend to be rebellious, feel insecure and are emotionally labile. This acceptance of behaviour makes it difficult for parents to notice that their teenager has already started abusing chemical substances and by the time they realise this, the teenager might already be addicted to the chemical substances.

Although chemical substance abuse has a distinct negative effect on the whole family of the teenager abusing chemical substances, Myers and Salt (2007:294) posit that counsellors mainly interact with the teenagers as clients. In other words, professionals focus their concerns on the teenagers who are abusing chemical substances without paying attention to the vulnerability of their parents (Hoeck & Van Hal 2012:2). However, parents should also receive attention, since their needs tend not to be catered
for or prioritised due to the lack of human resources and limited time. The parents of teenagers who are abusing chemical substances need some kind of formal or informal support (Hoeck and van Hal 2012:3).

The study by Waini (2015:145) further explains that little has been documented on the parental experiences of coping with teenagers abusing chemical substances, even though the responsibility of rehabilitation mostly falls on the parents of the teenagers. According to McKeganey (2014:57), research has mostly focused on interventions aimed at the individual abusing chemical substances and not on their families, their parents or siblings. As a solution, Van der Westhuizen (2010:419) and Masombuka (2013) recommends that more research should be done on the challenges and coping strategies of parents whose children are addicted to chemical substances.

The study aims to get an in-depth understanding of the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in the community of Ramotse in Hammanskraal, Gauteng.

In the following section, the researcher discusses the problem statement.

1.3 PROBLEM STATEMENT

According to Boeije (2010:22) a problem statement is a research statement that can be seen as a preliminary guideline for the research, instead of a fixed starting point that determines the entire research procedure. The problem statement should be able to highlight and display the gaps in the identified social phenomenon, which is sometimes seen as a discourse (Hofstee, 2006:20). The research problem gives the researcher the direction from which the research study can be conducted. In addition to this, Hofstee (2006:20) suggests that a well formulated problem statement allows the researcher to precisely define what he or she will investigate. Furthermore, Fouché and De Vos (2005:99) state that the identification of the problem can be viewed as the first effort by the researcher to mould the problem into a formulation form. It is on these grounds that the researcher can take on a platform to address the gaps of concern in the study.
The study by Hoeck and van Hal (2012:1-2) indicates that chemical substance abuse by teenagers has a great impact on parents but little has been documented on the experiences, challenges and coping strategies of parents of teenagers who are abusing chemical substances. The researcher identified the need for research in this subject in Ramotse which is in Hammanskraal, Gauteng Province. The researcher concluded that there is a need for qualitative research in order to deepen the understanding of the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in this community. The focus of the research was on discovering measures that can be employed to assist parents living with teenagers who are abusing chemical substances in Ramotse.

Based on the information provided above, the researcher attempted to get clarity on what she needs to research by formulating the following problem statement: There is no research-based knowledge on the experiences, challenges and coping strategies of parents in Ramotse who are living with teenagers abusing chemical substances.

In the light of the above problem statement, the rationale for undertaking the study is provided in the next section.

1.4 RATIONALE FOR THE STUDY

According Holloway and Wheeler (2010:41) the rationale gives reasons for the research undertaking. In addition, Bless, Higson-Smith and Kagee (2006:6), asserts that the motivation for a research study should be related to a practical problem, a wide population, and should fill a research gap. These might emerge through observations of a problem in a particular situation, or by reading about an event, crisis or question in the community setting.

The interest to conduct the study emanated from the researcher’s past experience as a clinical social worker at SANCA, in Pretoria. SANCA has treatment centres for alcohol and chemical substance abusers, admitting teenagers who are abusing chemical substances and alcohol users who have made the decision to quit using their chemical substance/s of choice. SANCA was established in 1963 by a group of people who were concerned about social problems in the community that are caused by alcohol abuse.
One of the main objectives was to address the social ills exacerbated by alcohol abuse. Later on, with the advent of new challenges of chemical substances, SANCA then started to admit patients who are abusing chemical substances. SANCA in Pretoria is an in-patient centre where clients stay for six weeks while being treated for chemical substance abuse and three weeks for alcohol abuse.

The parents of the teenagers admitted to SANCA in Pretoria divulged their feelings of helplessness, that their lives revolve around their teenagers and how to best support them through their addiction. Another concern from these parents was that they felt that they cannot live their lives to the fullest. Because of this, they struggle to cope at work and with their other responsibilities. Parents were also concerned that most of the support is given to people abusing chemical substances and little is being done to care for the wellbeing of the parents of substance abusers. According to the Prevention of and Treatment for Substance Abuse Act (2008), prevention programs are supposed to equip parents with relevant information with regards to the resources available to them, and are also supposed to empower communities in acquiring relevant information on how to deal with the challenges related to chemical substance abuse.

The motivation to conduct the study stems from the researcher observing parents who are trying their best to support their teenagers to remain sober, but their efforts are ineffective. Some of the parents appear to be struggling in assisting and coping with the behaviour of their teenagers who are dependent on substances. Parents expressed the opinion that family support groups currently offered by SANCA mainly focus on how to support the individuals who abuse chemical substances to maintain their sobriety rather than on the experiences and challenges of the parents. The researcher's observation and interactions with these parents generated an interest in examining the experiences, challenges and coping mechanisms of parents living with teenagers abusing chemical substances.

Furthermore, there is very little research on understanding the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances.
particularly in the Ramotse. Ramotse is one of communities in Pretoria with high rate of chemical substance abuse and most of the teenagers who were admitted at SANCA were from Ramotse. This study was conducted in a rural area, with parents who were mainly mothers. In addition, Waini (2015:144) and Masombuka (2013:130) recommends that more research needs to be also conducted in rural areas and the aim should be to include both parents to get more in-depth understanding of the problem. It is anticipated that the study can make a positive contribution in terms of documenting and understanding the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances. The findings on the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in Ramotse can be used as a basis for future suggestions in social work practice to assist parents who are experiencing similar problems. The study has also made recommendations on possible future research.

1.5 THEORETICAL FRAMEWORK

Theoretical framework stipulates the main variables that guide the phenomenon of the study and the need to study how those variables may differ under which circumstances (Maree 2007 & Van der Westhuizen 2007:17). On the same subject, Creswell (2009:15-17) explains that a theoretical framework is used as a support structure for theories utilized in conducting a research. A theoretical framework also describes the theory that provides a particular perspective through which to conduct the research study.

The researcher employed the ecological systems theory in the study. According to Maxwell (2013), the ecological systems theory looks at how people adjust to the demands brought by the environment, the needs and growth of the people and the individual, group and community at large, while in a helping relationship. In addition, Schenk, Mbedzi, Qalinge, Schultz, Sekudu and Sesoko (2015:96) also state that the ecological systems theory focuses on the client and on understanding the clients holistically as well as how the individuals are influenced by the environment, including people they interact with.
The ecological systems theory focuses on the concept stating that individuals cannot be understood sufficiently without considering the various aspects of that individual's environment, meaning their social, political, family, spiritual, economic and physical aspects. The ecological systems theory in this study explains how parents interact with their teenagers who are abusing substances, the families and the community influence each other (Zastrow & Kirst-Ashman, 2016). The parents' experiences, challenges and coping strategies in relation to living with teenagers abusing chemical substances, their families and the community were considered.

Payne (2014:189-190) describes ecological systems through the levels of environment with which the person or individuals interact with namely:

- **Micro-level**, where the focus is on the individual, in case of this study the researcher focused on parents' experiences, the challenges and the coping strategies of living with teenagers abusing chemical substances.

- **Meso-level** which focuses on the relationships in the family, work, school and other resources. The experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances are taken into consideration in relation to their interaction with their families, school and the work environment.

- **Macro-level** which refers to the community and other functions that could also include health, religion etc. The interaction of the parents with the community and how they function holistically.

Figure 1 below describes the ecological systems theory and the interrelationship of the individual and the systems around the parents living with teenagers' abusing chemical substances.
Figure 1: Ecological systems theory – adopted from Maxwell (2013)

The ecological systems theory as explained by Payne (2014:208) adds that the focus is not only on the individual but also on the families, significant others and the community around. Accordingly, the theory emphasizes on looking not only at the behaviour of the individual or in this case, the behaviour of the teenagers but also at the significant others especially parents who get affected by the abuse of substances by the teenagers.

The ecological systems theory emphasizes the fact that the individual is at the focal point of influence. It pays attention to different levels which are connected in significant
ways hence they are relevant for the purpose of this study. Parents living with teenagers abusing chemical substances need a lot of support and that can be from the community and everyone around them.

1.6 THE RESEARCH QUESTION, PRIMARY GOAL AND OBJECTIVES OF THE RESEARCH STUDY

In this section, the research question, goal and objectives of the research study will be highlighted.

1.6.1 Research question

A research question, although challenging and time consuming, assists the researcher in formulating a starting point for the research. Research questions serve as the basis of understanding what the researcher is going to investigate (Gray, 2009). The research question becomes the beacon that guides the researcher over months or years of research, as the researcher strives to find answers to the research question (Robson, 2011). Saunders, Lewis and Thornhill (2009) argue that a clear research question provides the rationale which justifies the academic literature used, and that a clear research question is an essential building block for high quality research.

For the purpose of exploring the phenomenon of experiences, challenges and coping strategies used by parents living with teenagers abusing chemical substances the researcher formulated the following question:

- What are the experiences, challenges and coping strategies of parents who are living in the same household with the teenager that is abusing chemical substances?

This was divided into the following questions:

- What are the experiences of parents who are living with teenagers abusing chemical substances?
• What are the challenges of parents who are living with teenagers abusing chemical substances?
• What are the coping strategies used by parents who are living with teenagers abusing chemical substances?
• How can parents living with teenagers abusing chemical substances be supported?

The research questions inform the goals and objectives of the study in the next section.

1.6.2 The research goal

According to Thomas and Hodges (2010:38) and (Fouché & De Vos, 2011:95), the concept goal refers to a dream one wants to realise. The goal of the study was:

• To develop an in-depth understanding of the experiences, challenges and coping strategies of parents in Ramotse who are living with teenagers abusing chemical substances.

1.6.3 Research objectives

The research objectives mainly rely on what the researcher wants to achieve by undertaking the study. According to Babbie (2009:114) and Gilbert (2008:53) an objective tells researchers what it is exactly that needs to be investigated in practical terms. In summary, the research objectives need to be specific, and provide a clear indication of the research purpose while at the same time providing additional information about the research question. The researcher has to ensure that the research objectives are transparent, that they achieve the specific purpose that needs to be achieved, and that they are relevant to the study. They should be interconnected, answerable and measurable (Sunders et al., 2009). The purpose of the research objectives is to outline exactly what the researcher desires to study and what they need to accomplish in undertaking the study.
The research objectives of the study:

- To explore and describe the experiences of parents living with teenagers abusing chemical substances in Ramotse, Hammanskraal.
- To explore and describe from the parents’ perspective, the challenges they face when living with teenagers abusing chemical substances.
- To explore and describe from the parents’ perspective, coping strategies used when living with teenagers who are abusing chemical substances.
- To provide recommendations that can be used to support parents with living with teenagers who are abusing chemical substances.

In order to reach the research goal, the following research task objectives needed to be attained:

- To obtain a sample of parents from Ramotse, Hammanskraal who live with teenagers abusing chemical substances.
- To conduct semi-structured interviews with the parents of teenagers abusing chemical substances.
- To draft, sort, analyse and interpret the data collected from parents of teenagers abusing chemical substances.
- To conduct a literature control in order to verify the data obtained from parents of teenagers abusing chemical substances.
- To draw conclusions and make recommendations about how parents of teenagers abusing chemical substances can be supported by social workers.
- To write and submit a report based on the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances.
- To disseminate the research findings in report form.

In the following section, the theoretical framework, research methodology, research approach and the research design will be discussed.
1.7 RESEARCH METHODOLOGY

According to Creswell (2009:17) a research methodology is a rational group of methods that are equivalent to one another, and that have the reliability of delivering data and findings of the study. The research methodology includes a description of the specific techniques that were employed in the study (De Vos, Strydom, Fouché & Delport 2011:118). It includes the research method, research design, method of data gathering and the type of data analysis utilised by the researcher in the study (Silverman 2011:109).

1.7.1 Research approach

In order to answer the research questions, a qualitative research approach, using the explorative, descriptive, contextual and phenomenological designs was employed. Qualitative research plays an important role in understanding the meaning of the lived experiences of participants, and in determining how meanings are formed (Corbin & Strauss 2008:12). Qualitative research approach does not provide the researcher with fix recipe to follow step by step. The approach is mostly associated with words language and experiences ( Burns and Groove 2013:35).

In this study, a qualitative research approach permitted the researcher to be an active listener, allowing the participants to be experts when sharing their experiences, challenges and coping strategies around how they live with their teenagers who are abusing chemical substances. In other words, appropriate participants who are directly affected by the phenomenon under investigation were studied in their natural environment to enable them to share their experiences from their own frame of reference in their own homes and offices. The participants were allowed to make suggestions in relation to bettering their coping strategies.

The characteristics of qualitative research approach according to Creswell (2012:43), will be discussed in detail in chapter two section 2.3. In light of the aforementioned characteristics of the qualitative approach and the fact that the study was exploratory as very little is known, the use of qualitative methods assisted the researcher in
understanding the complex social phenomena, meaning that the differences in values and prejudices were taken into account. The qualitative research methodology allowed the researcher to understand the points of view of the participants, their experiences, challenges and coping strategies, while assisting the researcher in reconstructing reality from their frame of reference.

1.7.2 Research design

In this section the researcher focused on the research design which enabled the study to attain its research goals and objectives.

According to Marshall and Rossman (2011:89), research design is defined as a strategy framework for action which serves as a bridge between the research questions and the execution or implementation of the research. According to Boeije (2010:19), and Royse (2008:29), the design of a research study involves the overall approach to be followed and includes detailed data about how the study will be carried out, with whom and from where. The research design serves as a guideline in assisting the researcher to collect data, analyse it and interpret the data collected.

In the context of this study, the researcher employed an explorative, descriptive and contextual research design which is presented below:

- **Explorative research design**

According to Yegidis, Weinbach and Myers (2012:125), exploratory designs are predicated on the assumption that one needs to know more about something, before beginning to understand it or attempting to confront it by using intervention methods with a high potential for success. As described by Singleton and Straits (2010:107), exploratory studies are undertaken when relatively little is known about something. In this study, an exploratory research design was employed, to enable the participants to share more information on their day-to-day living with teenagers abusing chemical substances. The study asked questions, which assisted the researcher to gain an in-
depth understanding on the experiences, challenges and coping strategies of parents living with teenagers who are abusing chemical substances.

According to Waini (2015) & Masombuka (2013), there is a dearth of literature on the coping strategies, experiences and support structures of families living with teenagers abusing chemical substances. In view of the fact that little is known about the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances, an exploratory research design will be employed to elicit more information about the phenomenon under study. From the literature review, most of the information gathered is about the individuals abusing chemical substances and on how they are being supported. Little has been documented about the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substance. Support structures for parents are needed, and an opportunity needs to be created to bring together parents and community organisations who are dealing with chemical substance abuse.

- **Descriptive research design**

According to Babbie (2009:89), descriptive research design is research in which the primary purpose is to paint a picture using words or numbers, and to present a profile and a classification of types, or outlines of the steps used to answer questions such as who, when, where and how. According to Creswell (2013:18), a descriptive research design allows the researcher to develop ideas about the topic and to describe the phenomenon in question. In support of this, Fox and Bayat (2007:08) explain that descriptive research attempts to describe something or give more detail about it.

A descriptive design is used to obtain more specific detail than the exploratory research design. The researcher used semi-structured interviews to gain details and different descriptions on the parents' experiences, challenges and coping strategies.
• **Contextual research design**

According to Holloway and Wheeler (2010:05), researchers should take into account the total context of the people’s lives and the broader political and social framework of the culture under which the study takes place. Furthermore, Babbie (2009:89) suggest that contextual design seeks to avoid the separation of participants from the larger context to which they may be related. The study contextualized and observed specific activities in their natural settings. The participants were studied in their real world, and the researcher conducted interviews with the participants, using the venues of their choice where they felt comfortable to share experiences. The intention was to get an in depth understanding of the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substance.

1.8 RESEARCH METHOD

The following discussion focus on how the choice of population and sampling methods were decided upon for the purpose of this research study.

1.8.1 THE RESEARCH POPULATION, SAMPLING AND SAMPLING TECHNIQUES

1.8.1.1 Population

According to Polit and Beck (2008:337), population comprises of the entire aggregation of cases that a researcher is interested in. The selection of the population of interest is of importance for the design of the study, and will guide the researcher in identifying suitable sites where the research can be conducted (Marshall and Rossman, 2011:99-100). A population can also be defined as a group of people who have the same needs or have a common need that will be of interest to the researcher (Silverman, 2005:129).

The population of this study comprised of parents who are staying in the Ramotse and are living in the same house as their teenagers who are abusing chemical substances. These included those parents who are employed and unemployed, parents who are mothers, fathers, married, single, divorced and widowed, as well as foster parents.
Due to time and money constraints the entire population of Ramotse was not included in the study and, however sample was drawn from the population for analysis.

1.8.1.2 Sampling and sampling techniques

A sample in qualitative research is perceived as a representative or a small set of cases collected from the population selected and take a broad view to the said population (Neuman, 2011:240). Additionally, Unrau, Gabor and Grinnell (2007:279) allude that sampling can help the researcher in identifying the participants from the population that is considered for inclusion in the study. In addition, Royce (2011:193) states that sampling theory shows that a researcher can get more information by observing fewer cases and can tell a lot about a larger. Holloway and Wheeler (2010:137) define sampling as the guided way of selecting a few people from the whole population to access information.

In the process of sampling, two main procedures or techniques can be used, namely non-probability sampling and probability sampling, which each have their specific approaches or strategies (Yegidis, Weinbach and Myers 2012:202-209). Non-probability sampling is the opposite of probability sampling design, where the list of potential participants does not exist and each unit in population has an equal chance of being selected (Royse, 2011:202). Types of non-probability sampling include purposive sampling, snowball sampling, quota sampling and convenience sampling.

The researcher used two non-probability sampling techniques, namely purposive sampling and snowball sampling. The researcher identified participants who were relevant to the study and then expanded the sample group through referrals. The researcher also used snowball sampling to get more information on the topic under research whereby the participants would refer to the other parents who are in the similar situations. The two methods were used because the researcher did not manage to get all the information from the participants obtained from the social worker then had to move to snow ball sampling.
• **Purposive sampling**

A purposive sampling technique is used when a sample is chosen for a specific reason, to provide insight into a particular field of interest which is determined by the research topic (Dudley 2011:145). According to David and Sutton (2011:232), purposive sampling is where each sample element is selected for a specific purpose. Additionally, Creswell (2007:128) suggests that researchers can use criterion sampling to choose participants who can represent people who have experienced the phenomenon that is being studied. The proposed criterion of inclusion in the research study was parents staying in Ramotse and living in the same household with teenagers who are abusing chemical substances. The parents whose teenagers are aged between 13 and 19 years and have been through the SANCA program for treatment. Parents who were available to participate in the study

• **Snowball sampling**

Holloway and Wheeler (2010:141) state that in snowball sampling, a previously chosen participant is asked to identify other potential participants with the knowledge of a particular area or topic. According to Royse (2011:205) snowball sampling is a technique that involves research respondents obtaining other potential participants. The researcher identified participants who were relevant for the study by talking to the social workers at SANCA as they were acting as gatekeepers. Creswell, (2013:157) points out that the size of the sample cannot be determined at the beginning of the study, and that the number of participants to be included in the sample can only be known only when the data used has reached a point of saturation. The researcher knew that data saturation was reached when the information from the participants became repetitive and when no new information was coming from the participants. According to Holloway and Wheeler (2010:147) data saturation is when the information being gathered becomes repetitive. The sample size for this study consisted of 13 participants. The sample size was influenced by the available time and resources, availability and willingness of participants on a voluntary basis as well as data saturation.
1.9 METHOD OF DATA COLLECTION

In this section the researcher discusses aspects of data collection and the methods that were employed to collect data. Furthermore, this section will be discussed in more detail in chapter two.

Data collection is a systematic way of gathering information that is relevant to the research purpose (Burns and Grove, 2013:44).

The researcher understands data collection as the phase of organising and assembling raw information from the field which connect with the experiences and perceptions observed during the process of raw data gathering (Marshall & Rossman, 2011:137).

The researcher gave the participants the opportunity to share their experiences about their challenges and coping strategies in living with teenagers abusing chemical substance. All participants in the study were asked the same questions according to the interview guide. The researcher was also observing the nonverbal communication of the participants.

Preparing participants for data collection

The researcher began the process of data collection by getting permission from SANCA offices in Ramotse to conduct the study (See Addendum D). The researcher arranged a meeting with the local social workers at SANCA and explained the purpose of the research study. The social workers at the treatment centre were the gatekeepers, for regulating the researcher’s access to the participants.

The researcher explained to the participants the aim of the visit and the reasons for the research. Participants were informed about the entire research process and the ultimate goals of the research. The information was explained to them verbally and also provided to them in written form (See Addendum A). Participation was voluntarily and participants were informed about their choice to participate or to not participate. The participants were requested to sign the consent forms after they agreed to participate in the study, and it was also explained to them that if they feel that they do not wish to continue
participating in the study at any given point, they are free to withdraw themselves from the study (See Addendum C).

According to Marshall and Rossman (2011:137) there are four primary methods of data collection in qualitative research namely, participating in the setting, observing directly, in direct interview and analysing documents. Semi-structured interviews with open ended questions contained in the interview guide were used by the researcher to collect data. The structure of the interview guide allowed the researcher to focus on the topic that needs to be studied and the direction that needs to be followed (Holloway and Wheeler, 2010:89). Semi-structured interviews are often used in qualitative research to gain more understanding about the topic that is being studied. According to Grinnell and Unrau (2011:306), a semi-structured interview schedule may include some specific items, but considerable latitude is given to interviewers to explore the subject matter pertaining to the study in their own way.

The following requests and open-ended questions were formulated as the interview guide:

*Request:* Tell me about your experiences as a parent living with a teenager abusing chemical substances.

The following interview guide was used to obtain data from the parents.

- Can you please share what your experiences are, as a parent finding out that your teenager was abusing chemical substances?
- What are the challenges or problems that you are facing as a parent with a teenager who is abusing or dependent on chemical substances?
- What are your coping strategies in dealing with the teenager who is abusing chemical substance?
- What type of support do you have in dealing with a teenager abusing chemical substances?
- What kind of support or assistance do you think that the community should offer you in dealing with your teenager?
- How can parents living with teenagers abusing chemical substances be supported to cope
• What suggestions or recommendations do you have about how parents can be better assisted to deal with the situation?

The researcher undertook the pilot test in an attempt to answer the following questions proposed by Schreiber (2008:625):

• How many times will interaction or contact with the participants be needed?
• How long will these interactions take if they run smoothly or if they do not?
• How many interviews or observations appear to be realistic?
• What are the issues regarding ethics, anonymity and so on regarding these interactions?
• Are multiple data collectors needed and will they all need to be trained and then examined to see if they can collect the data properly?

Pilot testing allowed the researcher to test the questions in the field, to see if they will be suitable in answering the research question. According to Bless and Higson-Smith (2005:155) pilot testing is a small study conducted prior to a large research undertaking, in order to determine whether the methodology, sampling, instruments and analysis are appropriate for the research study. In addition to this, Leedy and Ormrod (2005:152) agree that a pilot test should be done to confirm that the researcher will be able to address the research question, and that pilot testing allows the researcher to change the research questions if necessary. If the participants do not understand the questions or if the questions do not answer the research question, the pilot test will show this.

Pilot testing was conducted by the researcher with two participants. The participants were interviewed one at a time for approximately 45 minutes to an hour. The pilot testing was conducted in Ramotse, to provide the researcher with a trial in qualitative interviewing and to check whether or not the method of data collection and instrument will qualify her to collect the data required for the study. Pilot testing was also used to identify any difficulties with the method and to determine whether the proposed questions and procedures were adequate and appropriate enough to answer the research question that prompted the study. The pilot testing will be discussed in detail in chapter two section 2.7.1.
1.9.1 The role of the researcher

The researcher wanted to learn more about the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances. According to Creswell (2009:177), negotiating entry and ethical issues that arise are the key elements of the role of the researcher. The researcher negotiated with the Social workers at SANCA organisation based in Ramotse and also took into consideration the rights of the participants and ethical issues when conducting the study.

The researcher used the following skills prescribed by Holloway and Wheeler (2010:92-93):

- **Prompting** - the researcher used minimal encouragers to prompt the participants to continue sharing more on their experiences, challenges and coping strategies, using words like “Uh-huh” and “I hear what you’re saying”, etc. The researcher also used the non-verbal prompts like nodding the head.
- **Probing** – the researcher asked participants another question in a nondirective manner to allow the participants to elaborate more on the question that were posed.
- **Summarizing** - the researcher would at times summarise what the participants had said to check with the participants if she understood what they were sharing, mentioning the main ideas shared.
- **Listening and attending** – the researcher listened attentively to what the participants were saying and attended to all the non-verbal communication i.e. the body language and expressions shown by the participants.
- **Empathy** – the researcher focused on the frame of reference of the participants, meaning that the researcher was looking at the participants’ world as they see it, encouraged them to share more about their experiences.

Proper steps were followed by the researcher, to get permission from potential participants to participate in the study. The researcher wanted to collect data that relates with the topic she was researching and an audio recorder was used to record the data. Permission to use an audio recorder was requested from the participants beforehand. The researcher avoided using double barrelled questions to avoid
confusing the participants. The researcher ensured that the participants’ names are protected and that confidentiality was always respected.

The following section describes how the collected data were analysed.

1.9.2 Method of data analysis

According to Creswell (2009:184) data analysis is a process that focuses on data collection and is based on asking general questions. It develops an analysis from what the participants have supplied and is an ongoing process of the reflection of the raw data. Data analysis focuses on using raw data to raise the level of understanding about what is being researched and makes sense of the data that is collected (Corbin and Strauss, 2008:66). Qualitative data analysis is an interrogative activity, meaning that the researcher moves back and forth from the collection of the data to the analysis of the data and back again, thus refining the questions asked from the data (Holloway & Wheeler, 2010:281).

The researcher utilized the following eight steps for qualitative data analysis as outlined by Tesch (cited in Creswell, 2009:186): examining, categorising, and combining evidence that addressed the initial propositions of the study.

The method of data analysis according to the eight steps as proposed by Tesch is discussed in detail in chapter two section 2.9.

1.9.3 Method of data verification

In this section the researcher discusses how data was verified in the research. Data verification is the product of checking one or more aspects of the research process to ensure plausibility, sturdiness, conformability or validity as explained by (Silverman 2011:234). Data verification is the truth value of the study, its applicability, consistency and neutrality as questions against which the trust worthiness of the project can be evaluated as stated by Lincoln and Guba (in De Vos et al, 2011:420). The researcher used the following reliability procedures to ensure the competency of the research.

Trustworthiness needs to be established in the study in order to validate the research findings and conclusions. In this study, Guba’s (in Krefting, 1991:214-222) model of
ensuring the trustworthiness of qualitative data was applied. The model has four aspects that are used to ensure data trustworthiness:

**Truth-value**

Truth-value focuses on how confident the researcher is with the truth findings based on the research design. The researcher allowed enough time for the interviews as well as the context in which the study was undertaken. Truth-value is concerned with understanding if the findings of the study are a true reflection of the experiences of the study participants Guba (in Krefting, 1991:215). Truth-value is established with the strategy of credibility and for the purpose of this research undertaking, the researcher used the following criteria:

- **Interviewing techniques** - The researcher interviewed participants using different interview skills, for example probing, encouraging, listening, linking, and reflecting, while also summarising the questions in order to enhance the credibility of the study.
- **Triangulation** - Guba (in Krefting, 1991:219) states that triangulation is the comparison of different perspectives by using different methods of data collection. In this study the triangulation of data sources was employed by means of interviewing different parents living with teenagers who are abusing chemical substances.
- **Peer examination** - The researcher consulted colleagues who are also qualitative researchers. These colleagues assisted the researcher’s study by giving peer feedback, suggestions and recommendations. To further enhance the credibility of the research study, the researcher forwarded a copy of the transcribed interviews to be verified by the language translator to confirm whether the English translation is a true reflection of the transcripts.

**Authority of the researcher**

The authority of the researcher is a method that is used to view the researcher as measurement tool Guba (in Krefting 1991:220). When the researcher was working at a
SANCA treatment centre, the position enabled the researcher the opportunity to identify parents who are living with teenagers abusing chemical substances. The researcher has acquired interviewing skills through her studies as a student social worker, through her practical experience as an auxiliary social worker and a social worker. Having a good relationship with the social workers at SANCA assisted in getting referrals of potential participants.

**Applicability**

Applicability is explained by Guba (in Krefting 1991:216) as the extent to which the research findings can be used in other contexts. In qualitative research, applicability is done through transferability. In order to achieve transferability, the researcher provided a dense description of the research methodology employed. This criterion provides adequate information about the context, which allowed the reader to make the decisions on whether or not the discussed environment is similar to another situation with which the reader is aware of, for them to then decide on whether the findings can be utilised in another setting (Thomas & Magilvy, 2011:153).

**Consistency**

Consistency of data refers to “whether the findings would be consistent if the study was repeated using the same participants or whether using the same context would still find the same results”, Guba (in Krefting, 1991:216). Consistency in this study was established through the strategy of dependability and was achieved using an independent coder. The independent coder independently coded the data and discussed the themes and sub-themes that were presented as research findings with the researcher and her supervisor. A study is dependable when similar results can be obtained if the study is repeated with the same people or in a similar situation (Rubin & Babbie (2007:101). Consistency is established through the strategy of dependability and is achieved by using an independent coder.
Neutrality

Neutrality is making sure that the research findings are free from bias. The proposal by Guba (in Krefting, 1991:216-217), is that neutrality in qualitative research should focus on the neutrality of the data and not that of the researcher; this suggests conformability as the strategy to achieve neutrality. In qualitative research, neutrality of the data is given more emphasis than the neutrality of the researcher as neutrality is established through the strategy of conformability. According to Babbie & Mouton (2007:275), the concept of conformability is the qualitative researcher's concern with objectivity. The description of the research methodology was provided to make a conformability audit possible. The aim of conformability is to make ensure that neutrality is established through the criteria of triangulation. The researcher used her social work skills not to allow personal bias to influence the outcome of the study.

1.10 ETHICAL CONSIDERATIONS

In this section, the researcher outlines the ethical considerations of the study.

According to Yegidis, et al. (2012:29), ethics are the principles within a society that reflect behaviour which is considered right or wrong according to the society’s frame of reference. Adding to this David and Sutton (2011:30) mentions that ethics are principles that provides the researcher with guidance to protect research participants from any possible harm and to preserve their rights. Furthermore, Creswell (2012:56), states that we should consider ethics in our roles as insiders/outsiders to participants, by assessing issues that we may be fearful of disclosing; in establishing supportive, respectful relationships without stereotyping, judging; and when we acknowledge whose voices will be represented in the final study.

In considering the ethical principles in conducting the research study, the researcher sought permission to conduct the study from the Departmental Research and Ethics Committee at the University of South Africa and SANCA offices (See Addendum D). The Departmental Research and Ethics Committee granted the researcher approval to conduct the research (See Addendum E).
The researcher employed the following principles of ethical research:

**Informed consent**

According to Anderson and Morrow (2011:101), informed consent can be defined as the invisible act of evaluating information and making a decision, and visible act of signifying the decision. Furthermore, Rubin and Babbie (2010:257) state that participants must not be forced to participate in a study. In addition, the participants need to be given all the information about the purpose and the nature of the research study and they should be informed of their right to participate or withdraw should they wish to. Put succinctly, participants must be informed of all the consequences of participating in the study and give their consent. Bailey (2007:17), identifies the following components of consent:

- Provision of appropriate information, making sure that participants are given all the necessary information.
- Participants’ competence and understanding, participants should be in a state where they are able to understand what the research entails.
- Participation is voluntarily and participants should have the ability or free will to decline or withdraw after the study has started.

The researcher allowed the participants to choose whether they want to participate or not and the participants were also interviewed individually to allow them to be able to share more on their experiences. The researcher ensured that the participants were well-informed about the goals of research study by reading the consent forms to them and explaining the contents of the forms as well as what was expected from them before they signed. The aim, purpose and duration of the study were explained to the participants and they were also informed about how the results would be published.

**Anonymity**

The main aim of anonymity is to ensure that the information shared by participants will not reveal their identity and that the comments made by the participants will not be linked back to them when the study is published (Engel & Schutt, 2009:64). In this
study, code names in the form of letters of the alphabet were used on the audio recorder and in all field notes and only the researcher knew the participants’ real names. In order to protect them from any harm, the researcher made sure that interviews were conducted in private venues that were conducive for the participants (Dudley, 2011:43).

Confidentiality

Confidentiality should be considered at all times in order to respect and protect the participants. According to Holloway and Wheeler (2010:61) confidentiality is a separate issue from anonymity but it is also as important when working with participants. On this note, Hennink, Hutter and Bailey (2011:71) view confidentiality as indicating that there will be no disclosing of the information shared by the participants to the researcher. This is a challenging factor when conducting qualitative research. To assure the participants that participation in the study was kept confidential, their real names were not published and the data collected was only used for the purpose of research. The researcher employed the following steps to ensure participant confidentiality:

- Tape, notes and transcripts of the recordings which are important tools for a qualitative researcher were kept secure at all times. The researcher protected the information by locking it in the cabinet that only she had access to.
- If other people were to have access to the information collected, however limited this might be, participant names were not disclosed.
- Tape recordings and transcripts of the recordings were destroyed on completion of the research study.

Management of information

The researcher recoded the interviews and kept the audio recordings, notes and transcripts of the data collected and she protected the information by ensuring that it is not within reach of other people, (Neuman 2006:140). The audio recordings, notes and transcripts were locked in the cabinet. The data was only accessible to the researcher and supervisor. The participants were informed that their real names would neither be used nor mentioned and the procedure in relation to the study was explained to the
participants. The participants were also informed about the publication of the findings and that the information and transcripts will be destroyed once the study is completed.

Debriefing the participants

One of the golden rules in ethics is to do no harm to the participants. According to David and Sutton (2011:49), the observations should be done by the researcher who should debrief participants soon after the session if need be. This is important for emotional support, De Vos et al. (2011:122) state that debriefing sessions are ideal in completing the learning experiences that began with agreeing to participate in the study. In this study, the researcher took responsibility in providing first hand counselling during the course of the interview and further arrangements were made with the social worker at SANCA (See Addendum F) to avail herself for debriefing sessions or any kind of counselling the participants might further need after the interview.

1.11 DISSEMINATION OF RESEARCH RESULTS

The findings of the research are outlined in the form of this report. The researcher will also complete an article for submission, review and possible publication in a professional journal. The summary of the findings will be submitted to SANCA in Hammanskraal as the research was conducted at their centre. The researcher will also facilitate a workshop at SANCA offices with the participants to provide them with feedback.

In the following, section the researcher focuses on clarifying the key concepts that were used in the study.

1.12 CLARIFICATION OF CONCEPTS

In this section, the researcher provides clarification on the key concepts used in the study.

1.12.1 Experiences

According to the De Boeck (2010:514) experience is knowledge that one gains from things that have happened to them, which influences one’s way of thinking or behaviour. In defining experiences, Vanden Bos (2007:354) explain that they are events felt, lived
or undergone by an individual as opposed to events that are imagined or thought about. These events can also be emotions through which the senses or the mind is an active participant. Furthermore, Collins (2009) defines experience as acquiring knowledge and skills as a result of being part of the events through observation or active participation. In addition to this, the author emphasises that a person's experiences are also an indicator of how he or she identifies with a specific situation. In this study, experiences refer to the knowledge acquired through living with a teenager abusing chemical substances.

1.12.2 Challenges

Challenges can be referred to as new or difficult tasks which test someone's ability and skill (De Boeck 2010). The Collins English Dictionary (2013) defines a challenge as something new and difficult; that which requires great effort and determination. According to the Cambridge Advanced Learner's Dictionary (2013) a challenge is defined as the situation one faces that requires physical or mental effort; it tests one's effort or ability. For the purpose of this study, challenges are the difficulties that parents living with teenagers abusing chemical substances are faced with in their everyday life.

1.12.3 Coping

According to Kotzé, Visser, Makin, Sikkema and Forsyth (2013:499) coping is dealing with challenges or difficult experiences that are the most demanding to an individual in a manageable manner or in a calm and adequate manner. Coping can also be seen as the direct response that follows a stressful experience. Furthermore, Waini 2015:7-8) explains that coping is an effort to create ways that allow one to continue moving towards their goals or away from undesired goals. Finally, O’ Connell, Carruth and Bevvino (2007:33) define coping as ways used to deal personal and interpersonal problems, with a purpose of minimizing or tolerating stressful events in one's life. For the purpose of the study, coping is viewed as the direct response of parents following their experiences of living with teenagers who are abusing chemical substances, as well as the ways in which they manage their daily life relating to the lifestyle and behaviour of their children.
1.12.4 Parent

In terms of the Children’s Act 38 of 2005 (South Africa 2006: section 18), a parent is a person who is biologically related to a child, and also includes the adoptive parents of a child. According to the World Health Organisation, WHO (2007), a parent is a person who provides significant or primary care for teenagers or adolescents, either as a father or a mother. For the purpose of the study, the term parent refers to mothers than fathers since mothers head most of the households. This will include biological parents, single parents, divorced parents and foster parents of teenagers who are abusing chemical substances.

1.12.5 Chemical substance

Chemical substances can be legal or illegal. They include dependence-producing drugs such as alcohol, nicotine, over-the-counter and prescription medication as well as illicit drugs such as cannabis, cocaine and heroin (Department of Social Development 2012). The maladaptive continuous manner of using chemical substances that form a pattern of recurrent use which goes beyond one year may lead to stress and continuous use irrespective of the related consequences (Johnson 2007:7). For the purpose of the study, chemical substance refers to any kind of chemical substance that affects one’s feelings, opinions or behaviour, which includes legal and illegal chemical substances, prescribed medications and all the other acceptable drugs including caffeine, nicotine and alcohol.

1.12.6 Chemical substance abuse

Chemical substance abuse cannot be diagnosed if the symptoms of the client have not met the criteria for chemical substance dependence in respect of the specific class of chemical substance (Reber, Allen & Reber, 2009:170). According to Fisher and Harrison (2013:86), chemical substance abuse is the continued use substances, uncontrollably and irrespective of the negative consequences caused by using the chemical substance. In Waini’s (2015:38) view, chemical substance abuse is the use of chemical substances wherein the user fails to fulfil important obligations at home, school or at work due to the intensive use of chemical substances.
For the purpose of the study, chemical substance abuse is defined as the extensive use of chemical substances to a level where one cannot control their behaviour and cannot stop using the chemical substance when it affects their life in a negative manner.

1.12.7 Teenager

A teenager is defined as a person between the ages of 13 and 18 (Collins English Dictionary (2013)). However, according to Berk (2007) a teenager can be defined as a person between 13 and 19 years of age who is at a stage of physical and mental human development between childhood and adulthood. For the purpose of the study, the researcher focused only on boys and girls aged between 13 and 18 years.

1.13 OUTLINE OF THE STUDY

This section focuses on how the research study was structured.
Chapter One

GENERAL OVERVIEW OF THE STUDY

• The chapter focused on the introduction and the general orientation of the research study. The topics covered include the introduction, the problem formulation, the problem statement, motives for the study, the research question, the research goal and the objectives of the study, the research approach and design, ethical considerations and clarification of key concepts.

Chapter Two

APPLICATION OF THE RESEARCH METHODOLOGY

• The chapter addresses the research methodology that was employed in the study. The researcher discusses the sampling method, the collection, analysis and verification of data that was utilized. The steps and preparation for data are outlined; the descriptions used to ensure trustworthiness were also indicated.

Chapter Three

PRESENTATION OF THE RESEARCH FINDINGS

• The chapter focused on the literature control and research findings. The themes that emerged from the interviews were presented, discussed, compared and constructed within the existing literature related to the topic of the study.

Chapter Four

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

• The chapter presents a summary of the key findings of the study, the outline of the overall study, as well as the themes. Conclusions were drawn and recommendations for further research were discussed.
CONCLUSION OF THE CHAPTER

The chapter defined the background of the study as well as the rationale, the goals and objectives. It has also addressed the motivation for the study, the research problem and the questions to be answered through this study. The chapter also focused on the research methodology and outlined the key concepts used in the study.

The next chapter two, addresses the research methodology and how it was applied to the study.
CHAPTER TWO

APPLICATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter outlines how the qualitative research method that was planned in chapter one was employed in order to explore, describe and contextualize the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in Ramotse which is situated in Hammanskraal in the Gauteng Province, South Africa. This also includes the process used for collecting data, the steps followed in analysing data analysis are discussed and finally the methods employed to ensure validity and reliability and the ethical considerations followed during the implementation of the study are addressed.

2.2 RESEARCH METHODOLOGY

The research methodology gives guidance on the process, techniques or tools for the phenomenon that is being studied (Jackson 2011:20; Blumberg, Cooper & Schindler 2011:36). The research methodology comprises of different methods of research that can be used; it should convey reliable data and the research findings. According to Creswell (2009:17) research methodology is a rational group of methods that are equivalent to one another, and that have the reliability of delivering data and findings that will reflect the research report and suit the purpose of the study. Research methodology includes a description of the specific techniques that will be employed in the study (De Vos, Strydom, Foucher and Delport, 2011:118).

2.3 RESEARCH APPROACH

In order to answer the research question, a qualitative research approach was employed as the researcher perceived it was more appropriate to explore, describe and contextualize the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in Ramotse. A qualitative research approach was followed to realise the goal and objectives formulated for the study. The qualitative
research approach focuses on the research questions generated using methods that allow research participants to share what is necessary for the researcher to understand what is going on in the field of study (Creswell, 2009:175). Qualitative research approach is also defined as a good practice that happens in a natural setting allowing the researcher to gain more understanding in a practical manner of the real life situations and experiences of the participants, (Williams, 2007:67).

According to Creswell (2012:43), the following elements characterise the qualitative research approach. Each element was followed by the researcher in this particular study as explained below:

- **Qualitative research is conducted in a natural setting:** The researcher collected data from the parents living with teenagers abusing chemical substances in Ramotse in their natural setting. The researcher visited and interviewed the participants at their home context, work environment and at SANCA offices depending on their preference and convenience. The participants appeared relaxed and comfortable as they were also able to show the researcher their teenagers school reports.

- **Qualitative researchers are seen as primary instruments for data collection and analysis:** The researcher remain the key instrument in facilitation of data collection. The researcher collected data by interviewing the participants herself. The researcher collected the data by conducting semi-structured interviews with 13 participants who were parents living with teenagers abusing chemical substances with the aim of exploring their experience, challenges and coping strategies.

- **Qualitative research focus on learning the meaning that participants hold about a problem or issue:** The researcher was interested in exploring the experiences and challenges of living with a teenager abusing chemical substances and the coping strategies they employ in their daily life. The questions on the interview guide were directed towards prompting participants to share their experiences, challenges and coping strategies as well as giving ideas
on how they would like to be assisted and by whom. In this study, the qualitative research approach allowed the researcher to be an observer and attentive listener permitting the participants to be able to convey the message in their own frame of reference.

- **Qualitative research makes use of inductive data analysis:** In qualitative research, the researcher outlines the pattern, the class and the themes by gradually arranging the data into units of information. The process focuses on working to and fro the themes and databases until an inclusive established theme has been established. The researcher analysed the collected data according to Tesch’s model as (cited in Creswell 2009:186).

- **Qualitative research is descriptive:** The researcher was interested in the description, meaning and understanding gained through words that came from the research participants. In chapter three the research findings are reported using the story lines from the participants.

- **Qualitative research focuses on process:** The research process was flexible and an appropriate research design was employed to accommodate and reflect on the world of the participants.

- **Qualitative researchers undertake interpretive inquiry:** The researcher reflected on what she observed, heard and understood from the perspectives of the participants. She was aware that her interpretation cannot be separated from her own background, history, context and prior understandings about teenagers’ chemical substance abuse and the concerns of the parents.

### 2.4 RESEARCH DESIGN

The research design is a plan or strategy specifying how and from where participants will be selected, the data gathering techniques to be used and how the data collection will be done. Research design is intended at the development of the structure that is provided in the research project in a system and it also serves as a guideline in assisting the researcher in data collecting, analysing and interpreting the data collected, (Leedy & Omrod 2010:34). According to Fouche and Schrurink (2011:307) a research design is explained as the method that is employed by the researchers in decision
making and the process they utilize to reach the goals of the research study they intend to embark on. Furthermore, Grove, Burns and Gray (2013:214) state that research design is ‘a blueprint’, a method for steering a research study and the approaches for increasing control over aspects that might hinder the reliability, validity and trustworthiness of the study.

In the context of this study, the researcher utilised explorative, descriptive and contextual design to gain more insights into the experiences, challenges and coping strategies of parents living with teenagers who are abusing substances.

2.4.1 Explorative design

Explorative design is mostly used with topics that minimal information is known or available (Royce, 2011:27). Furthermore, Steinberg (2015:51) explains that exploratory research works from a question, as the researcher does not have enough information to formulate an educated idea to test. Adding on, Rubin and Babbie (2013:50) define exploratory research, as research into an area that has not been studied and in which a researcher wants to develop initial ideas and a more focused research question.

The researcher used the semi-structured interviews using the interview guide to explore the experiences, challenges and coping strategies of the parents living with teenagers abusing chemical substances. The aim was to get new insights on the phenomenon under the study, to also gain knowledge on the experiences, challenges and the coping strategies of parents living with teenagers abusing chemical substances in order to make informed recommendations pertaining to practice and further research.

2.4.2 Descriptive design

A descriptive design is described by, Fox and Bayat (2007:08) as the comprehensive description that characterizes the population group that is being studied. Descriptive design, is defined by Rubin and Barbie (2013:51) as the comprehensive description that characterizes the population group that is being studied. The design selected by the researcher has presented itself as the good method in pursuing the research objectives stated in the study.
In this study the researcher through using the descriptive design managed to describe the experiences, challenges and coping strategies of the parents living with teenagers abusing chemical substances as she understood from the frame of reference of the participants and make recommendations thereof. The researcher used the semi-structured interview base on the interview guide using open ended questions and that allowed the participants to share more on the topic.

### 2.4.3 Contextual design

When conducting research, Fox and Bayat, (2013:71) state that the concept of site selection means that the participants might be located at a single site and they are mostly people who have the same experiences of the phenomenon that is being studied. Affirming this, Hennink Hutter and Bailey, (2011:10) explains that contextual research design is used in a qualitative research study to understand the social meaning and significance of an event or social action from the social context in which it appears. Adding on Neuman, (2006:158) explains that contextual research design is used in a qualitative research study to understand the social meaning and significance of an event or social action from the social context in which it appears.

The study was conducted in Ramotse and the participants were interviewed from their homes, work places and others were interviewed at SANCA offices as they needed some privacy away from their children and other family members.

In the discussion below, attention was given to the overview of Ramotse as context within which the study was conducted.

### 2.5 AN OVERVIEW OF RAMOTSE

The study is located in Ramotse which is in Leeuwkraal 92JR, in Moretele magisterial district. Ramotse is a village with a traditional leader of the community, Chief KC Kekana. It is located between the R101 and the N1, approximately halfway between Pretoria central and Bela-Bela. Ramotse is a village situated in Hammanskraal, which is in north side of Pretoria. Pretoria (Tshwane) is located in the Gauteng Province and it is the capital city of South Africa.
Hammanskraal is a small town in the Northern part of Pretoria. It was named after Hamman, a cattle farmer who, to protect his livestock from predators, set up a stockade there. The small town, which serves a large community, also serves as a shopping centre for surrounding locations such as Kekana Gardens, Mandela Village, Ramotse, Marokolong, Kanana, Temba, Leboneng, Maubane, Portion 9, Majaneng, Bosplaas, Makapanstad, Dilopye, Suurman, Lephengville, Sekampaneng and other nearby villages. The Ramotse village comprise of mostly from poverty-stricken families that are faced with a high rate of unemployment. There are few job opportunities in the village and the community members go to the nearest town (Pretoria) for job opportunities. Most of the adults who have little education are domestic workers. It is important to note that most able-bodied people had migrated to the more industrialised cities in search of meaningful employment. The families comprised of single headed parents, being the mother in most cases with absent fathers.

The following map depicts a map for Ramotse, Hammanskraal, where the study was conducted.
The next section discusses the population and sampling procedures as employed in the research study.

### 2.6 POPULATION AND SAMPLING

#### Population

According to Burns and Grove (2013:41) the population is all the people that fit in the criteria of what the researcher wants to explore on. Population is explained by Jackson (2011:20) as a collection of people for research purposes. In addition, Burns and Grove (2009:42) state that population is all the elements that are suitable for the criteria that is being researched on. Population is defined by Rubin and Babbie (2010:135) as a larger group whereby few individuals are selected to partake in a research study. Population is a number of people who display characteristics that are of interest to the researcher based on the developed selection criteria. Those elements can be people, objects or even events.

The population of the study was parents who are living in the same house with teenagers abusing chemical substance in Ramotse.

#### Sampling

A sample represents a small part of the population that the researcher is interested in researching (Neuman 2011:240). In addition, Jackson (2011:20) states that a sample is a group of individuals randomly chosen or identified from a larger group for a specific study. Sampling according to Holloway and Wheeler (2010:137) is intentionally choosing an element out of the whole population to learn more on the phenomenon that is being studied.

The criterion of inclusion in the research study was therefore:

- Parents whose teenagers have been through the SANCA program for rehabilitation.
- Parents who are staying in the same house as their teenager who is abusing chemical substances in Ramotse.
• Parents of teenagers who are abusing chemical substances. The teenagers should be between the ages 13 and 19 years.
• Parents who were available to participate in the study

**Sampling method**

Purposive and snowball sampling were used to select parents who were living with teenagers abusing chemical substances in Ramotse. In order for the researcher to learn more about parents’ experiences, challenges and coping strategies the parents were supposed to be living in the same household with the teenagers abusing chemical substances Leedy & Ormrod, (2010:206). The researcher contacted the social worker at SANCA and also attended the family support group to identify participants who were relevant for the study. Later on, the researcher used the snowball sampling whereby the participants would also refer her to other parents in the similar situation. The snowball sampling was introduced because not all the parents who were attending the support group met the criteria of inclusion for this study. The researcher requested the participants to also refer her to some of the parents they know who were also living with teenagers abusing chemical substances.

The sample size for this study could not be determined at the beginning of the research, but it was determined by data saturation and this has enhanced external reliability. In addition, Holloway and Wheeler (2010:147) data saturation is when the information being gathered becomes repetitive. The researcher knew that data saturation had been reached when there was no more-new information coming from the participants. Initially the researcher had anticipated to interview 10 participants. However due to unforeseen circumstances and feedback from the co-supervisor, the sample yielded gender bias perception. The researcher had to go back and interview three more males to struck the gender balance. Since it was not possible to sample all the parents in the study, the researcher interviewed 13 parents who were willing and available to participate in the study, by then there was a repetition of information.
2.7 METHOD OF DATA COLLECTION

The discussion below, describes how preparation for data collection, the preparation of the participants, data collection and the methods of data analysis and data verification were implemented.

According to Creswell (2009: 178) data collection includes the setting of the limits to the study, collecting information using semi-structured or unstructured interviews, observations and the analysis of documents and visual materials.

The researcher collected data using semi-structured interviews, using the face-to-face interview method which allowed the researcher to attend to and observe even the non-verbal communication of the participants. Although the researcher followed the interview guide, she had the freedom to ask probing questions depending on the responses of the participants.

2.7.1 Preparing for data collection

After the approval of the planned research by the Research and Ethic committee (See Addendum E), the researcher also acquired approval from the manager who is also a social worker at SANCA, Hammanskraal offices to conduct the interviews with parents of teenagers abusing chemical substances on their data base.

The social worker at the treatment centre was the gatekeepers for regulating the researcher’s access to the participants. A gatekeeper as defined by Engel and Schutt (2009:320) is a person who grants researchers access to the setting. The social worker as gatekeepers was requested to assist the researcher with information from the case load of parents whose teenagers’ have been through their treatment program. The researcher obtained names from the social worker at SANCA after arrangements were made with her and she phoned the potential participants to make appointments with them.

The researcher contacted the individual participants to get to know them and build rapport. Also to give them a letter which provided the background of the study by introducing the researcher and the research topic, the purpose of the research, benefits of forming part of the study and the ethical issues (See Addendum A). The participants
were requested to sign the consent forms after they agreed to participate in the study, and it was also explained to them that if they feel that they do not wish to continue participating in the study at any given point, they are free to withdraw themselves from the study. The participants gave consent and appointments were made by the researcher to visit them in their homes but others stated that they were comfortable to do the interview in the social workers’ offices (See Addendum C).

The researcher used semi structured interviews with open ended questions for data collection to allow the participants to share more about their experiences. Open ended questions allow the participants to communicate openly without choosing from prepared response categories (Royse, 2011:171).

The researcher used follow up questions to learn more about the experiences, challenges and coping strategies of the participants. Through the interviews, the researcher hoped to get an in depth understanding about the phenomenon that was studied. The researcher adopted the following interview techniques and tips as stipulated by Greef (2005:288):

- Participants should do a lot of talking, meaning that the participants should be given time to express themselves.
- The researcher should ask brief questions but also make sure that the questions are clear to the participant.
- Participants should be given time to answer each question and should not be asked more than one question at a time.
- The researcher should use open-ended questions to allow the participants to explain more of their experiences.
- The researcher should structure questions in such a way that they do not confuse the participant.
- The researcher should ensure that there is order in the way that the questions are asked.
- The participants should be encouraged to talk freely but the researcher must ensure that they do not lose focus on the question asked.
2.7.2 Pilot test

According to Johanson and Brooks (2010:395) a pilot test is a small study conducted prior to a large research undertaking, in order to determine whether the methodology, sampling, instruments and analysis are appropriate for the research study. Leon, Davis and Kraemer (2011:626) define a pilot test as a shorter version of the proposed research study, which works with a restricted sample. In addition to this, David and Sutton (2011:97) explain that a pilot test should be done to confirm that the researcher will be able to address the research question, and that pilot testing allows the researcher to change the research questions if necessary. If the participants do not understand the questions or if the questions do not answer the research question, the pilot test will show this. According to Maxwell (2013:66) the aim of the pilot test in qualitative research is to assist the researcher to get an understanding of the perceptions of the people being studied.

The pilot test was conducted in Ramotse with two participants, to give the researcher a trial in qualitative interviewing and to check whether or not the method of data collection and instrument used enabled her to collect the data required for the study. Pilot testing was also used to identify any difficulties with the method and to determine whether the proposed questions and procedures are adequate and appropriate enough to answer the research question that prompted the study. The participants were interviewed one at a time for approximately 45 minutes.

Purposive sampling was utilized on the basis of knowledge of a population, its elements, and the purpose of the study. With the assistance of the social worker at SANCA, the researcher managed to phone two parents (mothers of teenagers abusing chemical substances) and schedule appointments with them. Both the parents agreed to meet with the researcher in their homes as they were not employed. They were willing to accommodate the researcher during the day. The researcher conducted the interviews following the interview guide she had designed for the study. After obtaining permission from the participants, the interviews were recorded and later transcribed. The participants were willing to share a lot about their experiences, challenges and the
coping strategies they employ on a daily basis while living with their teenagers who are abusing chemical substances.

The two participants confirmed that the questions were clear and they responded well. The researcher did not anticipate the need to arrange for debriefing for pilot test. However, one of the participants was emotionally stressed when the researcher arrived to conduct the interview. The researcher had to render debriefing because the participants’ teenage son stole groceries from the neighbour’s house and the participant was stressed as she had to replace those groceries. Consequently, the appointment had to be rescheduled after consultation with the supervisor.

The pilot test assisted the researcher to decide whether the questions were suitable and would be appropriate to provide the researcher with data required to answer the research question. After the transcripts were done, the researcher, together with the supervisor, discussed the themes and then based on the gaps, the following questions were added to the interview guide as presented in chapter 1 section1.9

Biographical questions for participants:

- Can you please share with me your age?
- What is your relationship with the teenager abusing chemical substances?
- Can you please share with me your employment status?
- Can you please tell me about your marital status?

Information about the teenager abusing chemical substances:

- How old is your child?
- How long has your child been using chemical substances?
- How long has your child been receiving support from SANCA?
- What type of chemical substances is he abusing?

The following question was added on the interview guide to obtain data from the parents.
• Can you please share with me how you found out that your teenager was abusing chemical substances?

The two participants that were interviewed in the pilot test were not included in the study. After the pilot test, it was decided that the method of data collection can be used to answer the research question but it was agreed that some of the research questions should be rearranged and new information was added.

The following section deals with the methods used to collect data.

2.8 DATA COLLECTION

A semi-structured interview guide was utilized to explore the experiences, the challenges and also the coping strategies of parents who are living in the same household with teenagers who are abusing chemical substances. The researcher spent approximately 45 minutes with the participants allowing them to share more on their experiences challenges and coping strategies.

The researcher conducted face-to-face interviews with the participants who met the criteria of inclusion to get an in-depth understanding of their lived experiences. The interviews assisted the participants in sharing their experiences, challenges and the coping strategies they used in living with teenagers abusing chemical substances.

2.8.1 Interviews

The participants were interviewed in the comfort of their home, work place and SANCA offices using the semi-structured interviews to allow the participants to explore their experiences, challenges and coping strategies. The researcher followed the interview guide using open-ended questions and also using follow up questions where clarity was needed to get more understanding. She observed the participants verbal and the non-verbal communication. The researcher prepared the participants and all interviews were conducted in Setswana. Each interview lasted about 45 minutes, allowing the participants to share more of their experiences, challenges and coping strategies of living with teenagers abusing chemical substances.
The interviews were conducted after the process of the research was explained again to each participant.

The participants were informed about the benefits of being part of the research, as they will be assisting in providing recommendations that will be used to assist parents who are in the same situation as the participants (Fox and Bayat, 2013:72). After conducting five interviews, the researcher, together with the supervisor, looked into the transcripts and both agreed that follow-up interviews with the same participants should be conducted to get more information. The information needed was mainly on how the parents would like to be supported and the suggestions thereof. Participants were mainly focusing on how their teenagers could be supported rather than how they as parents can be supported.

The researcher used the audio recordings to record the interviews after permission was granted by the participants. However, there were two participants who were willing to share their experiences but felt uncomfortable with the recordings. The two participants allowed the researcher to write down some of the points, allowing the research to continue. The researcher, after each interview, asked the participant if s/he knew other parents’ who were in the similar situation in their area. This was necessary, as the researcher did not have enough participants from the social workers reports.

The participants identified more parents and the researcher continued to schedule appointments telephonically.

The researcher encountered some challenges in collecting data. SANCA Hammanskraal offices were moved from their initial location which was given to the Department of Health. The relocation disturbed the process of data collection. As a result, two conservative months went by without the facilitation of the family support group, a situation which resulted in SANCA losing some of the parents who were attending. The new location for SANCA offices in Temba was also not easily accessible to some of the parents. Participants now needed to catch taxis to the new venue which was costly for some of them and they ended up not attending the meetings. In spite of the delay experienced in collecting data, because the interviews were rescheduled,
when the interviews were conducted the participants were cooperative and the researcher managed to collect data.

2.9 DATA ANALYSIS

According to Creswell (2007:148) and Royce (2011:42) data analysis consists of preparing and organising data into themes using the process of coding.

Adding on, Nieuwenhuis, (2007:99) data analysis is the process of trying to understand how participants make meaning of the phenomenon under study and trying analysing their perceptions through finding themes.

The researcher used the following eight steps for qualitative data analysis as outlined by Tesch (cited in Creswell, 2009:186):

- The researcher read all the transcripts carefully to understand everything the participants had said. All the ideas that the researcher developed from going through the transcripts were noted.
- The researcher selected the shortest transcript and started reading while making notes on all the implied messages as well as notes on the themes that were identified.
- When the task was completed, the researcher made a list of all the topics noted and clustered similar topics. Possible clusters can be major topics or unique topics.
- The researcher made final decisions on what the abbreviation for each code should be.
- The researcher used more descriptive wording for the topics and turned them into categories.
- The researcher then considered ways of reducing the total list of categories by grouping together topics that relate to each other.
- The researcher then used more descriptive wording for the themes and organised them into smaller units i.e. sub-themes.
- The researcher grouped together coded ideas/storylines belonging to each theme thereby completing the initial analysis.
• After the researcher had completed all these steps, the existing data was recorded as presented in chapter three.

2.10 METHOD OF DATA VERIFICATION

Verification of data focuses on the trustworthiness of the findings of the study conducted and the consistency in the methods of research that were used (Thomas & Magivy, 2011:151). Holloway and Wheeler (2010:297) highlight that data verification is the process of scrutiny to ensure the reliability of the research study. The researcher utilized the following verification method as described in Maree (2007: 113-115):

• Verifying raw data: The researcher verified data with the research participants to check for accuracy by conducting follow-up sessions with the participants after listening to the recordings.
• Keeping notes of research decisions taken: Notes were written in the margins of the transcripts
• Avoiding generalisation: Qualitative research is said to be aimed at providing an understanding from the participants’ perspective more than from the larger population’s generalisations. The researcher avoided generalisation by including both males and females to avoid bias. The study conducted cannot be generalized to all parents as peoples’ experiences, challenges and coping strategies may differ.

2.11 ETHICAL CONSIDERATION

According to Gravetter and Forzano (2009: 72) states that ethics in research guide the researchers to be honest and to respect all individuals who are participating in the research study. Ethical considerations are important in qualitative research. In affirmation, Newman 2011:503) also encourages the researcher to be sensitive to cultural and political issues of different cultural interaction; the researchers need to learn what participants in different cultures considers offensive. The researcher utilized the following principles of ethical research:
Informed consent

According to Burns and Grove (2011:123), informed consent is the participant’s agreement to participate in a research study after all the necessary information is provided. Adding to the above, Marshall and Rossman (2011:47) state that informed consent insures that the participants understand their role before they can participate in the research study. This enables them to make conscious decisions.

The researcher informed the participants about the aims of the research and she also explained the contents of the consent forms as the forms were written in English (See Addendum A). She also discussed the research interview questions and told the participants that participation is voluntarily and they have a right to withdraw. The time frame of the study was also discussed with the research participants. The researcher allowed the research participants to decide if they want to participate in the research study or not; she did not pressurize them in any manner.

Confidentiality

According to Rubin and Babbie (2013:290), confidentiality is when the researcher knows the participants but chooses to protect their identity. To this end, the researcher removed all the names and any identity of the participants in the responses and replaced them with codes using letters of the alphabet. In this way, the researcher ensured the participants’ privacy and protection from harm. Participants were also assured of confidentiality.

The researcher employed the following steps to ensure participant confidentiality:

- The researcher kept the audio recordings, notes and transcripts of the data collected and she protected the information by ensuring that it is not within reach of other people. The audio recordings, notes and transcripts were locked in the cabinet. The data was only accessible to the researcher and supervisor.
- The researcher will finally destroy the recordings once the study has been completed.
The participants were informed that their real names would neither be used nor mentioned and the procedure in relation to the study was explained to the participants.

**Debriefing the participants**

The process of debriefing participants as explained by (Strydom 2005:66), is to discuss with the participants their feelings about the project soon after conducting the session. According David and Sutton (2011:49), debriefing sessions are very important in completing the learning experiences which started when the participants agreed to participate in the study. The researcher respected the golden rule in ethics which is to do no harm to the research participants. The researcher conducted debriefing sessions during the pilot test with two participants but later on referred the two participants to the social worker at SANCA.

Out of the 13 participants, debriefing was done with five participants and further arrangements were made with the social worker at SANCA, Hammanskraal, who agreed on debriefing the participants (See Addendum F). One participant has two teenagers who are both abusing chemical substances and she has difficulties in coping with the situation. When I asked her about her coping strategies, she cried verbalizing that she is not coping at all. I conducted debriefing and referred her to the social worker for counselling. The other participant was also stressed out because her only child is abusing substances and when asked about her experiences and challenges, she was very emotional. The researcher also referred her to the social worker as she had also attempted suicide and had not received professional help. While three, were stressed because they questioned their roles as single parents.

**2.12 LIMITATIONS OF THE STUDY**

Limitations are matters and occurrences that arise in a study which are out of the researchers control (Strydom, 2011:126). The following were observed as limitations by the researcher during the course of the research process:

- The study was limited to 13 parents (nine mothers and four fathers). The sample gave a bias perception because there were mainly mothers who were available
to participate in the study. However, the sample’s gender compositions correspond with gender composition of parents in South Africa where more children are part of mother parented families (Statistics South Africa, 2011:6).

- Initially it was difficult getting parents since they were unwilling to share their experiences due to lack of trust until the researcher decided to spend more time with the parents by attending the family support groups.

- The SANCA offices were moved from Ramotse village to Temba which made it difficult to make contact with the social worker and the participants. The researcher then contacted the office and decided to meet participants at the new office.

- The protest that took place in Hammanskraal due to service delivery delayed the process of collecting data. The researcher had to reschedule the appointments which made it difficult to access the participants.

- The study included more mothers than fathers therefore the findings may be gender biased and not representative of parents but rather of mothers as fathers’ experiences, challenges and coping strategies may differ.

- Results of the study conducted cannot be generalized to all parents as peoples’ experiences, challenges and coping strategies may differ.

**CONCLUSION OF THE CHAPTER**

The chapter addressed the research methodology that was employed in the study. The researcher discussed the sampling method as well as the collection, analysis and verification of data that was utilized. The steps and preparation for data analysis were outlined and the descriptions used to ensure trustworthiness were also indicated. The next chapter three focuses on the presentation of research findings.
CHAPTER THREE

PRESENTATION OF THE RESEARCH FINDINGS

3.1. INTRODUCTION

The chapter presents the research findings emanating from the research conducted by the researcher. The findings that emerged from the semi-structured interviews are presented, discussed and compared with the existing literature related to the topic of the study.

The goal of the research was to develop an in-depth understanding of experiences, challenges and coping strategies of parents in Ramotse who are living with teenagers abusing chemical substances. The objectives of this research study, discussed in chapter one was to explore, describe and contextualize from the parents’ perspective; their experiences, challenges and coping strategies of living with teenagers abusing chemical substances and subsequently come up with suggestions that could be used to support these parents. Semi-structured interviews with 13 participants were utilized to collect data.

3.2. BIOGRAPHIC PROFILE OF THE RESEARCH PARTICIPANTS

Prior to data collection the researcher had to determine the following criteria for selection of the participants:

- Parents whose teenagers have been through the SANCA program for rehabilitation.
- Parents who are staying in the same house as their teenager who is abusing chemical substances in Ramotse.
- Parents of teenagers who are abusing chemical substances. The teenagers should be between the ages 13 and 19 years.
- Parents who were available and willing to participate in the study.
It should be noted that the teenagers were excluded as participants since the focus was on the parents’ experiences, challenges and coping strategies of living with teenagers abusing chemical substances.

The participants consisted of 13 parents living with teenagers who are abusing chemical substances from Ramotse. Table 1 below is a summary of the biographical information of the participants namely: participants’ age, gender, employment status and the marital status. In order to ensure confidentiality and anonymity the alphabetical codes were used to replace the names of the participants.

**Table 1: Profile of the research participants**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Participants’ age</th>
<th>Gender</th>
<th>Employment status</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40 years</td>
<td>Female</td>
<td>Unemployed</td>
<td>Cohabitating</td>
</tr>
<tr>
<td>2</td>
<td>43 years</td>
<td>Female</td>
<td>Employed</td>
<td>Single</td>
</tr>
<tr>
<td>3</td>
<td>37 years</td>
<td>Female</td>
<td>Employed</td>
<td>Divorced</td>
</tr>
<tr>
<td>4</td>
<td>35 years</td>
<td>Female</td>
<td>Employed</td>
<td>Single</td>
</tr>
<tr>
<td>5</td>
<td>45 years</td>
<td>Female</td>
<td>Employed</td>
<td>Cohabitating</td>
</tr>
<tr>
<td>6</td>
<td>40 years</td>
<td>Female</td>
<td>Employed</td>
<td>Single</td>
</tr>
<tr>
<td>7</td>
<td>37 years</td>
<td>Female</td>
<td>Unemployed</td>
<td>Married</td>
</tr>
<tr>
<td>8</td>
<td>49 years</td>
<td>Male</td>
<td>Employed</td>
<td>Married</td>
</tr>
<tr>
<td>9</td>
<td>38 years</td>
<td>Female</td>
<td>Employed</td>
<td>Divorced</td>
</tr>
<tr>
<td>10</td>
<td>61 years</td>
<td>Female</td>
<td>Unemployed</td>
<td>Widow</td>
</tr>
<tr>
<td>11</td>
<td>55 years</td>
<td>Male</td>
<td>Employed</td>
<td>Married</td>
</tr>
<tr>
<td>12</td>
<td>48 years</td>
<td>Male</td>
<td>Employed</td>
<td>Divorced</td>
</tr>
<tr>
<td>13</td>
<td>57 years</td>
<td>Male</td>
<td>Unemployed</td>
<td>Widower</td>
</tr>
</tbody>
</table>
The section below discusses the biographic information of the participants.

**3.2.1 Ages of the participants**

The participants’ ages ranged between 35 to 61 years. This is the stage whereby most of the parents have reached milestones like buying a house, finding a partner and preparing for retirement.

According to Dacey, Travers and Fiore (2009:396) this is a stage of middle adulthood which is the second stage and ranges from the age of 35 to 64 years. Individuals at this stage are mostly focusing on building their careers and work. Building careers as well as family, seem to be the most important things at this stage. Adding on, Bastable, Gramet, Jacobs and Sopczyk (2010:175) state that the middle adulthood stage is the longest period of a human’s life. This is the stage whereby individuals are mostly working and responsibilities increase as people are trying to balance relationships, raising children and building careers. Parents find it difficult to entirely focus on the daily activities of their teenagers, leaving them vulnerable to chemical substances.

**3.2.2 Gender of the participants**

As indicated in the Table 1 above, nine participants were mothers and four were fathers. This indicates that most of the teenagers came from female headed households. The researcher concludes that from the gender of the participants there were more female parents available than male parents. The findings are likely to be gender bias, i.e. the study had perceptions of mothers on the experiences, challenges and coping strategies of living with teenagers abusing chemical substances than on fathers.

The communities mostly perceive that mothers are more involved in the wellbeing of their children, especially after the break up in relationship between the parents or due to divorce or even death. Mabusela (2014:18) observes that the number of absent fathers is increasing internationally and nationally as more and more fathers move away from the responsibility of being involved in the lives of their children. When children have
bonded well with their fathers and continue to have a good relationship, their chances of being involved in risky behaviours such as abusing substances are lessened (Newman, Harrison, Dashiff & Davies 2008:143). Research has consistently shown that children in single-parent families are at greater risk for emotional and behavioural problems, and for poor academic achievement, than are children from traditional two-parent homes (Golombok and Badger 2010:150).

3.2.3 Employment of the participants

Most of the parents are employed. According to Marais (2012:22) the responsibility of parents working, especially away from home, can lead to parent-teenage relationship that is very unhealthy and might lead to the use and abuse of chemical substances as teenagers are mostly left unmonitored. Alluding to the above, Masombuka (2013:69) contends that while parents are working hard to provide for their families and engaged in other activities, teenagers are left on their own for most of the time. Employment takes a lot of parents’ time and energy and the tendency is for them to focus more on their careers and less on the children, especially the teenagers.

Referring to Table 1 above, out of the 13 participants, nine of them were employed in government institutions and spending most of their time at work, leaving the teenagers alone with no adult supervision. The four participants who were unemployed were also doing odd jobs trying to make money in different ways including selling different products such as Avon and Tupperware. These activities kept parents away from home most of the time, leaving teenagers unattended. Employment of parents has been stated as one of the problems that causes most teenagers to be home alone and unsupervised, resulting in them depending on their peers for guidance (Venter and Rambau 2011:345).

3.2.4 Marital status and the family structure of the participants

Family circumstances are said to play an important role in the abuse of chemical substances due to inconsistent family and living environment factors, for example single parenting, blended families and inconsistent caretaking which may result in a teenagers’ addiction (Lander, Howsare & Byre 2013:3-4).
Three of the participants in this study were divorced and five participants were in estranged relationships resulting in the other parent being uninvolved in the life of the child. Three parents were married but their partners were partially involved in the upbringing of the teenagers and two other parents were widows. One of the four males in the study was married but not to the biological mother of the teenager that was abusing chemical substances. An unstable family environment has always been associated with chemical substance abuse in teenagers. This seems to be the case in this study as most of the teenagers were from single-headed households.

The challenges of family detachments may expose the teenager to experimenting and being addicted to chemical substances (Hamilton, Danielson, Mann & Paglia-Boak 2012:48). According to Segal, Gerdes and Steiner (2009:210) parents’ divorce and marital problems have a negative impact on the children, especially the teenagers who struggle to deal with the loss of the intact family. This might lead to challenges in behaviour, including the abuse of substances. Valois and Drane (2007:594) and Dreyer (2012: 88) highlight the fact that the problem of dysfunctional families due to divorces and blended families with step-parents can lead to teenage chemical substance abuse as teenagers may lack love and care from their biological parents.

From the table above, it can be concluded that challenges in relationships bring about disruption in families, especially for teenagers. This is because they need to adapt to the new family circumstances which can bring about instability and a lot of insecurities. However, this does not apply to all teenagers from divorced parents. Divorce and dysfunctional families also came out strongly during interviews as some participants blamed themselves for the non-existence of functional relationships with the fathers of their teenagers. They felt they could have handled their relationships in a much better way for the sake of their children.

The challenge of single parenting threatens the emotional growth of children, especially in their teenage years. However, this is not the case with all the teenagers, some turn out well even after being under the care of only one parent. In addition, there are some of the teenagers who are raised by both parents but, due to various reasons, still end up being addicted to chemical substances (Venter and Rambau 2011).
According to Kail and Cavanaugh (2007:448) and Ceballo and Borquez (2008:529), single parents face a number of challenges and this applies mostly to women. The fact that most of the participants in this study were women is testimony to the challenges they face in balancing the life of playing both parental roles and balancing that with work and other life commitments.

In the following section, the researcher discusses the themes and subthemes that emerged in the study conducted.

3.3 PRESENTATION AND DISCUSSION ON THEMES AND SUB-THEMES WITH LITERATURE

This section presents the findings relating to the parents’ experiences, challenges and coping strategies while living with teenagers who are abusing substances.

The findings of the study were based on the data collected from 13 participants who agreed to be part of the study. Data was collected by the researcher using the semi-structured interviews with open ended questions. The information was then transcribed and analysed by the researcher, the independent coder and the supervisor according to the eight steps by Tesch in Cresswell (2009). The researcher found the similarity between the coding done by the independent coder and her. The researcher with consultation with the supervisor and the co-supervisor decided to collate the two reports together since the findings were more or less similar. The data was verified by the co-supervisor to avoid being bias since she was not involved in the previous discussions. From the transcripts seven themes with accompanying thirty subthemes were identified.

The following seven themes emerged from the data collected:

**Theme 1:** Parents discovered how their teenagers were abusing chemical substances in various ways.

**Theme 2:** Parents experiences after discovering that their teenagers were abusing chemical substances
Theme 3: Parents accounts on the challenges they face in dealing with teenagers’ abusing chemical substances

Theme 4: Parents employed different strategies in coping with teenagers’ abusing chemical substances

Theme 5: Parents employed different support mechanisms in dealing with teenagers’ abusing chemical substances

Theme 6: Parents provided different suggestions on how parents living with teenagers abusing chemical substances can be better supported

Theme 7: Parents provided different recommendations on how parents living with teenagers abusing chemical substances can be better supported

An overview of the themes and subthemes will be presented in Figure 3 Themes below:
THEME 2: PARENTS' EXPERIENCES AFTER DISCOVERING THAT THEIR TEENAGERS WERE ABUSING CHEMICAL SUBSTANCES

Sub-theme 2.1: Parents experienced a sense of failure with regard to the upbringing of their teenagers.

Sub-theme 2.2: Parents experienced feelings of helplessness because their teenagers’ treatment was unsuccessful.

Sub-theme 2.3: Parents experienced feeling of shock, sadness and shame.

Sub-theme 2.4: Parents experienced wishful thinking that the teenager would die.
THEME 3: PARENTS’ ACCOUNTS OF THE CHALLENGES THEY FACE IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

- **Sub-theme 3.1**: Parents dealing with health challenges such as stress and anxiety
- **Sub-theme 3.2**: Parents dealing with financial challenges due to compensating the community for stolen goods and endured medical costs.
- **Sub-theme 3.3**: Parents dealing with community’s reactions.
- **Sub-theme 3.4**: Parents were dealing with conflict with their partner or spouse.
- **Sub-theme 3.5**: Parents had to deal with family and friends that distance themselves.
- **Sub-theme 3.6**: Parents felt vulnerable of being hurt or even being killed by their own children.
- **Sub-theme 3.7**: Parents had to deal with missing work often.
Theme 4: Parents employed different strategies in coping with teenagers’ abusing chemical substances

- Sub-theme 4.1: Parents avoided talking to teenagers to avoid pain and hurt
- Sub-theme 4.2: Parents sought comfort in their religion by praying or going to church
- Sub-theme 4.3: Parents get spiritual support from the church and their pastors
- Sub-theme 4.4: Parents opted to give the teenager money
- Sub-theme 4.5: Parents still have hope that their teenagers’ behaviour will change
THEME 5: PARENTS EMPLOYED DIFFERENT SUPPORT MECHANISM IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

Sub-theme 5.1: Parents receive support from SANCA

Sub-theme 5.2: Parents have family support groups

Sub-theme 5.3: Parents receive assistance from church
THEME 6: PARENTS PROVIDED DIFFERENT SUGGESTIONS ON HOW PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES CAN BE BETTER SUPPORTED

Sub-theme 6.1: Parents suggested the reviving of the spirit of Ubuntu

Sub-theme 6.2: Parents need the communities to be mobilized into working together in fighting the drug lords and chemical substance abuse

Sub-theme 6.3: Parents suggested that communities need to be educated about chemical substance abuse

Sub-theme 6.4: Parents need communities to be educated about chemical substance abuse to avoid stigma on the teenagers and their parents

Sub-theme 6.5: Parents suggested more frequent parent support group sessions

Sub-theme 6.6: Parents suggested that church leaders and church groups should be more informed about chemical substance abuse
Theme 7: Parents provided different recommendations on how parents living with teenagers abusing chemical substances can be better supported

Sub-theme 7.1: Parents recommended parent orientated support groups

Sub-theme 7.2: Parents shared the need for professional support and workshops to be facilitated on parenting skills

Sub-theme 7.3: Parents recommended that the community and police must work together

Sub-theme 7.4: Parents recommended that the government should support parents in dealing with the challenges they face regarding chemical substance abuse

Sub-theme 7.5: Parents recommended a need for more treatment centres and for a longer treatment period

Figure 3: Seven Themes and Subthemes
In the next section themes are presented separately and accompanying sub-themes are also presented and confirmed or endorsed by direct quotes from the transcripts of the interviews. The identified themes and sub-themes with their supporting storylines from the transcripts were be compared and contrasted with the body of available literature.

3.4 THEME 1: PARENTS DISCOVERED HOW THE TEENAGERS WERE ABUSING CHEMICAL SUBSTANCES IN VARIOUS WAYS

The parents were asked how they discovered their teenager was abusing chemical substances. Three sub-themes emerged from their responses which ranged from money disappearing in the house to teenagers’ school marks dropping. Figure 4. below presents the theme and subthemes which emerged from the study conducted by the researcher.

**Figure 4: Theme 1 and subthemes**
Sub-theme 1.1: Parents discovered that the teenagers’ were abusing chemical substance when money and other items disappeared from teenagers’ home and the community.

The above sub-theme is supported by the following storylines.

“Money started to disappear. I usually just leave money lying around but when I confronted him, he asked me why don’t I trust him…He always has a way of shifting the focus and blaming me for everything that goes wrong in his life. He says I have never supported him and given him attention…Then I just knew something was wrong”

“Money started to disappear. I was convinced that it was my helper. I talked to her and told her that if she needs money she should talk to me not just take. My helper told me that it was not her, but I just left it because I thought she was ashamed to admit that she had taken it. I was really convinced that she had taken it because this boy convinced me that he had no reason to steal in the house…Then I spoke to my husband about it. We even gave the helper an increase to help her with caring for her mother. Little did I know that she was innocent, I should have just listened to her. She still told me that I should check this boy’s behaviour, but I was too trusting…Then I realised that the money was still disappearing. I went to talk to my helper again and she said we should go and search this boy’s room. My sister, I felt so bad that I kept on accusing my helper for stealing”

“Firstly, money was disappearing in the house then other things started to disappear too. I usually don’t hide my valuable stuff in the house as there was no need to do so until I started to have problems with him. Now I have to hide everything. He was just stealing lots of things from the house…Small things like perfume, groceries would just disappear as well as other kitchen appliances. Even my clothes and shoes that I do not usually wear, like my winter clothes because he knew I would not notice them quickly. He stole my gold earrings and bracelet. I just knew something was wrong…I confronted him after I heard people talk about the fact that when children smoke nyaope they steal and they start avoiding being around the family. I realised that he was always sitting or
sleeping in his room and he would make sure his bedroom door was always closed when he was in there. He was also spending most of his time out with the so-called friends that I do not even know”

One other parent made the following utterances with how he found out about his teenager’s chemical substance abuse:

“Things started missing in the house and he kept on telling me funny stories when I send him for groceries then he will always say that he was robbed or he lost the money and come back without groceries”

The parents who were interviewed confirmed that they struggled to understand what was happening with their teenagers. Parents shared that they used to trust their teenagers with money, even leaving money lying around in the house until they realised money was disappearing. Calder (2012:144) concurs, and adds that when teenagers are addicted to chemical substances, they end up stealing from people around them. Participants shared their frustrations about all the losses they had experienced and in particular having to buy the same things over and over again as their chemical substance abusing teenagers continued to steal them.

This finding is similar to that by Waini (2015:90) who reports that parents were complaining about money missing in the house as the teenagers continued to take the money to buy chemical substances. The parents were disturbed by the fact that they could not trust their teenagers anymore especially in relation to money. Hiding money and other valuable stuff in the house was the only option parents were left with. According to Masombuka (2013:36), at times parents have to consistently replace assets that were stolen from community members by the chemical substance abusing teenager, because some of these teenagers commit petty theft because they cannot afford to buy substances. By replacing the stolen assets, parents try to cope with the challenge of living with a chemical substance abusing teenager’s stealing behaviour
while avoiding conflict with community members. This is a costly practice for the parents.

The participants had the following to say with regard to teenagers stealing from the community:

“I am always fighting with my neighbours because he steals from them but now I just give him R30 every morning to prevent him from stealing from me and the neighbours”.

“He stole my neighbours’ groceries while we were busy chatting outside the house. This is so frustrating as I had to repay them”

“I had to replace two cell phones of the community members within three months. I just realized something is not right when money started to disappear in the house”

The parents shared their frustrations regarding the fact that their teenagers stole from the community to maintain their addiction. They also shared that they had lost most of their belongings, especially kitchen and other electricity appliances including cell phones and items of clothing since their teenagers started abusing chemical substances. The parents shared that their teenagers were stealing from them and if they did not find anything to steal then they stole from the community. They shared that because these teenagers did not have money to buy their chemical substances of choice, stealing was the only way for them to get money. The parents shared their frustrations of having to replace the things that their teenagers stole from the neighbours and other community members. According to Masombuka (2013:91) and Santisteban (2009:4) children who are addicted to drugs end up stealing from the family members and even from the community members.

While still working at SANCA, the researcher received a lot of complaints from parents about teenagers stealing from them. Confirming this, Van der Westhuizen (2010:135) explains that parents are frustrated by the behaviour of their teenagers. This behaviour was also observed by the researcher when the teenagers were admitted at the treatment centre as some would continue to steal from other patients. The parents
reported that they felt embarrassed by the actions of their teenagers as they continued to steal to feed their addiction.

**Sub-theme 1.2: Parents discovered that their teenagers were abusing chemical the teenagers’ behaviour changed towards the parents and teachers**

The following storylines support the sub-theme on behavioural changes in teenagers.

“And the lady who is helping me in the house told me that my son’s behaviour has changed, as she felt he was disrespecting her, but I took it very lightly”

“…but his behaviour changed a lot as well. He was disrespecting me”

“She would disappear for weeks and come back when she wanted to and when I asked her where she had been she would respond very negatively and in an appropriate manner”

The sudden behavioural change in teenagers made the parents suspect that something was not right with their children as they saw them behaving in ways that were disrespectful. They felt their teenagers’ behaviour had just drastically changed as they did not respect elders anymore both at school and at home. Confirming what the parents were sharing, Hoeck and Van Hal (2012 :11) state that in their study, one of the signs mentioned by the parents was behavioural change and that made them realise that chemical substance abuse was involved. Waini (2015:86) agrees, adding that teenagers’ behaviour maybe be uncooperative, moody, even abusive to the parents and people around them.

The parents shared their concerns about the bad behaviour of their teenagers, the way they were talking to them and change of friends. Some of the parents expressed how their teenagers were being moody and aggressive when they talked to them. The teenagers started to lie about their whereabouts and the people they hung out with and
that made parents to be suspicious that substance abuse was contributing to that behaviour (Usher et al., 2007:424).

The following story lines attest to how parents learned that their teenagers' were disrespecting them and teachers.

“He started to be disrespectful to the teachers and fought with everyone in the house even the younger siblings”

“My son was such a respectful child but then he started to be very rude and disrespectful towards the teachers at school then we just knew something was not right. Then I confronted him wanting to understand what was going on”

“The teachers at school started to complain about his uncontrollable behaviour in class”

One other participants shared that teenager also disrespected the school social worker in the following story line:

“We were informed that he needs to go to rehabilitation centre or he will not be allowed to come back to school as he was rude and disrespectful towards the teachers and school social worker when they tried to reprimand him”

Parents expressed their frustrations regarding how their teenagers had started to disrespect teachers and were uncontrollable after they started abusing chemical substances. The relationship between parents and teenagers is very important as it is key to a functional family (Clark, Donnellan and Robins 2016:1). Adding on Choate (2015: 466) reports that parents noticed their children’s behavioural change; they had to deal with a different personality after their teenagers started abusing chemical substances. The parents continued to receive complaints from school even after they tried to admonish their teenagers for bad behaviour. Some of the parents shared that despite the efforts of the school management threatening to expel them from school if they continued disrespecting the teachers, the teenagers did not stop. This is consistent with the findings by Geyer (2012:31) who reports that the challenges in the classroom
continued to increase because the teenagers abusing chemical substances were relentlessly being disrespectful to teachers and fellow learners.

Parents also shared feeling disrespected by the way their teenagers were treating them and also the way they were addressing them. The efforts to involve other family members to encourage the abusing teenagers to respect their parents were futile.

**Sub-theme 1.3: Parents discovered that their teenagers were abusing chemical substance when they saw changes in the teenagers’ school performance**

Some parents identified a drop in the teenager’s school marks as one of the indications that he/she was abusing chemical substances. The following quotes emanated from the transcripts:

“I found out after I realised his school grades dropping.”

“My son was doing well at school; he never repeated any grade then I was amazed when the school called me in because he had failed.”

“His grades have dropped drastically, he only goes to school when he feels like it, at times he stays away from home and school for more than a week.”

Parents shared that their teenagers who were abusing chemical substances were struggling to keep up with the grades they had before they were involved in this habit. The parents observed that the decline in the school performance also led some of the chemical abusing teenagers to drop out of school. They mentioned that their teenagers started to lose interest in their school work especially when they got more involved in abusing chemical substances. Confirming this finding, Dreyer (2012:03) states that most of the teenagers who are abusing chemical substances are not doing well in school as their brain functioning might be affected by their lifestyle.

According to Dube (2007:29) and Van der Westhuizen (2010:152-153) the abuse of chemical substances undermines the ability of learners to perform well in school.
Substance abuse can affect the mental development of a child especially in terms of their learning abilities that help them to cope at school or in a learning environment.

The following story line from the transcripts confirm to the teenagers’ decline on their school work and also dropping out of school.

“My son was performing well at school. I was surprised when I was called in at school because he had failed”

“He has dropped out of school; it’s been two years now and I have been trying to encourage him to go back to school because I also believe that he needs to be responsible and be able to assist me in caring for his younger siblings”

“His marks at school dropped; he hardly goes to school and when he decides to go to school it’s not even for the whole week”

Parents voiced out that their children were doing well at school but after they started taking chemical substances, their performance dropped drastically and some even dropped out of school. Adding on Choate (2015:462) posits that the challenges in schooling are one of the effects of chemical substance abuse, and it is through the decline in school performance that some parents find out about their teenagers’ behaviour.

The teenagers who drop out of school because they are abusing chemical substances and cannot cope with school work anymore can be a challenge to parents. Confirming this, Calder (2012:62) and Waini (2015:94) point out that neglecting school work and dropping out of school are some of the signs that indicate that a teenager is abusing chemical substances. Parents wish to see their children succeed in life, and seeing their teenagers abusing chemical substances can cause them irreparable emotional harm. The participants that were interviewed articulated that the stress of seeing their teenagers messing up with their future by dropping out of school has really affected them badly as they had dreams of seeing their children having a brighter future than the one they had.
3.5. THEME 2: PARENTS’ EXPERIENCES AFTER DISCOVERING THAT THEIR TEENAGERS WERE ABUSING CHEMICAL SUBSTANCES

Parents were asked to describe their experiences and feelings when they discovered that their teenagers were abusing chemical substances. The following figure 5 shows the theme and sub-themes that emerged from the parents’ responses:

Figure 5: Theme 2 and subthemes
Sub-theme 2.1: Parents experienced a sense of failure with regard to the upbringing of their teenagers.

The above sub-theme is supported by the following comments:

“I believe if I was honest with my son from the beginning about his biological father he would have never taken drugs, but finding out later in life made him frustrated and he decided to go and use drugs. He was angry with me and said that I was never honest with him and I guess he deserved to know the truth… I guess I am not a good parent that I thought I was… I could have done more to protect my son, but I don’t think I did a good job”

“I am a teacher; can you imagine the embarrassment? I teach my learners at school to stay away from drugs while my own child is doing drugs. Sometimes I feel so discouraged to even talk to other children about drug abuse. I feel like I am a failure as a mother. How could my son end up using drugs? I thought I raised him well but this…. I just can’t take it off my mind; I always want to know where things went wrong in raising this child. My husband and I have tried to get him everything he needed as a child.”

“My problem is that I feel bad as a mother; I feel that I failed him and I failed my husband”

The parents felt that they had failed their children and themselves, believing that family problems and divorce may have caused their teenagers to be addicted to chemical substances. Chemical substance abuse does not only affect the person who is abusing it, but also the lives of their family members, which can become strained as the parents begin to feel angry, anxious and even guilty about the situation (McKeganey, 2014:57). The parents shared their guilt feelings about failing their teenagers and they felt that they were responsible for their teenagers’ behaviour. Some of the parents felt that they were not there for their teenagers when they needed them.
According to Barlow (2010:131) and Choate (2015:468) some parents blame themselves when their teenager abuses chemical substances, believing that they failed in their role to guide their children as parents; some feel ashamed, angry and guilty about their teenagers abusing substances. From what the parents shared, they confirmed that they felt that they had failed to guide their teenagers in making the right choices in their lives.

The following are some of the expressions made by the parents blaming themselves for their teenagers’ abuse of chemical substances:

“I feel that I never had enough time with my children; work has always taken priority as I thought I need to work hard so that they can have everything they need. I really failed them as a mother.”

“I should have been open about who his father is before he found out from other people; I thought I was protecting him”.

“I shouldn’t have taken him to a private school in town but I was too busy and that’s where it all began; he was fine when he was attending the local school and I also had more time with him”

One father announced his frustrations in raising the teenager in the following excerpts.

“I just wanted to spoil him especially because his mother died me her was so young, so I just wanted to prove to the families that I can make it anyway. Now I am paying the consequences for that”.

Self-blame came out very strongly as parents felt guilty and angry at themselves for focusing more on work and other related issues than on spending more time with their children. They thought this neglect might be the reason that leads the teenagers to abuse chemical substances. According to Usher, Jackson and O’Brien (2007:425) the parents who live in the same household with teenagers who are abusing chemical substances are mostly isolated groups. Some parents blame themselves for the behaviour of their teenagers, believing that if they were more involved in the lives of
their children, things could have turned out differently. In addition, Dreyer (2012:21) posits that some of the parents justify their teenagers’ behaviour because they feel that they neglected them, which is why their teenager is exhibiting odd behaviour and some parents will cover up their teenagers’ delinquent behaviour to ensure that their child does not have to take any responsibility.

Parents are also emotionally drained as they feel that they are obliged to rescue their children in one way or another as they continue to blame themselves that they should have been better parents to their children (Kirst-Ashman 2015:469). Parents shared that they felt responsible for the way their teenagers had turned out in life. They blamed themselves for the lifestyle and behaviour of their children.

**Sub-theme 2.2: Parents experienced feelings of helplessness because their teenagers’ treatment was unsuccessful**

A number of parents expressed feelings of helplessness as explained in the following story lines:

“I don’t know what to do now; I feel that I have tried everything. It’s like having a child that you cannot help and sitting on the verge of your seat, always just waiting for something good to happen.”

“I feel helpless as I tried everything to support and protect this child; sometimes my wish is to die and get peace or he can just die”

“I tried to commit suicide the other time because I feel so helpless. I just want him to die or I am better off dead. This is just too much for me; I can’t take it anymore”

The expressions of the parents were that they felt helpless about their children as they had done everything in their power to get them help but to no avail. These teenagers have been to treatment centres more than once but they keep on relapsing, leaving the parents feeling helpless with no other options. Alluding to that, Masombuka (2013:89) confirms that parents feel helpless as the behaviour of their teenagers also affects the
functioning of the family system. The parents also voiced out that they felt helpless as they were unable to control the behaviour of their teenagers who were abusing chemical substances and that behaviour also affected the family unit.

The negative impact includes parents failing to control the child, leaving them feeling helplessness against the addiction and the life of the parents being centred on the teenager who is abusing chemical substances (Choate 2015:462). Furthermore, parents had lost faith as they felt they had tried to get help for their teenagers but their efforts had been unsuccessful (Esposito-Symthers & Goldston 2008:3).

Some of the parents shared that they had sent their teenagers for treatment but the children had relapsed afterwards and this resulted in parents feeling helpless. This emerged during the interviews, the parents had the following to say:

“He went there for three weeks but the same day he came back, he was back to drugs though he hid it from me and pretended that he had changed. But I saw his ways hadn’t changed at all...He was busy with the same friend and he told me they forced him to smoke nyaope. He tried to hide it from me but not long afterwards, he started to disappear for days without even telling me where he was going”

“...last year alone he was at the SANCA clinic in town 2 times, but always when he gets home, he goes to the same group of friends then ends up using drugs again...the first time he went to rehab because he begged me to take him there and said he wanted to change, he didn’t want to live like this anymore. When he came back from rehab, I told him that he needed to stay away from the wrong friends he was hanging out with because they were a bad influence on him. He agreed and was just staying in the house until I suggested that he goes out and buy himself some nice clothes because he was not even leaving the house. He came back very late that night and was so drunk, and then we were just back to scratch because after that day, he was going out every night, drinking alcohol with friends until he was back into drugs again”
“It has been challenging as she begged me to take her to SANCA for the six weeks’ program. She told me she was ready and was working hard to change her life; she just needed my support. She left the centre within two weeks accusing everyone of abusing her, but I learned she had stolen some stuff at the rehabilitation centre”

Parents shared their frustrations and disappointments about the treatment that had not changed the life and behaviour of their teenagers. Based on the researchers’ experience from working at SANCA, most of the teenagers were relapsing and coming back into the treatment centre within a year. The challenge of the teenagers participating in the treatment program and going back to abusing chemical substances lead parents to feel discouraged about the whole intervention process. Adding on Choate (2015:472) points out that at times, the intervention programs are ineffective, leaving parents needing more resources that will enable them to deal with their children and bring in changes in their lives. Families are frustrated with the trauma caused by their teenagers abusing chemical substances, as most people who abuse chemical substances struggle to stop the habit and addiction even when it can cost them their lives (Prinsloo, 2009).

Parents shared their frustration on how the treatment has failed them after all the support they gave their teenagers. Substance abuse is treatable; however, the reality is that the relapse rate is very high and most of the teenagers struggle to stop the habit for a period of more than one year (Fernandes & Mokwena 2016:155). Effective treatment should range from 8 to 18 months. However, most of the treatment centres accommodate teenagers for 3 to 6 weeks (Van der Westhuizen 2010:7). This was confirmed by the frustrations the parents had of their teenagers going back to abusing chemical substance despite being in a treatment center as an in- and outpatient.
Sub-theme 2.3: The parents experienced feelings of shock, sadness and shame

The above sub-theme is highlighted in the following excerpts by the parents.

“I just called his father; we were both shocked to see what was happening right under our roof and we were not even aware. I think we had lots of faith in him; we trusted him and never ever thought that he can resort to something like this”

“I was sad; I never expected this after all, that I did; trying to care for them after their father passed on. I have been working hard to make sure they have everything they need; I worked overtime at work trying to make extra money so that they don’t feel their fathers’ space financially. I tried my very best to support and care for them”

“…it’s difficult. You know, I heard from other people that my daughter prostitutes herself for nyaope. She would smoke together with her brother…that is why I told you that I can’t even think about work or any other thing. Can you imagine, my only two kids, just two of them, and both of them going for nyaope…I am just a laughing stock in this community. When everyone sees me, they just talk about me and I can see that. I am even ashamed to show my face out there. You know, I am the news of this community”

The stigma around the phenomenon of chemical substance abuse and dependence leaves the parents ashamed and embarrassed about the lifestyle of their teenagers (Choate 2015:466; Usher et al., 2007:426). Some participants explained the difficulties of maintaining their respect in the community because they felt ashamed and sad about their teenagers’ behaviour. Parents expressed the sadness and disappointment as they had high hopes for their teenagers; they wanted to see them having a brighter future.

The parents felt that they had invested a lot in the lives of their teenagers and it was shocking to see them throwing away their future. Adding on Hoeck and van Hal (2012:9) articulate the sadness and disappointment families have to go through due to their teenagers’ habits and the problem of also trying to find help for them. The parents also
expressed their sadness about the fact that their teenagers had no control over their lives and had dedicated their lives to abusing chemical substances. Adding to this Orford et al. (2010:4) state that the family or parents feel disappointed that the relationship to which they had devoted their lives as well as the dreams and hopes they had for their children had been shattered.

Sub-theme 2.4: Parents experienced wishful thinking that the teenager would die

Some parents’ feelings about their teenagers’ chemical substance abuse and behaviour were so intense that they expressed the wish that their teenager would die. This is supported by the following utterances made by the parents:

“I have really tried to help him; I feel that I have done everything to support him. I don’t know if this makes me a bad person, but sometimes I wish he could just die then I will get peace of mind. Does this make me a bad person?”

“It is so difficult to live like this. At times I wish he can just die”

“Honestly, it hurts deeply because I am being judged for something that I didn’t do, that is why I resent this child. He has made my life a living hell; every day I hate him more. At times I wish he can just die…Please don’t get me wrong, I still love him as he is my son, but the life that he has put me into is so unbearable, I don’t have anyone except my kids. Every day I console myself and say I have to live for my other children but honestly, sometimes I really wish he could just die because eventually he is going to kill me instead”

Some of the parents expressed their wish for teenagers to die as they really felt that their lives were trapped. Some of the parents stated that they wished their teenagers could just overdose on the chemical substances and die so that they can get closure (Masombuka 2013:103). This is confirmed by Prince (2012) through an article which is about Ms Ellen Pakkies from the Cape Flats in the Western Cape, who admitted to
strangling and killing her son who was addicted to chemical substances after she had endured years of abuse at his hands.

Despite the efforts of the participants to get help for their teenagers, the children continued to abuse chemical substances and that made parents to wish that death would be the solution. Confirming this Choate (2015:470) shares that parents shared that they still loved their teenagers but their experiences made it difficult to live with them hence they wished they could die.

3.6 THEME 3: PARENTS ACCOUNTS ON THE CHALLENGES THEY FACE IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

In response to the question requiring them to describe the challenges they faced as a parents with a teenager who were abusing chemical substances they recounted a number of challenges. These are given in the following sub-themes ranging from health challenges to having no more hope. Figure 6 below presents the theme and subthemes which emerged from the study conducted by the researcher. Each sub-theme is given with supporting story lines from the interviews.
Figure 6: Theme 3 and sub-themes

Sub-theme 3.1: Parents dealing with health challenges such as stress, anxiety

Many parents explained the health challenges they faced, mainly as the result of the stress caused by their teenager’s abuse of chemical substances.
“I also need help because at times I feel like I am losing my mind, especially if am not talking to anyone about this. I think one thing that keeps me sane about this whole situation is talking to people and not hiding anything…My blood pressure is always high because of this boy…. I am 35 years old, but the way I am forever sick, I feel like am older than my age. This boy is frustrating me. He is going to kill me I tell you” Later she added: “I don’t have peace of mind. Every time I think about him it hurts me. I think about him and how that has really affected my health a lot these days

“It really hurts because other children will even make jokes about my son. This stresses me a lot. I have lost a lot of weight due to his behaviour and I’m on chronic medication for high blood pressure; it’s difficult to get better with his behaviour”

“I am forever stressed, the way I have lost weight, the people who know me always tell me that I have lost a lot of weight. My clothes don’t fit me anymore…Look at me, I was a size 48 but now I have gone down to size 30 and I am still losing weight. I don’t even buy clothes anymore. It is no use any more, my life has just been stressful. Even if I want to buy clothes, I can’t because she will steal them and sell them for drugs”

The stress-related health problems have been reported to be very common among parents that are living with children who are abusing chemical substances as they are constantly worried about the behaviour and life style of their children (Smith & Estefan 2014:10). Furthermore, Teater (2014:192) contends that chemical substance abuse affects different levels including the biological, psychosocial, health and the social factors of an individual and their families.

According to Orford, Copello, Velleman and Templeton (2010:36), living with a person abusing chemical substances, be it a relative, child or spouse gives rise to a stressful life that creates strain to the family members leading to physical and psychological sicknesses. Most of the parents in the study mentioned that they had developed health conditions as a direct result of living with their teenagers’ addiction problem.
The parents interviewed indicated that they were dealing with stress and anxiety caused by the behaviour of their teenagers abusing chemical substances. The following story lines expressed the challenges of the parents.

“I lost a lot of weight due to his behaviour and am on chronic medication; it’s so difficult but I keep on hoping that he will change”

“I worry every day; I don’t sleep at night because sometimes I do not even know where he is. At times I don’t even know what to think because sometimes he doesn’t come home for days.”

“There are times where I wish I could kill him and just get peace of mind, I am forever stressed and worried.”

Two participants had the following to say about the stress that they endure every day.

“I have lost weight; this situation has landed me at VISTA clinic……I tried to commit suicide; I couldn’t take it anymore”.

“I have even been admitted several times to the hospital because of my blood pressure and heart conditions”

Some of the parents mentioned that the doctors had put them on depression medication while others verbalized that they were struggling with hypertension, stress and other stress-related diseases and now they had to rely on chronic medication due to the behaviour of their children. Parents shared that their health had taken strain due to their teenagers abusing chemical substances. They mentioned that it had affected them immensely and brought in much emotional stress in their lives. It is also stated by Hoek and Van Hal (2012:1) and Smith and Estefan (2014: 11) that having a teenager that is dependent on chemical substance can bring about challenges and stress on the physical health and well-being of parents, leaving them overwhelmed.

The emotional burden of having a child that is dependent on chemical substances is dangerous to the health of the parents as they are constantly worried about the lifestyle and wellbeing of their children. Parents shared that since they had been trying to deal with their teenagers’ addiction, their health had been greatly affected by the situation.
Confirming this, Usher et al. (2007:428) parents with teenagers abusing are stressed and other at a point where they feel it’s too much and can’t take it anymore.

**Sub-theme 3.2: Parents dealing with financial challenges due to compensating the community for stolen goods and endured medical costs.**

Parents interviewed indicated financial implications as being a serious challenge in living with teenagers abusing chemical substances and this emanated from the following comments.

“Financially, this is costing me a lot. I have to replace the things he steals from the house and from the neighbours. I can’t enjoy my own money; it is so difficult for me to spend my own money. I keep on having the feeling that people will come and claim that I should pay them for something he stole.”

“I am struggling financially and now he is making the situation worse. I used to be able to sell and be able to buy valuable things in the house but lately, I can’t even keep up with giving people their orders. Sometimes I feel like giving up this business because I have to compensate the neighbours.”

“Financially, he has crippled me…As I told you, I work at a court, so when he steals things I am trying to save my reputation by replacing everything he stole from the neighbours and the community. These days I give him money to go and smoke nyaope so that he does not go and steal from anyone, but do you know how much I spend per day on him just for those drugs…More than R100 per day because I am trying to save my name and my job”

One parent elaborated further on how she deals with the financial challenges.

“The last time he went missing for two weeks, but after searching, he eventually came back home and told us he was staying with some foreign national guys and he owes them R5 000 for the drugs that he took from them…I had to pay that money because
those guys were here at my doorstep and we later reported to the police but nothing happened until now”

The finances in the family are affected negatively because family members constantly lose their valuable assets that are taken by the individual who continues to abuse chemical substances resulting in making families poor (Orford, Velleman, Copello, Templeton & Ibanga, 2010:8). Parents stated that they have financial constrains as their teenagers keep on stealing from them and that makes it difficult to progress as a family.

The parents were struggling to keep up financially and the lifestyle and behaviour of their teenagers was worsening their financial circumstances. The parents expressed regret that they had to replace the stuff that was stolen by their teenagers from the community. They also needed to buy and replace the things the teenagers kept on stealing from their homes. According to Masombuka (2013:81), “teenagers abusing substances sell appliances in the house as well as pots, groceries, shoes, clothes and other things to get money to buy their substances of choice”. This was also observed by the researcher while still working at SANCA. Parents paid for the centre treatment costs and then also for the stuff their teenagers stole from other patients in the centre. The parents were constantly called in to pay for items such as cell phones, clothes, shoes, etc., that their teenagers would have stolen from other patients or even from staff members.

The parents expressed the following challenges in dealing with the medical costs.

“I don’t even want to go there because as we speak, my medical aid does not have any funds now, and its just June, because I have been taking him to different doctors. Financially, I’m struggling because of this boy. I end up fighting with my husband because he feels that I am too lenient and should just tell him to leave our house because he doesn’t want to change”

“I am really worried about my work… I can’t focus at work, I am always sick and has to consult the doctor. I am always waiting for that call and even if police don’t call, I can’t
focus because I am thinking that anything can happen…My son has been arrested twice already for stealing with his other friends”

“Financially, things are not that well and now he is making the situation worse. The rehab centre for him and medical costs for me are expensive, but I spend lots of money putting him there hoping this will change”

The parents mentioned that they sent their children to SANCA and other treatment centres as a way of supporting them but the teenagers still relapsed, leaving the parents with bills to pay and medical aid exhausted. Alluding to this, Hoeck and Van Hal (2012:1) shares that parents experience financial burden as these teenagers steal from them and at times the parents also have to attend court cases due to criminal charges laid on their children. Parents also had to deal with financial costs of attending court cases as some of their abusing teenagers have pending criminal cases.

Agreeing to this Hoeck and van Hal (2012:10) state that the finances of the family, especially the parents, deteriorate due to the behaviour and lifestyle of their chemical abusing teenagers. Parents also shared that funding their teenagers’ rehabilitation was also costly. Confirming this, Esposito-Symthers and Goldston (2008: 3) point out that the cost of chemical substance abuse treatment can become financially draining to parents.

Sub-theme 3.3: Parents dealing with community’s reactions

The above sub-theme is supported by the following utterances made by the parents:

“I tried to give him everything he needed in life. I bought him the best things I could afford. I took him to a very good school in town but now everyone in this community is laughing at me that I am not only a bad parent but a bad teacher too. Parents here give me funny looks as if they are asking me what it is that I can teach their children when I fail to even teach my own son to stop stealing from the community…It really hurts because people make funny jokes about my son”
“It really hurts because other children even make jokes about my son. This stresses me a lot”

“People don’t want to talk to me anymore; others feel that I need to get him arrested, but how do I even do that? He has a case whereby he stole the neighbour’s generator but the magistrate said he cannot be arrested as he is underage and he was under the influence of drugs but he should be put under my custody. My neighbour then accused me of bribing the police not to arrest him… I once heard from another neighbour that everyone is talking about me that I protect my son even when he steals from them. The other one told me that they planning on beating him up if they catch him stealing again because they think I protect him.”

The challenge of substance abuse among teenagers is linked to various dangerous practices including crime and violence (Taylor 2011:698). The community was fed-up due to the chemical abusing teenagers’ behaviour of stealing from them and they started to resent their parents. Parents understood the fact that communities were tired of the teenagers stealing from them but felt that it was not fair that they got blamed and victimized for the behaviour of their children.

Parents shared their concerns that the community perceived them as irresponsible parents because their teenagers were abusing chemical substances (Usher et al., 2007:427). However, the parents needed the community to treat them with respect and stop judging them. It was evident that participants were struggling to keep up with the way the community members were treating them. They verbalized that they felt unwanted in their own community.

Parents felt victimized by the community due to teenagers’ abuse of chemical substances. The following story lines attest to that:

“How can someone judge you because of your child’s behaviour? How can they expect me to pay for the things my son steals? It’s not like I send him to steal from them. He
also steals from me but I always have to replace the things he stole from the neighbours”

“Every time there is a robbery in the community, people look at us as if we know the culprit. Some even swear at us for no reason at all. The other time my neighbour asked my friend why we are keeping this child in the community. This means we support his behaviour or we should get him arrested”

“I know that I failed as a parent but it becomes worse if you constantly hear people gossiping about you and calling you names because your child is using drugs”

The parents shared their frustrations as they felt that the community members isolated and treated them as if they were condoning the behaviour of their teenagers instead of realising that they were also challenged by it. The parents expressed the idea that they felt isolated by the community members. This view is supported by Kirst-Ashman (2015:469) who states that parents feel unwanted, unloved and rejected by their communities and feel that they are not treated fairly. Parents reported that they are discriminated by the community and have to deal with the challenges of being called names due to their teenagers’ addiction to substances. The community members made the parents to feel uncomfortable and unwelcome in their own community. They shared that they felt like outsiders and considered being judged by the actions of their teenagers as unfair to them.

According to Hoeck and van Hal (2012:1) chemical substance abuse in the family also affects the social life of family members and the way they relate to others. The parents felt that they were victims in this whole dilemma and they were caught in between supporting their abusing teenagers and dealing with the rejection from the community. Name-calling was said to be one of the insults they had to get used to as the community continued to gossip about them.

**Sub-theme 3.4 Parents were dealing with conflict with their partner or spouse**

Some parents recounted how their teenagers’ abuse of chemical substances led to conflict with their partner.
“I end up fighting with my husband because he feels that I am too lenient and should just tell him to leave our house because he doesn’t want to change. At the moment, they [father and son] don’t even talk to each other because his father wants him out of the house and I am trying to convince him that we need to give him a chance to change…His father feels that we did all we could to give him chance to change, but so far nothing changed”

“I am losing my husband; he is losing his father and everyone around us”. She explained the conflict further: “…my husband doesn’t understand anymore and he is mostly out of the house because we fight a lot about this issue. My mother sometimes takes him to stay with him to relieve me so that I can also try to work on my marriage, but we can’t talk about anything except him. My husband feels like I have spoiled him and now I’m encouraging him to continue using drugs. He believes if we chase him out of the house, he will grow up and start appreciating life…I can’t let my son to go to the streets. How will I sleep at night when I don’t even know whether he is alive or dead? If anything happens to him, I will not forgive myself. I know he needs to change his lifestyle but I don’t think this will work and that is the big problem because we fight about it every time and I can see that my marriage is in trouble”

“My boyfriend is a caring person; he has tolerated this behaviour but now he is tired. I am so worried because he wants me to choose. He has really been patient but the situation is getting worse every day…It is very difficult; I feel that I am disconnecting from him. We have always been so close but now he even comes home late to avoid her…things are not getting better. He says he loves me but he can’t deal with her behaviour anymore. She steals from him and doesn’t listen to anyone, especially when she needs money to buy this nyaope”. She concluded: “I am even worried that I might be losing my boyfriend because our relationship is not the same anymore; all we talk about is her and we fight a lot about it”.

Parents find themselves in conflict regarding how the teenagers’ behaviour should be managed. The communication between the parents gets affected as they struggle to agree on ways to deal and manage the teenager who is abusing chemical substances.
They shared the challenge of having to choose sides and losing their partners in that process. One parent verbalized the hardship she went through by choosing her son over her boyfriend as she was unsure if that would assist her son to change his behaviour. Parents expressed the view that at times they are forced to choose between their partner/boyfriends and chemical abusing teenagers. In support of this finding, Waini (2015: 85) states that parents have disagreements on how to deal with the teenagers’ addiction.

In addition, Orfort et al. (2010:4) argue that a family who have a teenager abusing chemical substances can become fractured and can start to disagree over various issues. This can result in the constant destructive behaviour of the teenager in their family. When a child has a chemical substance abuse problem, the whole family needs support them, as it is difficult for the family to continue with their lives without taking into consideration the life of the chemical substance abuser.

The stress of having a teenager who is abusing chemical substances may cause problems between parents as they might be in disagreement about how best to handle the chemical substance abusing teenager. These problems may even lead parents to separation or divorce. The researcher also observed that the conflict between the parents brings tension in the family. Some of the parents felt that the other parent was spoiling or even too lenient to the teenager that is abusing chemical substances.

**Sub-theme 3.5: Parents had to deal with family and friends that distance themselves**

Another challenge that emerged from the interviews with the parents was that family and friends had distanced themselves from the parent and teenager because of the teenager’s behaviour. The following story lines dovetail the experiences of being distanced from the families.

“I am losing my family. No one wants to visit me and everyone is side-lining me…When they [family] invite me, all we talk about is my daughter’s behaviour. As a person, you
can always sense when you are not welcome. So, these days I just stay at home and avoid going to family events although I miss them at times...Honestly, it hurts because I need my family, but I have tried to make peace with that”. She added: “As for my community and family, they look at me as if I will contaminate them with some kind of disease”.

“I do not have much support. My family and friends have just distanced themselves from me. Now I really understand what they mean when they say ‘when days are dark friends are few’. People who are total strangers are the ones who are actually trying to help me. They sympathise with me, unlike my own flesh and blood.”

“My challenge is the loneliness of being away from friends and family because they don’t want to come to my house anymore and I can’t visit them either. Everyone has just distanced themselves from me, I don’t have anyone to talk to and I also struggle to go and visit my family especially during the family gatherings...it is because of the behaviour of my son, but I also do not feel comfortable with the family because they do not support me anymore, they are all tired. I am also scared to leave the house because if I leave he comes and steals my stuff. I feel like a prisoner in my own house”

The parents shared the challenges they faced daily as they continued to lose contact with other family members and relatives. The challenge of chemical substance abuse in the family disrupts the whole family system even the close friends and relatives. It leaves families broken and divided due to the focus being only on the affected teenager. According to Howard et al. (2010:473) the individual abusing chemical substances runs the risk of compromising the relationship in the family setting which leads to the family system being strained a lot.

Parents felt that their lives revolve around their teenager who is abusing chemical substances as they cannot plan anything the way they used to. The parents shared that they continue to have a lot of disagreements and conflicts among themselves regarding the teenagers’ behaviour (Usher et al., 2007: 425; Choate 2011:472). Other family
members might decide to keep their distance to avoid being in contact with the teenager who is abusing chemical substances and avoid more arguments within the family.

Parents felt that they lack support from their families, relatives and the community. The parents expressed the following:

“I don’t get much support from my family and the community. I wish parents can also be given support the way people who are abusing drugs are given support.”

“My family is not supportive as they feel I should stop trying to help my son and leave him in the street until he decides to change his life”.

“My two children are abusing drugs; some of the relatives judge me just like the community members do. They say I failed to raise my children well hence they are living this lifestyle”.

The parents mentioned that they do not get much support from their families and relatives. The family members and relatives are tired of supporting them as this is also taking a lot of energy and strength from them. The parents are mostly not included in the social workers’ therapy sessions as the focus is on the individual who is abusing chemical substances. Agreeing to this Choate (2015:468) points that and there is not much support provided for the parents.

The whole focus is directed to the teenager abusing chemical substances; hence some family members do not want to continue to support them but mostly request the parent to leave the addicted teenager alone until he/she has decided to quit abusing chemical substances. Parents are also challenged by being discriminated against and being called names by neighbours and relatives because they have a teenager who is abusing chemical substances
Sub-theme 3.6: Parents felt vulnerable of being hurt or even being killed by their own children

Most of the parents explained how they are fearful that their teenagers will kill them or fearful that he/she will be killed. This fear pervaded their thoughts. The following story lines attest to their fears:

“I fear for my life every day. I am always scared that when he needs these drugs and if I can’t give him the money he will kill me”.

“I am also worried about the fact that the people she associates herself with are very dangerous; I don’t know what she promises them. I also wonder what would happen if they decide to kill me…She always lies; I don’t know what she promises them and what they are planning. And you can see the anger she has towards me when I don’t give her money. I am just scared because she-blames me for everything that goes wrong in her life…I have heard lots of stories happening in our area; I am really scared and worried”.

“…I really wish he could just die because eventually he is going to kill me instead…I can see it in his eyes when he needs money for nyaope. He is so aggressive and doesn’t even think about anyone. The other time I found him fighting with his younger brother because he saw that he had money and he needed to buy this nyaope. When I came in and tried to stop the fight, he started telling me that I don’t love him and I only give my attention to his siblings, but as for him I never even loved him: I am getting weaker and weaker every day due to stress and other problems. If I die, who is going to take care of him? I know his father will never tolerate him; even now his father really cares little about him. Imagine if I were to die, what is going to happen to him?”

Parents reported to the researcher that they do not feel safe around their own children due to their chemical substance abuse. The parents expressed their fear of being killed by their own children. The behaviour of their addicted teenagers tended to be abusive, even threatening at times. The teenagers would even push parents around when they needed money to buy chemical substances. Parents were not sure what to expect from
their addicted teenagers as they thought that they were so unpredictable and violent when they had withdrawals and were looking for money to buy chemical substances. Some parents were being physically abused by their own teenagers when the teenagers needed money to buy substances. Consistent with the above, Orford et al. (2010:4-5) postulate that the person abusing chemical substances can also be aggressive and sometimes verbally abusive to people around them. At times s/he breaks things in the house, threatening those around him/her which is what leads most parents to feel unsafe.

Parents are terrorised by the verbal and physical abuse from their teenagers who abuse chemical substances (Usher et al., 2007:425). The uncertainty of one’s safety makes a parent to be unsettled and unsure about his/her life and also the lives of their significant others. Having to deal with verbal abuse on daily basis was making it difficult for parents to feel safe in their own homes.

Some parents shared that they feared for their other children because they realised that when the addicted teenagers are craving chemical substances, they are capable of anything, including killing.

“I am always scared when he needs these drugs because he becomes so violent and disruptive, you can see that he can kill anyone”

“I don’t trust him; these days I give him money for drugs because I am scared if I do not give him he will kill me”

“I have heard stories about parents who were killed by their own children sometimes. I think what if, I always live in fear that anything can happen. Sometimes I don’t even sleep throughout the night because I do not know what she is thinking and planning.”

Alluding to the above Orford et al. (2010:4) state that the strain of living with a teenager abusing substances includes that the person can be aggressive, always fighting with the family members for money and that might cause the family to feel unsettled and anxious when they are around the teenager. The parents are also dealing with the challenge of ensuring the safety of themselves and other family members. Parents worry about the
lifestyles of their children even the company of people they hang out with as they do not know the influence they get from them (Hoeck and Van Hal 2012:6).

Sub-theme 3.7: Parents had to deal with missing work often

The parents stated that they missed work a lot as they were constantly summoned either by the school or even the police. This is supported by the following story lines:

“My boss is a supportive person but I think now he is tired of my stories. Time and again I am called in from work because my son stole from the shops or from the neighbours then I need to leave work and sort out the mess he did.”

“I can’t focus at work as I am always waiting for that call. Even if police don’t call me I can’t focus because I am thinking that anything can happen to him”

“I don’t really know how many days in a month I have to take off work to sort out either court cases or other problems in the community. At the moment my leave days are exhausted as we speak.”

Alluding the above storylines, Esposito-Smythers and Goldston (2008:8) state that the parents are forced to take time off from work and other responsibilities to focus on the problems that their teenagers are involved in which may be attending a court hearing. The parents mentioned that they are always anxious about their teenagers and worried as they feel they have no control of their lives. Despite all these challenges, parents need to get the strength and courage to continue to function in their work places and also have the ability to care for their families.

From her work at SANCA, the researcher also observed that parents often missed work because they had to attend court cases due to their teenager being caught stealing from shops or neighbours. Parents realised that their lives were now becoming chaotic (Choate 2015:468). The chaos resulted in parents missing their work often to deal with their teenagers’ problems. Parents also shared that they missed work due to other
issues like being called to school or to the treatment centre. Sometimes parents were called in by the neighbours because they saw the chemical substance abusing teenager behaving suspiciously in their own home. The researcher observed that parents often miss work because they have to attend court cases due to their teenager being caught stealing from shops or neighbours.

3.7 THEME 4: PARENTS EMPLOYED DIFFERENT STRATEGIES IN COPING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

Parents were asked to describe the coping strategies they used in order to deal with teenagers who were abusing chemical substances. The coping strategies the parents identified emerged into sub-themes which ranged from avoiding talking the teenager to giving the teenager money to buy chemical substances. The sub-themes are supported with story lines.

Figure 7 below presents the theme and subthemes which emerged from the study conducted by the researcher.

![Figure 7: Theme 4 and sub-themes](image)
Sub-theme 4.1: Parents avoided talking to teenagers to avoid pain and hurt

The participants shared that avoiding the teenagers assisted them in coping with the pain and hurt that they had to deal with on daily basis. The parents expressed this in the following manner:

“I just avoid talking to him especially when he needs money or when he has smoked his stuff. It doesn’t help that much because thinking about him hurts me a lot on its own.”

“I am not sure how I cope every day but most of the time I try to avoid talking to him because all we do is exchange hurtful words and I can see one day it is not going to end well...He is a man, what if he does something to hurt me? Especially because his father is not always here, I am mostly alone in the house during the day and sometimes he makes me so angry that I tell him very hurtful words. What am I supposed to do?”

“I don’t think that I am coping at all, my sister. I am just living and taking every day as it comes. One thing that I do these days it to avoid talking to him because all we do is yell at him and I can see one day it is not going to end well.”

One other participants added that:

“There is not much that I can do except to leave him alone, part of me feels like I don’t care anymore but again he is my son”

The coping method for some of the parents also included avoiding communicating with the teenager and ignoring the problem (Hitchens, 2011:9). Parents decide to avoid talking about their situation and their teenagers' behaviour as talking about it leads to more pain as they watch the lifestyles of their children. Participants expressed the view that they avoided being in the same space as their teenagers as that assisted them a lot to cope with the situation.
In support, Choate (2011:468) and Orford, Velleman, Copello, Templeton and Ibanga, (2010:16) agree that some parents avoid talking to their chemical substance abusing teenagers as a way of coping with the situation. Some parents shared that they always delayed coming back home if they knew the teenagers were around although it also left them vulnerable to the teenagers stealing their belongings. They continued to express their concerns adding that it did not matter how hard they tried because coping is never easy.

Gentile and Roman (2009:40) confirm that there is no specific way to cope but people use different ways as per their needs. The parents dealt with the situation by just ignoring the behaviour of their teenagers especially when they were intoxicated with chemical substances. They felt that they had tried all in their power and now it was upon their children if they really wanted to change their life and quit abusing chemical substances.

In order to deal with the situation, (Kirst-Ashman 2015:469) parents use the strategy of not talking, not sharing and just avoiding communication. Resorting to shutting down their feelings and avoiding the teenagers, assist them to cope with the emotions and hurt that they find themselves in due to their addicted child. The practices of shutting down and avoiding the teenagers seem to be a temporary coping strategy for the parents because they continue to worry how long this behaviour will go on and what will be a more permanent coping strategy or solution to this challenge.

Sub-theme 4.2: Parents sought comfort in their religion by praying or going to church

Parents specifically identified prayer and going to church as coping strategies. The participants had the following to say:

“I can also say I pray every day and night, hoping one day he will change. I have been through a lot with my son. I can say I tried everything, but so far nothing has helped…I have taken him to different churches, I even paid different pastors to help him but he
just comes back and continues using drugs…I feel that my only hope is just to pray and believe one day he will change.”

“I just pray and listen to gospel music.”

“I am not coping except to just hope and pray to God…He is my only hope now; it looks like there is no help for us except the women that I go to church with. We meet every Thursday at our church and we pray together for our different challenges…I have also been asking the pastors at our church to help pray for her.”

The parents shared that in difficult times they opt to pray or go to church. They believe going to church will assist them in coping with their chemical abusing teenagers. According to Engelbrecht (2011) people use their relationship with God and prayer to gain faith as through faith they believe that there is nothing that is impossible. Prayer gives people hope to face the situations they are in daily. Prayer and going to church serve as spiritual healing for the parents and become forms of support.

Parents verbalized that prayer assisted them in coping with the challenges of their teenagers and also in facing their own challenges in life. Most of the parents shared that initially they were not involved in church activities but their challenges had made them to believe prayer was their only hope. Confirming this Masombuka (2013:93) explains that churches have become more involved in helping parents and families in dealing with chemical substance abuse. The researcher also observed a trend whereby the parents of teenagers who abuse chemical substances rely on counselling given at their local church by the pastors and prayers from church members as a support system in order to cope with their teenagers.

Sub-theme 4.3: Parents get spiritual support from the church and their pastors

There was no doubt that parents really needed and appreciated any kind of support even if it could be just an individual who was there to listen without being judgmental.
“The ladies from my church always come to pray with me and support me as we believe God will heal my son one day and he will come back to his senses.”

“I always go to church to pray for him. I also go to his father’s grave to ask for his assistance and guidance.”

“I took him to church and he stayed at the healing school which is in our church premises for three weeks. I also got counselling and support from the church to help me cope with the stress.”

Adding on, one parent mentioned that:

“I believe one day my prayer will be answered as I know I also have my faults but I know God will hear my plea one day, prayer really keeps me going”

The parents were getting spiritual support from the church and church groups that they were involved in. This finding is consonant with that by Schultz and Alpaslan (2015:104) who point out that some parents use prayer as their coping strategy and continue to hope that their children will change their chemical substance abusing behaviour and focus on their lives.

The church and the leaders provide parents with spiritual support which gave them a sense of belonging as parents felt that they were rejected by the community and their families. The church gave them something to look forward to and hope that things would be fine; it also helped them to understand that at least someone cared about them. In line with this finding, the National Drug Master Plan (2013-2017) states that all relevant stakeholders should work together to combat the challenges of chemical substance abuse.

**Sub-theme 4.4: Parents opted to give the teenager money**

Some parents explained how they give the teenager money as a way of coping and trying to prevent further problems.
“She is just 15 years old and she has just given her life to men just for drugs…the other time I asked her not to go and promised her that I will give her money to buy those drugs as long as she can stay in the house.”

“I also try to give him money sometimes so that he can stop stealing from me and other people. It frustrates me coming home and always hearing complaints about what my son has done.”

“…I give him money for nyaope these days. I am just doing that to try and save myself from other stresses because I don’t want him to get arrested…I am not sure if I should call it managing the situation, but when he needs money. I just give him money so that he doesn’t get angry.”

From the researcher’s experience while working at SANCA, some of the parents gave their teenagers money to have peace of mind. Waini (2015: 101) shares the same view adding that parents have to replace stolen goods and give money to their teenagers to try and ensure they avoid criminal records by not stealing from other people. This practice also kept police away from the parents as they would just replace whatever their teenagers stole to ensure that no new cases were opened for them.

Parents hoped and believed that when their teenagers had money to buy chemical substances, they would not bother to commit crime. This is in line with findings by Hoeck and Van Hal (2012:11) and Choate (2015: 468) that some parents would just provide their children with money to buy chemical substances to prevent them from doing crime and they would even pay the drug lords.). Although the parents who gave money were unhappy about this situation, they felt it was their own way of coping and preventing the community from saying negative things.
Sub-theme 4.5: Parents still have hope that their teenagers’ behaviour will change

The above sub-theme was supported by the following extracts:

“I don’t know how I cope every day, but I still have hope that he will change and be the person I knew him to be”.

“I can’t help it, part of me feels like giving up on him, but I still have some little hope that he will change

“However, I believe that one day all will be well, he will forgive me and start living a right life”

“If only he could see how I feel inside, all that I wanted from him was that he makes a better life for himself, have a better life than the one we had as his parents. I still have a bit of hope that he will change and make a better life for himself”

Despite all the experiences and challenges the parents highlighted how they still nurture some hope that the teenager will change and the situation will improve. Parents kept hoping that maybe their teenagers will come back to their senses and stop abusing chemical substances. Adding on Masombuka (2013:100) state despite the emotional challenges parents find themselves in they still have hope in their children. Parents continue to have hope that derived from try to focus on their religions which increased the belief and hope (Waini 2015:143).

3.8. THEME 5: PARENTS EMPLOYED DIFFERENT SUPPORT MECHANISMS IN DEALING WITH TEENAGERS’ ABUSING CHEMICAL SUBSTANCES

After describing their coping strategies, parents were asked about the support they have in dealing with a teenager who is abusing chemical substances. Figure 8 below presents the theme and sub-themes which emerged from the study conducted by the researcher.
Sub-theme 5.1: Parents receive support from SANCA

All of the parents indicated that they received support from SANCA and other parents who attended the family support group.

“I do not have much support except for the one I get from the support group ladies at SANCA. Those ladies are so helpful. I go there to listen and hear how strong they are and the challenges they go through on daily basis, but they are still alive despite all the problems. I don’t talk a lot at the group, but mainly I listen and that really strengthens me…At least having someone to talk to, people with the same challenges as me, has helped.”
“I also get support from the support group at SANCA, though we only meet once a month and at times, it is only once in two months, but meeting other people with the same challenges helps a lot.”

“I am also grateful for the people I met at the support group because after the support group session, we stay behind and just share our challenges and also the social worker at SANCA is very helpful”

Although some parents stated they had little support from family and friends, they all had some type of support, namely from SANCA, some family members and their church. Family-based support group is used to support the teenager abusing chemical substances and their parents. However, some support groups are more focused on supporting recovering addicts to maintain sobriety which might not necessarily benefit the parent attending the support group session. Orford et al. (2010:36) contend that good quality social support in the form of emotional support, good information and material help is an invaluable resource for affected family members, supporting their coping efforts and contributing positively to their health. In dealing with chemical substance abuse social workers mainly focus on the individual that is addicted. Supporting this observation, Robinson, Power and Allan (2010:1) indicate that family therapy is very important for families with teenagers abusing chemical substances and that it also assist families on how to support their children.

Parents reported that they are grateful to SANCA as they get support and they can share and discuss their personal issues openly with the staff and the social worker. They continued to share the positive report about the support from SANCA and how the clinic has helped change their lives. The parents benefited from being part of the support group at SANCA but emphasised the need to have more support group sessions. This need is confirmed by Hoeck and van Hal (2012:11) who state that most parents benefit from support groups in assisting them to cope. Support groups can be very helpful but they can also be time-consuming for parents, as they also need to go to work to support their families. While working at SANCA, the researcher observed that parents needed to take time off from work to attend support groups, as these groups are mostly facilitated by social workers during business hours.
Sub-theme 5.2 Parents have family support groups

The above sub-theme was attributed by parents as follows:

“I am grateful for the support I get from the social worker at SANCA but I feel the groups should be more focused on us as parents.”

“Meeting other parents with the same problems helps a lot but I wish we could have more of the support groups for just parents to learn more on empowering each other to cope.”

“We need more social workers who will also focus on the parents and have more sessions with us as parents. We only meet once a month at SANCA but it is not enough because most of the time is allocated to Social workers telling us about how to support our children.”

The social worker at SANCA stated that their family support group mainly focuses on how the parents can be empowered to support their children to maintain sobriety especially those who have already been to the inpatient treatment program; and how to support the teenagers who are in the outpatient treatment program to quit abusing chemical substances. According to Khaleghi (2008:152) families living with teenagers abusing chemical substances need as much help as the people who are abusing chemical substances. Adding on McNeecce and DiNitto (2012:269) state that the treatment for substances abuse should not be one sided but it should also focus on improving the lifestyle of the family members and help in realigning the way families function.

Sub-theme 5.3: Parents receive assistance from the church

The parents shared that they receive support from the church and this was expressed in the following story lines:

“I also get my strength from the Thursday meeting at church, as we share a lot of issues that we encounter as women and mothers.”
“You know, I used to take church meetings for granted until now. Those ladies have taught me a lot in life.”

“My church is very supportive. Although some pastors don’t have much information about drugs, but they still support me…And the church continues to pray with me and they even come to my house to pray for the house and pray for my son.”

The parents appreciated the fact that the church is supportive and they are listened to without being judged. They also verbalized that pastors in churches always give them hope and not only for them but also for their abusing teenagers. The parents also mentioned that joining ladies’ prayer groups has improved their faith and their lives. According to Masombuka (2013:93) churches have the responsibility to respond to challenges related to chemical substance abuse in families and also offer counselling for the people who are affected. The author continues to share that churches are also known to have a negative attitude towards chemical substance. However, this negative attitude might be attributed to the lack of knowledge in that area.
3.9. THEME 6: PARENTS PROVIDED DIFFERENT SUGGESTIONS ON HOW PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES CAN BE BETTER SUPPORTED

In response to the question regarding their suggestions on how parents living with teenagers who are abusing chemical substances can be supported, the parents had a number of suggestions ranging from support and understanding to the spirit of Ubuntu. Figure 9 below presents the theme and sub-themes which emerged from the study.

**Figure 9: Theme 6 and sub-themes**
Sub-theme 6.1: Parents suggested the reviving of the spirit of Ubuntu

Some parents suggested that communities could support parents by restoring the spirit of Ubuntu. It seems that Ubuntu in the community no longer exists. This is explained in the story lines that follow.

“I don’t think that there is much that the community can do. I guess what is needed in the community is Ubuntu…in our community, people should know that they are laughing today because it’s me but tomorrow it can be another child.”

“Communities have stopped caring about each other and everyone is just minding his/her own business…Yes, we need to go back to our roots whereby your child was my child and people were taking care of each other. If we do that, we won’t have these challenges because some of the people who are selling these drugs are parents; they have children but they don’t care when they mess up someone else’s life.”

“I believe that our community should go back to Ubuntu and caring for one another.”

The notion of Ubuntu is based on an African idiom that says that it takes the whole village to raise a child. The parents raised the concern that Ubuntu principle is no longer applicable in their community as people have developed a tendency of not caring about children other than their own. People are no longer supportive of one another hence the communities are faced with these kinds of challenges. In support of this explanation, Masombuka (2013:109) contends that Ubuntu reminds the community members of their non-negotiable accountability to care and support each other in their own communities.

Good quality social support in the form of emotional support, good information and material help, is an invaluable resource for affected family members, supporting their coping efforts and contributing positively to their health (Orford, et al., 2010:36). Parents believe that if communities can go back to the Ubuntu principles, a lot of problems such as teenage chemical substance abuse can be easily solved. Ubuntu encourages community members to care and love one another and it always reminds individuals...
that we need each other to make it in life. Parents strongly felt that this principle needs to be revived in the communities.

**Sub-theme 6.2: Parents need the communities to be mobilized into working together in fighting the drug lords and chemical substance abuse.**

Other participants shared that the communities are too ignorant and self-centred to care about other people as they used to do. The following reports support this view:

“Parents in this community do know who is selling drugs but they don’t want to stand together and kick these criminals out of our community.”

“I just wish we could all work together as a community to fight drugs and the people who are bringing them to our children.”

*I believe we could mobilize community members and have an awareness campaign to show the importance of having a drug free community., The community in Eldorado Park did it and they even got more support from the government but I know we have to start working together.”*

Another parent voiced the need for the community to intervene:

… in our community people should know that if we don’t start working together to get the drugs out of our community, today it’s my child, but tomorrow it can be their child”.

The police officers are working with the drug lords in the communities hence it becomes difficult to remove drugs from the communities, bribes are given to the police officers and they turn a blind eye on the crimes committed by the drug lord for a price (Macmillan, 2016). Some of the community members have decided to give up on reporting the people who are selling chemical substances in their community as they know they become targets and are victimized by the drug lords.

The National Drug Master Plan (2013-2017) was designed to meet the need of stakeholders working together to find solutions to substance abuse challenges. One of
the goals in the National Drug Master Plan (2013-2017) is to “promote family and community-based intervention approaches in order to facilitate the social reintegration of abusers”. Parents felt that despite the fact that some of the criminal cases involving chemical substance were reported and nothing is done, people should continue to report these cases until something is done about them. They believe that if the community members continue working with police, the criminals who are bringing chemical substance into the community will be arrested.

Sub-theme 6.3: Parents suggested that communities needs to be educated about chemical substance abuse

In order for the community to show the necessary understanding and support to parents with a teenager abusing chemical substances, the parents who were interviewed suggested that the community needs to be educated. This is highlighted in the following story lines.

“I don’t think that there is much that the community can do because they are not well-informed about drugs. I guess what is needed in the community is the education of community members first, then that can help us work together without judging each other…in our community people should know that this is not the parents’ problem only but it is affecting all of us because it’s me today but tomorrow it can be their child.

“They call the children who are using nyaope the “nyaopes” not even caring about the feelings of the parents.”

“I also think that our community needs to be informed about the seriousness of substance abuse.”

Considering the ecological systems theory, individuals cannot be understood and assisted solely without looking at the different aspects of that individual’s environment. The ecological systems theory states that substance abuse in a family does not affect
the teenager and the parents only but communities are also affected by the teenagers’ behaviour (Fisher & Harrison, 2013:190). Ensuring that communities are informed about chemical substance abuse will improve their lives and also prevent more teenagers going into chemical substance abuse.

Parents shared the importance of educating the communities about chemical substance abuse through campaigns. Empowering communities with knowledge to work together towards defeating chemical substances will assist them to avoid stigmatizing the teenagers and their parents. Educating communities will not only benefit the parents but the community at large.

**Sub-theme 6.4 Parents need communities to be educated about chemical substance abuse to avoid stigma on the teenagers and their parents**

Comments from parents who needed the community to be educated about chemical substance abuse are as follows:

“People in our communities are so busy with their own lives so they don’t care about what is happening in their neighbours’ houses but gossip about other people. I think if more community members could get knowledge and understanding they would know that we need to work together.”

“Our community members fail to realise that today it is my child but tomorrow it might be your child; so more education programs should be introduced here in our area to allow people to learn more and then we will be able to support each other as community members.”

“The community needs to work together.”

Parents believe that community members need to be educated about the prevalence and harmful effects of chemical substances especially among teenagers. The workshops can be facilitated by social workers and other stake holders to provide community members with available resources for chemical substance abuse prevention, treatment, and recovery. Community members can also be educated on strategies to help their teenagers to say no to chemical substances.
An African proverb says it takes a whole village to raise a child and if communities are educated about chemical substances, they will also be able to support the parents with teenagers abusing and also be able to empower their own children (Department of Social Development 2010:216).

Sub-theme 6.5: Parents suggested more frequent parent support group sessions

Given that most parents felt supported by the SANCA family support groups (see sub-theme 5.1 and 5.2), many participants suggested that these groups should meet more frequently as stated below:

“I think more support groups, like I mentioned that there is only one support group per month. If we can have support groups every week even if we all cannot afford to attend every week, at least you know if you missed this week’s meeting you will still get next week’s meeting”

“I wish SANCA could have regular meetings unlike waiting for once a month because the meetings really help but the once a month thing isn't working…They should realise that a lot is happening in between just to assist us. At the last meeting I attended, I stayed there for a long time even after the meeting ended and we were just there as parents supporting each other. It really helps because we go through a lot as parents and I understand that getting more and more angry and swearing at him, doesn’t help the situation in anyway because it only pushes him into smoking more and more”

“I also appreciate the support from SANCA, although I wish we could get more support groups like the one we attend…I think they should increase the number of days because we only meet once a month and that is frustrating at times because it is just not enough. I was looking forward to attending the last meeting but it was cancelled because the staff members at SANCA were attending a funeral. The other time we only had a meeting after three months because of other challenges. I really think we need more days, at least fortnightly if every week is too much for them.”
Parents benefited a lot from attending support groups as they improved their self-esteem, confidence and empowered them with knowledge. The support group also gave the parents reassurance about their common experiences helping them to share ideas on how they can assist each other to cope. Hoeck and Van Hal (2012:10-11) agree adding that parents stressed the benefits of attending regular support groups and reported how it had increased their confidence in dealing with challenges regarding their children.

From the interviews conducted, the parents raised concern about meeting only once a month and sometimes meeting once in two months. According to Orford, et al. (2010:37) not much has been done to assist the parents and families of the people who are abusing chemical substances due inadequate models in dealing with addiction problems and the families. Hence parents suggested more frequent support group sessions and that more focus should be on them. They also mentioned that more support groups will also benefit other parents and accommodate their different needs.

**Sub-theme 6.6 Parents suggested that church leaders and church groups should be more informed about chemical substance abuse**

It was clear to the researcher from the participants’ perception that some of the church leaders were not well-informed about chemical substance abuse. This made it difficult for them to assist their congregants who include the participants.

“I get a lot of support from my pastor mainly in the form of prayers and counselling but it would be really good if my pastor was more informed about substances as it would also assist him in making a difference in other people’s lives.”

“My church members are very supportive and I believe if churches are well-equipped with knowledge on drugs it would make a huge difference”

“Churches are so involved in bringing a difference in the lives of people so if more training workshops could be facilitated, pastors could work closely with the social workers to bring change in dealing with drugs.”
More training workshops by social workers and other relevant stakeholders can empower the church leaders as suggested by the participants. Participants also mentioned that other church members view chemical substance abuse as immoral and blame the parents for allowing their children to use substances.

Confirming the above statements, Waini (2015: 144) postulates that parents rely on the church and their pastors for support which provides them with hope and courage. Parents gain much strength spiritually from attending their different churches and they feel that the church is partially working on closing the gap created by unsupportive friends and families. They needed more support and training to be provided to church leaders and members so that they can be able to provide better support.

3.10. THEME 7: PARENTS PROVIDED DIFFERENT RECOMMENDATIONS ON HOW PARENTS LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES CAN BE BETTER SUPPORTED

Parents were requested to make recommendations on how parents living with a teenager abusing chemical substances could be better supported. Parents made numerous recommendations which are given in five sub-themes with supporting story lines. Figure 10 below presents the theme and sub-themes which emerged from the study.
**Figure 10: Theme 7 and sub-themes**

**Sub-theme 7.1: Parents recommended parent orientated support groups**

Whilst parents fully endorsed support groups, they felt that support groups focusing more on parents are necessary. This is supported by the following story lines:

“I think more support groups that are parent orientated should be available for parents. The family support at SANCA is more focused on giving us information on drugs and how to spot when our children are back to using drugs. I feel that we need more support on how to live with children who are abusing drugs…I don’t know if I am making sense, but the support group needs to be about us and the other family members as they are also affected.”
“Honestly, I think the support group system is the better way because I believe talking helps me heal. I feel that we should have more meetings where we can meet as parents and talk more about our challenges”.

“…support group should also be structured to be more about the parents and not only on supporting our children… We need more places where we can go as parents to get support like the rehabilitation centres where the focus will only be on the parents who have to deal with children who are abusing nyaope as it is not easy.”

Parents felt that more parental groups that solely focus on parents are needed. This is also encouraged by Waini (2015:140) who suggests that the government and other stakeholders should ensure that there is adequate support and workshops to assist the affected families, especially parents, to understand the importance of support in treatment for the children.

According to Mzolo (2015:3) often in rehabilitation centres, families of the teenagers who are abusing chemical substances are not even included in the rehabilitation process. Parents should also get support in the form of workshops and training from the government and other relevant stakeholders that will empower them with knowledge and skills on how to cope. In addition, Lander et al. (2013:5) explain that provision of parental support therapy, training for parents and education, which should include social skills both through treatment centres and in the school environment would be useful to assist parents.

**Sub-theme 7.2: Parents shared the need for professional support and workshops to be facilitated on parenting skills**

Parents alluded to having professional support and workshops on parenting skills. The following story lines bears testimony:

“The way these children behave is frustrating as the younger one is so rude and sometimes she stays at her boyfriends’ home. We need the government to introduce
programs to assist us in parenting skills as we don’t even know how to discipline them based on their rights.”

“The children nowadays are so disrespectful……there should be some parental guidance skills to assist the parents as the government says children have rights now; we don’t know what to do and how to deal with them”

“When young children have children of their own, there should be some support to educate them on how to raise their children. The government needs to help in guiding these children as we don’t have any control over them.”

Chemical substance abuse is also influenced by parenting styles and less access to recreational facilities. McNeece and DiNitto (2012:188) state that research has shown that the teenagers living with parents who communicate openly about the chemical substance abuse are less likely to abuse substances. Some of the participants mentioned the need for workshops in parenting skills. The parent training sessions which can be rendered by social workers and other relevant multidisciplinary approach teams can be used to help improve the parenting styles and address the relationship issues between parents and teenagers. Parents can be involved in programs that assist in improving parenting styles which in turn may lead to the better childrearing practices and lessening the number of teenagers abusing chemical substances.

Introducing programs that will focus on parenting styles, disciplines, single parenting and the setting of ground rules can be useful in assisting parents. At times, parents are used as sponsors to assist their children to maintain their sobriety, a practice which some parents mentioned was working against them. This is supported by Lander, Howsare and Bryne (2013:4) who state that there is a need for educating families about chemical substance abuse, its development, progression and the treatment thereof. However, they felt that their lives revolved around their teenagers, hence parents wanted support groups that would also focus on their needs. The parents voiced out that they needed programs that would include the wellbeing of parents apart from dealing with chemical substance abuse. The training sessions should also include childrearing skills as one parent mentioned that there is no manual on how to raise children
but support groups and programs can assist in raising children (Esposito-Smythers & Goldston 2008:6-7; Central Drug Authority 2012-2013:18).

Sub-theme 7.3 Parents recommended that the community and police must work together

A number of parents recommended that the community and the police should work together to fight the drug dealers and expose them. The following story lines attest to the recommendations:

“Police know about the drug dealers but they are doing nothing about it. You know, the other time I went to the police station to report the guy in that big house you passed by when you were coming here, and police told me there is nothing they can do to him. One policeman even said they also know but they can’t do anything because they are scared of that guy

“When we report to our police, they tell us they are working on it and need evidence. When given evidence, they don’t do anything about it but when some community members go and try to attack the drug dealer, the police are quick to respond and to protect them. Our government is so corrupt and they encourage these drug dealers because they always protect them…They need to start monitoring the police. I really don’t know how because our entire government is corrupt.”

“The police are aware of the drug dealers here but they are doing nothing about that. All they tell you if you go and report is that they don’t have evidence. What evidence do they need because we tell them and they know our children buy drugs there? They always come up with stories, but the one thing they never give us is feedback…If the community members and the police can work together, it will drive the drug dealers out of our communities and our children will be safe from these animals…The police should also arrest people who are bringing drugs into our country and we all know who those people are.”
A number of parents expressed frustration that the police do not do anything about the drug dealers and recommended that the police should rather work together with the community. Parents shared their despondence about corruption and the police who they claimed were protecting the drug dealers. Confirming this perception, Masombuka (2013: 83) states that parents were worried about cases that were reported at the police stations but not much was done. However, other parents still believed that if more police and parents were involved in fighting the challenge of chemical substances, it would bring about change in the community. Despite the fact that parents complained that not much had been done by the police in their area to arrest the drug dealers, they continued to believe that communities needed to continue working together with the police to expose the drug dealers that were hiding in communities.

Parents expressed the feeling that community members can work together to make the drug dealers uncomfortable in their community by sticking together using good educational strategies. They believed that they needed to ensure that drug dealers to had no business in their communities. To this end, the Central Drug Authority (2012-2013:18) has identified the need of working together with authorities to reduce the availability of chemical substances in our communities.

Sub-theme 7.4: Parents recommended that the government should support parents in dealing with the challenges they face regarding chemical substance abuse

There was also the recommendation from parents that the government should provide more support for parents. This was expressed as follows.

“I hope the government can bring more support for parents because we have very few places that support us; everything is about the children and their rights and nothing is about the parents…I just wish that the government could also focus on parents and have some kind of educational groups for them. One thing that I learned is that
parenting is really not easy but we need more support and have everyone involved. As we always say, it takes the whole village to raise a child

“The government should take a leading role in supporting the parents because they are aware of how drugs have affected teenagers and the youth in our community. People should be educated to make sure that everyone has knowledge about drugs and the problems caused by drugs”

“......parents should have some kind assistance from the government as children have rights but parents are also confused on how to deal with their children. The government always protects children but they forget to protect us as parents because at times we do not know how to handle our children. I think the government should get more social workers to work with children and parents, maybe even in schools so that children can get more exposure to real life experiences because life is not always as it is.”

Parents felt that the government should support parents with teenagers abusing chemical substances and also ensure that there are more social workers to focus on the support. Parents raised that the government should be supportive to them and also make sure that more social workers are available to deal with the problem of substance abuse (Masombuka 2013:126).

Parents suggested that the government should introduce more campaigns that focus on supporting parents and also come up with better ways to deal with teenage chemical substance abuse. They felt systems should be put into place to protect the parents who are living with teenagers who are abusing substances. At times it is difficult for NGOs to have more social workers to work with parents due to lack of funding and other resources (Waini 2015: 138). More funding should be injected into NGO’s to get more social workers to support the parents and provide guidance. McNeece and DiNitto (2012:269) extend this same argument by arguing that the treatment for chemical substances abuse should not be one sided but it should also focus on improving the lifestyle of the family members and help in realigning the way families function. Hence
parents feel that the movement should also support them as much as they support people who are abusing chemical substances.

**Sub-theme: 7.5: Parents recommended a need for more treatment centres and for a longer treatment period**

Parents also had recommendations regarding the treatment of teenagers abusing chemical substances. These recommendations included making more treatment centres available and lengthening the treatment period. The following comments were alluded by parents:

“I hope the government can just open a place where they can stay and be safe while continuing with their studies; that will really give me peace of mind knowing my daughter is safe and also continuing with her studies…Yes, I will be able to sleep at night, and be able to focus on regaining my life…If only my daughter can get help that is all that I am asking for”

“The government should also build a school for children who are still at the school-going age but are disrupted by peer pressure to use drugs. It should be like a boarding school and they should stay there until they complete matric…It will be helpful because parents will be relieved from the stresses of not knowing where their children are and focus and their health. The time my son was in a rehab centre I could sleep peacefully because I knew he was safe. Sometimes I spend sleepless night not knowing where he is because sometimes he can go for weeks and I’m not even sure if he is alive or dead. That kills you as a parent because even if he is using drugs, he is still my child and I continue to worry about him”

“Government should also establish more centres to ease the burden of the parents because sometimes we struggle to get treatment for our children due to the long waiting lists at rehab centres and that is also stressful.”
There is a serious need for treatment centres that treat teenagers for a long period and also a need for more treatment centres to fight chemical substance abuse especially in communities like Ramotse. In the Gauteng province, there is only one government-funded facility namely Dr Fabian and Florence Rebeiro Treatment Center in Pretoria which focuses on chemical substance abuse. It is a 200 bed facility and that makes it difficult for parents and teenagers to access treatment (Waini 2015:6). Having one treatment centre really shows that there is a serious gap in terms of provision of government treatment centres in Gauteng and that was a serious concern for the parents.

The parents acknowledged the great assistance they received from SANCA even though it is a private institution. More facilities need to be available for parents and teenagers. The Prevention of and Treatment for Substance Abuse Act 70 (2008: 26) states that there should be at least one centre in every province. However, this provision is not enough as the challenge of chemical substance abuse among the teenagers is worsening. Section 9(2) of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 states that prevention programs must focus on preserving the family structure of the persons affected by substance abuse and those who are dependent on substances. However, not much has been done to assist the parents who have to deal with the burden of living with teenagers who are abusing chemical substances. The Central Drug Authority (2012-2013:18) also has identified the need for increasing treatment centres should be prioritized.

**CONCLUSION OF THE CHAPTER**

In this chapter, the researcher presented the research findings derived from semi-structured interviews conducted with the 13 parents living with teenagers abusing chemical substance in Ramotse. The research findings were also outlined and the overview of the themes and sub-themes was unpacked supported by the data from interview transcripts. All the seven themes emerged during the process of data analysis and were all explained in detail in the above discussions and substantiated with the relevant literature. The main findings indicate that the parents are not coping at all but feel that they are compelled to support their children as they cannot disown them
irrespective of their behaviour. The available literature focuses on the individuals who are abusing chemical substances rather than on the effect it has on the family, especially the parents, as they are faced with the responsibility of supporting and caring for their children. Looking at the data collected from the research participants, it is evident that chemical substance abuse has a great impact on participants at the micro level, meso level and the macro level.

The next chapter four provides the summary of the findings, draw conclusions of the research and make recommendations.
CHAPTER FOUR

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The aim of this research study was to develop an in depth understanding of the experiences, challenges and coping strategies of the parents who are living with the teenagers abusing chemical substances. The researcher identified the gap in the literature concerning support for the parents who live in the same household with teenagers who are abusing substances. Through the research study, the researcher attempted to obtain information from the parents who are affected by the phenomenon under investigation.

4.2 SUMMARY PERTAINING TO THE PREVIOUS CHAPTERS

Chapter one, discussed the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances. The problem statement and motivation for the study are provided followed by a brief outline of the research methodology, data analysis, and chapter outline.

In chapter two, the researcher discussed in more detail how the qualitative research method was employed and the goals and objectives were formulated. A qualitative research approach with an exploratory, descriptive and contextual design was followed by the researcher after gaining access and preparing participants. The researcher utilised the semi-structured interviews to collect data from the participants. In preparing for collecting data, the researcher compiled an interview guide. This was administered by conducting a pilot test to assist the researcher in evaluating the relevance of the interview guide to the study. The researcher continued to describe how the qualitative methodology was employed in the study to understand the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances in Ramotse.
In chapter three the researcher provided the research findings from the ten participants that were interviewed. The data collected was then analysed by the researcher and the independent coder. From the data analysis, seven themes and subthemes emerged. In presenting the research findings, the researcher utilized the verbatim quotations from the transcripts.

4.3 SUMMARY AND CONCLUSIONS PERTAINING TO THE RESEARCH STUDY

In this section, the researcher summarised the research methodology of this study as it was designed in chapter one and employed in chapter two to reach the goal of the study.

4.3.1 Summary pertaining based on the research process

In answering the research question, a qualitative research approach was utilized. The study conducted by the researcher was based on the following research question:

**What are the experiences, challenges and coping strategies of parents who are living with teenagers abusing chemical substances?**

The goal of the study was:

- To develop an in-depth understanding of the experiences, challenges and coping strategies of parents in Ramotse who were living with teenagers abusing chemical substances.

The objectives of the study were as follows:

- To explore and describe from the parents’ perspective, their experiences of living with teenagers abusing chemical substances.
- To explore and describe from the parents’ perspective, the challenges they face when living with teenagers abusing chemical substances.
- To explore and describe from the parents’ perspective, coping strategies used when living with teenagers who are abusing chemical substances.
To provide recommendations that can be used to support parents with living with teenagers who are abusing chemical substances.

In order to achieve the research goal, the following research task objectives were attained:

- To obtain a sample of the parents who live with teenagers abusing chemical substances.
- To conduct semi-structured interviews with the parents of teenagers abusing chemical substances.
- To draft, sort, analyse and interpret the data collected from parents of teenagers abusing chemical substances.
- To conduct a literature control in order to verify the data obtained from parents of teenagers abusing chemical substances.
- To draw conclusions and make recommendations about the challenges and coping strategies of parents living with teenagers abusing chemical substances.
- To write and submit a report based on the experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances.
- To disseminate the research findings in report form.

To gain an understanding of experiences, challenges and coping strategies of parents living with teenagers abusing chemical substances, participants provided interview responses to the following questions as presented in chapter one.

The following interview guide was used to obtain data from the parents.

- Can you please share with me how you found out that your teenager was abusing chemical substances?
- Can you please share what your experiences are, as a parent finding out that your teenager was abusing chemical substances?
- What are the challenges or problems that you are facing as a parent with a teenager who is abusing or dependent on chemical substances?
- What are your coping strategies in dealing with the teenager who is abusing chemical substances?
- What type of support do you have in dealing with a teenager abusing chemical substances?
- What kind of support or assistance do you think that the community should offer you in dealing with your teenager?
- What suggestions or recommendations do you have about how parents can be better assisted to deal with the situation?

The researcher used the tape recorder in line with what was stated in chapter one that the interviews will be recorded. The use of the recorder assisted the researcher to solely focus on the participants and also to be able to watch their non-verbal communication. The researcher used the recordings to transcribe all the interviews conducted with the participants. The transcripts assisted the researcher in analysing the data collected as stated in chapter two.

The researcher followed the eight steps for qualitative data analysis as outlined by Tesch (cited in Creswell 2009:186). An independent coder was consulted and a consensus was reached. The data was verified as stated by Maree (2007: 113-115) to ensure trustworthiness. Finally, the researcher concluded that the validity and reliability of the research could be enhanced through application of the Guba model (in Krefting 1991:215) as stated in chapter two. Following these processes, seven themes and 33 sub themes emerged and these were used to report the research findings in chapter three.

The next section present summary, conclusion and recommendations pertaining to the research findings.
4.4. SUMMARY AND CONCLUSIONS RELATING TO THE RESEARCH FINDINGS

The following seven themes emerged from the study:

- Parents discovered how their teenagers were abusing chemical substances in various ways.
- Parents experiences after discovering that their teenagers were abusing chemical substances
- Parents accounts on the challenges they face in dealing with teenagers’ abusing chemical substances
- Parents employed different strategies in coping with teenagers’ abusing chemical substances
- Parents employed different support mechanisms in dealing with teenagers’ abusing chemical substances
- Parents provided different suggestions on how parents living with teenagers abusing chemical substances can be better supported
- Parents provided different recommendations on how parents living with teenagers abusing chemical substances can be better supported

The summary of themes and sub-themes that emerged from the data analysis and the researcher’s conclusions are discussed below.

4.4.1 Theme 1: Parents’ discovered how their teenagers were abusing chemical substances in various ways.

The participants verbalized how they learned about the chemical abuse of their teenagers. The most consistent sign was that their teenagers started to steal from the community and from the family members. Parents shared their disappointments that were linked to the disappearing of money in the house to their teenagers’ addiction to chemical substances. The parents’ suspicions were raised by the change of behaviour in the lifestyle of their teenagers. They also expressed how they were disturbed by the disrespect they experienced from their teenagers and the numerous complaints from the teachers at school. Parents shared how their teenagers dropped out of school, while
the school performance of those who remained dropped drastically. Based on the parents’ accounts it is concluded that the parents were disappointed about the life style and the behaviour of their teenagers after they started abusing chemical substances.

4.4.2 Theme 2: Parents experiences after discovering that their teenagers were abusing chemical substances

The following were the experiences as shared by the participants:

- The parents felt that they failed to raise their teenagers well.
- They felt helplessness about their teenagers’ abuse of chemical substances and the fact that their efforts to get treatment for them were unsuccessful.
- They reported the shock, sadness and shame caused by realizing their teenagers were abusing chemical substances.
- The parents hoped that if their teenagers could die they would be able to get their lives back.

The issue of teenage chemical substance abuse negatively affected the families especially parents. The ecological systems theory provides a better understanding of families and their experiences. Parents shared their experiences with the researcher in relation to their financial problems and their helplessness regarding the behaviour of their children. Parents expressed their feelings of failure in raising their teenagers. Parents shared their experiences as very difficult conditions to live in hence they ended up feeling helpless about their situations and blaming themselves for the wrong doing of their teenagers. The parents felt that they focused more on their work than spending time with their teenager. They shared how they were shocked as they did not expect that their teenagers could be involved in abusing chemical substances.

Parents shared how they were sad that the dreams and potential they had seen in their teenagers before they were involved in abusing chemical substances would not be realised. From the ten parents interviewed, four of them shared that they wished their teenagers could just die as they had just lost hope after everything they had done to try
and assist them to quit abusing chemical substances. They explained that they struggled to live their lives as their teenagers continued to disappoint them on a daily basis without even considering their health.

Based on the above, the researcher concluded that the participants were struggling to understand what was going on in the lives of their teenagers. Parents had high hopes about the future of their teenagers hoping to see them succeeding and being able to achieve more in life hence the sadness, the shame and the disappointment.

4.4.3 Theme 3: Parents accounts on the challenges they face in dealing with teenagers’ abusing chemical substances

The participants highlighted the following challenges:

- Health challenges such as stress, anxiety
- Financial challenges due to compensating the community for stolen goods and endured medical costs.
- Dealing with community’s reactions
- Conflict with their partner or spouse
- Dealing with family and friends that distance themselves
- Being vulnerable of being hurt or even being killed by their own children

The parents shared more on how the behaviour of their teenagers had caused them to lose relationships they had with friends and family members. They told of how they were struggling to relate well with families as they were always stressing about the teenager who is abusing chemical substances and family members always complaining about the teenager stealing from them. The parents also shared their fears of being killed or harmed by the teenagers especially when they did not have money to offer them to buy
their substances. This challenge aggravated their problems making them to miss work regularly. Some parents were even scared that they might even lose their jobs.

The parents also expressed their frustrations as they felt victimized by communities resulting in them living in more stressful situations. In addition, parents had to deal with the financial burden that they had to carry in relation to their children. The parents shared that they felt that financially they had become stagnant as they were always paying for stuff that their teenagers stole from their own home and also from the community members. The researcher concluded the lifestyle and behaviour of these teenagers had caused their parents stress which had also resulted in more health problems for them.

4.4.4 Theme 4: Parents employed different strategies in coping with teenagers’ abusing chemical substances

The following highlights the coping strategies that were utilized by the participants:

- Parents avoided talking to teenagers to avoid pain and hurt
- Parents sought comfort in their religion by praying or going to church
- Parents get spiritual support from the church and their pastors
- Parents opted to give the teenager money
- Parents still have hope that their teenagers’ behaviour will change

The parents voiced out that it was very difficult for them to even say that they are coping. They mostly avoided talking to their teenagers as they felt that they had really tried their best. Although the system of avoiding situations did not have a positive result on the parents, it was stated as one of their strategies of trying to cope with the situation. Participants reported that they were hardly coping; they survived from day to
day. Parents also shared that meeting with other parents and attending church especially prayer meetings helped them to continue to face every day challenges

Some of the parents opted to give their teenagers money to avoid the stress of having them stealing, especially from community members. It is evident that the parents were trying any kind of means to assist themselves to cope with the challenges they faced. Based on that the researcher concluded that it is not easy for parents to cope with this challenge.

### 4.4.5 Theme 5: Parents employed different support mechanisms in dealing with teenagers’ abusing chemical substances

The following support mechanisms were employed by the parents:

- Parents received support from SANCA
- Parents have family support groups
- Parents received assistance from the church

Parents attend support groups to support the teenager abusing chemical substances. However, the focus is more on supporting recovering addicts in maintaining sobriety and this did not necessarily benefit the parent attending the support group session. Support groups can be very helpful but they can also be time-consuming for parents, as they also need to go to work to support their families.

Although there were challenges of inconsistency regarding the support group sessions at SANCA, parents really appreciated the support. Based on the parents’ accounts, the findings show that there is also involvement of the church, especially the women who are very supportive and continue to pray in support of the parents. The presence of supportive partners and immediate family where applicable also played a positive and major role in supporting the parents in dealing with the addictions of their teenagers. The parents mentioned limited support from the social workers due to the fact that they
are always busy and there is only one organisation that specifically deals with chemical substance abuse in their area.

4.4.6 Theme 6: Parents provided different suggestions on how parents living with teenagers abusing chemical substances can be better supported

Following are suggestions that came out from the parents that were interviewed:

- Parents suggested the reviving of the spirit of Ubuntu
- Parents need the communities to be mobilized into working together in fighting the drug lords and chemical substance abuse.
- Parents suggested that communities need to be educated about chemical substance abuse
- Parents need communities to be educated about chemical substance abuse to avoid stigma on the teenagers and their parents
- Parents suggested more frequent parent support group sessions
- Parents suggested that church leaders and church groups should be more informed about chemical substance abuse

Among other things, the participants voiced the need for support and understanding from their families and the community. They pointed out the need for frequent support groups which focus on supporting parents with teenagers abusing substances. The support groups would also empower parents with knowledge on chemical substance abuse, the prevention, early detection and available treatment. Parents need social workers to provide parental skills to assist in empowering them to adopt better ways of building relationships with their children. Parents highlighted the fact that parental skills
would also encourage them to find a balance between their jobs and caring for their children, especially teenagers.

Parents also expressed the need to revive the principle of Ubuntu in communities. The Ubuntu principle will encourage the communities to be more involved in the lives of one another and caring for each other.

4.4.7 Theme 7: Parents provided different recommendations on how parents living with teenagers abusing chemical substances can be better supported

Parents recommended the following:

- Parents recommended parent orientated support groups
- Parents shared the need for professional support and workshops to be facilitated on parenting skills
- Parents recommended that the community and police must work together
- Parents recommended that the government should support parents in dealing with the challenges they face regarding chemical substance abuse
- Parents recommended a need for more treatment centres and for a longer treatment period

The parents emphasised that the community and police must work together in fighting the drug lords and chemical substance abuse. They also highlighted the strengthening of communities in working together through different programs that will encourage positive relationships. The need for communities to be educated about substance abuse came out very strong. Parents believe that educating communities about chemical substance abuse would prevent the problem of stigmatisation. Parents recommend that
awareness campaigns should be initiated by social workers and other government stakeholders to educate the communities about chemical substance abuse; and how to support the affected parents to avoid stigmatization and judgement. Parents shared the need for the government to come on board in ensuring that there are enough treatment centres to accommodate teenagers who are abusing chemical substances.

The researcher attended a summit on Anti-Substance Social Movement whereby some of the parents were sharing their frustrations. They felt that the legislation is there to protect and assist them but there are inadequate human resources to ensure that the implementation. They felt that the government is failing them and their children by not getting enough social workers and community workers to deal with the issue of chemical substance abuse. Some of them felt that all the focus is on the people who are abusing substances and no social worker is directly looking into how to assist them as parents as they still need to cope and care for their other children who are not using drugs.

The researcher was able to draw the following recommendations on how the parents could be assisted.

4.5 RECOMMENDATIONS RELATED TO THE RESEARCH STUDY

Based on the research findings and the research process, the researcher made the following recommendations for policy, education, practice and future research.

4.5.1 Recommendations for policy

- NGO’s are struggling with few resources. Prevention of and treatment for Substance Abuse (Act 70 of 2008) highlights the need of at least one treatment centre per province but with the challenge of more youth involved in chemical substance abuse, there is a serious need to have more centres to deal with this pandemic. Policy-makers should make provision and funding for more treatment centres instead of recommending one centre per province.
Most attention has been focused more on assisting individuals who are abusing chemical substances than on the people who are living with these people. Policy-makers should make legislations on how parents can/will be assisted in coping with the challenges of living with teenagers abusing chemical substances.

4.5.2 Recommendations for education

- There is a need for training and development related to intervention strategies for parents whose children are addicted to chemical substances and the overall challenge of chemical substance. Training colleges and/or NGOs should conduct workshops to train social workers on a continuous basis to learn more about the prevention and intervention procedures also how to implement them.
- The Universities should focus on providing relevant courses, including prevention and intervention that will keep social workers up-to-date with emerging knowledge relevant to the profession with regard to substance abuse.

4.5.3. Recommendations for practice

- Utilizing the ecological systems approach, social workers need to include members of the whole family in the intervention process when dealing with the addicted teenager. Social workers should encourage parents to be more involved in the lives of their children even after divorce and separation by strengthening and developing parenting skills training programs for parents, in order to improve effective parenting, parent-child relationships and healthy family functioning.

- Social workers need to develop suitable programs that will address the needs of parents with teenagers abusing chemical substances and their families. The programmes should also include support to parents during all the stages of treatment of their teenagers. Based on the study it shows that limiting treatment and support to the teenagers who are abusing chemical substances is not sufficient to address all the challenges but there should be programmes that will solely focus on the parents.
• Social workers should work together with churches and other faith-based institutions to offer effective and efficient services to parents with teenagers abusing chemical substances. Pastors and other faith based institutions should be given more information on chemical substance abuse as they also assist in providing hope and faith which showed to assist the participants in coping.

• Social workers should raise more awareness in the communities and have program for teenagers and parents that are designed to provide educational awareness regarding chemical substance abuse prevention and available services. Through community-based efforts the support systems can be strengthened to benefit both the parents and teenagers.

4.5.4 Recommendations for government

• Lack of education on chemical substance abuse in school has created more challenges for teenagers. The Department of Education should introduce education and training programs for teenagers in the schools from primary level. Teachers need to be trained by the government in order to educate school children about the dangers of chemical substance abuse.

• There are too few facilities that cater for teenagers abusing chemical substances and their parents. There is a serious need for more treatment centres and longer treatment periods. The government should build more treatment centres especially the ones that will admit addicted teenagers on a long term basis.

• Parents are mostly forgotten in terms of provision of facilities to assist them in coping with teenage chemical substance abuse. The government should also ensure that there are adequate services and treatment centres to accommodate the parents in the event whereby parents are being physically abused, threatened and traumatized by their chemical substance abusing teenagers.

• There is a lack of funding for NGO’s and capacity of social workers to enable them to host frequent support groups for parents living with teenagers abusing chemical substances. The government should fund more NGO’s that focus on
chemical substance abuse. This would add to the capacity of social workers who deal with this pandemic. The government should assist in developing parents and family-based programs hence the researcher recommends that more funding should be injected into NGO’s that are providing services to parents living with teenagers who are abusing chemical substances.

4.5.5 Recommendations for further research

Based on the findings, the following aspects need to be considered for further research:

- This study was conducted in a rural area and mainly with mothers as there was only three fathers among the participants. More research could be conducted in other areas that include both parents and also the guardians to gain a richer understanding of the phenomenon under the study.

- There is a need for further exploration regarding how social workers can work closely with churches to support parents living with teenagers abusing chemical substances in other areas.

- Research should be conducted to explore the experiences and challenges of the social workers working with parents of teenagers abusing chemical substances.

- More research could be conducted in order to evaluate the effectiveness of the family support groups that are rendered by NGO’s and government facilities.

CONCLUSION OF THE CHAPTER

The chapter focused on summary of the research chapters; summary of the research study and conclusions were drawn; the summary of the research findings, conclusions were also drawn and recommendations for policy, education, practice and future research were made. The researcher hopes that these findings will contribute to the understanding of the support needed by the parents living with teenagers abusing chemical substances.
BIBLIOGRAPHY


Dreyer, SE. 2012. The relevance and effectiveness of support structures available to high school learners with drugs abuse problems in the Eersterust area. MA(SW) dissertation, University of South Africa, Pretoria.


Hofstee, E. 2006. *Constructing a good dissertation. A practical guide to finishing a Master’s, MBA or PhD on schedule*. Johannesburg: EPE


Thomas, E & Magilvy, JK. 2011. Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Paediatric Nursing*, 16(2):151–155.


Waini, A. 2015. The challenges and coping resources of parents whose children are addicted to chemical substances. MA(SW) dissertation, University of South Africa, Pretoria.


ADDENDUM A

A PREAMBLE TO AN INFORMATION AND INFORMED CONSENT DOCUMENT

Dear Prospective Participant

I, Faith Mathibela, the undersigned, am a social worker in the service of the Unisa Bright Site Sunnyside Project under the University of South Africa’s Social Work Department. I am also a part-time Master’s degree student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for my Master’s degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

*Experiences, Challenges and Coping Strategies of Parents in Ramotse Living with Teenagers Abusing Chemical Substances.*

In view of the fact that you are well-informed about the topic, I hereby approach you with a request for your participation in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and as well as your rights as a participant in this study).

This research project originated as a result of parents complaining about their valuables going missing in their house, their neighbours judging them and their children at times going missing for days. This has motivated me (the researcher) to conduct a research study about the experiences, challenges and coping strategies of parent/s living with teenagers abusing drugs.
The information gathered from this study will help in contributing towards understanding the experiences, challenges and coping strategies employed by parents who are living with teenagers abusing drugs and the needs of the parents in terms of support.

Should you agree to participate, during the period of August 2015 to September 2016 you will be requested to participate in a face-to-face interview that will be conducted in your home, as well as in a group interview that will be conducted at the SANCA office in Hammanskraal. It is estimated that each interview will be approximately one hour and thirty minutes in duration. During the interview, the following questions will be directed to you and there will be follow up sessions that will be conducted for further discussion of the questions:

The following questions will be directed at the participants:

- Can you please share what your experiences are, as a parent finding out that your teenager was abusing chemical substances?
- What are the challenges or problems that you are facing as a parent with a teenager who is abusing or dependent on chemical substances?
- What are your coping strategies in dealing with the teenager who is abusing chemical substance?
- What type of support do you have in dealing with a teenager abusing chemical substances?
- What kind of support or assistance do you think that the community should offer you in dealing with your teenager?
- What suggestions or recommendations do you have about how parents can be better assisted to deal with the situation?

With your permission, the interview(s) will be audiotaped/ videotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape(s)/videotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office at the Unisa Bright Site in Sunnyside and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), the translator (if they need to
be translated into English), and to an independent coder with the sole purpose of assisting and guiding me with my research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes/videotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research study is completely voluntary. You are not obliged to take part in the research study. Your decision to participate, or to not participate will not affect you in anyway, now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate, please sign the information and informed consent documents contained herewith as proof of your willingness to participate in the study. Please note that you are not signing your rights away.

If you agree to take part in the study, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation in the study without any loss of benefits. However, should you withdraw from the study; you would be requested to grant me an opportunity to engage in an informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you divulge is emotionally sensitive and is upsetting you, to such an extent that it hinders you from functioning physically and emotionally. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed from the study. Should I conclude that the information you have shared has left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling if you agree.
You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, you can contact me on **082 936 7049.**

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries that have not been sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: **012 429 6739**, or email: **alpasah@unisa.ac.za**.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa and their answers have not satisfied you, you may direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being fully aware of your rights, you are asked to give your full consent in writing should you want to participate in this research study, by signing and dating the information and consent forms provided herewith, and initialling each section to indicate that you understand and agree to the conditions contained herewith.

Thank you for your participation.
Kind regards

...........................................

**012 352 4216/082 926 7049**

**Email:** mathif@unisa.ac.za
ADDENDUM B

TITLE OF THE RESEARCH PROJECT:

Experiences, Challenges and Coping Strategies of Parents in Ramotse Living with Teenagers Abusing Chemical Substances

REFERENCE NUMBER: 35297018

PRINCIPAL INVESTIGATOR/ RESEARCHER: Mrs Faith Mathibela

ADDRESS: P.O. Box 12578, TheTramshed, 0126

CONTACT TELEPHONE NUMBER: 012 352 4216/ 082 936 7049

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:

I, THE UNDERSIGNED, _____________________________ (name), [ID No: ______________________] the participant or in my capacity as ____________________________ of the participant [ID No ______________________________] of ____________________________ ____________________________ ______________________________(address)

A. HEREBY CONFIRM AS FOLLOWS:

1. I/the participant was invited to participate in the above research project which is being undertaken by (name) Faith Mathibela of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.
2. The following aspects have been explained to me/the participant:

2.1 Aim: The researcher is to explore, describe, and contextualize the experiences of the parents in Ramotse who are living with teenagers who are abusing chemical substances.

The information will be used to
- To develop an in-depth understanding of the experiences, challenges and coping strategies of parents in Ramotse who are living with teenagers abusing chemical substances.
- To develop guidelines to assist parents in Ramotse who live with teenagers abusing chemical substances.

2.2 I understand that I am participating in this study voluntarily and will be interviewed by the researcher about my experiences, challenges and coping strategies on living with a teenager who is abusing chemical substances.

2.3 Risks: The issue of being emotional during the process of the interview or after, and being overwhelmed by the information shared with the researcher.

Possible benefits as a result of my participation in this study: The opportunity to share underlying issues, experiences, challenges and coping strategies of living with a teenager who is abusing chemical substances.

Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the researcher.

Access to findings: Any new information that develops

| Initials | Initials | Initials | Initials |
pertaining to the research study will be shared with the participants.

<table>
<thead>
<tr>
<th>Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate in this study will in no way affect me now or in the future.</th>
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<tr>
<th>3. The information above was explained to me by Mrs Faith Mathibela in the language that I understand well. I was given the opportunity to ask questions and all of these questions were answered satisfactorily.</th>
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<th>4. No pressure was exerted on me to give my consent to participate in the study and I understand that I may withdraw at any stage from the study without any penalty.</th>
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<th>5. Participation in this study will not result in any additional cost to me.</th>
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**B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.**

Signed/confirmed at ______________ on ________________ 20__

______________________________ _________________________
Signature or right thumbprint of participant Signature of witness
**ADDENDUM C**

**STATEMENTS AND DECLARATIONS**

<table>
<thead>
<tr>
<th>STATEMENT BY OR ON BEHALF OF INVESTIGATOR</th>
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<tbody>
<tr>
<td>I, Faith Mathibela, declare that I have explained the information contained in this document to ____________________________ (name of participant) and/or his/her representative ____________________________ (name of representative); he/she was encouraged and given ample time to ask me any questions; this conversation was conducted in English/Sotho/Ndebele/other _____________________ (indicate other language) and no translator was used; this conversation was translated into ____________________________ (language) by ____________________________ (name).</td>
</tr>
</tbody>
</table>

Signed at ___________________ on _______________ 20___ (place) (date)________________________
Signature of investigator/representative
-------------------------------------------------
Signature of witness.
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<th>DECLARATION BY TRANSLATOR</th>
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<tr>
<td>I, ____________________________ (name), confirm that I translated the content of this document from English into ____________________________ (indicate the relevant language) to the participant/participant’s representative; I explained the contents of this document to the Participant/participant’s representative; I also translated the given by the Participant/participant’s representative ____________________________ (name), as well as the answers given by the investigator/representative, and conveyed a factually correct</td>
</tr>
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</table>
version of what was related to me.

Signed at ___________________ on ___________________ 20___
(place) (date)

Signature of translator
------------------------------------

Signature of witness
-----------------------------------------

**IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT**

Dear Participant/Representative of participant
Thank you for your/the participant’s participation in this study. Should at any time during the study

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

________________________________________________________________________

________________________________________________________________________

(indicate any circumstance which should be reported to the investigator), kindly contact ___________________________ (name) at
| telephone number ________________________________ Where help will be available on a 24-hour basis. |
ADDENDUM D

Request for permission to conduct research at SANCA

My name is Mrs Faith Mathibela, I work as a junior lecturer at the University of South Africa (UNISA) in the Department of Social Work. I am a Master’s student at UNISA and in fulfillment of the requirements of the Master’s degree; I am required to undertake a research project. I have decided to focus my study on understanding The Experiences, Challenges and Coping Strategies of Parents in Ramotse Who Are Living With Teenagers Who Are Abusing Chemical Substances.

The reason for me studying the topic was motivated by the challenges faced by the parents who live with teenagers who are abusing chemical substances and by my observation of the parents while working at SANCA as a clinical therapist. The aim of the study is to:

- To develop an in-depth understanding of the experiences, challenges and coping strategies of parents in Ramotse who are living with teenagers abusing chemical substances.
- To develop guidelines to assist parents in Ramotse who live with teenagers abusing chemical substances.

Considering that SANCA works with parents and teenagers who are facing the problem of chemical substance abuse, I hereby request your permission to conduct a study on parents of teenagers who are abusing chemical substances in the area of Ramotse. In the study, I will be working together with social workers employed by SANCA who will act as gatekeepers.

The research project will include interviews with the parents but the interviews will be conducted as per the request of the participants, to allow them to open up in a safe and comfortable environment. This means that the participants will be allowed self-determination in deciding whether they prefer the researcher to conduct the interview in their home or at the organisation. The participants will be interviewed individually to allow them to share their experiences, challenges and coping strategies.
As a social worker, the researcher will respect the participants and will conduct herself in professionally, adhering to social work values. The permission to conduct this study will contribute towards gaining more insight into the experiences, challenges and coping strategies of parents living with teenagers who are abusing chemical substances in Ramotse and will also assist in developing guidelines on how to assist other parents who are going through the same circumstances.

Your support in this matter will be appreciated

Regards

Mrs Faith Mathibela
012 352 4204/ 082 936 7049
mathif@unisa.ac.za
ADDENDUM E

DEPARTMENT OF SOCIAL WORK RESEARCH AND ETHICS REVIEW COMMITTEE

7 September 2015

Re#: DR&EC_2015_001
Name of Applicant: F Mathibela
Student#: 35297018

Dear Ms F Mathibela

DECISION: ETHICAL APPROVAL

Name: Ms F Mathibela
Address & contact details: P O Box12578, THE TRAMSHED, 0126
012-352 4216/082 936 7049

Supervisor: Ms RM Skhosana

Title of Proposal: EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF PARENTS IN RAMOTSE LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES

Qualification: Masters in Social Work

Thank you for the application for research ethics clearance by the Department Of Social Work Research And Ethics Review Committee.

The application was reviewed in compliance with the UNISA Policy on Research Ethics by the abovementioned Committee at a meeting conducted on 18 June 2015.

Final approval is granted for the duration of the project.

The proposed research may now commence with the proviso that:

1 Note: The reference number [top right corner of this communique] should be clearly indicated on all forms of communication (i.e. Webmail, E-mail messages and letters) with the intended participants as well as with the Department of Social Work’s Research and Ethics Review Committee.
NOTICE TO POSTGRADUATE QUALIFICATIONS SECTION (M&D)
RESULT: MODULE IN RESEARCH METHODOLOGY

<table>
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<tr>
<th>STUDENT NAME</th>
<th>MATHIBELA,F</th>
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<tbody>
<tr>
<td>STUDENT NUMBER</td>
<td>35297018</td>
</tr>
<tr>
<td>DEGREE</td>
<td>MASTERS IN SOCIAL WORK</td>
</tr>
<tr>
<td>SPECIALISATION</td>
<td>Social Work</td>
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</tbody>
</table>

Please indicate the relevant option with an X:
- The above student **did not comply** with the requirements for the module in Research Methodology and **may not proceed** with the module
- The above student **did not comply** with the requirements for the module in Research Methodology and **may not continue with his studies** for the MSW degree. Please provide reasons:

- I confirm that the above student **complied** with the requirements for the module in Research Methodology MPCS992 (Submitted an acceptable research proposal) and **may now proceed** to register for the research component. Please provide details below:

Title: EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF PARENTS IN RAMOTSE LIVING WITH TEENAGERS ABUSING CHEMICAL SUBSTANCES

Supervisor: Ms RM SKHOSANA  
Personnel Number: 90120206  
Highest Qualification: MA in Social Work

Co-supervisor: N/A  
Personnel Number: N/A  
Highest Qualification: N/A  
Address, if external: N/A  
(Including email)

Additional comments:

Approval (CoD): APPROVED

Comments: STUDENT COMPLIED WITH THE REQUIREMENTS OF THE RESEARCH PROPOSAL MODULE

The final research proposal was reviewed in compliance with the Unisa Policy on Research Ethics by the Department of Social Work's Research Ethics Review Committee 18 June 2015 and approval was granted for the duration of the project (Ethics Approval Ref # DR&EC_2015_001)

Signature:
Prof AH Alpaslan  
M & D Coordinator: Department of Social Work  
Date: 7 September 2015

Comments: The student complied with the requirements of the RPM

Signature:
Prof MPJ Madise  
Manager Postgraduate Studies: College of Human Sciences  
Date: 7 September 2015

FOR OFFICE USE ONLY BY SECTION: PG QUALIFICATIONS
Result captured (F375)
ADDENDUM F

South African National Council on Alcoholism & Drug Dependence
Suid-Afrikaanse Nasionale Raad .unsqueeze/quote/Aan Alcoholisme en Dwelmafhanklikheid

P O Box 16383
Pretoria North/Noord
0116
Tel: (012) 542 1121
Fax/Telefax: (012) 542 3539
E-mail: sanca.sha@absa.co.za
Website: www.addictionsnhab.co.za

Registered as Nonprofit organization
001-575 NPO
Geregistreer as Nop Wurgewende organisasie

Date: 08 June 2015

To whom it may concern

This is to acknowledge that Mrs Faith Mathibela has requested our services to debrief her research participants if and when required. Ms. June Mahapa, the Social Worker stationed at SANCA Hammanskraal will be offering counselling to the research participants as requested.

For further enquiries do not hesitate to contact me.

______________________________
K M S Kolokoto
Operational Manager