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**SUBSTANCE ABUSE AMONG TEENAGERS IN THE TSHISAULU
COMMUNITY: CHALLENGES FACED BY PARENTS**

By

NKHETHENI GELEBE

A mini- dissertation submitted in partial fulfillment of the requirement for the degree:

Masters of Public Health (MPH)

UNIVERSITY OF VENDA

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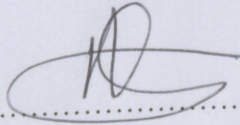


Declaration

DEDICATION

I, Gelebe Nkhetheni, declare that “*Substance Abuse Among Teenagers in the Tshisaulu Community: Challenges faced by parents*” is my work, that all sources that I quoted have been acknowledged by means of complete references, and that this work has not been submitted for another degree at this University of Venda or any other institution.

Signature



Date

15/04/2016



ACKNOWLEDGEMENT

DEDICATION

I dedicate this mini dissertation to my late supervisor Dr. R.L. Mamabolo for being a good supervisor who was always available whenever I was consulting him and to my late father Mr. Makondelele Gelebe for being a good father and always encouraging me to do school work.

- My late supervisor, Dr. R.L. Mamabolo, I thank you for your effort, hard work and encouragement. You were always available whenever I needed to consult.
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- My lovely wife Bridget Khoroanani, I want to say thank you for your support and for being when I needed you the most. Prudence Gelebe, thank you for your support.
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- Lastly Ramulwela Takalani, thank you so much for your contribution in my mini-dissertation.

ABSTRACT

Background: Alcohol, Dagga and other illegal substance abuse leads to impaired functioning in social and interpersonal spheres and withdrawal symptoms can be severe.

Purpose: The purpose of the study was to explore the challenges faced by mothers parenting teenagers who abuse substances in Tshisaulu village.

Methodology: The study was qualitative in nature and was conducted at Tshisaulu village. The population was mothers raising teenagers from the age of 13 to 19 years who abuse substances such as alcohol, tobacco and other substances. The study adopted non-probability sampling and convenience sampling to select participants. The records at the social worker's office in Tshisaulu showed 11 cases of mothers complaining about their children abusing substances and all the reported cases were included in the study. The semi-structured interview was used to gather data from participants and the Tesch's model of data analysis was used.

Results: Data showed that participants mentioned concerns of late coming home by their children who have started abusing alcohol especially during weekends and sometimes they do not come back home at all. It was discovered that teenagers are engaging themselves in an unprotected sex after abusing substances. Some parents suffer from heart diseases as a result substance abuse by their children. Most participants stated that children are no longer attending school classes regularly and at times are caught smoking during class time in toilets. As a result their school performance has dropped. It was reported that children no longer respect their teachers and other elderly family members.

Recommendation: Based on the research findings and conclusions of the study, the researcher proposed recommendations to the parents, to policy makers, department of social development, department of education as well as future researchers.

Keywords: Substance abuse, Mothers, Teenagers, Parenting, Experiences and Perceptions.

TABLE OF CONTENTS

CONTENTS	PAGES
Declaration	I
Dedication	II
Acknowledgement	III
List of acronyms	IV
Abstract	V
CHAPTER 1	25
1. INTRODUCTION	25
1.1. Background to the study	1
1.2. Problem statement	5
1.3. Rationale for the study	6
1.4. Significance of the study	6
1.5. Aim of the study	6
1.6. Objectives	6
1.7. Definition of concepts	7
1.8. Structure of the study	8
CHAPTER 2	27
2. LITERATURE REVIEW	27
2.1. Introduction	10
2.2. Global view of substance abuse by youth in South Africa	10
2.3. Teenage years as a time of change	11
2.4. Factors that contribute to substance abuse by teenagers	12
2.4.1. Peer pressure	12
2.4.2. Parental and family-related factors	12
2.4.3. Environmental factors	13
2.4.4. Intrapersonal factors	14
2.4.5. Father Absence	14

3.9.3. Informed consent	30
3.9.4. Freedom from harm and exploitation	30
3.10. Limitation of the study	30
3.11. Dissemination of results	30
3.12. Summary of the study	30
3.4. Conclusion	47
CHAPTER 4	47
4. RESULTS AND DISCUSSION OF THE STUDY	47
4.1. Introduction	31
4.2. Participants' demographic information	31
4.3. Experiences and perceptions of mothers	31
4.3.1. Theme 1: Experiences of mothers parenting teenagers who abuse substances	33
4.3.1.1. Sub-theme 1.1: Existence of self-blame by parents for child's behaviour	33
4.3.1.2. Sub-theme 1.2: Father Absence viewed as a contributory factor	34
4.3.1.3. Sub-theme 1.3: Difficulties experienced in parenting teenagers who abuse substances	36
4.3.1.4. Sub-theme 1.4: Substance abuse effects on mother to child relationship	37
4.3.2. Theme 2: Consequences of substance abuse on the life of a child	39
4.3.2.1. Sub-theme 2.1: Effects of substance abuse on child's behaviour	40
4.3.2.2. Sub-theme 2.2: Existence of negative mother to child relationship	41
4.3.2.3. Sub-theme 2.3: Negative effects on educational activities	42
4.3.2.4. Sub-theme 2.4. Behavioural changes observed on children abusing substances	43
4.3.2.5. Sub-theme 2.5. Effects of child's substance abuse on parents	43
4.3.3. Theme 3: Substances used by teenagers	44
4.3.3.1. Sub-theme 3.1: Types of substances used by teenagers	44
4.4. Summary	45

CHAPTER 5

5. SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction	46
5.2. Summary of the study	46
5.3. Limitations of the study	46
5.4. Conclusion	47
5.5. Recommendations	47
5.5.1. Recommendations for parents	47
5.5.2. Recommendations for policy makers	48
5.5.3. Recommendations to the Department of Social Development	48
5.5.4. Recommendations to the Department of Education	48
5.5.5. Recommendations for future researchers	49
5.6. Summary	49

6. REFERENCES

Appendix A: Research instrument	54
Appendix B: Parent information letter	56
Appendix C: Consent Form	58
Appendix D: Letter to the Provincial Department of Social Development	60
Appendix E: Ethical clearance certificate	62
Appendix F: Department of Social Development permission to conduct study	63

CHAPTER 1

1. INTRODUCTION

1.1. Background to the study

Substance abuse is a global health and social problem that leads to impaired functioning in social and interpersonal spheres of life and can have severe withdrawal symptoms. The abuse of substances can cause mental disorientation and a lack of alertness (Hoberg, 2001:259). The use and abuse of substances is a problem that can affect everyone irrespective of age, social status, race or creed. Substance use and abuse are recognized as the most significant health and social issues in many communities. Abuse of substances affects a person's concentration, reasoning and productivity and young people who are involved do not attend to their academic development, resulting in possible failure (Van Heerden, 2005:107).

According to Visser and Routledge (2007: 595), substance abuse is a prevalent social and health problem in almost all countries in the world, including South Africa. Data from around the world suggest that substance abuse often start between the ages of 14 and 15 years (Visser & Routledge, 2007: 595). In South Africa, alcohol and drug abuse were highlighted by former president of South Africa in his opening address to parliament in 1994, as a social pathology that needed attention (Ramlagan, Peltzer & Matseke, 2010: 40).

An apparent increase in substance abuse, such as alcohol among adolescents is a cause for concern in view of the negative consequences of substance abuse and dependence. It often leads to involvement in crime and other antisocial activities, impairment of academic and occupational performance, as well as increased risk of suicide, accidents, contagious diseases and psychological distress (Ladikos, Prinsloo & Nesper, 2003: 24). Teenage drinking is on the rise and recognized as a major family and social problem globally. Parenting behaviors are potential cures of teenage drinking, and are increasingly being incorporated as part of national health, alcohol, and family policy in the United States, Canada, and the United Kingdom. This problem and the role of parenting in driving it are recognized also in Australia and New Zealand and in developing

countries such as Brazil, Romania and the Seychelles and reflects the “globalization” of youth issues (Zhiyong & Schaninger, 2010: 331).

A government inquiry leading to Australia’s new national health plan has recognized teenage drinking as a serious problem since “one-tenth of teenagers drink enough alcohol to cause probable harm to their health later in life”. It is well known that family policies influence family outcomes, such as a wife working, childbearing and time spent with young children, use of day care, and socialization outcomes (Zhiyong & Schaninger, 2010: 331).

Such policies may also provide solutions for work-related and inter-spousal role conflict, family dysfunction/single-parenthood, and related child adjustment difficulties. Indirectly, families influence behavioral problems in teenagers that may carry over to the next generation, resulting in tremendous cost to individuals, family, and society. Alcohol policies often incorporate family policies aimed at reducing child and parent alcohol abuse and the maladaptive behaviors associated with it. Parenting strategies are areas of policy known potentially to reduce these problems and the great social costs that come with them (Zhiyong & Schaninger, 2010: 331).

Alcohol is the most commonly used drug among young people, surpassing tobacco and illicit drugs in the United States (Ladikos, Prinsloo & Nesor, 2003: 123). By the eighth grade, 52 percent of learners have consumed alcohol; 41 percent have smoked cigarettes and 20 percent have used dagga. Alcohol is a very powerful, mood altering drug, and its use by teenagers poses very serious health risks, as well as social problems such as clouding of judgment, interfering with the development of social skills and school performance. Research has demonstrated that adolescents who abuse alcohol may recall ten percent less of what they have learned than those who do not drink (Ladikos *et al.*, 2003: 123).

Studies undertaken in Africa among secondary school pupils corroborate the problem of substance abuse. Young people who start smoking at an early age are also more likely to become regular smokers. Tobacco and alcohol have been shown to be gateway drugs leading to increased use of other illicit substances such as cocaine (Taylor, Jinabhai, Naidoo, Kleinschmidt & Dlamini, 2003: 140).

A study conducted in Nigeria reveals that curiosity, social pressure and peer-group influence are primary reasons for substance misuse. Most often, the adolescents and young adult individuals start by experimenting with the so-called gateway drugs such as tobacco, alcohol and marijuana (Aina, Onajole & Oshodi, 2010: 52).

Research in South Africa also found that substance abuse among adolescents is one of the most significant health and social problems. Researchers agree that any substance use among children and adolescents up to the age of 18 years constitutes a form of abuse (Visser & Routledge, 2007:597). Adolescents are still growing at this age and therefore their nervous systems may be particularly susceptible to the negative effects of drugs (Visser & Routledge, 2007:597).

According to the Central Drug Authority (2013), the substance abuse rate in South Africa among teenagers is spiraling out of control. In fact, one in two schoolchildren have already experimented with drugs. In most cases, children start dabbling in drugs at age twelve. A study published in the Lancet Medical Journal found that more than 60% of teenagers aged 18 years regularly drink alcohol (Central Drug Authority, 2013). This is worrying considering 30% of teenagers drink alcohol when they should be in school. The problem with drinking alcohol during one's teenage years is that it increases the likelihood of developing alcohol dependency later in life. Cannabis abuse among teenagers ranges anywhere from two to nine percent. Additionally, the number of teens who abuse prescription drugs stands at 16 % while a further 0.2 to 11.1% abuse inhalants. There is no doubt substance abuse rate in South Africa is rising every year. Another increasingly popular drug is "Nyaope" a mixture of marijuana and heroin (Central Drug Authority, 2013).

Studies indicate children are beginning to drink at a very young age, sometimes before they have completed primary school. Ladikos *et al.*, (2003:123) point out that the age at which a person first uses alcohol is a powerful predictor of lifetime alcohol abuse and dependence. More than 40 percent of individuals who begin drinking before the age of 13 are at risk of abusing or becoming dependent on alcohol later in their lives and this negatively impacts on parents who should take care of them when they are addicts. The use of tobacco has now become recognized as one of the most damaging drug habits in the United States. Smoking can cause emphysema, cancer of the mouth, ulcers, and lung cancer indicating that users have reduced life expectancy. Smoking

significantly increases the risk of strokes whilst heart disease and tobacco are the number one killer drugs, contributing to far more deaths than all other drugs (Zastrow, 2008:270).

The marketing strategies of transnational tobacco companies led to the widespread use of tobacco, particularly cigarettes, in the last century (Saloojee, 2000: 1). By 1998, 30% of the 1236 million adults in the world smoked, with men (48%) being four times more likely to do so than women (12%). The vast majority of smokers (900 million) live in low- and middle-income countries (Saloojee, 2000:1). The addiction spreads from men to women in high-income countries and then to men in low-income regions and the future growth market for the industry is women in low-income countries (Saloojee, 2000:1).

According to the World Health Organization (1999:10), only two major causes of death are increasing rapidly and these are deaths related to Human Immunodeficiency virus/Acquired Immune-deficiency Syndrome (HIV/AIDS) and tobacco. If unchecked, tobacco use will be the leading cause among adolescents of premature death worldwide by 2030. At present, the WHO attributes about 4 million deaths a year to tobacco and expects this figure to rise to 8.4 million by 2020. Virtually all the increase will occur in low-income and middle-income countries such as South Africa, which are the most vulnerable to the tobacco industry and where tobacco-control activism is rare (Saloojee, 2000: 1).

In South Africa, tobacco use is a major public health concern as it has severe consequences for smokers and non-smokers alike, as well as for the economy. Phaswana and Peltzer (2003:128) report that in the country as a whole, lung cancer accounted for 24% of all deaths in men, and 10.6% in women. A study on cigarette smoking in the black township of Cape Town showed that its prevalence among adults was 53% in men compared to 6% in women. Men and women who smoke cigarettes average 9.6 and 4.3 per day, respectively. Phaswana and Peltzer (2003:128) also reported that among South African university students, the prevalence rates of tobacco use in the previous month before the study began were 13% in males and 0% in females.

The use of alcohol and cigarettes is not legal for adolescents, and therefore they are exposed to potential problems with the law, at school, or with their families. Substance use in children and adolescents has been linked to other serious behavioral problems, such as truancy, school drop-out, delinquent activities, and precocious sexual activities (Visser & Routledge, 2007:597). Young people are drinking alcohol more frequently and more alcohol per session. In general, these changes are particularly pronounced in young women and higher levels of alcohol use are associated with the use of cigarettes and illegal drugs (Ladikos *et al.*, 2003:124).

Substance abuse puts a burden on the physical and mental health and well-being of individuals and their families. The majority of the problems surrounding adolescent substance abuse have an impact on family members, particularly parents. The presence of a drug-abusing relative in the family affects its functioning, and may lead to high levels of stress and trauma, placing all family members at risk of increased medical problems and healthcare utilization. Short term effects on family members include increased stress and feeling lonely, isolated, tired and worried. Long term effects include major changes in physical health such as ulcers or raised blood pressure and psychological health problems including depression, panic attacks, behavioral disorders and nervous breakdowns (Hoeck & Hal, 2012).

1.2. Problem Statement

There has been an increase in the number of cases reported by mothers to the Department of Social Development in Vhembe District about substance abuse by teenagers and high levels of pregnancy resulting from substance abuse. It was also reported that these children do not attend school regularly and repeat grades due to substance abuse. Furthermore, these children are said to be going out from home during the night and sometimes spend days away from home with nobody knowing their whereabouts.

Many cases of substance abuse have been reported by mothers in the social worker's office at Tshisaulu clinic where the researcher was based. It was reported that mothers were complaining about the uncontrollable behavior of their children. Children no longer have respect for their parents. There are seven liquor stores and illegal shebeens in Tshisaulu village and alcohol is the main substance used by teenagers in this village. These cases reported to the social worker's office

are obviously few among many unreported ones. Substance abuse in Tshisaulu village is a major health and social problem, parents are overwhelmed by it and the problems emanating from the behavior of the affected children.

1.3. Rationale for the study

Substance abuse among teenagers is creating serious social and health problems in South Africa. A number of crimes and school dropouts have been associated with substance abuse. Since these social ills are still on the increase, the researcher deemed it necessary to research substance abuse among teenagers. In addition, although a lot of studies have been done on substance abuse among teenagers globally and in South Africa, there is paucity of data on substance abuse among teenagers in rural areas, such as Tshisaulu village.

1.4. Significance of the study

Recommendations from this study might assist mothers of Tshisaulu village to help their children to quit substance abuse and focus on their academic activities. The study might help the Limpopo Provincial Department of Health and Social Development policy makers to modify policies focusing on the youth in rural areas. The study will also strengthen social workers and other health professionals to understand the dynamics of substance abuse among school children in rural communities.

1.5. Aim of the study

The aim of the study was to explore the challenges faced by mothers of teenagers who abuse substances around Tshisaulu village.

1.6. Objectives

The objectives of the study are as follows:

- To identify the challenges faced by mothers of substance abusing teenagers.
- To explore the experiences of mothers with children involved in substance abuse.

1.7. Definition of concepts

Abuse

Abuse is the use of a substance without medical sanction and in a harmful or risky manner (Gross, 2001:106). In the study, abuse of substances refers to reckless use of alcohol, tobacco and other addictive substances.

Experience

Experience reflects the flow of thoughts and meanings persons bring to their immediate situations (Clandinin, Connelly, Denzin & Lincoln, 1994). In the study, experience refers to firsthand knowledge of mothers about children abusing substances.

Perception

According to Louw and Edward (2005: 121) perception refers to those processes through which we give meaning to the information our senses receive from the environment. In the study, perception refers to the feelings and attitudes of respondent mothers.

Mother

A female parent who has parental responsibilities and rights in respect of the child (Children's Act no. 38 of 2005). For the purpose of this study, a mother is a primary care giver of a teenager.

Teenager

A teenager can be referred to as any person who is between the age of thirteen and nineteen years (Louw *et al.*, 2005: 505). In this study, a teenager is also referred as a child between 13 and 19 years old.

Parenting

According to Louw *et al.*, (2005: 535) parenting is the process which parents provide and care for their children. For the purpose of this study, parenting refers to the aspects of raising a child.

Substance Abuse ary, Limitations, Conclusions and Recommendations

The misuse and abuse of legal or licit substances such as nicotine, alcohol, over the counter and prescription medication, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illegal or illicit substances (National Drug Master Plan, 2013: 19). In this study, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

1.8. Structure of the Study

The study is made up of five chapters; each chapter has specific subject matter as structured below:

Chapter 1: Introduction

This chapter consists of the background to the study, statement of problem, rationale for the study, significance of the study, aim of the study, objectives and definition of concepts.

Chapter 2: Literature review

This chapter presents literature related to the topic and its analysis.

Chapter 3: Research methodology

The chapter focuses on the general picture of how the study was carried out. This involves the discussions on study design, study setting, population of the study, study sampling, research instruments, data collection, data analysis, measures to ensure trustworthiness and ethical consideration.

Chapter 4: Results and discussion of the study

This chapter presents the data collected from the participants. Data analysis was done using the Tesch's model data analysis.

Chapter 5: Summary, Limitations, Conclusions and Recommendations

This chapter summarizes the study in relation to the aim, objectives, limitations and recommendations of the study. The chapter also provides indications of areas of interest for future researchers.

The chapter focuses on global view of substance abuse, teenage years as a time of change, factors that contribute to substance abuse in teenagers, signs that a teenager might be using substances, challenges faced by mothers with substance abusing teenagers, parenting styles, consequences of substance abuse as well as ways of preventing substance abuse among teenagers. The chapter also discusses the Social Learning and Attachment Theory.

2.2. Global view of substance abuse in youth in South Africa

Substance abuse is an escalating health and social problem in almost all countries in the world including South Africa. Data from the World suggest that substance use often starts between the ages of 14 and 15 years. In South Africa, alcohol and drug abuse were highlighted by the former South African president in his famous address to parliament in 1994, as a social pathology that needed attention (Mabasa, Pheko & Mavundla, 2010: 40). An apparent increase in substance abuse, such as alcohol, among adolescents is a cause for concern in view of the negative consequences of substance abuse and dependence. It also leads to involvement in crime and other antisocial activities, impairment of academic and/or athletic performance, as well as increased risk of suicide, accidents, contagious diseases and psychological distress (Mabasa, Pheko & Near, 2003: 29).

Teenage drinking is on the rise and recognized as a major family and social problem globally. Parenting behaviors are important parts of teenage drinking, and are increasingly being incorporated as part of national health, alcohol, and family policy in the United States, Canada, and the United Kingdom. This problem and role of parenting are recognized also in Australia and New Zealand and in developing countries such as Brazil, Romania and the Seychelles (Zhang & Schwinger, 2010: 331).

CHAPTER 2

2. LITERATURE REVIEW

2.1. Introduction

The chapter focuses on global view of substance abuse; teenage years as a time of change; factors that contribute to substance abuse by teenagers; signs that a teenager might be using substances, challenges faced by mothers with substance abusing teenagers, parenting styles, consequences of substance abuse as well as ways of preventing substance abuse among teenagers. The chapter also discusses the Social Learning and Attachment Theory.

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Teenage drinking is on the rise and recognized as a major family and social problem globally. Parenting behaviors are potential cures of teenage drinking, and are increasingly being incorporated as part of national health, alcohol, and family policy in the United States, Canada, and the United Kingdom. This problem and the role of parenting are recognized also in Australia and New Zealand and in developing countries such as Brazil, Romania and the Seychelles (Zhiyong & Schaninger, 2010: 331).

2.3. Teenage years as a time of change

As children grow up there are physical, emotional, social and behavioral changes that occur in their lives. The child becomes increasingly influenced by friends; he or she begins to want to spend less time with parents and family and may even become critical of the family. This becomes particularly tough for parents and caregivers, as it can easily create a sense of failure or rejection for those who are trying their best, but begin to feel that they have not done enough (Lutte, 2011:3).

2.4.3. Peer pressure

During adolescence, far-reaching developments occur as adolescents change their physical size and form. They also change their cognitive skills, their social involvements and their views about themselves. Adolescence is often referred to as a period of storm and stress in which individuals experience great emotional turmoil and become rebellious. This is often attributed to biological changes that occur in adolescence which are believed to give rise to increased emotionality, conflict and defiance (Louw & Edwards, 2005: 505).

These changes are normal and characteristic of the transition into young adulthood and it does not mean that parents do not continue to have an influence. On the one hand, children have an increasing desire to be independent and on the other hand they do not want to lose the emotional and physical support of the family. The young teenager wants to be like his or her friends; he or she wants to do what they are doing, or at least what he or she thinks they are doing (Lutte, 2011:3). Sometimes their behavior is seen as a way of rebelling against parents, but it is just a way to get more space and independence in their lives, rather than because parents have done something wrong (Lutte, 2011:3).

It is also important to remember that teenagers often communicate not so much through their words but more through their behaviors. Parents need to observe what children do as much as what they say. They should try to open up communication by showing interest in them and avoiding negative confrontation and prying. Teenagers have a deep sense of love for their parents, but this may appear to get lost as they go about their day to day lives. They are not always good at showing their love and thank parents but look out for it as they grow up and mature (Lutte, 2011:4).

2.4. Factors that contribute to substance abuses by teenagers

Peer groups and specifically the need to be accepted, parental and family-related factors, for example, modeling, communication and conflict; environmental factors such as a lack of stimulating activities and intrapersonal factors such as personality traits, negative emotions and emotional pain all contribute toward substance abuse (Pretorius, Berg & Louw, 2003: 01).

2.4.1. Peer pressure

Peer influence, as seen in peer smoking, peer approval, and normative and social pressure is strongly associated with adolescent cigarette smoking and other forms of substance use (Griesler & Kandel, 1998:169). Teenagers can be influenced by their friends to use alcohol; they want to do what everyone else is doing in order to feel accepted. It is more of a process of social influence and encouragement (Van Heerden, 2005:104). Peer groups act as subgroups, providing an opportunity that manifest behavior that is not controlled by the external environment. The use of substances and their availability in such groups will result in the new members experimenting with substances or being initiated into the use of substances by other users (Bezuidenhout, 2004:121).

2.4.2. Parental and family-related factors

Parents who abuse alcohol and other drugs give adolescents the impression that drugs are part of the adult world (Pretorius, Berg & Louw, 2003: 01). It is therefore, understandable that many adolescents identify with these norms and conduct. In this way, families and society pass the pathology from one generation to another (Pretorius *et al.*, 2003: 01). Numerous other parent and family-related variables have been identified as contributory factors to adolescent substance abuse, such as negative communication patterns, inconsistent discipline regarding behavioral limits, absence of closeness to parents, lack of parents' involvement in their children's activities and weak parental control (Pretorius *et al.*, 2003: 01; Griesler & Kandel, 1998:168).

Other parental factors related to drug use include lack of involvement with children and parents' failure to adequately monitor their children's behavior. If parents appear not to care or do not provide support or direction, it is easier for teenagers to succumb to temptation. Another parental

factor is the use of alcohol and other substances by the parents themselves. Parents can provide role models for abuse (Zastrow & Kirst-Ashman, 2007:232). There are parents who exercise authority and discipline in an erratic way. These parents who exercise erratic, inconsistent parental control confuse their adolescents. Because these adolescents lack clear guidelines; they become insecure, tend to be rebellious and often display antisocial, delinquent behavior (Gouws, Kruger & Burger, 2000:71).

Psychological control is manipulative behavior, such as verbal or physical abuse, withdrawal of love, and guilt “tripping,” intended to induce obedience and conformity. Psychological control, though, is associated with depression, poor self-image, weak self-esteem, and risky behaviors. It impedes healthy psychological maturation; increases association with antisocial and substance-using peers, and leads to risky and addictive consumption behaviors (Zhiyong *et al.*, 2010: 334).

2.4.3. Environmental factors

As far as environmental factors are concerned, three major areas are especially conducive to adolescent substance abuse. A youth may find himself/herself in a social environment in which there is a fair degree of social support for, exposure to, and relatively limited condemnation of the use of substances, especially alcohol and soft drugs. This inconsistent attitude towards soft drugs creates a drug-friendly environment which could entice many adolescents (Pretorius *et al.*, 2003: 02). Environmental factors also include poverty, inadequate education, high unemployment rates and lack of positive role models and absence of opportunity to place pressure on young people to escape through mind-altering substances (Zastrow & Kirst-Ashman, 2007:231).

The ease with which drugs are obtained in society contributes to the maintenance of a drug culture. Boredom is one of the most underrated pressures in society (Pretorius *et al.*, 2003: 02). It seems to be a major cause of distress and associated with anxiety, hopelessness and depression. Drug abuse amongst adolescents is often ascribed to under stimulation in schools and neighborhoods, which causes frustration and discontent (Pretorius *et al.*, 2003: 02).

2.4.4. Intrapersonal factors

Important intrapersonal factors that play a role in adolescent substance abuse include personality traits, negative emotions and emotional pain. The most researched personality trait that contributes to substance abuse is extraversion. It seems that extraversion manifests itself in the need for excitement and stimulation. Negative emotions such as depressive features (including feelings of rejection, low self-esteem, hopelessness and a sense of failure), anxiety, tension and confusion increase the risk of substance abuse. Many adolescents turn to drugs in response to social pressure, to relax, to express feelings and to control anger (Pretorius *et al.*, 2003: 03). Personal characteristics of adolescents that increase risk of alcohol and other substance abuse also include poor coping skills in response to the powerful emotional pain often experienced in adolescence, relationship and achievement problems at school and a desire for excitement and self-gratification (Zastrow *et al.*, 2007:232).

2.4.5. Father Absence

Tessman (2005: 321) indicates that internal images of the father, conscious or unconscious, are transformed in his absence in ways that can often interfere with a child's attempts to process the loss and the ensuing changes. This disruption in the normal processing mechanism can result in acting-out behaviors that often include high-risk activities, such as substance abuse and early-onset sexual activity. Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2003: 805) conclude that father absence was a powerful and overriding risk factor for early-onset sexual activity and subsequent teenage pregnancy. Father presence provides a major protective effect against these behaviors, even when other risk factors are present.

It was discovered that the absent father is a very typical occurrence. In one study, it was found that the absence of the father from home significantly affects the behavior of adolescents, and results in greater use of alcohol and marijuana. This study also found that the impact of the father's absence from home is apparently greater on male adolescents than on female adolescents. That is, alcohol and marijuana use for father-absent male adolescents is greater than for any other group. The data in this study emphasized the importance of the father as a key figure in the transmission of values and as a role model in the life of the adolescent (Tessman, 2005: 325).

2.5. Signs that a teenager might be using substances

It is important for parents to watch for signs that their teenagers may be using drugs as they are the experts on their children and they know them better. One does not need to be a drug-prevention professional to know if their teenager is experimenting with drugs. There are no perfectly accurate observable signs of drug use in a person. Parents should follow-up any concerns they have about drug use, by their teenagers, with a conversation with them (Lutte, 2011:14).

Imagine that a teenager slips into the house after a night out with friends. Parents can determine if he or she was drinking alcohol, or smoking tobacco or cannabis. Parents must make a point of having an up-close, face-to-face conversation with him or her - not a yelled conversation from a distance. If the child has been drinking alcohol, smoking cigarettes or cannabis, the smell may be on his or her breath (Lutte, 2011:14). Parents should be wary when their teenager enters the house chewing on a fresh wad of spearmint gum or a handful of mints, or smelling of freshly applied lotion or perfume. This could be a way he or she is trying to cover up a telltale odor. And if the teenager has been smoking or has been with others smoke, the odor will also soak into his or her clothing and hair (Lutte, 2011:14).

Parents should look for visual evidence, too. Pay attention to their appearance while you are having that face-to-face conversation. Pay attention to their eyes; they can reveal any substance use. If the teenager has been smoking cannabis, his or her eyes might be red and heavy lidded, with constricted or narrowed pupils. In addition, alcohol has the effect for some people, for example giving a red eye with black people (Lutte, 2011:14).

In more severe cases of drug abuse, a teenager may steal to finance a drug habit. Parents should be aware of missing money in their wallets, or missing valuables, like jewelry and heirlooms. Always keep track of the alcohol, tobacco products and medicines in the house; if parents notice anything missing, or alcohol tastes suspiciously watery, they should discuss their concerns with their teenagers. In some serious instances, they may have to lock these up so teenagers cannot get to them. Parents should let the teenagers know that they are aware of what is going on, and that they will not tolerate stealing, stressing the trust in relationships (Lutte, 2011:15).

2.6. Challenges of mothers parenting substance abusing teenagers

Sims (2006: 3) states that parents have always had the challenge of finding a balance between encouraging their children to freely explore life and giving them adequate protection from the harms of life. In today's society, it is becoming more of a challenge daily for parents to find this balance. One of the major harms that concern parents today is young people's involvement with alcohol and other drugs. Many parents, community organizations, and schools are continuously working to keep that involvement from happening in the first place, through prevention efforts.

Because parents are too close to the situation, they may be the last ones to notice or at least to admit that their child is using drugs. It is a painful situation experienced by all parents. When elementary age children are involved with alcohol, tobacco and other drugs, it is a definite sign of a lack of adult supervision or even neglect. This can be true for older kids, but the influences outside the home become great in the middle and high school years. It can be difficult for parents to admit a child's substance problems because of the shame that they connect with it (Sims, 2006: 4).

They may blame themselves, or the child is shamed and blamed for creating the problem. People who have problems with alcohol or other drugs can be very manipulative and parents in particular are sometimes not sure if they are over-reacting or have a true concern. It is sometimes difficult to distinguish normal adolescent behaviour from emotional problems or substance abuse. Teens can have emotional and substance abuse problems simultaneously. Most teen rebellious behaviour will improve when discipline and support measures are applied. When it is substance abuse, a change for the better will not be seen until the substance use is addressed (Sims, 2006: 14).

2.7. The consequences of substance abuse on teenagers

Smoking is related to heart diseases. Cigarette smoke contains nicotine, which acts as a stimulant. As nicotine enters the lungs, it is quickly absorbed by the small blood vessels in the lungs and immediately transported throughout the body. As a stimulant, it causes both an increased heart rate and increased blood pressure. Over time, the heart will be overworked and eventually be damaged (Zastrow *et al.*, 2007:233). Lung cancer is another possible consequence of smoking. Cigarette

tars and other particles in the smoke gradually accumulate in the tubes and air sacs of the lungs. This causes a gradual change in the lung tissue's normal cells. Risk factors for adolescents becoming addicted to smoking include lack of parental attention and support, having friends who smoke, and disinterest in education and school (Zastrow *et al.*, 2007:233).

Harmful drinking is a major determinant for neuropsychiatric disorders, such as alcohol-use disorders, epilepsy and other non-communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. The harmful use of alcohol is also associated with several infectious diseases like HIV/AIDS\sexually transmitted infections (STI) and tuberculosis (TB). This is because alcohol consumption weakens the immune system and has a negative effect on patients' adherence to antiretroviral treatment (WHO, 2011: 1).

Underage drinking is problematic not just due to its direct individual and societal costs but because it often leads to highly detrimental impacts on the family. These include fetal alcohol syndrome, developmental disabilities, youth delinquency and violence, drinking and driving, alcoholism, family dysfunction, and child and spouse abuse. Furthermore, its influence carries over to the next generation via these forces and the impact on role modeling, parental attitudes, and availability of alcohol in the home (Zhiyong *et al.*, 2010: 332).

2.7.1. Health and socioeconomic consequences of substance abuse

The health and socioeconomic consequences of substance use, abuse and dependency, particularly the abuse of alcohol undermine democracy and good governance and have a negative impact on the environment. With regard to tobacco, the National Council on Smoking estimates that about 25 000 smoking-related deaths occur annually in South Africa and that 2, 5 million workdays are lost due to absenteeism arising from tobacco-related illnesses (Department of Social Development, National Drug Master Plan 2006 –2011: 8). Tobacco smoke affects smokers as well as non-smokers; hence the legislation prohibiting smoking in the workplace and public spaces (Department of Social Development, National Drug Master Plan 2006 – 2011: 8).

The overall prevalence of alcohol abuse could be as high as 30% in certain groups and as low as 5% in others and is linked to age, gender, socioeconomic status and degree of urbanization. Binge drinking among the youth, especially males, is high, more than 25% in many communities. High levels of alcohol abuse are reported among persons in certain occupations (e.g. farming and mining) and in disadvantaged communities where ease of access to alcohol is a contributing factor. Home-made concoctions can also be more lethal than conventional substances (Department of Social Development, National Drug Master Plan, 2011: 8).

Alcohol abuse leads to impaired functioning in a social and interpersonal sphere and withdrawal symptoms can be severe. The danger in the abuse of alcohol lies in the fact that it causes mental disorientation and a lack of alertness (Hoberg, 2001:259). The use and abuse of substances is a problem that affects everyone irrespective of age, social status, race or creed. Substance use and abuse is recognized as one of the most significant health and social issues in the community. Use of substances affects a person's concentration, reasoning and productivity and young people who are involved do not attend to their academic development, resulting in possible failure (Van Heerden, 2005:107).

After abuse of substances, young people engage in unprotected sex, which can lead to the spread of HIV/AIDS and increase the rate of teenage pregnancy. Substance abuse has negative health effects on young people, includes damaging the functioning of the heart, brain, liver and kidneys. Extensive use of substances is often associated with the breakdown of physical, emotional, cognitive and moral levels of an individual's life, with far-reaching criminal and legal consequences (Van Heerden, 2005:107).

2.8. Parenting styles

It is possible that a generalized approach to parenting may contribute to how well parents monitor their offspring. Parenting styles reflect a generalized approach concerning how decisions are made within family dynamics. There are three well-known and commonly measured styles of parenting: authoritarian, authoritative, and permissive concerning communication and decision-making styles within a family (Patock-Peckham, King, Morgan-Lopez, Ulloa & Moses, 2011: 249).

Authoritarian parents are typically rule-driven and tend to value obedience rather than discussion with their offspring. Authoritative parents clearly let their offspring know they are in charge, with clear rules and instructions; but this style is characterized as facilitating open discussions with a fair give and take with the child. Permissive parents are characterized as behaving more like a peer than as a parent to their offspring. These parents often permit offspring to make their own decisions, rules, and standards of conduct (Patock-Peckham *et al.*, 2011: 249).

Since the process of decision-making in families, that is, parenting style is not the same as understanding one's offspring's social life and activities outside the home, parental monitoring is essential. Parenting styles which contributed to the most monitoring of offspring were explored and it was found that parents who had rules for their children and those who use discipline—authoritative and authoritarian, would be more likely to monitor their offspring's whereabouts and be more informed regarding their peer relationships rather than permissive parents (Patock-Peckham *et al.*, 2011: 249).

A number of parenting behaviors have been shown to serve as a robust risk and or protective function in relation to adolescent alcohol use. The degree of warmth that parents convey to their children, parents' willingness to grant children the autonomy they need to develop independently and parents' knowledge of their children's behaviors and whereabouts are among those behaviors frequently associated with decreased risk. Alternately, perceived tension in the relationship between parents and adolescents has been associated with increased risk (Latendresse, Rose, Viken, Pulkkinen, Kaprio & Dick, 2009: 233).

Other socialization behaviors, such as parental discipline, are believed to have more equivocal influences on adolescents' outcomes, although moderate levels are generally found to be associated with reduced risk of substance use. On the basis of these and other findings, many applied researchers have developed programs specifically targeting parenting for its role as a potential modifier of adolescent drug and alcohol use. As such, it is imperative for effective prevention science that we understand the antecedents to risk, to the fullest extent possible (Latendresse *et al.*, 2009: 233).

First, the influence that parenting has on a specific adolescent outcome is likely to depend on the source of the report. Second, the scope of parental influence in relation to an outcome will vary as a function of the extent to which parenting behavior is being examined. That is, even when considering reports from a single source, individual parenting practices and complex, multidimensional patterns of parenting behavior may reflect unique causes of variability in adolescent behavior. With regard to the source of reported behaviors, children and their parents have demonstrated overlapping, but discrete perceptions of the parent–child relationship, as well as each other’s behaviors. When specifically considering dimensions of parenting, large differences have been shown to exist when comparing parents’ and adolescents’ perceptions of the same socialization practices, with parents generally reporting higher levels of positive parenting and lower levels of negative parenting behaviors (Latendresse *et al.*, 2009: 233).

2.9. Ways of preventing substance abuse among teenagers

This section is divided into three subheadings. These are: the importance of the parent-teenage relationship in preventing substance abuse, the role of the school in preventing substance abuse and the role of the government in preventing substance abuse. All these subheadings are discussed below.

2.9.1. Importance of the parent-teenage relationship in preventing substance abuse

Parental involvement is a major influence in helping teens avoid risks such as smoking, drinking, drug use, sexual activity, violence, and suicide attempts, while increasing educational achievement and expected attainment. For many families, eating dinner together can be an important way for children and parents to maintain connection (Lutte, 2011). Teenagers need their parents to be there for them to provide moral and emotional support. Lack of parental interest and support may have negative effects on the teenager: poor schoolwork, low self-esteem, poor social adjustment, and deviant and antisocial behavior (Gouws *et al.*, 2000:68).

Results from a number of studies have demonstrated that parental supervision or monitoring of children (i.e. knowing where children are and what they are doing) can prevent or delay onset of youthful drug use (Velleman, Templeton & Copello, 2005:97). Delay in onset may reduce risk of

more serious involvement. Strong relationships have been found between early initiation and later problematic misuse of alcohol and other drugs and this underscores the need for interventions which are effective in preventing early initiation (Velleman *et al.*, 2005:97).

Surrogate parental monitoring, by responsible adults or older peers, in structured after school programs or recreational activities, may also be effective. The influence of parental supervision may be direct, in that it keeps children away from drugs or indirect in that it reduces a child's contact with drug-taking peers (Velleman *et al.*, 2005:97).

According to Gouws *et al.* (2000:71), it appears that parents who are authoritative and democratic in their parenting style promote responsible and independent behavior by giving the adolescent the opportunity to be independent while maintaining communication with, interest in and adequate control over him or her. Being suitable models with which the adolescent can identify is important because the relationship is based on mutual respect and love.

2.9.2. Role of the school in preventing substance abuse

Educators have the difficult task of making adolescents aware of the dangers of alcohol and drug abuse. Educators have to be well-informed so that they can recognize the actual symptoms of alcohol abuse and counsel the learners with authority. It is clear that educators' professional responsibility extends far beyond the level of merely imparting knowledge or providing academic expertise. They must become involved with the adolescent who needs help. Educators must be prepared to discuss the adolescent's problems, fears and uncertainties and they must be positive, sympathetic and sincere in their dealings with adolescents (Gouws *et al.*, 2000:182).

Hoberg (2001:254) maintains that positive family connections, the implementation of serious substance abuse prevention strategies by the school and the availability of school-peer counselors to addicted adolescents is the best way to ensure that an adolescent will have a positive self-concept with the aim of making realistic, responsible choices for themselves. The problems of the adolescents are the schools' problems too because schools' major function is to perpetuate the values and traditions inherent in a democratic society which has each other's interest in mind.

Although the school is not responsible for the medical rehabilitation of drug-addicted adolescents, substance addiction prevention should certainly be an important aspect of education so that learners are empowered by means of knowledge (Hoberg, 2001:254). Many adolescents who are addicted to substances are being expelled from school rather than being supported and receiving effective assistance. Student willingness to turn to peer counselors for drug-related problems could be a critical variable if substance abuse during this developmentally critical time is to be reduced (Hoberg, 2001:254).

As an extension of the National Drug Master Plan (NDMP), the Department of Education has developed a Policy Framework on the Management of Drug Abuse in all Public Schools and Further Education and Training Institutions. The policy framework encapsulates recommendations made in the National Drug Master Plan and has been distributed to schools throughout South Africa. The policy framework focuses on prevention and early intervention based on a restorative justice approach (Department of Social Development, National Drug Master Plan, 2011: 29).

Drug abuse issues form part of the curriculum, specifically within the life orientation learning area. The Department has to ensure that life orientation programmes provide learners with relevant knowledge on drug abuse so that they can make appropriate choices when confronted with drugs. Guidelines for the Prevention and Management of Drug Abuse in all Public Schools and Further Education and Training Institutions have been developed and have been distributed to all schools in the country (Department of Social Development, National Drug Master Plan, 2011: 29).

The guidelines are underpinned by principles enshrined in the Constitution and take into consideration the legal and other requirements pertaining to drug abuse. The guidelines should therefore be used as the basis for developing a drug management strategy for all schools. The training of master trainers in all provinces should precede the implementation of the policy framework and the guidelines. A reduction in the supply of and demand for drugs can be brought about only through the collaboration of relevant stakeholders such as the Departments of Safety and Security, Social Development, Health, Sport and Recreation, Arts and Culture, and Justice. Programmes of different departments should facilitate the uninhibited access by children to after-care programmes in schools and of young people to multipurpose centres for unemployed youth.

Educational programmes on the abuse of drugs should be made available to all communities (Department of Social Development, National Drug Master Plan, 2011: 29).

2.9.3. Government role in preventing substance abuse

Phaswana and Peltzer (2003) state that the South African government has discouraged tobacco use by means of public education, support for cessation programmes and legislation. Taxation has been a key control measure. Tobacco taxes have increased significantly over the last 5 years. In 1997 excise taxes on tobacco rose to 52%. The Department of Health is currently negotiating with the Ministry of Finance to access the revenue gained from tobacco taxes for health-promotion activities. The tax increases have simultaneously increased government excise revenues and reduced cigarette consumption. Overall, tobacco use has dropped dramatically in South Africa; the prevalence of cigarette smoking among adolescents aged 15-19 years is 14% for boys and 6% for girls.

The Tobacco Products Control Amendment Act (No. 12 of 1999) came into effect on 1 October 2000. The Act prohibits all tobacco advertising, sponsorships and promotions; restricts smoking in enclosed public places to specifically designated smoking areas; outlaws the free distribution of tobacco products, and sets maximum limits on the nicotine and tar yields of cigarettes (Phaswana & Peltzer, 2003).

The positive spin off was the heightened awareness and knowledge of tobacco and its ill-effects. This may perhaps be one of the major reasons for the current decline in adult smoking rates in South Africa. The tobacco industry's endorsement of "no sale to under 16s", however, is hypocritical since it relies upon adolescents to become its next generation of smokers and is notorious for creating "smoke-screens" to detract attention from its hidden agenda (Phaswana & Peltzer, 2003).

The Department of Social Development outlines various interventions strategies to prevent the abuse of substances. An intervention is a way of helping an individual, group or community to understand that an existing or potential problem requires attention and then assisting them to deal with the problem. Intervention aims at helping people to take greater control of factors that impact

on their well-being. It boils down to actions geared to reduce the likelihood of undesirable conditions taking into account individual, environmental and societal factors that contribute to the development of problems. Service providers, acting on the guidance of policy makers, are called upon to introduce and direct interventions (Department of Social Development, National Drug Master Plan, 2011: 22).

The most appropriate and preferred strategy is prevention. Preventive approaches attempt to modify or remove the causes of alcohol and other drug problems. Examples of such approaches include stiffer penalties for alcohol and other drug crimes and changing the environment that supports alcohol and other drug use. Preventive programmes can be divided into primary, secondary and tertiary programmes, which are defined as follows: Primary prevention attempts to curb the supply and to prevent the new use of illicit drugs. This type of programme is known as “preventing initiation” (Department of Social Development, National Drug Master Plan, 2011: 22). The focus here is mainly on the individual, groups such as families or society at large. In addition to other actions, primary prevention works towards the protection and upliftment of all people and communities by promoting well-being and encouraging and supporting people to take pro-health decisions (Department of Social Development, National Drug Master Plan, 2011: 22).

Secondary prevention is aimed at persons who display early stages of problem behavior associated with the use of alcohol and other drugs. Secondary prevention attempts to avert the ensuing negative consequences by persuading such persons to cease their alcohol and other drugs use through counseling or treatment. This type of programme is often referred to as “early intervention” (Department of Social Development, National Drug Master Plan, 2011: 22). Tertiary prevention strives to end compulsive use of alcohol and other drugs and to ameliorate their negative effects through treatment and rehabilitation. This type of programme is most often referred to as “treatment” but also includes rehabilitation and relapse prevention. Long-term studies on chronic drug-dependent patients indicate that community surveillance, combined with medical treatment and social rehabilitation, can provide a positive outcome (Department of Social Development, National Drug Master Plan, 2011: 22).

2.10. Parenting Processes: Social Learning and Attachment Theory

Theoretical and empirical literature has suggested mechanisms through which parenting styles may buffer at-risk children as parents are primary sources of socialization and attachment objects that are critical to development. Social learning perspectives emphasize parenting practices that shape children's behavior by setting limits and expectations, supervising, and monitoring youth behaviors. The parent–child attachment relationship, which generally includes parental warmth, responsiveness, and sensitivity to a child's needs, is considered crucial to a youth's formation of relationships throughout his/her development (Lam *et al.*, 2011).

The social development theory integrates these approaches and the importance of healthy, attached relationships with a parent to effectively guide a child's development of beliefs and behaviors. Empirical support of the social development model has been established for social learning. These include parenting control behaviors and attachment-related mechanisms. In turn these will involve warmth, closeness and conflict, through which parenting operates (Lam *et al.*, 2011). Teenagehood is a difficult period. Teenagers are often confused by the physical changes that are happening to their bodies. Some are able to cope with those changes because their parents prepared them at an earlier age; others fail to cope with those changes and become rebellious. Teenagers who abuse substances may have decided to be under the influence of substances because of negative parenting styles.

2.11. Summary

The chapter examined global views of substance abuse, teenage years as a time of change, factors that contribute to substance abuse by teenagers, signs that a teenager might be using substances, challenges faced by mothers of substance abusing teenagers, parenting styles, consequences of substance abuse as well as ways of preventing substance abuse among teenagers. The chapter also discussed the Social Learning and Attachment Theory.

CHAPTER 3

3. RESEARCH METHODOLOGY

3.1. Introduction

The chapter focuses on study design, study setting, population of the study, study sampling, instruments, data collection and data analysis. The chapter also discussed measures to ensure trustworthiness and ethical consideration.

3.2. Study Design

The study was qualitative in nature. Louw and Edwards (2005:35) define qualitative research as a method used to collect information in the form of words which give us an in-depth understanding of the nature of what people experience.

3.3. Study Setting

The study was conducted at Tshisaulu village which is within Thulamela Municipality, Vhembe District in the Limpopo Province. Tshisaulu is a village situated alongside the Punda Maria road. It is a densely populated village divided into 8 sub-villages, which are: Maunguwe, Riverside A and B, Newstands, Makulela, Thavhani, Posaito and Itsani. The area is near Tshilidzini Hospital which is a referral hospital in the district and there is only one clinic. Tshisaulu has the following educational facilities: four secondary schools, eight primary schools, Limpopo College of Nursing and Thasululo Technical College. There are seven liquor stores and illegal shebeens in Tshisaulu where teens access most of the alcohol.

3.4. Study Population and Sampling

3.4.1. Population

A population is defined as the study object and consists of individuals, groups, organizations, human products and events or the conditions to which they are exposed (Welman, Kruger & Mitchell, 2005: 52). The study population were all mothers raising teenagers from the age of 13 to 19 years and teenagers who abused substances such as alcohol, tobacco and other substances.

3.4.2. Sample and sampling

A non-probability sampling, convenience sampling method was used to select mother participants. This method of sampling was called convenience because the participants were only convenient and accessible to the investigator (Akinsola, 2005: 96). Tshisaulu village was purposefully sampled because the researcher worked there as a social worker. The records at the social worker's office in 2011 showed that there were 11 cases reported by mothers complaining about their children abusing substances. All the cases reported by mothers raising teenagers who abused substances were invited to participate in the study.

3.5. The Instrument

The researcher used a semi-structured interview to gather information (Appendix A). A semi-structured guide requires the participant to answer a set of predetermined questions. It allows probing and clarification of answers and basically defines the line of inquiry (Maree, 2007: 87).

3.6. Data Collection

Semi-structured interview was used to collect information from the participants. According to Goddard and Melville (2001: 49), an interview involves a one-on-one verbal interaction between a researcher and a participant. A tape recorder was used to record information gathered from the participants. Field notes were used in addition to the tape recorder. The researcher did data collection. Telephonic appointments were made prior to the interviews. Interviews were done at the participant's home and involved one-on-one verbal interaction with participants. Each interview lasted for about 30 to 45 minutes. Three participants were interviewed for one day and the interviews lasted for four days. Interviews were thus conducted in Tshivenda as the researcher is competent in Tshivenda.

3.7. Data analysis

Data was analyzed using the following steps: the first step was preparing field notes and transcripts such as detailed notes made by hand and tape recordings. The information was then converted into write-ups so that the notes can be easily read and analyzed. Data was then transcribed verbatim

from Tshivenda into English by a language expert. The second step was themes and sub-themes identification and the last step was displaying the data. Data displays are methods or tools of qualitative analysis and aim to provide a descriptive explanatory framework of the investigation (Welman *et al.*, 2005:211).

3.8.4 Transferability

3.8. Measures to Ensure Trustworthiness

According to Brink *et al.* (2012), transferability means that the findings in other Trustworthiness is a way of ensuring data quality or rigour in qualitative research, based on the model of Lincoln and Guba (1985). Four criteria for developing trustworthiness used in this study were: credibility, dependability, conformability and transferability.

3.8.1 Credibility

Credibility alludes to confidence in the truth of the data and the interpretation (Lincoln & Guba, 2012). The researcher conducted the study in such a way that the findings were credible, in other words, the reader would believe the findings. In this study, the researcher was in the field until data saturation had been achieved. Prolonged engagement with and observation of the participants' responses were made. The researcher gained an in-depth understanding of the topic as well as specific aspects of the participants' perceptions.

3.8.2 Dependability

Dependability involves the provision of evidence such that if the study were to be repeated with the same or similar participants in an analogous context, the findings would be similar (Brink *et al.*, 2012). All the techniques that are applied to ensure credibility also directly impact on dependability. In this study, dependability was achieved by describing the research findings, interpretations and recommendations, in order to attest that the investigation is supported by data and is internally coherent. A tape recorder was used for all interviews in order to increase reliability.

3.8.3. Confirmability

Confirmability is concerned with establishing whether the data represent the information provided by the participants and that the interpretations of the data are not fuelled by the researcher's

imagination (Brink et al., 2012). In this study, confirmability was ensured by making use of an independent coder. This was reflected by the voice of the participants and not the researcher's perceptions.

3.8.4 Transferability

According to Brink et al. (2012), transferability refers to the ability to apply the findings in other contexts or to other participants. Data obtained may be compared to similar situations in other research situations. The researcher requested someone with research experience to randomly read selected transcripts and to identify major categories, so that readers may have a clear picture of the findings.

3.9. Ethical Considerations

The proposal was presented to the School of Health Sciences Higher Degrees Committee, the University Higher Degrees Committee as well as the Senex Committee for ethical clearance. The researcher also obtained permission from the Department of Social Development. The following ethical considerations were applied in this study:

3.9.1. Confidentiality

Confidentiality implied that all the information collected by the researcher from the participants was kept in strict confidence. The researcher ensured that the right of the participants to privacy is maintained throughout a study (Akinsola, 2005:118). Therefore information which the researcher obtained from the participants was not discussed with any anyone except the supervisor.

3.9.2. Anonymity

Anonymity means that the researcher should put in place a mechanism, such that the researcher/reader cannot link a participant with any information that comes from him or her (Akinsola, 2005:118). The participants were told not to provide their names to ensure anonymity.

3.9.3. Informed consent

This means that the participants have the right to give informed consent. For a person to give informed consent, he/she must be fully informed about what is expected of the subjects and the nature of the study (Akinsola, 2005:118). The researcher provided all details about the project; informed the participants about their rights, date and venue in which the interview would take place. Consent forms were signed by participants. Participants were told that they would not be rewarded in any form and that the information they provided was only for the purpose of the study (Appendix C).

3.9.4. Freedom from harm and exploitation

This implies that the researcher should protect the study participants from any form of injury, whether physical, psychological or emotional (Akinsola, 2005:116). The researcher should assure participants that any information they might provide would not be used against them in any way.

3.10. Limitation of the study

The study on mothers parenting teenagers who abuse substances around Tshisaulu village presents a limitation in generalization of results to the rest of Limpopo and South Africa because the scope is limited to only one village. Fathers as parents were not probed.

3.11. Dissemination of results

The study report will be submitted to the library of the University of Venda and Department of Health and Social Development at the provincial and district level. Papers or an article will be presented nationally and internationally and participants who took part in the study will be informed during the visits to the village.

3.12. Summary

The chapter focused on the general picture of how the study was carried out. This involved the discussions of study design, study setting, population of the study, study sampling, instruments, data collection, data analysis, measures to ensure trustworthiness and ethical consideration.

CHAPTER 4

4. RESULTS AND DISCUSSIONS OF THE STUDY

4.1. Introduction

This chapter presents the results of the study, discussions and literature control to embed the results in existing literature. Systematic content analysis was used to analyse data. Participant responses were listed and categorized into themes and sub-themes. The researcher used the Tesch's method of qualitative data analysis, where data were analysed and themes and sub themes emerged and were arranged in columns based on their relationship. This chapter illustrates the findings from the in-depth interviews with mothers parenting teenagers who abuse substances. The chapter also presents the results in line with the specific objectives of the study as follows:

4.2. Participant's demographic information

A total of 11 female participants volunteered and took part in the one-on-one in-depth interviews until data saturation was reached. Their ages ranged from 40 – 65 years. The educational level of participants ranged from primary to tertiary education. The majority (n=7) of participants had high school education. The marital status of participants consisted of single mothers who were divorced (n=3), widowed (n=4) and unmarried (n=4). Their employment status consisted of employed (n=5), unemployed (n=3), self-employed (n=2) and a pensioner (n=1). All participants were staying with their own families.

4.3. Experiences and perceptions of mothers

Research participants expressed a number of concerns with regard to their experiences and perceptions when it comes to parenting teenagers who abuse substances. The results of the study yielded three main themes namely: experiences of mothers parenting teenagers who abuse substances, consequences of substance abuse on the life of a child and substances used by teenagers. Under the theme experiences of mothers parenting teenagers who abuse substances, the following sub-themes emerged: *existence of self-blame by parents for child's behaviour, father absence viewed as a contributory factor, difficulties experienced in parenting teenagers who abuse substances and substance abuse effects on mother-to-child relationship*. Under the consequences

of substances abuse on the life of a child five sub-themes emerged namely: *effects of substance abuse on child's behaviour, existence of negative mother-to-child relationship, negative effects on educational activities observed, behavioural changes observed on children abusing substance and effects of child's substance abuse on parents*. Under the theme substances used by teenagers the following sub-theme emerged: *types of substances used by teenagers*.

Table 4.1. EXPERIENCES AND PERCEPTIONS OF MOTHERS PARENTING TEENAGERS WHO ABUSE SUBSTANCES

Main theme:	Sub-themes emerged:
<p>1. <i>Experiences of mothers parenting teenagers who abuse substances</i></p>	<p>1.1. <i>Existence of self-blame by parents for child's behaviour</i></p>
	<p>1.2. <i>Father absence viewed as a contributory factor</i></p>
	<p>1.3. <i>Difficulties experienced in parenting teenagers who abuse substances.</i></p>
	<p>1.4. <i>Substance abuse effect on mother-to-child relationship.</i></p>
<p>2. <i>Consequences of substances abuse on the life of a child</i></p>	<p>2.1. <i>Effects of substance abuse on child's behaviour</i></p> <p>2.2. <i>Existence of negative mother-to-child relationship</i></p> <p>2.3. <i>Negative effects on educational activities observed</i></p> <p>2.4. <i>Behavioural changes observed on children abusing substances.</i></p> <p>2.5. <i>Effects of child's substance abuse on parents</i></p>
<p>3. <i>Substances used by teenagers</i></p>	<p>3.1 <i>Types of substances used by teenagers</i></p>

The three themes and sub-themes that emerged during data analysis with Tesch's open coding method of data analysis are discussed and were supported by direct quotations of participants and literature.

4.3.1. Theme 1: Experiences of mothers parenting teenagers who abuse substances

Under the theme experiences of mothers parenting teenagers who abuse substances the following sub-themes emerged: existence of self-blame by parents for child's behaviour, father absence viewed as a contributory factor, difficulties experienced in parenting teenagers who abuse substances and substance abuse effects on mother-to-child relationship.

4.3.1.1. Sub-theme 1.1: Existence of self-blame by parents for child's behaviour

Most of the mothers were concerned about their children's behaviour of abusing substances. They blame themselves for their children engaging in substance abuse and their parenting styles and their marital status. The quotations below make the above issues clear:

One of the divorced parents said: *"I think poverty and divorce played a major role in my child being involved in substance abuse. This makes me feel guilty as if I have contributed to this problems always when I see my child engaging in this act. I am always pressured by my child's drinking behaviour and always feel strongly that I have something to do with it."*

An unmarried parent said: *"It does touch me as a parent because I feel that her life will no longer be the same because maybe of single parent status. You can no longer guide her as a child and she does no longer respect me as a parent maybe because there's no father figure. Even when she answers me she answered in a harsh way and I can see that something has changed my child."*

The above statement was supported by an unmarried parent who said: *"It is not good because I do think of whether she learnt it from me and I wondered on several occasions because I was not involved in substance abuse. Sometimes I think maybe she learnt it from her friend. I live to be an example to her but she does not see that."*

These comments show that parents blame themselves for their children's behaviour of abusing substances. The extent of self-blame is different from one parent to the other. Some parents blame themselves because they are living in poverty and fail to provide for the basic needs of their children who in turn resort to abuse substances. Some parents blame themselves because they have been divorced and they think this is the reason why their children abuse substances. Their children seem to have lost respect for them as indicated by the disrespectful manner in which they talk to their mothers. The implications could be that parents could lose control over their children who are still teenagers and school goers. If problems are not addressed in time, such children might grow up as delinquents or drop outs and later blame it on parents.

Sims (2006: 14) indicates that parents may blame themselves, or the child is shamed and blamed for creating the problem. People who have problems with alcohol or other drugs can be very manipulative and parents in particular are sometimes not sure if they are overreacting or have a true concern. It is sometimes difficult to distinguish normal adolescent behaviour from emotional problems or substance abuse. Teens can have emotional and substance abuse problems simultaneously. Most teen rebellious behaviour will improve when discipline and support measures are applied. When it is substance abuse, a change for the better will not be seen until the substance use is addressed.

4.3.1.2. Sub-theme 1.2: Father Absence viewed as a contributory factor

Most mothers were concerned by their children's behaviour of abusing substances and assumed that it was a result of the absence of a father figure. Parents indicated that being a single parent and without a father figure in the family have contributed to their children engaging themselves in substance abuse. The following comments are from single parents who hold that opinion:

One of the unmarried parents indicated her experiences by saying: *"mmmmm is not easy to care for a child especially when you are a single parent. It does require a father figure in the family who will guide the child as a father because when you are caring for a child and you are a female the child start not to respect you as a parent therefore, the presence of the father might be useful in this regard."*

Another participant with the same thought and is divorced said: *"You do not feel good at all, more especially when you are caring for the child alone. I am always under pressure because both at home and at school they always call me to solve the child's problems. He is stubborn and he does not respect me. When you try to talk to him he does not stop his drinking behaviour"*.

One of the widowed parent said: *"I feel like it is not easy more especially because I am caring this child as a single parent, when I also look at the future of my daughter, I see that she will end up in dark and she will not prosper."*

Findings from this study reveal that caring for a child as a single mother without the figure father in the family is very difficult and teenagers tend to be disrespectful to their single parents. When there is a father within the family teenagers tend to be respectful even though they are stubborn because fathers are naturally able to discipline children. Parents in this study explained that when you try to discipline teenagers; they do not listen to you as a mother and continue displaying uncontrollable behaviours. In the absence of the father, the teen tends to take advantage of the mother by being disrespectful. Usually fathers are quick in implementing corporal punishment. The role of the father in the family include among others to maintain order and stability.

Tessman (2005: 321) indicates that internal images of the father, conscious or unconscious, are transformed in his absence in ways that can often interfere with a child's attempts to process the loss and the ensuing changes. This disruption in the normal processing mechanism can result in acting-out behaviours that often include high-risk activities, such as substance abuse and early-onset of sexual activity. Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2003:805) conclude that father absence was a powerful and overriding risk factor for early-onset of sexual activity and subsequent teenage pregnancy. Father presence provides a major protective effect against these behaviours, even when other risk factors are present.

4.3.1.3. Sub-theme 1.3: Difficulties experienced in parenting teenagers who abuse substances

Data shows that participants mentioned concerns of late coming home by their children who have started abusing alcohol especially on weekends. Parents reported that sometimes teenagers do not come back home and parents have to worry about their whereabouts. It was discovered that teenagers are engaging themselves in unprotected sex after abusing substances. Some parents suffer heart-related diseases when they observe their children abusing substances. This was confirmed by the following excerpts:

One participant said: *"It hurt me when my child is engaging in substance abuse because today's life is dangerous. You find him coming home even the following day sometimes. He does not have the keys and he sometimes uses the window to get inside the house. The situation gives me stress because when one of the family members is not at home you do not feel free because you do not know what is happening. It also disturbs my sleeping."*

A pensioner and a widowed mother said: *"I caught my child drinking beer and became angry. I talked to him and he promised to change. I then had a heart attack and admitted at the hospital wherein after I was discharged I saw him changing the behavior and he promised that he will never do it again as it will affect me worse on my ill-health. He said that he was not aware that he is hurting me and agreed that he was hurting me."*

Another widow participant said: *"He used to come back around 12 midnight but now if he is late is 9 midnights. I have built a separate three roomed house nearby for the boys because I was tired by their knocking behavior during the night. When he start to knock, you will not sleep even though sometimes you have told yourself that you won't open but you will be forced to open by his knocking. He knocks all over the house."*

One of the unmarried parents said: *"I see lot of things as a parent and I can be able to see if she has consumed alcohol by her late coming at home. She is no longer coming home at our agreed time. She has changed. I told her to come home at six. But now she comes home*

around 10. Sometimes she does not come at all especially during the weekend, she stayed away without me knowing her whereabouts as a parent.”

Another divorced parent confirmed her difficulties saying: “My child is involved in substance abuse and I no longer able to control him. He has started to engage himself in unprotected sex. He has a baby. He does not care for the child because both he and the mother are still attending school and now is my responsibility to care for the child.”

It was also found that parents are suffering from heart-related diseases because of substance abuse by their children. It was also revealed that it is difficult to care for teenagers because they walk at night. When they come back home they make noise by knocking violently and also turmoil by shouting and insulting their parents. Sometimes these teens sleep away from home with their whereabouts unknown to parents. All these things stress parents and affect the quality of their life as well as those of other family members and the society as a whole.

Parents who abuse alcohol and other drugs give adolescents the impression that drugs are part of the adult world (Pretorius, Berg & Louw, 2003: 01). It is therefore understandable that many adolescents identify with these norms and conduct. In this way, families and society pass the pathology from one generation to another (Pretorius *et al.* 2003: 01). Numerous other parent and family-related variables have been identified as contributory factors to adolescent substance abuse, such as negative communication patterns, inconsistent discipline regarding behavioural limits, absence of closeness to parents, lack of parents' involvement in their children's activities and weak parental control (Pretorius *et al.*, 2003: 01; Griesler & Kandel, 1998:168).

4.3.1.4. Sub-theme 1.4: Substance abuse effects on mother-to-child relationship

In this study, most participants stated that they are being disrespected by their children because children no longer respect agreed time of coming home. They stated that there is no good relationship in the family as they spend a lot of time fighting each other. It was reported that teenagers are disrespecting parents because they wake up their parents during the nights when they are from liquors stores.

This was confirmed by one parent who said: *“Now things are not going well in the family. We do not have a good relationship because she walks during the nights and sometimes she found you already asleep and she will knock in such a way that you will be forced to open for her”*. Through probing she said: *“she does not have keys”*.

One of the parents said that: *“There is no good relationship because we no longer agreed to one thing. When I talk to her she no longer sees me as a parent.”*

One of the parents indicated: *“The relationship is not good at all. He does not respect me as a parent and he started abusing substances while he was 13 years”*. Through probing she said: *“When he is drunk he make conflict at home. Sometimes he does shout but I do not answer him.”*

This reveals that there is no good relationship between parents and teenagers who abuse substances. Thus negative communication patterns, inconsistent discipline regarding behavioral limits, absence of closeness to parents, lack of parents' involvement in their children's activities and weak parental control were observed among the adolescents of this community. The implications are that parents may suffer physical effects such as heart attacks, stroke due to high blood pressures and/or psychological effects like stress, depression, insomnia and anxiety. Teens may also run away from home and become delinquents and street kids and be social problems for the community and government caring for them financially. This depletes government funds as they may end up in welfare institutions.

Under age drinking is problematic not just due to its direct individual and societal costs but because it often leads to highly detrimental impacts on the family (Zhiyong *et al.*, 2010: 332). These include youthful delinquency and violence, drinking and driving, alcoholism, family dysfunction, and child and spouse abuse. Furthermore, its influence carries over to the next generation via these forces and the impact on role modelling, parental attitudes, and availability of alcohol in the home (Zhiyong *et al.*, 2010: 332).

Data also shows that other participants have good relationships with their children. It was reported that other participants are able to discipline their children after the abuse of substances and they still have parent-child-relationship.

One participant confirmed this saying: *“There is a good relationship because whenever he did something wrong I am able to sit down with him and talk to him as well as disciplining him. I walk with him to church even on weekends.”*

Another parent who shares the same experience said: *“The relationship is good between me and my daughter. She is a quite person who does not like shouting”.*

Some parents on the other hand showed good relationships with their teens due to the fact that they were able to sit down with them as a way of disciplining them. That enhanced good communication between parent and child as children need their parents for proper guidance and support. Such teenagers could end up performing well at school and being responsible future adults. Parental involvement is a major influence in helping teens avoid risks such as smoking, drinking, drug use, sexual activity, violence, and suicide attempts, while increasing educational achievement and expected attainment. Teenagers need their parents to be there for them to provide moral and emotional support. Lack of parental interest and support may have negative effects on the teenager: poor schoolwork, low self-esteem, poor social adjustment, and deviant and antisocial behaviour (Gouws *et al.*, 2000:68).

4.3.2. Theme 2: Consequences of substance abuse on the life of a child

The following five sub-themes have emerged under the consequences of substance abuse on the life of a child: effects of substance abuse on child’s behaviour, existence of negative mother-to-child relationship, negative effects on educational activities observed, behavioural changes observed in children abusing substances and effects of child’s substance abuse on parents.

4.3.2.1. Sub-theme 2.1: Effects of substance abuse on child's behaviour

It was reported that children do not respect their teachers and other elderly people within the family and community.

This was confirmed by a participant who reported: *"I am always called at school because of his bad behavior. He no longer respect his teachers. I was told by the teachers that he smokes during break time in the toilet."*

Another parent with the same experience said: *"My child has been expelled from one school and went to another school due to his bad behavior at school. I was even called at the current school where he was involved in fighting where one of the school children was stabbed by the knife".* After probing, she said: *"I was called at school two times for his bad behavior. The last time I was called he was playing cards inside the class and they had bat. He uses pocket money to play cards and I give him R10 a day. The school principal said that if they catch him again they are going to expel him."*

Parents reported that teenagers who abuse substances do not respect their teachers and do not focus on their school work. It was also revealed that other teenagers have been expelled from school because of their smoking behaviour in the school. Such students tend to dropout because of their anti-social and rebellious behaviour. Some of them later become thieves, commit crimes and get arrested and are sometimes sentenced to long jails terms. This exposes them to the danger of infectious diseases such as HIV/AIDS as they often engage in unprotected sex and girls may have unwanted pregnancies (Gouws, Kruger & Burger, 2000: 70).

Teenagers become insecure, tend to be rebellious and often display antisocial, delinquent behaviour (Gouws, Kruger & Burger, 2000: 71). An apparent increase in substance abuse such as alcohol among adolescents is a cause for concern in view of the negative consequences of substance abuse and dependence. Substance abuse often lead to involvement in crime and other antisocial activities, impairment of academic and occupational performance, as well as increased risk of suicide, accidents, contagious diseases and psychological distress (Ladikos, Prinsloo & Nesor, 2003: 24). The use of alcohol and cigarettes is not legal for adolescents. This means that

they are exposed to potential problems with the law, at school, or with their families. Substance use in children and adolescents has been linked to other serious behavioral problems, such as truancy, school drop-out, delinquent activities, and precocious sexual activities (Visser & Routledge, 2007:597).

4.3.2.2. Sub-theme 2.2: Existence of negative mother-to-child relationship

Participants said that teenagers who abuse substances no longer respect their parents. Participants also stated that substance abusing teenagers no longer have morals and do not communicate properly when they are under the influence of substances. Below are some of the participants' comments:

One parent said: *This child no longer respect me as a parent and when I talk to her she answer me in a bad way where I feel that I am no longer anything to her. I was once called at school where they told me that she sometimes not attend some subjects. It was reported that she sit in the toilet with friends*". After probing she continued: *"I tried to talk to her but I am not sure whether she has changed but they have since not called me again."*

Another parent said: *"She no longer has morals. Previously she used to greet people in a traditional way but now she no longer do that. When she is under the influence of alcohol she does not talk at all"*.

It was revealed that teenagers who abuse substances no longer respect their parents and parents feel disrespected. It was also revealed that substance abusing teenagers no longer have morals and no longer talk to people when they are under the influence of substances. Substance abuse puts a burden on the well-being of individuals and their families. Most of the problems surrounding adolescent substance abuse have an impact on family members, particularly parents.

The presence of a drug-abusing relative in the family affects its functioning, and may lead to high levels of stress and trauma, placing all family members at risk of increased medical problems and healthcare utilization. Short term effects on family members include increased stress and feeling lonely, isolated, tired and worried (Hoeck & Hal, 2012).

4.3.2.3. Sub-theme 2.3: Negative effects on educational activities observed

Most participants in this study indicated that children no longer attend school classes regularly. They are caught smoking during class time in the toilets and their school performance has dropped.

These was confirmed by a participant who said: *“She no longer read the school books, she wake up late and sometimes she does not go to school and when I try to ask she told me no school when she is lying. She is failing and she is still in grade 8.”*

Another parent said: *“My child does not go to school regularly. Sometime he leaves home as if he is going to school but never went to school. When I try to ask him why you are not going to school he does not answer me. He does not have morals”. After some probing she also said: “They do call me at school saying he was not at school for two days. He is uncontrollable at school.”*

Another parent said: *“He is no longer performing school work well based on March and June school report. He never failed midyear examination since he went to secondary school but his performance is deteriorating. Substance abuse is affecting his future because he no longer read school books.”*

This study reveals that teenagers who abuse substances do not perform well at. It was also reveals that many of these teenagers repeat grades. It was also stated that teenagers smoke in the toilets during class time and break time. This results in lack of morals leading them being uncontrollable. Without proper strategies in place, such teens might repeatedly fail the same class, drop out and be more troublesome at their homes and communities.

Van Heerden (2005:107) indicated that young people who are involved in substance abuse do not attend to their academic development, resulting in possible failure because these adolescents lack clear guidelines.

4.3.2.4. Sub-theme 2.4: Behavioural changes observed in children abusing substances

Participants stated that their teenagers display different characteristics and personalities under the influence of substance abuse. It was observed that when outside with their friends, they do what everybody is doing and when they are at home they pretend to be well-behaved.

This was confirmed by participants who said: *“As a child she has different types of characters, when she is at home she act like she is innocent, at church you see her as a child of God but when she is at school she is totally different”*.

Another parent said: *“It is affecting his life because at home he pretends as if he is a good child and when he is with his friend he does what others are doing to please them like drinking alcohol.*

Parents revealed that substance abuse is changing teenagers’ characters. Parents pointed out that teenagers display two personalities. When they are at home they act as if they are good respectful children, but when they are outside they do what their peers are doing. Peer pressure influenced their behaviours.

Bezuidenhout (2004:121) revealed that teenagers can be influenced by their friends to use alcohol. They want to do what everyone else is doing in order to feel accepted. It is more a process of social influence and encouragement. Peer groups act as subgroups, providing an opportunity that manifest behaviour that is not controlled by the external environment. The use of substances and their availability in such groups will result in the new members experimenting with substances or being initiated into the use of substances by other users (Van Heerden, 2005:104).

4.3.2.5. Sub-theme 2.5: Effects of child’s substance abuse on parents

The study revealed that once teenagers start engaging themselves in substance abuse, they no longer respect their parents. Parents in this study explained that teenage substance abuse is hurting them. This is exemplified by one parent who said:

“It is difficult for me and I am not coping with this situation. Sometimes I think of committing suicide”.

Parents in this study were negatively affected by their children's substance abuse. Parents were not coping with the involvement of their children in substance abuse. Some parents felt ending their lives was better off than watching their children abuse substances. If these parents carried through their threat this would mean orphaned children who could become delinquents, street kids and lack morals due to lack of discipline and guidance.

Sims (2006: 3) states that parents have always had the challenge of finding a balance between encouraging their children to freely explore life and giving them adequate protection from the harms of life. It is becoming more of a challenge daily for parents to find this balance. One of the major harms that concern parents today is young people's involvement with alcohol and other drugs. Many parents, community organizations, and schools are continuously working to keep that involvement from happening in the first place, through prevention efforts.

4.3.3. Theme 3: Substances used by teenagers

Under this theme the following sub-theme emerged: types of substances used by teenagers.

4.3.3.1. Sub-theme 3.1 Types of substance used by teenagers

Participants mentioned that teenagers are mostly using alcohol such as beer, cigarettes and dagga.

One participant said: *"My child is using beer only. I even tell him not to try to smoke because your grandfather died of lung cancer because he used to smoke too much."*

Another parents said: *"My child is using alcohol, cigarettes and dagga. It seems as if he started two years back while he was still 14 years old and now he is 16 years old."*

Teenagers are mostly using alcohol such as beer, dagga and smoking cigarettes. Most teenagers who are abusing substances started their habit at a tender age of 14. Alcohol is readily available in the nearby local liquor stores. Dagga was also available from other community members such as school leavers. Teenagers also smoke cigarettes sold by street vendors or shops. Teenagers abusing such substances risk effects of substance abuse such as lung cancer, bronchitis, mental confusion, jail time from crimes they might commit. Unless proper strategies are put in place to adequately

address substance abuse at schools, the number of teenagers abusing substances will continue to increase in the coming years.

An apparent increase in substance abuse such as alcohol and dagga among adolescents is a cause for concern in view of the negative consequences of substance abuse and dependence (Ladikos, Prinsloo & Nesor, 2003: 24).

4.4. Summary

This chapter analyzed the data collected from mothers who participated in the study. Three main themes that emerged and were discussed are: experiences of mothers parenting teenagers who abuse substances, consequences of substance abuse on the life of a child and substances used by teenagers.

- To identify the challenges faced by mothers who parent teenagers abusing substances.
- To assess mothers' experiences about the challenges & consequences of substance abuse.

The study was qualitative in nature. The population was mothers parenting teenagers from the age of 13 to 19 years who abuse substances such as alcohol, dagga and other substances. The study adopted non-probability sampling and convenience sampling method was used to select mothers who participated in the study. Eleven mothers were purposively semi-structured interviews were used to gather data from participants and data analysis was done using the content analysis of data analysis.

5.3. Limitations of the study

The study involving mothers of teenagers who abuse substances in Tlokoeng village presents a limitation in generalization of results to districts of Limpopo and South Africa because the scope was limited to only one village.

CHAPTER 5

5. SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the summary of the findings, limitations of the study, conclusions and recommendations, based on the data analyzed in the previous chapter.

5.2. Summary of the study

The purpose of the study was to explore the challenges of mothers of teenagers who abuse substances around Tshisaulu village.

The objectives of the study were:

- To identify the challenges faced by mothers who parent substance abusing teenagers.
- To assess mothers' experiences from their children's involvement in substance abuse.

The study was qualitative in nature. The population was mothers raising teenagers from the age of 13 to 19 years who abuse substances such as alcohol, tobacco and other substances. The study adopted non-probability sampling and convenience sampling method was used to select mothers who participated in the study. Eleven mothers were participants. Semi-structured interviews were used to gather data from participants and data analysis was done using the Tesch's model of data analysis.

5.3. Limitations of the study

The study involving mothers of teenagers who abuse substances in Tshisaulu village presents a limitation in generalization of results to the rest of Limpopo and South Africa because the scope was limited to only one village.

5.4. Conclusion

Based on the results of the study, the following conclusions were made:

The study findings revealed that single parenthood and divorce played a major role in teenage children involving themselves in substance abuse while they are still attending school. Lack of a father figure in the family also contributes to substance abuse by teenagers because they tend to disrespect their mothers. Most parents are reported having heart related-diseases due to the substance abuse by their children. Children tend to disrespect parents by out late at night. Most children who abuse substances displayed uncontrollable behaviours as parents failed to provide discipline and guidance. Substance abuse by teenagers affected mother to child relationships as children no longer obey their parents. Children were always causing conflict at home because they do not want parents to rebuke them about their uncontrollable behaviours.

The research further observed that mothers who abuse substances tend to blame themselves for their children's conduct. Substance abuse by teenagers negatively affected their school performance and this led to repeated grades. They no longer attended classes regularly and tended to disrespect teachers. Some of the children were expelled from school because they were caught smoking during class time in the toilets. Mostly Substances used the most by teenagers are dagga, cigarettes and alcohol.

5.5. Recommendations

Recommendations of the study findings are based on the conclusions of this study. Based on the research findings and conclusions of the study, the researcher suggests the following as recommendations:

5.5.1. Recommendations for parents

Parents need to come up with different strategies that could be used to discipline and guide uncontrollable children such as not giving them pocket money, not buying clothes for them and using appropriate corporal punishment. These methods may help parents restore peace within the family.

5.5.2. Recommendations to the policy makers

There is a need to revise some of the Acts that prohibit parents to discipline their children with corporal punishment so that they can be allowed to restore peace within the family. Policy makers should develop specific policies focusing on the youth in rural areas. Policy makers need to come up with specific programmes that will help teenagers to focus on their academic work as well as reducing the high number of substance abuse among teenagers and reducing teenage pregnancy.

5.5.3. Recommendations to the Department of Social Development.

Even though the department is employing many social workers to tackle societal problems like substance abuse, the department is also providing substance abuse interventions programme such as Kemoja wherein they go to school and tell learners about the danger of substance abuse but much need to be done focusing on an individual wherein social workers will explore many challenges that are forcing teenagers to engage themselves in substance abuse. They will then come up with relevant intervention strategies that will assist families instead of only doing campaigns. The Limpopo Department of Social Development need to open rehabilitation centres in all five districts where teenagers addicted to substances can be sent.

5.5.4. Recommendations to the Department of Education

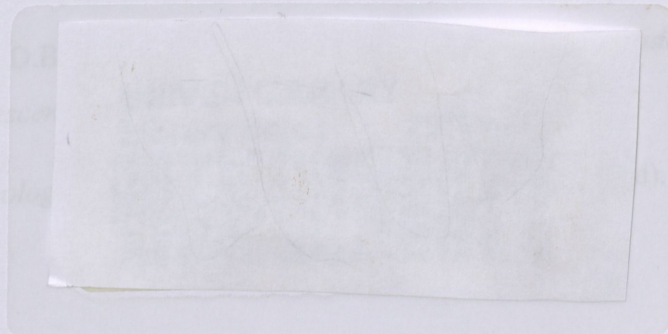
The Department of Education, in collaboration with the Department of Social Development, need to have their own school social workers who will deal with the abuse of substances by learners as well as other social issues that might be affecting learners in their academic work. The Department of Education should also provide training to the school principals and teachers so that they are able to deal with the abuse of substances by learners in school. In each school in Tshisaulu village, there is a need of one teacher to be trained in providing counselling to learners as they experience a lot of problems within their families. Corporal punishment need to be restored in schools as learners disrespect teachers knowing that would not be beaten.

5.5.5. Recommendations for future researchers

- Further research is recommended in this area using a quantitative design to investigate more about absence of the father figure within the family as a contributory factor to substance abuse among teenagers.
- Researchers need to investigate further about poverty and divorce within the family as one of the challenges faced by teenagers that influence them to use substances such as dagga and alcohol.
- There is a need to focus more on the effects of substances abuse among teenagers as it does affect them on their academic work as well as the functioning of the family. Researchers need to focus on why substance abuse by teenagers tends to change their behaviour and become disrespectful to their parents.
- Researchers need to use quantitative design to research on the effectiveness of mechanisms used by schools to deal with the abuse of substances by learners during class time.
- Research should also be conducted on the views of teachers regarding substance abuse by learners.

5.6. Summary

The study was summarized according to the aim and objectives of the study, limitation of the study and recommendations. The chapter also provided pointers for future research.



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- How does substance abuse affect your relationship with your child?
- What are the effects of substance abuse on your children's behavior and attitude to schooling and life in general?
- What are the types of substance abuse by your teenager?

Appendix A
Research instrument
Interview schedule

Section A: Demographic information

Age

Gender

Occupation

Marital status

Section B: Experiences and perceptions of mothers

- What are your perceptions as mothers raising teenagers who abuse substances?
- What are your experiences as mothers parenting teenagers who abuse substances?
- How does substance abuse affect your relationship with your child?
- What are the effects of substance abuse on your children's behavior and attitude to schooling and life in general?
- What are the types of substance used by your teenager?

Siatari nyengedzedzwa: A

Mbudziso dzathodiso

Dzudzanyo ya mbudziso

Date:

Khethekanyo A: Demographic information

Minwaha

Mushumo

Tshiimo tshambingano

Khethekanyo B: Tshenzhemo na vhudipfi ha vho-mme

- Vha dipfisa hani sa mme are khousa lusa nwana ane a shumisa zwidzizivhadzi nga ndila mmbi?
- Ndi tshenzhemo ifhio vhane vha vha nayo vha tshi khousa alusa nwana ane a shumisa zwidzizivhadzi nga ndila mmbi?
- U shumisa zwidzizivhadzi nga ndila mmbi nga nwana zwi kwamisa hani vhushaka havho nae?
- U shumisa zwidzizivhadzi nga ndila mmbi kana yo kalulaho zwina masia ndo itwa afhio kha vhudifari, mikhuvha siani la tshikolo na vhutshilo ngau anga redza?
- Ndi tshaka de dza zwidzizivhadzi dzine nwana wavho a dzishumisa?

Sincerely,

Gelebe N.

076 2349 428

gelebani@yaboo.com

Dr. A. K. Tshepo

081 754 1224

SITY OF VENDA
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Appendix B: Parent Information Letter

“Substance Abuse among Teenagers in the Tshisaulu Community: Challenges Faced by Parents”.

Date:

Dear Parent

I, Gelebe Nkhetheni a qualified social worker and a Master of Public Health student from the University of Venda would like to include you in a research project on “Substance Abuse Among Teenagers in the Tshisaulu Community: Challenges Faced by Parents”.

Your participation in this project is voluntary. You are free to withdraw your permission at any time and for any reason without penalty. These decisions will have no effect on your future relationship with your area social worker. The information that is obtained during this research project will be kept strictly confidential. Any sharing or publication of the research results will not identify any of the participants by name.

I look forward to working with you. I think that this research will be beneficial to you and your child who have a problem of substance abuse. This study will enable us and the Department of Social Development to establish relevant strategies to reduce the number of substance abuse on teenagers.

If you have any questions about this project, please contact me using the information below.

Please keep the attached copy of this letter for your records.

Sincerely,
Gelebe N.
076 8349 428
gelebenkhetheni@yahoo.com

Dr A.K. Tugli
083 794 0174

Siatari nyengedzedzwa B: Lunwalwo lwa thalutshedzo kha vhabebi

“U shumisa zwidzidzivhadzi nga ndila mmbi nga vhana vha Tshisaulu: khaedu dzine vhabebi vhatangana nadzo”.

Datumu:

Ha Mubebi

Nne Gelebe Nkhetheni sa mushumela vhapo na mutshudeni wa MPH u bva University ya Venda ndi tama uri vhavhe tshipida tsha sedzuluso dza “u shumisa zwidzidzivhadzi nga ndila mmbi nga vhana vha Tshisaulu: khaedu dzine vhabebi vhatangana nadzo”.

U dzhenelela havho a hu kombetshedziwi. Vho tendelwa u dibvisa tshifhinga tshinwe na tshinwe vhasongo divhadza tshiitisi husina ndatiso. Tsheyo yavho a inga vhina masia ndo itwa kha vhushaka havho na mushumelavhapo. Mawanwa a hedzi tsedzuluso a do vhatshidzumbi. Madzina a vhathu vhevha dzhenelela hanga do buliwa musi hutshi andadzwa mvelelo.

Ndi lavhelela tshumisano yavho. Ndi humbula uri hedzi tsedzuluso dzi do vhuyedza nwana wavho are na thaidzo ya u shumisa zwidzidzivhadzi. Tsedzuluso hedzi dzido thusa nne na muhasho wa vhulondota vhathu u bveledza maga a u fhungudza nomboro ya u shumisa zwidzidzivhadzi khavhaswa.

Arali vhana mbudziso kha vha kwame nne kha nomboro dzi re afho fhasi.

Wavho a fulufhedzeaho,
Gelebe N.

Dr A.K. Tugli

076 8349 428
gelebenkhetheni@yahoo.com

083 794 0174

UNIVERSITY OF VENDA
LIBRARY

Appendix C

Consent Form

I, Gelebe Nkhetheni, a post-graduate student at the University of Venda, Department of Public Health am conducting a research titled “Substance Abuse Among Teenagers in the Tshisaulu Community: Challenges Faced by Parents”.

I would like you to participate in this study and I want to assure you that the Information obtained from you will be treated as confidential. Your participation in this study is voluntary and your decision to take part in this study will have no negative impact on your live or health.

Researcher’s signature _____ Date _____

Witness _____ Date _____

Participant

I _____ have read through the content of this form and hereby voluntarily consent to participate in this study.

Participant’s signature _____ Date _____

Witness _____ Date _____

Siatari nyengedzedzwa C

Lunwalo lwa thendelo

Nne Gelebe Nkhetheni mutshudeni wa MPH u bva University ya Venda kha muhasho wa public health ndi khou ita tzedzuluso nga thoho inori “u shumisa zwidzizivhadzi nga ndila mmbi nga vhana vha Tshisaulu: khaedu dzine vhabebi vha tangana nadzo”.

Ndi tama u vha ramba uri vha vhe tshipida kha tzedzuluso idzi. Ndi tama u vha divhadza uri u dzhenelela havho a hu kombetshedziwi. Vho tendelwa u dibvisa tshifhinga tshinwe na tshinwe vhasongo divhadza tshiitisi husina ndatiso. Tsheyo yavho a inga vhina masia ndo itwa kha vhushaka havho na mushumelavhapo. Mawanwa a hedzi tzedzuluso a dovha tshidzumbe.

Tsaino ya mutodisisi:.....Datumu:.....

Thadzi:.....Datumu:.....

Mubebi

Nne..... ndo vhala fomo iyi. Ndi tama uri ndivhe tshipida tsha tzedzuluso idzi.

Tsaino ya mubebi.....Datumu:.....

Thadzi:.....Datumu:.....

Appendix D

Letter to Provincial Department of Social Development

P.O. BOX 121

Lwamondo

0985

Cell: 076 8349 428

The Head of Department
Department of Social Development
Private Bag X 9302
Polokwane
0700

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I wish to request for permission to conduct a research for Masters in Public Health at the University of Venda with respondents from Tshisaulu village. I have presented the proposal to the higher degrees committee of the School of Health Sciences and it has been approved.

The title of the study is: "Substance Abuse among Teenagers in the Tshisaulu Community: Challenges Faced by Parents". The study will be conducted at Tshisaulu village. The purpose of the study is to explore the experiences and perceptions of mothers parenting teenagers who abuse substances. Findings from this study might assist mothers of Tshisaulu village to help their children to quit substance abuse and focus on their academic activities. The study might also help the Limpopo Provincial Department of Social Development policy makers to develop specific policies focusing on the youth in rural areas. The study will also help social workers and other health professionals to understand the dynamics of substance abuse among school children in rural communities. The researcher will conduct a short interview with the participants. Participation will be voluntary and confidentiality will be maintained. The participants will be invited to participate

by signing an informed consent form. A copy of the research findings will be forwarded to the Department of Social Development. No disruption of service will happen.

My supervisor is Dr A.K. Tugli (contact number: 083 794 0174) and my co-supervisor is Dr N. Ramakuela (contact number: 082 406 6574). They are both lecturers at the University of Venda in the Department of Public Health.

Hoping that permission to conduct the study will be granted.

Yours faithfully,
Gelebe Nkhetheni.

Appendix E: Ethical Clearance Certificate

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr N Gelebe

Student No: 11552435

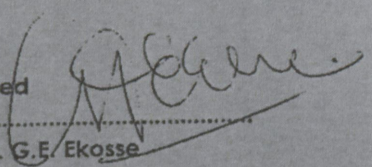
PROJECT TITLE: Substance abuse among teenagers
in the Tshisaulu community: Challenges faced by
parents.

PROJECT NO: SHS/14/PH/05/1605

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr. RL Mamabola	University of Venda	Supervisor
Dr. AK Tugli	University of Venda	Co-supervisor
Mr N Gelebe	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2014
Decision by Ethical Clearance Committee: Granted
Signature of Chairperson of the Committee: 
Name of the Chairperson of the Committee: Prof. G.E. Ekosse



Appendix F: Department of Social Development permission to conduct study



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT
Confidential

Ref : S5/3/1/2
Enq : Ledwaba MS
Tel : 015 293 6466
Date : 24 October 2014
To : Mr Gelebe N

RESPONSE ON THE REQUEST TO CONDUCT A RESEARCH STUDY TITLED "SUBSTANCE ABUSE AMONG TEENAGERS IN TSHISAULU COMMUNITY: CHALLENGES FACED BY PARENTS"

1. The Department received your request dated, **18 June 2014** and acknowledge receipt thereof.
2. The Department of Social Development hereby grant permission to conduct the above-mentioned research, on the provision that the Ethics Committee for the University of Venda provided clearance for the study.
3. **NB.** On completion of the study, a copy of the mini dissertation should be submitted to the Department in honour of your commitment.
4. We take this opportunity to wish you well during the period of research.

SENIOR MANAGER: HUMAN CAPITAL
DEVELOPMENT AND ORGANISATIONAL STRATEGY

27/10/2014
DATE

18 College Street, Polokwane, 0700, Private Bag x9710, POLOLKWANE, 0700
Tel: (015) 293 6027, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

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